ABOUT THIS PROCEDURE

South Wales Police is committed to establishing and maintaining standards of attendance that enable it to deliver high quality policing services to the community it serves. Whilst recognising that officers and staff, through no fault of their own, may be prevented from attending work due to ill health South Wales Police has a duty to maintain service delivery and minimise disruption. Managing sickness absence is therefore vitally important both in terms of demonstrating a supportive attitude towards officers and staff and in terms of the efficiency of the organisation.

This will be achieved by:

- promoting the health, safety and well-being of officers and staff, including the use of risk assessments to identify and manage hazards impacting on health in the workplace
- monitoring levels of sickness levels for individuals, teams and the Force as a whole
- providing reasonable support to those absent due to ill health, assisting their return to work at the earliest opportunity and to ensure that absence is effectively managed.

For the purpose of this document Police Officers, Police Staff, Police Community Support Officers, Short Term and Fixed Term Contract Workers and Temporary Members of Staff will be collectively referred to as 'members of staff'.

Individuals have the right to respond and engage in this procedure in the medium of Welsh and this request can be made via Human Resources.

TITLE	Sickness Absence
DEPARTMENT RESPONSIBLE	Human Resources
DATE CREATED	23/10/1997
LAST FULL REVIEW	21/10/2022
LAST EDITED	16/01/2025
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SECURITY CLASSIFICATION	OFFICIAL
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COLLEGE OF POLICING APP	No relevant College of Policing App
KEY SEARCH TERMS	annual leave, attendance at court, Bradford Scores, business interests, contact, disability, discounting of absences, elective surgery, fit note, visits, notification, PMI, public holidays, pregnancy related, probationers, recuperative duties, referral to Occupational Health, referral to Counselling and Trauma, Regulation 28, return to work, rest days, sick pay, SSP, trigger points

How to navigate this document:

You can either:

- Scroll through each page in sequence
- Or click on the tabs on the right hand side to go to a specific section

If you have any questions on this procedure, please see the relevant contact in the Further Reference section or email the Policy Unit.

KEY POINTS

INITIAL NOTIFICATION OF ABSENCE

REPORT

- Notification of absence to line manager
- Individual to provide fit notes for absence over 7 days

ACT & RECORD

- Line Manager confirms reason for the absence, likely duration and any support required by the individual
- Record promptly on GRS sickness

REVIEW

- Line Manager makes regular contact during the absence
- Appropriate support considered throughout duration of absence

REFERRAL TO OCCUPATIONAL HEALTH

Day 28 for all continuous absences

OR where any absence is cause for concern or an opinion for fitness to continue in role is required

Inform individual for reason for referral and establish their agreement, then submit an Occupational Health Referral: Patient Management System

If a Counselling referral is required for someone in work they are to complete on BOB I WANT TO SUBMIT: Counselling Assessment Form

Referral received by OH and triaged for initial review with the relevant clinician, usually Occupational Health Advisor (OHA) or Force Medical Advisor (FMA).

Review undertaken by Clinical Nurse

Review undertaken by OHA

Review undertaken by FMA

Report from review shared with Line Manager subject to individual's consent

COPIES AVAILABLE IN WELSH CONTACT POLICY UNIT PolicyUnit@south-wales.police.uk

ROLES & RESPONSIBILITIES

Members of staff are responsible for:

- Familiarising themselves with the procedures for reporting and recording sickness and injuries on duty and their responsibilities under health and safety legislation and ensuring they take action in compliance with these procedures.
- Ensuring that they undertake health and safety training as required by their role
- As far as is reasonably practicable pursue a healthy and safe lifestyle to ensure they maintain the ability to perform their job effectively and avoiding activities that would be detrimental to a recovery or return to full duties.
- Making every effort with regard to improving their health and, where set, adhere to their recuperative duties plan in order to facilitate a timely return to their full substantive role.
- Remaining contactable during absence and keeping in contact with their line manager.
- Contacting their Staff Association/Trade Union for advice, support and assistance.

Line Managers are responsible for:

- The day-to-day management, support and welfare of their members of staff.
- Promoting the health, safety and wellbeing of their members of staff, ensuring this is reflected in day-to-day working practices.
- Acknowledging good attendance.
- Ensuring that members of staff are aware of the standards required and the procedures to be adopted.
- Monitoring sickness absence levels within their team and taking appropriate action as necessary when Force trigger points are reached or where there is a specific cause for concern about an individual's absence.
- Ascertaining the need for support services and advising the individual of services available through Vivup and Occupational Health, Safety & Wellbeing.
- Facilitating a return to work at the earliest opportunity and identifying whether interventions such as special leave, agile working, flexible working etc could help the individual remain in work.

General Managers are responsible for:

- Ensuring the accurate completion of GRS sickness records.
- Ensuring valid Fit Notes are received where applicable, so that the continued absence is authorised.
- Ensuring that all related administration in connection with health and safety procedures are complied with.
- The provision of information to assist managers in monitoring sickness absence of individuals, and for highlighting any trends or patterns that may become apparent.

BCU Commander/Department Head is responsible for:

- A strategic overview of absence on a Divisional / Departmental level.
- Tasking at appropriate management level to identify sections or individuals of particular concern ensuring appropriate action in liaison with HR or Occupational Health, Safety & Wellbeing.
- Ensuring that line managers are carrying out their responsibilities in accordance with the Sickness Procedure.
- Maximising overall attendance levels appropriately.

Human Resources will:

- Ensure that support and organisational procedures are followed, and managers are supported in the execution of their responsibilities.
- Ensure the BCU/Departmental welfare response to members of staff who are sick is carried out.
- Ensure that those involved in the process are reminded of critical "action" dates contained within this procedure, and where applicable PPR/Capability, and that information is available to them to monitor sickness.
- Brief the BCU Commander/Department Head on overall sickness levels and individual cases of frequent absence and long-term sickness.

Occupational Health, Safety & Wellbeing will:

- Monitor medical opinion upon which the most appropriate means of a return to duty is managed.
- Ensure regular medical reviews of individuals on protracted absence and recuperative duties are undertaken.
- Provide support and guidance to individuals and managers as appropriate.

Finance Department will:

- Ensure that the member of staff's sick pay is correctly and accurately administered.
- Monitor members of staff on sickness absence and upon becoming protracted (over 28 days) and where requested by the individual send a copy of their payslip to their home address (access to payslips do not cease upon absence and remain available via mobile devices and phones).
- Monitor members of staff on sickness absence and provide notification of the expiration of Statutory Sick Pay (SSP) to their home address at least 40 days prior to its cessation.

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FAQS

FULL PROCEDURE

1. REPORTING ABSENCE

1.1 Initial notification of sickness absence

It is essential for line managers to be made aware by the member of staff when they are unable to attend work due to illness, in order that appropriate support and advice may be considered, and in order that service delivery can be maintained.

Individuals are to notify their line manager, or nominated representative, in advance of their scheduled commencement of work that they will be absent due to sickness, where practicable, but no later than one hour of normally starting work. Notification must be made personally, whilst the use of a third party (partner or colleague) is only to be used in exceptional circumstances. Where the individual has not contacted the line manager directly, the line manager, or their resilience, must make contact within the next 24 hours, or at the earliest opportunity.

On receiving the notification, the line manager is to update GRS records accordingly and should establish the reason for the absence, how long the absence is likely to last and if there are any work commitments that require action. The line manager should also establish if any help or assistance is required by the individual.

1.2 Work-related ill health or injury

If a member of staff or line manager believes that ill health or injury has been caused by work the incident must be submitted on the Electronic Injury on Duty (EIOD) portal at the earliest opportunity.

1.3 Reporting sick having commenced a tour of duty

Where a member of staff has commenced a tour of duty and reports sick before completion of that tour of duty this will not be counted as sickness for recording purposes.

1.4 Disability related sickness absence

Disability related sickness absence covers any sickness absence relating to a disability and for recording purposes will be identified separately from non-disability related sickness absence. Any disability related sickness absence is to be recorded on GRS sickness records, although the absence may also be reclassified at a later date e.g. where the disability may be difficult to diagnose until later on. Further information can be sought from the Disability Procedure.

1.5 Statement of Fitness for Work (Fit Note)

A valid Statement of Fitness for Work (Fit Note) from a registered medical practitioner must be provided to the line manager in all cases of absence owing to sickness after 7 consecutive days. Statements will continue to be required until the expiry of the sickness absence. All Fit Notes are to be scanned and sent to the HR Sickness Team (HRSICKNESS@south-wales.police.uk) with the original being returned to the member of staff.

1.6 Referral to Occupational Health

Line managers have a responsibility to refer any individual to Occupational Health (OH) (via

the Patient Management System) who fulfils the following criteria:

- they have been, or are expected to be, continuously absent for over 28 calendar days
- where any sickness absence is cause for concern

Occupational Health referrals are managed by way of a triage system and will assess whether a Force Medical Advisor's (FMA) appointment is necessary or whether the case will be managed by an Occupational Health Advisor/Clinical Nurse.

OH staff maintain confidentiality in compliance with the Access to Medical Reports Act 1988. Confidential medical information will only be released with the written informed consent of the member of staff concerned, using the appropriate consent forms or a letter of consent. Consent will include the reasons, the limitations and the parties to whom the disclosure is to be made. Line managers and HR should keep sickness data confidential and comply with Data Protection guidance in managing personal records.

1.7 Referral to Counselling and Trauma

The Counselling and Trauma Advisors mainly work office hours from Monday to Friday and operate an appointment system. Staff will normally process all counselling referrals within 72 hours of being received and will respond promptly to any requests for support. There may, however, be a waiting time for counselling appointments and so individuals are encouraged to contact the external counselling provision, Vivup, for immediate support.

Counselling & Trauma staff make every possible effort to attend urgently in the case of an emergency. Emergency contact can be made via the Public Service Centre (PSC), additionally assistance can be sought from the individuals GP, Crisis Team intervention or 999.

For non-emergency cases the Counselling Assessment Form needs to be completed by the individual who wants counselling. Upon its completion and submission triage will then make contact as soon as possible to discuss appropriate support.

1.8 Annual leave and sickness

Where a member of staff reports absent prior to annual leave, sickness will take precedence.

Where a member of staff reports sick whilst on annual leave which is for a period of 7 days or less sickness will take precedence.

Where a member of staff reports sick whilst on annual leave which is for a period of more than 7 days then the annual leave period will take precedence unless a Statement of Fitness for Work (Fit Note) from a registered medical practitioner is submitted to cover this period. If a Fit Note is not supplied the annual leave will be considered as being taken.

If a member of staff is on a period of sick leave and wishes to take a holiday or absence away from their normal place of residence whether pre-booked or otherwise, they must first seek permission from their line manager. The line manager, with assistance from the BCU/Departmental HR Business Partner/HR Advisor and/or Occupational Health, must decide whether or not the proposed holiday/absence is likely to be detrimental to their recovery.

A member of staff who is on protracted absence may request paid annual leave during their sickness absence, however, only full annual leave days can be requested. The normal rules for requesting annual leave apply and Finance/RMU must be notified of this via the line manager. Whilst this period will be regarded as annual leave and will be deducted from the member of staff's holiday entitlement, if the absence continues after the annual leave, it will be regarded for occupational sick pay purposes as a continuous period and will therefore not trigger a new entitlement to occupational sick pay.

Members of staff will accrue annual leave (pro rata for part time) whilst on protracted absence on the following basis:

- If a return to work is achieved before the end of the leave year (i.e. before 31st March) all leave will remain based on contractual entitlement. There is no entitlement to any public holidays.
- If a return to work is achieved on or after 1st April and/or where two leave years have been straddled, the entitlement will be contractual for the period in work prior to the absence and statutory leave entitlement for the sickness period, and contractual entitlement for any sickness on or after 1st April (i.e. the current leave year). There is no entitlement to any public holidays.

Where the calculation results in a greater number of days than the individual is contractually entitled to it will be capped to the lower entitlement. Where at the end of the leave year an individual has received less than the statutory leave entitlement this will be reimbursed.

Where a member of staff's ill health overlaps leave periods, accrual of annual leave will be limited to the current leave year plus the previous leave year only.

Any annual leave should be taken on the member of staff's return to work, and within a reasonable time frame, only where there is insufficient time left in the leave year to enable them to take their accrued leave, or where due to the exigencies of duty they have not been able to take this leave, will they be allowed to carry this forward. Such leave cannot be carried forward indefinitely and will be limited to an 18 month carry forward period from the end of the leave year in which the leave was accrued.

Where a member of staff's contract is terminated and where they have been unable to take either all or a proportion of their annual leave due to long term sickness absence they will receive payment for their outstanding balance, calculated in accord with the above.

1.9 Sickness absence on rest days and public holidays

There is no entitlement to compensation either as time off, payment or another day in lieu where a member of staff is absent on a rest day or public holiday.

1.10 Sickness absence and Business Interests and Additional Occupations (after 7 consecutive days of absence)

If a member of staff is unable to attend work as a result of a period of protracted sickness absence the assumption must be that they are equally unwell to undertake their business interest/additional occupation. Therefore, following 7 consecutive days of sickness absence the member of staff must cease the conduct of their authorised business interest/additional

occupation, unless otherwise endorsed by their line manager and BCU Commander/Department Head. Where the nature of the business interest/additional occupation (e.g. property rental) makes it difficult to cease within this timeframe, the individual should discuss their circumstances with their line manager.

1.11 Alternatives to absence due to sickness

Difficult personal or domestic circumstances deserve understanding and the support of line managers. However, sick leave should not be used to resolve acute welfare problems where special leave can be utilised or where other options can be discussed with the line manager, such as taking annual leave, flexi time, time in lieu, dependents leave or unpaid leave.

1.12 Elective surgery

Members of staff who opt for elective surgery, that is any procedure that is not strictly necessary for medical or psychological reasons, should ensure that they have sufficient annual leave, rest days, time in lieu or flexi leave to cover the surgery and any anticipated recovery period.

On occasion, an elective procedure may result in complications, such as a secondary infection, which requires more time off work than anticipated. The additional time off will normally be treated as sick leave.

1.13 Attendance at court whilst on sickness absence

Members of staff will be required to attend court as a police witness during sickness absence. Line managers will need to consider the health and safety of an individual attending court in these circumstances and make reasonable adjustments where appropriate.

If the member of staff is unable to attend court, it is their responsibility to submit to the court a letter from their doctor outlining the medical grounds for their non-attendance.

Attendance at court will be regarded as being on duty and will therefore be paid at the full-time rate for the period of time at court. Where the numbers of hours of attendance at court are more than the normal working day part-time officers will be paid the additional hours at plain time where applicable. Individuals will also receive any appropriate allowance (e.g subsistence) for these days. The line manager must submit a report to the Finance Department stating the hours claimed for pay purposes and any allowance due.

1.14 Special Constables

If a Special Officer is unable to perform their duties due to sickness, they should inform their supervisor directly as soon as possible prior to their shift start time. If a Special Officer is unable to attend their regular employment due to sickness, they should not perform their Special Officer duties.

If a Special Officer is injured or becomes ill as a result of duty and, as a result, loses remuneration in their private employment, they are entitled to an allowance by way of sick pay under the Special Constables Regulations 1965 (as amended). This applies as long as the individual continues to lose remuneration in their private employment and for a maximum

period of 28 weeks at the rate of actual loss of remuneration. Further details can also be found in NPIA circular 04/2010 on ex gratia payments for special constables for injury or illness.

2 CONTACT AND COMMUNICATION

2.1 Maintaining contact and communication

The timing and nature of contact must be appropriate to the situation of the member of staff and their medical condition. It is advisable that the level and method of regular contact with the individual via telephone or personal visit is established by the line manager in the early stages of the absence, remembering that contact is a two-way process. It is important that the member of staff is aware of what form contact will take and how often. All contact, including failed attempts to actually make contact, must be recorded on the individuals GRS sickness records (contacts screen).

Where an individual does not want contact that should be respected as far as possible, but people do not have a right to sever all links. In certain circumstances, such as hospitalisation, a call to the member of staff's partner, family member or close friend may be more appropriate to register concern and to offer the assurance of support at a convenient time. This contact, albeit through a third person, should be recorded on the individuals GRS sickness records (contacts screen). It may also be appropriate to delegate contact to another manager/team member.

2.2 Telephone contact

Individuals who report sick should receive a phone call from their immediate line manager within 24 hours of reporting absent. In the event the line manager is unavailable their nominated representative should make the call. There will be occasions when neither of these options is possible; therefore, initial contact should take place at the earliest opportunity. Telephone contact should be maintained throughout the absence, unless it would be inappropriate to do so, for example where an individual is in hospital.

2.3 Personal visits

To ensure regular and personal contact is maintained line managers should arrange to visit an absent member of staff. It is important that the timing of this visit is proportionate and is sensitive to the circumstances and the reason for the absence. It is accepted that the visit will be undertaken in duty time and at official expense.

The visit should be used to establish not only how an individual's recovery may be progressing and their anticipated return to work but also to discuss any concerns the individual may have about their absence from work. It should also be used as an opportunity to review what support can be provided to the individual and whether the use of recuperative duties to ease a return to full duty is appropriate.

3. MANAGING ABSENCE

Line managers are responsible for monitoring the attendance of their team. If a member of staff reaches a trigger point the presumption is that intervention under the Police Performance

Regulations (PPR) or the Capability Procedure is appropriate, unless any absence that has led to a trigger point being reached can be discounted.

3.1 Managing short term absence

It is inevitable that members of staff will at some stage be affected by ill-health and be absent from work. However, the fact that a member of staff who is frequently absent with short-term illness is genuinely unwell does not mean that the situation can continue indefinitely. Frequent short-term absences are particularly disruptive to the efficiency of the BCU/Department in that it is difficult to plan for their impact.

Line managers must ensure that short-term sickness absence is dealt with in a consistent manner and the sickness absence records of all members of staff should be monitored regularly.

3.2 Managing long term absence

Line managers need to ensure that regular contact is maintained, that the absence is dealt with in a sympathetic manner and that the individual is aware of the steps being taken regarding their absence. The main intention is that the individual is assisted to return to work, however, where there is no likelihood of a return to work within an acceptable period and where the Selected Medical Practitioner (SMP) or Independent Registered Medical Practitioner (IRMP) has not confirmed permanency of a condition (therefore consideration of ill health retirement is not appropriate) the organisation will consider whether continuation of employment is reasonable.

It is therefore important that regular meetings are held with the individual to review the medical position. During these meetings the following should be brought to the attention of, or discussed with, the individual:

- Any updated medical opinion from Occupational Health
- The prognosis for a return to work
- The work situation
- The possibility of the continued absence from work resulting in dismissal

The individual should be encouraged to raise any issues regarding their sickness absence and medical condition and to express their opinion on the likely timescale for recovery.

3.3 Case Conferences

Case conferences can serve many purposes and can be undertaken at any time during the period of absence. Their benefits include opening or re-establishing communications, setting support plans, assisting with a return to work, addressing possible reasonable adjustments or recuperative plans. They are normally attended by the individual, the line manager, the BCU/Departmental HR Business Partner/HR Advisor and a member of their Staff Association/Trade Union if required by the individual.

3.4 Initial Force Trigger Points

In order to effectively and consistently manage attendance the following trigger points will be used to identify unacceptable attendance and activate either supportive management intervention or Stage 1 of the PPR/Capability procedure:

- 3 or more instances of sickness absence in the last 365 days

- Bradford score of 200 +
- Protracted absence (over 28 days)
- Pattern of sickness absence

Please note that these are initial trigger points, and any attendance plan set should be individualised and specific to the individual's circumstances. Any attendance targets set should also be specific and clear.

3.5 Discounting of absences

Intervention under PPR or the Capability Procedure is deemed to be appropriate unless any absence that has led to a trigger point being reached can be discounted by reason of the following (whilst the below may be discounted under PPR/Capability they are not discounted for the purposes of occupational sick pay entitlement calculations):

Linked absence: if a line manager considers that an individual has two or more absences which are directly linked to the same condition then this may be counted as one period of sickness absence. This will apply only where the absences occur within a reasonably short period of each other or if further medical treatment is required as a direct result of the initial sickness absence.

Disability related absence: South Wales Police ensures that reasonable adjustments are implemented to ensure that disabled members of staff can continue to provide an effective and valuable service to the organisation. If a member of staff can no longer fulfil their duties because of their disability or are unable to sustain an acceptable level of attendance and all reasonable adjustments possible have been made the organisation is entitled to implement management intervention.

Disability-related absences may be discounted as a reasonable adjustment, for example, it may be considered reasonable to allow an individual to have a slightly higher sickness record, depending upon the nature of the disability and the circumstances of the case. A line manager can therefore make an assessment to discount periods of disability-related absence.

Injury on duty: this must be due to an incident which is directly attributable to an injury or illness that was sustained or contracted in the execution of a member of staff's duty. A line manager can therefore make an assessment to discount periods of injury on duty related absence, however if the frequency or duration of the absence becomes unreasonable the absences can be counted and supportive action taken to improve the levels of attendance.

Pregnancy related absence: for an absence to be classed as 'pregnancy related' the illnesses must be related to pregnancy within the 'protected period' (from the beginning of pregnancy until the end of maternity leave, including ordinary as well as additional maternity leave) once outside of this period it will no longer be classified as pregnancy related. Where an individual returns from maternity leave, albeit reports sick, they will be treated as having returned to work and will no longer be considered to have protected status.

Line managers need to ensure that they treat anyone with pregnancy related absences sensitively and where there are issues the matter should be discussed with the BCU/Departmental HR Business Partner/HR Advisor.

Any sickness absence associated with IVF will not be classified as pregnancy related, other than when the member of staff is in the protected stages of IVF, i.e. from when the egg is taken and an embryo implanted and for the duration of any subsequent pregnancy and maternity leave. If the treatment is unsuccessful the protection remains for a period of two weeks from confirmation of that fact.

3.6 Probationers

The probationary period provides an opportunity to monitor levels of sickness absence and an individual's fitness to undertake the role to which appointed. Where an absence or period of absences reaches a level that could be considered unacceptable, Regulation 13 of the Police Regulations 2003 Discharge of Probationers may be followed for police officers (managed by Learning & Development and the local training hub) and failure of probation for police staff.

3.7 Terminal illness

South Wales Police have pledged to support and protect terminally ill members of staff by signing up to the "Dying to Work Charter". Line Managers will support those who wish to continue working with a terminal illness. However, being mindful that there may come a time when individuals will be unable to continue, options will be discussed between the individual and their line manager, with the support of the HR Business Partner and Occupational Health.

3.8 Ill Health Retirement

The ill health retirement process occurs when it is considered a medical condition no longer allows an individual to continue working for the organisation in a meaningful capacity. All other supportive measures should be considered first including reasonable adjustments, adjusted duties (police officers) and medical redeployment (police staff). Please note the process for Officers and Staff is different.

Police Officers: may be required to retire on medical grounds if they are deemed to be permanently medically unfit by a Selected Medical Practitioner (SMP). However, South Wales Police will consider whether there are alternative duties that an individual could perform and still remain in the service (taking account of their overall capabilities).

Police Staff: an individual will be considered for ill health retirement where the Independent Registered Medical Practitioner (IRMP) determines that they are permanently incapable of efficiently discharging the role for which they were employed and are not capable of undertaking any gainful employment.

4. REDUCTION IN SICK PAY AND DISCRETIONARY BENEFITS

4.1 Overview

Members of staff who are absent from work due to ill health are eligible to receive Occupational Sick Pay (OSP). A police officer's entitlement to OSP is determined within Police Regulations 2003, Regulation 28 and Annex K. The Police Staff Handbook/Conditions of Service

governs the entitlement of police staff. The Regulations and the Police Staff Handbook confer on the Chief Constable a discretion to extend pay in exceptional cases.

4.2 Entitlement to Statutory Sick Pay (SSP)

The Finance Department is responsible for the payment of SSP through the normal payroll arrangements. When a member of staff is not entitled to SSP, or when the organisation's responsibility to pay SSP has expired (usually after 28 weeks of payment), Finance will send the necessary form (SSP1) to the member of staff's home address to enable them to register a claim for Employment and Support Allowance (ESA) with the Department for Work and Pensions (DWP); this will be at least 40 days prior to the cessation of SSP. Where the DWP decline to pay ESA notification of this must be sent to the Finance Department who will redress the shortfall; additionally, where the amount paid by the DWP is at the lesser rate Finance must also be notified of this.

Finance will assume the member of staff has made an application for ESA and deduct the amount from their salary (ESA is paid direct to the individual); it is therefore for the individual to progress accordingly – this is the case even when discretion is afforded to retain a member of staff on pay.

4.3 Entitlement to OSP: Police Officers - Regulation 28

A police officer who is on sick leave is entitled to receive full pay for a period of 6 months in any one year period, thereafter they are entitled to half pay for 6 months in any one year period and then no pay.

Entitlement to sick pay and the rate of sick pay is calculated by deducting from the officer's entitlement the total number of days absent through sickness during the 12 months immediately preceding the first day of current absence.

The presumption within the Regulations is pay will automatically be reduced/cease when entitlement to OSP is exhausted.

4.4 Entitlement to OSP: Police Staff

Entitlement to OSP for police staff is dependent on length of service and accrues as follows:

During 1st year of service	1-month full pay and after 4 months service, 2 months half pay
During 2nd year of service	2 months full / 2 months half pay
During 3rd year of service	4 months full / 4 months half pay
During 4th and 5th year of service	5 months full / 5 months half pay
After 5 years' service	6 months full / 6 months half pay

Entitlement to sick pay and the rate of sick pay is calculated by deducting from the entitlement the total number of days absent through sickness during the 12 months immediately preceding the first day of current absence.

The presumption within the Police Staff Handbook/Conditions of Service is that pay will automatically be reduced/cease when entitlement to OSP is exhausted.

4.5 Amount of full/half pay

Full pay is that which when added to SSP or any short- or long-term incapacity benefit receivable will secure the equivalent of normal pay.

Half pay is an amount equal to half normal earnings plus an amount equivalent to SSP or any short- or long-term incapacity benefit receivable, so long as the total sum does not exceed normal pay.

4.6 Chief Officer Discretion

South Wales Police will ensure consistency and fairness, whilst taking cognisance of any special circumstances and the merits of each individual case, in the operation of its sick pay scheme. The aim is to outline a fair, objective and consistent procedure for the consideration of exceptional extensions of sick pay beyond the normal provisions as outlined in Regulation 28 of the Police Regulations 2003 and the Police Staff Handbook/Conditions of Service.

Police Officers

Annex K to the Regulations provides that a Chief Officer may in a particular case determine that for a specified period a police officer who is entitled to half pay receives full pay, or when not entitled to any pay receives either full pay or half pay.

Police Staff

The Police Staff Council Handbook states that Forces have the discretion to extend the application of OSP in exceptional circumstances.

4.7 Criteria for Chief Officer Discretion

The Chief Constable has delegated their powers under Regulation 28 / Police Staff Handbook/Conditions of Service to the Chief People Officer or their nominated representative. All administrative processes are undertaken by Human Resources.

All applications for favourable discretion to remain or be extended on either full or half pay are considered by the Chief People Officer, or their nominated representative, and will receive careful consideration and will be based on all information available at the time. Importantly, whilst timely medical advice is important it is not the sole determining factor. The decision of the Chief People Officer, or their nominated representative, will be final.
Whilst every case will be assessed on its own merits favourable discretion will be considered in the following circumstances:

Injury on Duty: where the member of staff's incapacity is directly attributable to an injury or illness that was sustained or contracted in the execution of their police duty (i.e. not simply whilst 'on duty').

Terminal Illness: where the member of staff is suffering from an illness which may prove to be terminal.

Referral of Permanency to Selected Medical Practitioner (SMP)/ Independent Registered Medical Practitioner (IRMP): where a police officer has been referred to the SMP or police staff member has been referred to the IRMP favourable discretion will generally be considered appropriate.

Where favourable discretion is afforded, the status quo will be maintained until the SMP/IRMP opinion is known (i.e. if on full/half/no pay when referred to the SMP/IRMP will remain on full/half/no pay until the SMP/IRMP decision is received). Thereafter, whatever the decision of the SMP/IRMP the individual will revert to their OSP entitlement.

The lodging of an appeal against the determination of the SMP/IRMP does not give rise to a re-instatement of any discretionary pay that had been awarded during the SMP/IRMP process.

Disability related absence: where a disabled member of staff is on long term sickness absence relating to their disability and agreed reasonable adjustments are awaiting implementation to enable a return to work favourable discretion will generally be considered appropriate. Where it is the case that the options for reasonable adjustments have been exhausted and/or the disabled member of staff could not return to work regardless of the adjustments made favourable discretion would not be applied.

4.8 Overview of Chief Officer discretion

The Chief People Officer, or their nominated representative, may decide to exercise discretion favourably in circumstances not covered in the criteria set out above or alternatively may decide not to exercise discretion favourably in a case which is covered by the criteria above.

4.9 Timescales for length of discretion

Whilst South Wales Police wishes to be supportive of any member of staff who suffers a long-term illness the organisation is unable to sustain paid absence for a protracted period. Therefore, where favourable discretion is afforded any retention on full pay will be for a specified period, to be granted at 1 – 2 monthly intervals, and reviewed on a regular basis.

4.10 Withdrawal/suspension of OSP

The Chief People Officer, or their nominated representative, reserves the right to withhold or suspend OSP (police staff) or not exercise discretion favourably (police officers) in the following circumstances:

- Where a member of staff fails to co-operate with the requirements of the force sickness procedure/guidance, including
  - failure to notify their line manager of an absence due to ill health
  - failure to provide a valid Statement of Fitness for Work (Fit Note) from a registered medical practitioner
  - refusal to maintain contact
  - the non-attendance at any pre-scheduled appointment or interview, including medical reviews as arranged

- In any case where an individual sickness absence relates to a condition where this is caused in whole or in part to:
  - management action or a management decision, for example transfer to another BCU/Department, refusal of a change to working hours or shift pattern change
  - to an allegation of misconduct or poor performance
  - or any matter to be investigated by management

  and the timing of this sickness absence coincides with the time that the individual is informed of any such action, decision, concern or with the issuing of any warning or disciplinary sanction.
- Where a member of staff fails to seek permission to take a holiday or absence away from their normal place of residence whilst on sick leave.

4.11 Recovery of OSP

Any overpayment of OSP entitlement will be recoverable and the method of recovery will be in agreement between the individual and the Finance Department.

4.12 Pensionable Service (Police Officers)

Sick leave on full or half pay counts towards pensionable service as normal.

Unpaid sick leave can only count as pensionable service if pension contributions are paid. Officers are only able to do this for a period of unpaid sick leave which is less than six months in duration. Pension contributions cannot be paid for a total of more than 12 months of unpaid sick leave aggregated across their police service.

4.13 Pensionable Service (Police Staff)

Sick leave on full or half pay counts towards pensionable service as normal.

When on unpaid sick leave the individual will not pay any pension contributions, however membership will continue to accrue as normal.

4.14 Administrative process

A member of staff approaching their half pay or no pay date will be notified in writing of the impending pay reduction date. Human Resources will ensure that all members of staff are given reasonable notice of this change, however, short service (police staff) and accumulation of sickness absence during previous periods in the last 12 months (police officers and staff) may result in a shorter notice period and a lack of notification will not prevent a move to half/no pay.

An individual, or their representative, may make an application seeking an extension of pay and will need to detail the circumstances which they believe may warrant an extension to sick pay entitlement.

Individuals who do not make an application will automatically move to half/no pay on the date of exhaustion of their OSP entitlement. Where an individual makes an application and discretion is not afforded, they will move to half/no pay on the date of exhaustion of their OSP entitlement. Where discretion to remain on full pay is afforded the entitlement to the period

of half pay is reduced proportionally i.e. full pay extended by 2 months, leaves an entitlement of 4 months (not 6 months) at half pay.

If a member of staff leaves the service of South Wales Police whilst on sickness absence, they will not be reinstated to full pay during the notice period. They will continue to receive their sick pay entitlement, which may be half or no pay.

4.15 Payment of standby/call out allowance (police staff only)

South Wales Police will pay police staff for standby/call out allowance whilst absent from work through sickness/ill health. Please note that standby/call out allowance will be pro rata when an individual is moved to half pay and will not be paid when an individual is moved to no pay. Claims can be made through self-service expenses via a proxy user, nominated by the member of staff.

5. RETURN TO WORK

5.1 Returning to work

It is important that on the day a member of staff becomes fit for work/duty that they report that they have resumed from sick leave and are fit for work/duty regardless of whether or not they are rostered for duty that day. Failure to do so may have an impact on sick pay and any management intervention taken by the Force.

When notified of a return to work date the line manager must ensure the Report Fit Notification is updated on GRS immediately and the Return to Work Interview is completed on GRS no later than 3 working days after their return.

5.2 Returning to work prior to expiration of a medical statement

The Statement of Fitness for Work (Fit Note) provides information on the member of staff's condition and how it affects what they do, with the aim being to provide greater flexibility in the management of sickness absence.

There are two options: 1. not fit for work – means that the individual has a health condition which prevents them from attending work for the stated period of time and 2. may be fit for work taking account of the following advice - means that the individual's condition does not necessarily prevent them from returning to work but there are adjustments required. If it is not possible to implement the recommended adjustments, the Fit Note should be used as if the doctor had advised 'not fit for work'. The individual does not need to return to their doctor for a new statement to confirm this.

The Fit Note does not include the option for the doctor to advise that the individual is fully fit for work; therefore, any planned return to work should be in accord with the Sickness/Limited Duties procedure/guidance and agreed with the individual. Any issues should be referred to Occupational Health.

5.3 Return to work interview

Line managers must conduct an interview with any member of staff returning from sickness absence regardless of the duration of the absence. Where it is not practicable to conduct the

return to work interview immediately, it must take place within three working days of their return to work.

The format of the interview will vary according to circumstance; for example, an individual who has had one day off after a year with no absence does not require a lengthy discussion unless it is obvious that there is a real problem; whilst an individual returning after a prolonged absence may need to be supported carefully and sensitively back into the workplace, and special arrangements may be needed for a while. If there are welfare or medical issues these need to be flagged to Occupational Health and/or the BCU/Departmental HR Business Partner/HR Advisor. For example, the experience of domestic violence can result in deterioration in performance at work, increased absenteeism or poor timekeeping. Reference should be made to Domestic Abuse Workplace Guidance and Procedure. It may also be beneficial to complete a stress risk assessment and/or Wellness Action Plan.

The return to work interview is not a formalised meeting but must be held in private to preserve confidentiality. The meeting is to ensure that:

- The member of staff feels supported and welcomed (particularly further to protracted absence)
- The member of staff has not returned to work prematurely
- Any specific needs of the member of staff have not been overlooked
- Any underlying reasons for their absence are explored
- Any organisational issues can be identified in order to support a healthy workforce
- The member of staff and their line manager have the opportunity to discuss any welfare issues
- The individual's attendance record is discussed, and any concerns brought to the attention of the member of staff, for example emerging patterns of absence.

6 RECUPERATIVE DUTIES (POLICE STAFF ONLY)

For Police Officers please refer to the Limited Duties Procedure/Guidance

6.1 Overview

Recuperative duties are intended to facilitate an individual returning to their substantive role (i.e. the role they are employed to perform) at an earlier stage following an injury, accident, illness or medical incident and to enable rehabilitation back into their work environment/full duties. It is not a mechanism to avoid a loss of pay and it also will not be necessary in every case of an individual returning from sick leave.

6.2 Return onto recuperative duties

In circumstances where an individual indicates a desire to return to work at an earlier stage following a period of sickness absence the line manager shall be responsible for deciding if such a return is appropriate. In consideration of this issue the line manager should have regard to the following, which is not an exhaustive list. The individual circumstances of the particular case should also be taken into account, along with the latest Occupational Health advice:

- Is the individual fit to return to the workplace?
- Is the individual able to recommence work on at least half of their normal hours, but not less than 4 hours per day, and be able to return to full hours within 28 days (56 days in exceptional circumstances)?

- Are there adjustments which can reasonably be made to accommodate a return to work?
- Is the individual able to carry out the recuperative duty period in their normal role?

Where recuperative duties are appropriate the Notification of Recuperative Duties form must be emailed to the BCU OSU or for K Divisions/Departments to GM-HRSICKNESS.

6.3 Phased return

Any agreed return on reduced hours will be on at least half normal hours, but not less than 4 hours per day, and will be for a maximum period of 28 days. In exceptional circumstances a further 28 day period (56 in total from return to work date) may be afforded, in consultation with the BCU/Department Command Team, relevant HR Business Partner/HR Advisor and where necessary Occupational Health.

6.4 Recuperative duties

Recuperative duties are defined as duties falling short of full deployment and should be a structured, time-limited, supportive and rehabilitative process. They are short-term in nature and should, therefore, lead to a return to full duties within a defined period of time.

It must be understood that a return to work on a recuperative duties basis is not a right or entitlement; it is a useful management process to assist an individual's reintroduction to the workplace in circumstances that are beneficial both to the organisation and the individual.

Where recuperative duties extend beyond the phased period of 28 days (56 in exceptional circumstances) pay will be adjusted in accordance to the hours or shifts that are worked, for example if an individual is in receipt of a shift allowance and weekend enhancements but their recuperative duties means working days regular no additional allowances will be paid.

6.5 Recuperative duties plan

The recuperative duties plan must include information about the range of duties and work routines that the individual will be expected to undertake. Importantly, where normal duties and/or routines are affected, plans should focus on the timescale over which the individual's return to their substantive role is achieved. The plan will be of substance to constitute a risk assessment based on medical restrictions.

Recuperative plans must be reviewed by line managers regularly. This will assist their staff member in resuming the full role and work routine of their substantive post at the earliest opportunity.

Recuperative Duties Plan process:

- Meeting between the individual and the line manager to discuss their substantive role and what they can or cannot do and any reasonable adjustments required.
- Recuperative plan developed (this will constitute a risk assessment based on medical restrictions). If the individual is still under the care of their GP, they may need to discuss the plan with them and if the GP agrees they are fit enough to return to work and undertake their role, to sign it off.

- Any recuperative plan involving a 'phased' return must include an indication of the regular incremental targets expected. This can be as important as the expanding of the duties individuals will be expected to undertake, if they are to achieve a return to their substantive role at the earliest appropriate time.

6.6 Recuperative duties and Business Interests and Additional Occupations

During a period of recuperative duties approval for a business interest/additional occupation may be rescinded.

6.7 Recuperative duties and overtime

Overtime should not be worked where a recuperative plan is in being, so as not to jeopardise the individual's recovery.

6.8 Recuperative duties and annual leave

In discussion with their line manager individuals have the ability to utilise annual leave to assist with their rehabilitation, however, if an individual decides to take a period of annual leave during any time of their recuperative period this may not necessarily extend or defer their recuperative duties. Additionally, any leave taken during a reduced hours period will be calculated on their substantive hours of work.

6.9 Capability

The attendance and performance of a police staff member will continue to be managed irrespective of whether the individual is subject to recuperative duties. The requirement to perform their role to an adequate standard and maintain acceptable levels of attendance remains. It should be noted that failure to do so will result in appropriate management interventions being instigated.

7 MEDICAL REDEPLOYMENT (POLICE STAFF ONLY)

For Police Officers please refer to Adjusted Duties in the Limited Duties Procedure/Guidance

7.1 Overview

The aim of medical redeployment is to enable police staff who have a disability or a medical condition and where despite the consideration and implementation of all possible reasonable adjustments are unable to continue within their current substantive role, to be redeployed to other employment which might be available within South Wales Police, thus retaining their valued skills and experience.

7.2 Consideration of medical redeployment

Where the Force Medical Advisor (FMA) forms the view, based on their medical prognosis, that an individual can no longer carry out the duties of their substantive post, the FMA will be asked to consider the appropriateness of medical redeployment. The FMA will detail the individual's capabilities, together with details of the duties and/or work environments which would be suitable, including details of any special or particular needs which should be met. This information will then be provided to the relevant HR Business Partner in order to commence the medical redeployment process.

Where an individual disagrees that redeployment should be pursued, they will need to provide further medical evidence from their GP (who needs to supply copies of specialist reports with any copies of scans undertaken) or other medical practitioner who is involved in their care for a reconsideration of their case by the FMA. If there is a charge for this service, the costs will not be reimbursed by South Wales Police.

7.3 Process to identify a suitable alternative post

In order to identify suitable alternative posts, the individual will be asked to complete a skills profile form which details their employment history, work experience, skills and qualifications. The individual will then be placed on the redeployment list and as vacancies arise the HR Business Partner will seek to match their skills along with the requirements as noted by the FMA to the role advertised. There has to be a genuine vacancy; no positions will be created purely for the purposes of redeployment. Individuals should also look on BOB at Recruitment (Internal & External Vacancies) to see whether there are any vacancies which they may be interested in.

Once a suitable position has been identified and if the individual meets the essential criteria for the post, they will be given prior consideration for the post. It should be noted that there may be occasions when other police staff members on the redeployment list could also be given prior consideration for the same posts. In these circumstances a skills match and/or a selection process would take place.

The HR Business Partner/HR Advisor will liaise with the individual throughout the process.

7.4 Timescales

An individual will remain on the redeployment list for a period of 12 weeks. On completion of the 12 week period where an individual cannot be suitably redeployed (or where they have declined roles) and where medical retirement is not appropriate, the member of staff's employment will be terminated on the grounds of incapability, with contractual notice being paid in lieu of notice.

In redeploying a member of staff full consideration will be given to any reasonable adjustments required and appropriate vetting level will also be taken into consideration.

If the member of police staff accepts the alternative post, they will be entitled to a trial period of 4 weeks which may be extended by up to 8 weeks.

At the end of 12 weeks and where the individual is covered under the Equality Act, should an appropriate role not have been identified consideration will then be given as to whether an extension to that period should be given as a reasonable adjustment.

7.5 Salary Protection

The rate of pay, shift allowance, weekend enhancements and any other allowances will not be protected following medical redeployment and a subsequent offer of employment, other than in the trial period (up to a maximum of 8 weeks). Other terms and conditions may vary depending upon the conditions of employment of the job under offer.

FURTHER INFORMATION AND FORMS

FORMS

- Counselling Assessment Form
- Reasonable Adjustment Proforma
- Recuperative Duties Plan
- Wellness Action Plan

OTHER GUIDANCE AND PROCEDURE:

- Adoption
- Business Interests & Additional Occupations
- Capability (Police Staff)
- Conduct of Police Officers
- Counselling
- Disability
- Domestic Abuse Workplace
- Flexible Working
- H&S New & Expectant Mothers
- Transgender (Gender Reassignment)
- H&S Reporting of Injuries, Diseases & Dangerous Occurrences
- H&S Stress Management in the Workplace
- Limited Duties (Police Officers)
- Maternity
- Misconduct (Police Staff)
- Special Leave
- Smart Working

OTHER LEGISLATION/REGULATIONS:

- Access to Medical Reports Act 1998
- Code of Ethics
- Data Protection Act 2018
- Equality Act 2010
- Employment Rights Act 1996
- Health & Safety at Work Act 1974
- Human Rights Act 1998
- Management of Health & Safety at Work Regulations 1999
- NPIA 04/2010 - Ex gratia payment for Special Constables for injury or illness
- Police (Conduct) Regulations 2020
- Police (Performance) Regulations 2020
- Police Regulations 2003
- Police Staff Council – Pay and Conditions of Service Handbook (June 2022)
- Police Staff Conditions of Service - Local Agreement
- Special Constables Regulations 1965

FURTHER INFORMATION AND LINKS

Mental Health Toolkit
Wellbeing Support
Patient Management System
Occupational Health Referral Fact Sheet

CONTACTS

- Case Management: HRCasemanagment@south-wales.police.uk
- Divisional/Departmental HR Business Partner/HR Advisor
- GMB: GMB-SWP-Staffbranch@south-wales.pnn.police.uk
- HR Helpdesk: HR.HELPDESK@south-wales.police.uk
- Police Federation: office@swpf.org
- Superintendents Association: enquiries@policesupers.com
- Unison: [redacted]

COPIES AVAILABLE IN WELSH CONTACT POLICY UNIT PolicyUnit@south-wales.police.uk

RISKS AND IMPACTS

EQUALITY IMPACT ASSESSMENT

Sickness Absence EIA

DATA PROTECTION IMPACT ASSESSMENT

RISK ASSESSMENTS

South Wales Police has duties under the Health and Safety at Work Act 1974 to ensure that the health and safety of everyone at work is protected so far as is reasonably practicable. All roles are risk assessed in South Wales Police and it is every manager's responsibility to ensure that members of staff are not exposed to unnecessary risk whilst carrying out their duties with the aim of preventing work related illness and injury. A structured and proactive approach is taken to debriefing our members of staff following potentially distressing incidents. However, it is inevitable that members of staff will at some stage be affected by ill-health and be absent from work, so it is incumbent on the organisation to ensure a fair and consistent approach is taken to managing sickness, rehabilitation, return to work and in certain circumstances exit from the workplace.

South Wales Police has duties to protect members of staff after they return to work if they have become more vulnerable to risk because of illness, injury or disability therefore it is a requirement that a suitable and sufficient risk assessment is undertaken on return to work and is monitored during the recuperative duties period.

South Wales Police has a duty to make reasonable adjustments where an individual meets the requirements of the Equality Act.

AUDIT

DATE	VERSION	KEY CHANGES & COMMENTS	FULL REVIEW?	AUTHORISED BY
11/08/05	01	Policy completely re-written and consulted upon and name changed. This policy is to replace Health Management and Attendance.		
20/11/09	02	Section 2 specific guidance 'self cert' removed		[redacted]
21/04/10	04	Replaced sickness forms		[redacted]
06/10/10	05	Consultation and changes from consultation		[redacted]
24/2/11	06	Update F480 form. Removed 'Private Medical Intervention' scheme		[redacted]
14/8/12	07	Re weekly orders 32/2012. 8 Aug 2012. Recup/Temp restricted duties F70a, b, c, d, e, f now obsolete and revised (AA sickness forms on HR intranet)		
18/02/13	08	F480 form updated		[redacted]
15/10/15	09	Revised Guidance & procedure and put in new template		[redacted]
25/11/16	10	Amendments to the attachments: • Managing absence • Referral to Health, Care & Safety • Reduction in sick pay and discretionary benefits Also: • Change to department name (Occupational Health, Safety & Wellbeing) • Changes of responsibilities for: • to Line Management • HR sickness management • General managers		[redacted]
02/04/2020	11	Update to section 4.2: Referral to Counselling and Trauma to include reference to new online form. Link to Coronavirus page and further advice added		[redacted]
21/10/2022	12	Move to new template. Changes made to the section of 'Reduction in Sick Pay and Discretionary Benefits' and new sections added, namely Recuperative Duties (for police staff only) and Medical Redeployment (for police staff only).	Yes	[redacted]
3/10/23	13	• Link to Coronavirus page and further advice removed • Amendment to Roles & Responsibilities for Finance Department re pay slips • Change of provider: CareFirst to Vivup • Amendment made to OH roles to reflect new structure • Additional clarification provided in 1.14 Special Officers		[redacted]

		• Inclusion of Smart Working procedure/guidance in 'other guidance and procedures' • Additional staff associations/networks linked in FAQs 'what support can be provided to staff'		
16/01/25	14	• Inclusion of an individual's right to respond and engage in the medium of Welsh. • Amendment to OH referral process • Amendment to IOD reporting process • Change of title: Director of People and Organisations Development to Chief People Officer • Change of terminology in section 4.15 • Amendments to further information and forms (links, additional information) • Addition of FAQ: self service via proxy	N	[redacted]

Please note **governance process** and obtain the relevant level of sign off.

ABOUT PROCEDURE
KEY POINTS
ROLES
FULL PROCEDURE
FURTHER INFO & FORMS
RISKS AND IMPACT
AUDIT
FAQS

FAQS

❖ **What support can be provided to members of staff?**

Confidential counselling: this service is available internally to all members of staff and consultative input given to managers when requested. Counselling triage has been introduced following a pilot programme. The therapies recommended by National Institute for Health and Care Excellence (NICE) as appropriate for sufferers of PTSD are available from the Counselling Team who also have contacts with specialist services outside of SWP.

Vivup is an additional provision to our internal confidential Counselling, Trauma and Workforce Support Service. The service is free of charge and individuals do not need to ask their manager to gain support, they just call Freephone number 0800 023 9387 and speak with client support services who will direct the call in confidence. It is available 24 hours day, 7 days a week, 365 days a year and is accessible by phone or online. Vivup employ professionally qualified Counsellors and Information Specialists, who are experienced in helping people to deal with all kinds of practical and emotional issues such as wellbeing, family matters, relationships, debt management, workplace issues, and much more.

Blue Light Programme: the Blue Light Programme aims to offer training to members of staff to help them cope with the situations they face, as well as training for managers to offer support to their teams. SWP is committed to challenging mental health stigma and discrimination within the Force. Breaking the silence sends a powerful message to demonstrate that mental health issues can be discussed openly and we want everyone who works within SWP to feel they can be open about their mental health and get support if they need it.

Blue Light Champions: are trained volunteers who can provide confidential support and advice to anyone who wants a listening ear. Blue Light Champions are located in each BCU and Department.

Staff Association/Trade Union: a variety of services are available through the Police Federation, Police Superintendents Association, Unison and GMB. SWP also has a number of other networks that can provide assistance, further details can be found here.

Police Chaplaincy: multi-faith volunteer chaplains enable officers and staff to have a person to talk to and act as a critical friend. Their role is to be involved in the provision of basic support and as a "listening ear".

Trauma Risk Management (TRiM): this is an initiative that recognises early intervention as a positive step to reducing trauma related conditions. A TRiM assessment is pro-actively offered to all members of staff who it is recognised may have been involved in a traumatic event. In addition, it is available to any member of staff who is concerned that they may have been affected by an incident.

Psychological debriefing: Specialist roles such as Family Liaison Officer's and personnel identified as in roles at high risk are proactively offered this support.

- Debriefs are a proactive programme of psychological support, usually carried out annually for anyone deemed to be working within a high-risk role.
- Confidentiality is paramount. No information is shared, unless requested by an individual or in the event an individual disclosures criminal activity or presents as a significant risk to self or others.
- They are not counselling or TRiM assessments but are very informal conversational meetings that are not recorded on anyone's record.

- Debriefs can last anything from 10 minutes up to an hour and gives an ideal opportunity to 'check in' on how you are doing.
- Typically held face to face, over the telephone or via TEAMS.
- Debriefs provide the opportunity to talk openly about your role and provides coping strategies and self-care mechanisms to be able to carry out your duties well whilst also looking after yourself.
- Consideration is also given to lifestyle, general wellbeing and work life balance

Stress awareness and stress management workshops: these have been provided by Counselling and Trauma Advisors and include information on identifying potential trauma symptoms, informing managers of the TRiM process and increasing the individual's self-awareness to encourage early access to support. The information is supplemented with individual TRiM booklets and managers can access additional training and resources delivered by e-learning.

Coaching: coaching is available through Learning and Development plus various personal development programmes.

Police Sports South Wales: for a small monthly fee PSSW provide a variety of sporting activities and support employee benefits schemes and wellbeing initiatives giving access to discount tickets, products and day trips.

❖ **Where can I find health and wellbeing information on BOB?**

Contact details for local help and support networks and a wellbeing support booklet containing useful information on in-house wellbeing campaigns and schemes can be found **here**

❖ **What is the role of Occupational Health, Safety & Wellbeing (OHSW)?**

OHSW are committed to helping SWP achieve a safe and healthy working environment with particular regard to staff well-being, managing absence and the effects of sickness, accidents and stress. The Team is co-ordinated by the Occupational Health, Safety & Wellbeing Manager and comprises of Occupational Health (OH), Counselling & Trauma Services and Health & Safety.

❖ **What is the role of Occupational Health (OH)?**

The role of OH is to provide advice and guidance to managers and individuals on the impact of an individual's health on their ability to undertake their duties and what measures can be put in place to support them, where appropriate. Importantly, medical advice whilst one of the factors taken into account, should not solely determine the way forward. The decision on the appropriate action to take (if any) will ultimately be a managerial decision not a medical one, essentially the FMA advises, and the manager decides.

❖ **What happens if a member of staff fails to attend an Occupational Health (OH) appointment/fails to notify of non-attendance at an Occupational Health (OH) appointment?**

Appointments with the FMA are mandatory and will be considered a "lawful order" or reasonable instruction. The FMA is a contracted service, and every wasted appointment reduces funds for frontline policing. In the event of an individual failing to notify of non-attendance or attend a scheduled appointment with OH, the line manager will be updated; the line manager should then advise the individual of their obligation to attend, and a further appointment will be arranged. Continued failure to attend will be regarded as a conduct issue and dealt with accordingly. Additionally, the individual may incur a charge for non-attendance and the wasting of valuable consultation time.

❖ **What happens if a member of staff fails to return to work if found fit by Occupational Health (OH)?**

If an individual is found to be fit to return to work by OH but fails to do so the line manager should instruct the individual to return, unless a new illness or injury preventing the individual from returning has arisen. Any conflict of medical opinion will be determined by referral to an independent medical practitioner to assess an individual's fitness for work. If the GP/specialist who issued the certificate of unfitness does not agree to such referral or where the independent medical practitioner certifies the individual to be fit for duty, the individual shall no longer be entitled to be absent from duty. If the absence continues the matter will be regarded as misconduct and dealt with accordingly, in such circumstances occupational sick pay will be removed.

❖ **What is PMI?**

Private Medical Intervention (PMI) aims to help officers and staff who have been injured or who have become unwell, whether caused by work or not, to return to work and full performance. In those cases where medical intervention (investigation and/or treatment) is needed in advance of current NHS waiting time SWP will consider assistance toward the cost of appropriate/necessary intervention.

❖ **How can I be considered for PMI?**

Recommendations for PMI can come via:

- Occupational Health (OH) following a review of an individual case.
- an individual request (Private Medical Intervention Scheme - initial enquiry form) - OH will then review the request and may require further assessment by way of telephone consultation or OH appointment.

❖ **What types of medical interventions are considered for PMI funding:**

- MRI scans
- Ultrasound scans
- X-rays
- Specialist opinion
- Investigations (minor treatments eg. spinal injection)
- Physiotherapy / chiropractic treatment

Surgery and surgical procedures will not be considered due to the limited budget available. To ensure that the maximum number of individuals benefit from the scheme there is a limit on the total cost each individual can claim in a rolling calendar year, currently £500 per individual.

❖ **What happens if a member of staff does not provide notification of an absence?**

Failure to notify the line manager of an absence due to ill health may lead to the non-attendance being considered as unauthorised, with occupational sick pay subsequently being withheld. It may also be considered as misconduct and be dealt with accordingly, unless there are exceptional circumstances.

❖ **What happens where a member of staff frequently commences a tour of duty and reports sick before completion of that tour of duty?**

Where a member of staff repeatedly commences a tour of duty and then reports sick or turns up for short periods of the shift before reporting sick the Line Manager is to undertake supportive management intervention - where the pattern giving cause for concern is pointed out to the individual and discussed. As a consequence of this meeting a supportive attendance plan should be implemented that advises any future such absence, over a specified time, will be considered as a sickness absence and will be recorded as such. By this method, members of staff who frequently report for duty and remain in work for a short duration before reporting sick on two or three occasions in a rolling year will no longer fall outside the scope of the Police Performance Regulations (PPR) or the Capability

Procedure. Where a member of staff is already subject of a supportive attendance plan under PPR or the Capability Procedure then an absence as indicated above will trigger consideration of moving to the next stage of the process.

❖ **What happens if a member of staff does not have a Fit Note?**

It is imperative that any period of consecutive absence over 7 days is covered by a Fit Note. Failure to obtain certification for sick leave may result in consideration being given to the removal of occupational sick pay and may result in discipline action (as the member of staff is technically absent without authorisation).

❖ **What happens if a member of staff on sickness absence does not seek permission to take holiday?**

Members of staff who fail to seek permission to take their holiday may be subject to disciplinary action and consideration given to removal of statutory sick pay (SSP) and/or occupational sick pay.

❖ **What happens if a member of staff on sickness absence does something inconsistent with their stated reason for absence whilst on authorised holiday?**

Where a member of staff is granted permission to take a holiday or absence away from their normal place of residence but does something inconsistent with their stated reasons for sickness absence, or something that worsens their illness or prolongs their absence, they may be subject to disciplinary action and consideration will be given to the removal of statutory sick pay and/or occupational sick pay.

❖ **What happens if a member of staff on sickness absence visits a partner / spouse who resides in a different location within the UK?**

As a line manager it is expected that you would know the individual and the circumstances of their family set up. Therefore, in relation to the requirement to report every time they are away from their usual place of residence this should be managed locally by way of agreement between you as the line manager and the individual.

❖ **Who pays for a doctors letter required for court non-attendance?**

If an individual is unable to attend court due to health grounds it is their responsibility to submit to the court a letter from their doctor outlining the medical grounds for their non-attendance. If there is a charge for this service, the costs will not be reimbursed by South Wales Police.

❖ **Why does contact need to be maintained during sickness absence?**

The main aim of ongoing contact is to check on the individual's wellbeing and the outcome of any medical appointments, update them on work events, and discuss, when appropriate, the prognosis for a return to work, including the use of recuperative duties. Colleagues should also be encouraged to maintain contact, thereby ensuring that the individual feels that they have not been forgotten and are continued to be seen as a valuable member of the workforce.

❖ **As a line manager how should I approach a personal visit and what happens should they refuse this contact?**

The visit should be conducted with sensitivity, and it is important that the individual be given time to talk. It should be established whether there are any other factors which may be hindering a return to work. The visit is not designed to place an individual who is sick under additional pressure.

Line managers should be aware that not all individuals would welcome a home visit. When an individual expresses concern at the prospect of such a visit or refuses such a visit being made the line

manager should be sensitive to these concerns and discuss the feasibility of making alternative arrangements such as meeting at an alternative location or nominating an alternative manager to visit.

Each sickness absence will be assessed on its own merits, and it may be appropriate for the line manager to consider that an unannounced home visit is necessary having regard to issues such as the following:

- A member of staff's prior sickness record
- A member of staff reports sick after previously being refused time off
- Where there is a pattern of absence
- Where there has been an inability to contact the individual by phone and there are concerns for the individual's welfare

❖ **What is the Bradford Score?**

Bradford Scores are a way of identifying individuals with serious absence and patterns of absence worthy of further investigation. It helps highlight causes for concern and acts as a trigger to prompt line managers to investigate a case further – when consistency and fairness have to be applied and where each individual case may be different. The Bradford Score is therefore a 'tool' to assist managers and should be considered together with all the factors and circumstances of a given case.

The Bradford Score is calculated as follows: S x S x D = Bradford points score

Where: S is the number of occasions of absence in the last 365 days and D is the total number of days' absence (including non-working days) in the last 365 days.

Example: for individuals with a total of 14 days' absence in one rolling 365-day period, the Bradford Score can vary enormously, depending on the number of occasions involved:
a) 1 continuous absence of 14 days: 1 x 1 x 14 = 14 Bradford Score
b) 14 absences each of 1 day: 14 x 14 x 14 = 2744 Bradford Score

Example (b) highlights where 14 single days absence might go unnoticed but may be more disruptive in terms of service delivery than case (a) or may indicate the existence of an underlying problem.

❖ **What is statutory leave entitlement?**

Statutory leave entitlement is the legal minimum amount of paid holiday that workers are entitled to. This is currently 5.6 weeks (28 days).

❖ **When will I be referred to the Selected Medical Practitioner (SMP) (police officers only)**

1. **Management referral** – your referral will usually be initiated by Occupational Health (OH) where the Force Medical Advisor (FMA), after a period of review and appropriate medical evidence, is of the opinion that you may be medically unfit from the ordinary duties of a member of the police force.

2. **Individual request** – it may be that you consider that you are medically unfit from performing the ordinary duties of a member of the police force and feel obliged to request Occupational Health (OH) to refer you to the SMP. Any request must be supported by medical evidence. The FMA will then be asked to confirm that there is a medical issue to consider and only if the Police Pension Authority is satisfied that there is a medical issue to consider will your case then be referred to the SMP.

❖ **Why am I being referred to the Selected Medical Practitioner (SMP) (police officers only)**

The SMP's opinion will assist South Wales Police in determining your suitability and aptitude for retention; the scope for such retention and whether or not you should be retained. The purpose of referral is to establish whether in accordance with the Police Pensions Regulations 2015 Scheme you are medically unfit for performing the ordinary duties of a member of the police force and whether that medical unfitness is likely to be permanent. Additionally, whether you are medically unfit for engaging in any regular employment and whether that medical unfitness is likely to be permanent.

❖ **What does 'medical unfitness' and 'permanent' mean under Police Pensions Regulations 2015?**

'Medical unfitness' is defined as inability, occasioned by infirmity* of mind or body

(a) to perform the ordinary duties of a member of the force; or

(b) to engage in any regular employment *(regular employment is defined as employment for an annual average of at least 30 hours per week.)*

*"Infirmity" is defined as a disease, injury or medical condition, including a mental disorder, injury or condition; "injury" includes any injury or disease, whether body or of mind.

'Permanent' means until Normal Pension Age (NPA) or death whichever is sooner.

Additionally for the purposes of permanency the question for the SMP is whether, on the balance of probabilities, it is more likely or less likely that an officer's medical unfitness will cease assuming they receive normal appropriate medical treatment. If the person is objecting to treatment, it will be for the Police Pension Authority to decide whether or not any objection to the treatment is reasonable.

❖ **When will consideration be given to an ill health retirement? (Police staff only)**

Consideration will be given to the likely permanence of an individual's condition when they have been absent for 8 months, unless medical evidence is provided at an earlier stage. Where Occupational Health (OH) do not have any medical evidence re likelihood of permanence, they will request consent from the individual to write for a specialist report. The Force Medical Advisor (FMA) will then provide an opinion on permanency prior to a referral to the Independent Registered Medical Practitioner (IRMP).

The IRMP will assess the individual and complete a medical certificate accordingly. This will then determine whether an individual is ill health retired and what tier of ill health retirement benefits would be awarded.

An individual must have been an active member of the LGPS for two years, or have transferred identical rights into the pension scheme, to qualify for an ill health pension.

❖ **How do I make a claim for self-service expenses via a proxy?**

To facilitate the input of self-service expenses by proxy, an email needs to be sent to corporate.finance@south-wales.police.uk from the member of staff, nominating an individual within their area of work who agrees to enter their expense claims on their behalf. Upon receipt of this email giving authority for input of expenses by proxy (must include the proxy users name and force number), the proxy user can then be set up and will be contacted by Corporate

Finance. If the nominee is the individuals line manager, an additional approver name/force number needs to be provided, this is to ensure segregation of duties.