



**Derbyshire Constabulary**

**Attendance Management Policy**

**POLICY REFERENCE AJC**

**This policy is suitable for Public Disclosure**

**Owner of Doc:** Personnel

**Date Approved:** May 2007

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**1. Policy Identification Page**

This Policy has been drafted in accordance within the principles of Human Rights, Race Relations, Sex Discrimination and Disability Discrimination Legislation. Public Disclosure is approved unless otherwise indicated and justified.

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### **Human Rights Act 1998**

The Human Rights Act 1998 has been considered with regard to this policy. Proportionality has been identified as the key to Human Rights compliance. This means striking a fair balance between the rights of the individual and those of the rest of the community. There must be a reasonable relationship between the aim to be achieved and the means used.

### **Diversity Policies**

Equality issues have been considered with regard to this policy. Adherence with this policy will therefore ensure compliance with Equal Opportunity legislation and internal Equal Opportunity policies.

### **Data Protection Act 1998**

Data Protection issues have been considered with regard to this policy. Adherence to this policy will therefore ensure compliance with the Data Protection Act 1998 and internal Data Protection policies.

### **Freedom of Information Act 2000**

Freedom of Information issues have been considered with regard to this policy. Adherence with this policy will therefore ensure compliance with the Freedom of Information Act 2000 and internal Freedom of Information policies.

### **Health and Safety Act 1974**

Health and Safety issues have been considered with regard to this policy. Adherence with this policy will therefore ensure compliance with Health and Safety legislation and internal Health and Safety policies.

### **Policy Bureaucracy**

The bureaucratic impact of this initiative has been considered; the benefits justify the costs of compliance with the policy.

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## **POLICY STATEMENT**

Derbyshire Constabulary has a duty of care to all staff, and provides a range of support services.

Line Managers have a crucial part to play in managing attendance. All staff have a duty to attend work unless unable to do so through sickness, injury or other authorised absence. The Force aims to achieve a culture where individuals feel that attendance is important in order to maintain high standards of service. However, it is recognised that a certain level of absence due to ill health or medical intervention is unavoidable. It is also necessary to consider the effects of frequent or long term absence on the operational effectiveness of the Force. An active approach to attendance management encourages staff to feel valued and highlights the individual's contribution to the Force. (See Appendix 1).

Where a member of staff is covered by the Disability Discrimination Act, the organisation will attempt to retain them in their current role and reasonable adjustments will be made to assist in fulfilling the requirements of their role. Where it is not possible to continue in their current role every effort will be made to re-deploy into another suitable post.

This policy seeks to promote attendance and support but not prohibit sickness. The following principles will be applied in achieving this:-

- A consistent approach and commitment by all the parties and line managers, in particular:-
  - ◆ Training and awareness in retaining staff that become disabled.
  - ◆ Health promotion and occupational health, safety and employee assistance programme services.
  - ◆ Provision of accurate and timely advice and information, in particular, the monitoring of health trends e.g., mental health issues etc.
  - ◆ The adoption of a day one absence management philosophy.

This Policy will apply to Police Officers, Police Staff and to members of the Special Constabulary in certain instances. Underlying principles of good management practice apply equally to all staff; however differences between police regulations and police staff conditions of service mean certain aspects of the procedure differ (e.g. Ill Health Retirement and differences in the Pension Regulations)

## **PRINCIPLES**

### **Notifying Absence**

The Reporting and Monitoring Procedure for Absence is outlined in Appendix 2.

Members of staff must also inform their manager if they believe their absence is due to an industrial injury or disease. They should be encouraged to notify the organisation if the sickness is related to a disability or pregnancy related.

### **Reporting Sick during a Tour of Duty/Whilst At Work**

Any member of staff who reports off duty sick for part of a day will not be treated as being off sick for the purposes of the Statutory Sick Pay Regulations. However, for monitoring purposes a Form 40 is required.

Routine visits to Doctors, Dentists, etc should be scheduled as far as possible outside duty time. For police staff working in accordance with the flexi time scheme, this policy will apply. For other staff, time off will be considered for medical appointments based on individual circumstances and any difficulties in obtaining appointments.

Time off for treatment / appointments will be considered as part of the requirement to apply reasonable adjustments for staff who have a disability or if the appointment is linked to ongoing medical treatment for which there has been a referral to Occupational Health. If an employee is absent from work because they are waiting for a reasonable adjustment to be made, this is not sickness absence or disability related leave. Where this situation arises paid special leave should be granted.

Time off for specific screening appointments may also be granted (e.g. cancer screening).

### **Unauthorised Absence**

Staff who take time off work without following the correct procedures for seeking approval or notifying sickness should be regarded as being absent without authorisation.

For both police officers and police staff this can constitute misconduct.

### **Sick Leave during Annual Leave**

Staff who have previously booked annual leave and then become ill should submit a medical certificate in order to identify that annual leave that could not be taken as a result of the illness. Staff may carry over annual leave in accordance with the relevant terms and conditions of service.

### **Disability Related Leave**

Disability related leave covers time off during working hours for therapy, hospital appointments, rehabilitation, assessment, treatment etc. This type of leave plays an important part in keeping an individual fit for their role and is not the same as sickness absence. Disability related leave might be considered a 'reasonable adjustment'. Disability related leave must not be used to cover periods of sickness absence, whether or not the sickness absence is directly related to the person's disability.

## NOT PROTECTIVELY MARKED

- Applications for such leave should be made on form 33 detailing start date, period, reason – e.g. rehabilitation, hospital appointment, physiotherapy etc to be forwarded in advance, where possible to line manager for approval and copy sent to relevant HR Manager/Caseworker, for information.
- The decision as to whether or not the condition falls under the DDA will be based on information from the individual, health professionals and other appropriate sources.
- The Force will accommodate individual needs wherever possible but will also take into account operational requirements.
- The Line manager will inform member of staff of the decision in writing within 7 working days and will forward this to either the HR Service Centre/Divisional Resourcing Team for input on the HR system

## **MANAGING SHORT TERM ABSENCE – MANAGEMENT ACTION**

### **(See Appendix 4 – Unsatisfactory Performance Procedure)**

Where the frequency of short term absence is a cause of concern, (See Appendix2) as indicated by the trigger points or return to work interview (See Appendix 3) the following should be implemented.

The line manager should investigate the background and verify the facts relating to attendance records which will include:-

- Staff member's age and length of service.
- Previous sickness record.
- Length of absence.
- Cause of absence.
- Recent work performance.
- Emerging patterns of absence.
- Workloads.
- Consideration of any work related or welfare issues which may be causing or contributing to absence and the possibility of bullying /harassment affecting attendance.

Line managers may need to consider a number of options dependent upon the individual circumstances of the case and the amount of support the individual requires e.g., referral to Care First, consideration of reasonable adjustments, flexible working etc.

Line managers should consider whether any action is necessary and hold an Attendance Support Meeting (see Appendix 3). Any reasons for not taking action should be clearly documented on a Form 33 for retention on the personal file with copy to HR Manager/Caseworker.

A copy of the person's sickness record should be made available to them prior to the meeting as this will form a major part of the discussion. Any pregnancy related sickness should be discounted and disability related sickness should be considered separately in view of the fact that this may be an indication that the member of staff requires a reasonable adjustment in order for them to improve their attendance.

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The purpose of the meeting is to identify reasons for absence and to improve attendance in the future. An action plan should be drawn up and review dates agreed. The meeting should be recorded and confirmed in writing to the individual. This record should be sent to the Divisional HR Manager or Headquarters HR Caseworker for monitoring and the personal file.

(See supporting documentation for guidance on standard letters and action plans).

### **Review Meeting**

The action plan (see supporting documents) should be reviewed, usually 3 months. Where the level of attendance does improve positive feedback should be given.

If the level of attendance does not improve, the HR Manager/Caseworker should be consulted with advice from other related specialists as appropriate i.e. Occupational Health, Care first, Confidence and Equality Unit. Consideration should be given to involving specialist services in the review meeting and ensure consideration is given to reasonable adjustments (see Reasonable Adjustments Guide on Intranet).

The next stage will be either a further period of review, or the pursuit of formal unsatisfactory attendance procedures.

## **MANAGING MEDIUM / LONG TERM ABSENCE**

### **(See Appendix 4 – Unsatisfactory Attendance Procedure)**

Medium term sickness is an absence between 8 and 28 days (inclusive).

Long term sickness is an absence that has or is likely to extend beyond 28 days. These absences require certification. Both should be managed from day one. Local HR Managers/Caseworkers can advise managers of the options available to them. In most cases of long term sickness it will be necessary to refer individuals to the Force Medical Advisor for advice on prognosis, recovery periods, reasonable adjustments/recuperative duties and return to work action plans.

The following must be considered:-

- When a sickness exceeds seven consecutive days line managers should ensure contact with staff throughout the period of absence. It is important that such contact is **agreed in advance**. It is essential to ensure contact is maintained during long term absence and should make a return to work easier.
- After 21 days sickness a first support meeting (see Appendix 3) should be arranged by the line manager with the member of staff in order to discuss:-
  - ◆ any welfare needs.
  - ◆ the referral to Occupational Health (Form 625) or Care first (Form 60) (see Appendix 2) if this has not already been undertaken.
  - ◆ the requirement for attendance support meetings should the absence exceed six weeks.

This meeting can be held at the usual workplace or other suitable work premises or if the member of staff is unable to attend such premises, this can be held at home or a neutral venue.

## NOT PROTECTIVELY MARKED

A member of staff who is absent may request that they have a representative with them at the meeting. Line managers may request the support of HR Managers/Caseworkers and/or Specialist Services at any stage of the process. Supervisors do however need to ask pertinent questions about the employee's sickness, when a return to work is likely and whether supportive action is required. Staff Associations/UNISON may assist with organising or facilitating visits but will not take on line manager's responsibilities.

- Contact must be maintained between the individual and the organisation. If no contact is maintained any actions taken in respect of Unsatisfactory Attendance Procedures will be taken on the information available.
- All cases of sickness that extend beyond six weeks will have an attendance support meeting. (See Appendix 3).

The Medical Intervention Policy may also need to be considered in respect of assisting staff back to work.

## REHABILITATION AND RETENTION OF STAFF

There may be circumstances where staff have sustained injury, illness or trauma which will necessitate a gradual return to full duties. In these circumstances, staff may return to the workplace as part of rehabilitation plan. Managers should consider:-

- What the restricted member of staff can do and utilising their skills.
- Seek a meaningful role which will not only be more beneficial to the organisation but will also enable a member of staff to make a full contribution.
- Consider all roles, as potentially for a restricted member of staff, depending on the individual aspects of their medical condition and employment status i.e. police officer/police staff.
- Provide career development opportunities.
- Consider any roles with reasonable adjustments using the principles of the Disability Discrimination Act 1995 even if the individual is unlikely to be covered by the legislation.

## Recuperative Duties

Recuperative duties – duties that facilitate an early return to work following absence using reduced hours or restriction of tasks to reintroduce individuals at an early stage back into the workplace; likely to recover in 3-6 months.

They are designed to facilitate a return to full duties, full fitness and full responsibilities in the individual's current role following a period of absence due to injury or illness. Recuperative duties may include full hours performing a role that matches the individual level of functional capacity, for a defined and finite period of time.

In exceptional circumstances, and where supported by medical evidence, a reduced hours programme in the current role or in a role that matches the individual level of functional capacity, carrying out their full contracted hours may be considered again for a defined and finite period of time.

Any member of staff who has up to 21 day's continuous sickness absence should have already been referred to Occupational Health (see Appendix 2).

NOT PROTECTIVELY MARKED

## NOT PROTECTIVELY MARKED

The unit will undertake an assessment and advise on a suitable phased return to the workplace where this is necessary. This may involve external specialist assessment/ information and/ or liaison with the members of staff's general practitioner having first obtained their permission. Following assessment, recommendations about a suitable return to work will be made. Wherever possible these duties should be performed as part of their normal role. In order to achieve this it is necessary to consider adjustments (see Support section) that can be made to their current / contractual role. It is important that the duties match the abilities of that person and that the work is meaningful. A properly conducted risk assessment and liaison between all parties is an essential part of the process.

Where reduced hours have been agreed as part of the action plan to assist recuperative duties, these will be recorded by the line manager and details sent to the HR Service Centre/Divisional Resourcing Team. Throughout the period of reduced hours, suitability of the arrangements and the performance of the individual should be monitored by their line manager/nominated supervisor. Increases in hours should be notified to the HR Service Centre/Divisional Resourcing Team until full time working has been achieved. A minimum of monthly reviews should be carried out by managers supported by the HR Manager/Caseworker and where necessary the Occupational Health section. Restrictions should be assessed and adjusted as appropriate in consultation between the member of staff, line manager, the HR Manager and Occupational Health staff. It is essential that for any member of staff placed on recuperative duties during their probationary period their assessment is continued in terms of performance.

In order for staff to continue to be paid on full pay, reduced hours should be for at least 50% of the hours of working for that member of staff. On occasion Occupational Health may recommend staff return on less than 50% but this should be for a finite and managed period of time with a clear recuperative plan to increase these hours.

Where a student officer is on recuperative or restricted duties their Field Trainer and HR Manager should identify which of their outstanding PDR units can be assessed during this period or which may be assessed and achieved with reasonable adjustments.

It is important that physical and psychological rehabilitation such as exercise programmes, physiotherapy or counselling sessions are facilitated.

An attendance support meeting will be held for staff that have been on recuperative duties for longer than six weeks. Restrictions should be assessed and adjusted as appropriate. Recuperative duties should not normally last more than six months. If a return to full duties has not been achieved and there is no improvement within this time-scale restricted duties or redeployment should be considered.

### **Restricted Duties**

Restricted duties – allow a long term restriction of duties rather than consideration of medical retirement and enable the retention of their expertise in line with the requirements of the Disability Discrimination Act.

- Where a police officer has been certified by the SMP to be disabled but the disablement is not permanent. The officer may be restricted from full operational duties.
- Where a member of staff has returned to work on a recuperative plan and has not achieved a full return to the ability to perform full operational duties within the timescale set Or, it is known that the member of staff has a medical condition that will require a longer period to achieve a full recovery and a return to the ability to perform full operational duties.

## NOT PROTECTIVELY MARKED

- Where the member of staff has a long term medical condition that prevents them from undertaking full operational duties. They may be able to undertake the full duties of their current role.

Permanent Restriction	Confirmed by Medical Practitioner
Long-term Restriction	Potentially for more than one year
Temporary Restriction	Potentially for up to one year

**Police Officer Permanent Restricted Duties** - this situation arises where an officer has been assessed as permanently disabled from the ordinary duties of a police officer, by the Selected Medical Practitioner (SMP) and the Police Authority has made a formal decision not to compulsorily retire the officer on grounds of disablement and therefore retain him or her in the force (see regulation A20 (Police Pensions Regulations 1987) or 21 (Police Pensions Regulations 2006) as appropriate). Unless the SMP reassesses the officer and finds that the permanent disablement has ended (see regulation K1 (Police Pensions Regulations 1987) or 51 (Police Pensions Regulations 2006) as appropriate), he or she remains permanently disabled. Therefore, it remains open to the police authority to decide at a later point to compulsorily retire the officer on grounds of disablement.

In these circumstances it is not usual to review the compulsory retirement decision unless there is a significant change for the worse in the officer's condition or a significant change in the operational requirements of the force which requires a review. In such circumstances the chief constable should bring the matter to the attention of the police authority so that it can review its decision in the light of fresh reports from the Force Medical Adviser (FMA) (unless the review arises where the officer is facing a possible hearing under the Unsatisfactory Attendance Procedures, in which case a report should be from an SMP), the chief constable and any new comments from the officer.

### **Management of Staff on Restricted Duties**

Restricted or adjusted duties may be considered as a reasonable adjustment. Each case will be considered on an individual basis. Issues that may be considered could include:-

- Likelihood of a full return to the individual's substantive role.
- Impact on service delivery.
- An alteration to the duties associated with the individual's substantive post.
- A move to an alternative post.

### **Other Managerial Issues**

The requirement to manage attendance remains irrespective of whether an individual is on restricted or recuperative duties. There is a requirement for individuals to perform their role and maintain levels of attendance to an adequate standard. It should be noted, failure to do so should result in appropriate management action, which, ultimately, may include dismissal.

If a line manager believes that the individual's sickness absence has a direct relationship to a diversity related issue such as pregnancy or disability they should seek advice from the Forces Human Resources department and Equal Opportunities Departments.

Permanent Posts should not be created to accommodate individuals on restrictions. There is no requirement to do so and it neither provides an individual with a meaningful role in which they can utilise their valuable skills nor a cost-effective measure for a force to take. It also has a detrimental impact on their career development.

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On occasion, there may be a requirement to consider the movement of police officers to facilitate the retention of an officer on restrictions. Where this is the case, management need to balance the overall effect on the force with the impact on the officer on restricted duties of not doing so.

Consideration needs to be given to the impact of moving an officer on restricted duties into any post. Any role or location changes may have wider implications which need to be considered.

Management of individuals should seek to engage both the officer moving into the post and the officer being required to vacate the post fully in the process. Where possible seek to identify a range of posts to help involve the officers in these decisions.

### **Issues to be considered**

- Full assessment of all roles (an example of which can be found at annex A) should help identify posts which may be suitable for officers on restricted duties. Assessing posts in terms of their potential suitability for officers on restricted duties may also assist forces in addressing ongoing career development for restricted officers.
- Advice from Occupational Health on whether the post matches functional capacity.
- Wherever possible the provision of development opportunities.
- Consideration of whether the individual is capable of achieving an acceptable standard in a reasonable timeframe. (This would cover the circumstances where e.g., an officer is no longer able to perform a specialist post such as firearms officer, and there is a need for re-training).
- In all circumstances consideration will first be given as to whether the individual can remain in their current post with reasonable adjustments.

### **Restricted Duties – when to consider**

Officers and police staff who are unable, because of ill health or disablement to carry out full operational duties and where a reasonable adjustment cannot be made in the current/contractual role, may be able to perform roles that do not require full operational fitness. It is important to remember that restricted duties should only be considered where it has been determined that it is not possible to make reasonable adjustments to retain them in their current/contractual role (see Appendix 2).

### **Process**

Having been referred to the Force Medical Advisor, there will be an assessment to indicate what type of medical restrictions should be applied, what the capabilities of the member of staff are and the types of duties they may be fit to perform.

The line manager and HR Manager/Caseworker for formation where the member of staff is currently based will determine whether an appropriate role is available that is within the person's capabilities. If such a role is not available within the formation then a wider search for a suitable role should be undertaken by utilising the redeployment process (see below). The Force Medical Advisor must agree that the officer is fit for the proposed role, any reasonable adjustments need to be considered and an appropriate risk assessment undertaken by management.

The case will be managed and monitored by the HR Manager/Caseworker for the formation where the member of staff is based. They will also identify suitable roles. In addition to this a

formal review will be undertaken on an annual basis by the line manager who is required to discuss with the member of staff whether there has been any improvement or deterioration in their condition. Consideration should also be given to referral to the HR Occupational Health Unit where professional advice is required because there is a change in a person's medical condition. The outcome of this annual review should be documented and placed on the personal file.

Where a police officer is considered to be unable to undertake the ordinary duties of a police constable under the Police Pension Regulations, a referral will be necessary through the Force Medical Advisor to a Selected Medical Practitioner in order to confirm this under Police Pension Regulations (see Support Section)

### **Student Officers**

For police officers in their probation any medium/long term recuperation or restrictions may have an impact on gaining evidence for the occupational standards. The Probationer Development Unit, HR should liaise with the relevant HR Manager and develop a suitable action plan. Extension to probation may need to be considered.

### **Redeployment of Staff**

The aim of the redeployment process is to provide alternative employment on the same grade or rank.

Having been referred to the Force Medical Advisor, a member of Staff may be diagnosed as permanently unfit to do their current job but fit to do other kinds of work.

It is important that the possibility of alternative work is fully explored, but there is no requirement to create a role. The alternative post must be suitable to the individual and appropriate to the organisation. The skills and experience of the individual concerned may limit opportunities, but re-training will be considered in appropriate circumstances.

The provisions of the Disability Discrimination Act 1995 must also be considered, particularly in relation to the consideration of reasonable adjustments (Appendix 2 and Reasonable Adjustments guide). The question of alternative permanent work has important contractual/legal implications and will be dealt with by the relevant HR Manager in conjunction with line managers.

In addition to the information from Occupational Health, the relevant line manager and HR Manager from the formation in which the member of staff is currently based should conduct a skills assessment. This information should be used to identify any current vacancies that might be suitable with reasonable adjustments, or vacancies that might arise in the near future. HR Service Centre and the HR Manager will liaise with departments and divisions to obtain current information on staffing and suitable opportunities within the organisation.

The member of staff will be placed on the appropriate redeployment register/career support network for a period of 6 months. Staff will be given the first level of priority for potential redeployment. A separate register will be maintained for Police and Police Staff. This will be managed by the HR Service Centre who will contact staff with details of posts of an equivalent grade or rank. Staff will be sent a copy of the Role Profile and Person Specification and given a date for submission of their interest in the role. The member of staff should provide written reasons to their HR Manager if they feel the post is unsuitable.

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Where a member of staff meets the person specification for a vacant position identified they should be transferred to that position. If there is more than one suitable person on the redeployment register a selection process should be conducted except where it is necessary to transfer a person to fulfil a duty under section 6 of the Disability Discrimination Act, 1995.

The receiving HR Manager will take the necessary steps to effect the transfer in liaison with HR Service Centre/Divisional Resourcing Teams.

Whilst staff are held on the register monthly reviews will be undertaken with the line manager and HR Manager for the formation in which the member of staff is currently based to monitor the redeployment process. This will include an analysis of the posts that have become available, the reasons as to why they were unsuitable and any assistance that may be required. If it is difficult to redeploy a case management meeting should be held to explore other viable options in line with our requirement to transfer a person to fulfil a duty under section 6 of the Disability Discrimination Act, 1995. Although it will be the aim to identify a post on comparative terms and conditions, individuals may choose to transfer to a post which attracts a lower grade / salary and different terms and conditions.

If redeployment is not achieved within six months, consideration will need to be given to medical retirement. Where this is not an option consideration will need to be given to other appropriate exit strategies for example, Unsatisfactory Attendance Procedures, for a police officer, consideration of offer of police staff role, part time working. It must be stressed that these alternatives will only be considered when the Force has satisfied all other considerations.

### **MONITORING AND REVIEW**

The policy will be reviewed and monitored with a view to a reduction in days lost through sickness. This will be undertaken on an annual basis. Sickness levels and dangerous occurrences will be reported as a standing item to Health and Safety Committees and to the Force Health & Safety Committee. Statistics on sickness trends will be provided to Divisional Commanders and Heads of Department via their HR Manager on a monthly basis for information and any necessary action.

### **Appeals Process**

These are contained within the Unsatisfactory Attendance Procedures.

**ROLES AND RESPONSIBILITIES****Line Managers' Role**

Managers need to ensure that their staff are aware of the sickness reporting arrangements that apply to them (see Appendix 2).

- Line managers have a duty of care towards their staff, to maintain good standards of health and fitness for all, and to provide appropriate levels of welfare and support. This includes an obligation to provide, as far as is possible given the operational requirements of policing, appropriate working practices and duty patterns and a supportive environment. In addition they have a duty to introduce reasonable adjustments for staff that have a disability and further guidance on this can be found on the Intranet (Making Reasonable Adjustments). Advice is available from their HR Manager or the Diversity Advisor.
- To discuss any outstanding work issues with those reporting sick and re-allocate work as necessary, providing reassurance to the member of staff that outstanding work issues will be covered.
- To ensure the effective management of individual cases of sickness absence.
- To conduct a return to work interview after each absence; (See Appendix 3). Where staff indicate that they are taking medication/suffering from an illness likely to affect their safety at work and are undertaking driving duties, firearms officers and air observers, they should be seen by the Occupational Health Unit prior to their return to work.
- Timely and accurate records of absence and the meetings held in relation to it are kept. Act consistently and fairly when applying the policy to individual cases.

Managers are responsible for recommending and co-ordinating appropriate remedial action such as recuperative/restricted duties, changes of work or transfer to other duties in liaison with the Occupational Health Unit.

- The need to ensure that any work related injury or disease is reported and investigated.
- Where there is evidence, investigate any potential abuse of the system in liaison with their HR Manager/ Professional Standards Department.
- Carry out periodic reviews of staff attendance and take action where there are areas of concern, for example, ill health trends, mental health problems, bullying /harassment.
- Reviewing absence records for staff. It is particularly important to recognise good attendance levels as well as manage causes of concern. For police officers in receipt of Competency Related Threshold payments short term absence patterns or long term absence may trigger a review of the officer's eligibility as outlined in the Home Office guidance.

**Individual's Responsibilities**

- Reporting sickness absence and work related ill health.
- Ensuring that Medical Certificates are submitted at the appropriate time.
- Ensuring that injuries on duty/hazardous occurrences/industrial diseases are reported **(Form 40A should be completed by their manager)**.

## NOT PROTECTIVELY MARKED

- Ensuring that assaults on duty are reported (**Form 41 should be completed by their line manager**).
- Where a member of staff is taking medication that they think may affect their safety at work they must disclose this to their line manager and they will be seen by the Occupational Health Unit, to ensure that their health and safety is not compromised.
- Take care of the health and safety of themselves.
- Co-operate with action plans to achieve a return to work.
- Staff will be asked to attend an attendance support meeting if their absence extends beyond six weeks. Where they are unable to attend it will be held in their absence but with representation on their behalf from relevant staff association.
- Reporting to their line manager if they intend to be away from their home address whilst off work due to ill health. This will ensure that the line manager can maintain contact with them. If anticipating taking a holiday while on sick leave, they should discuss this with their own GP and report this to their line manager. It will be necessary to obtain a Doctor's note/report if it is felt that the holiday may hinder the individual's recovery.
- Reporting fitness for duty as soon as possible even where rest days occur and ensuring that Return to Work Forms are completed.

### **Human Resources Roles**

The HR Department and the relevant HR Manager/Caseworker will provide the following support:-

- Advise a member of staff on their entitlement to Occupational and Statutory Sick Pay during sickness.
- Ensure that Staff Associations and UNISON receive copies of injuries on duty, assaults on duty and details of long term absence.
- Offer support, guidance and advice to staff and managers in relation to the policy and procedures for managing attendance.
- Ensure that procedures are complied with and support any appropriate Divisional/Departmental initiatives to reduce absence within the agreed corporate framework.
- Advise the manager in respect of attendance support meetings.
- Develop, publish and disseminate Policy and Procedures on the management of attendance and work related ill health.
- Provide guidance on the requirement to consider reasonable adjustments where this is considered to be appropriate.

The relevant HR Manager/Caseworker will have a co-ordinating role in attendance management. They will assist staff and managers in facilitating an early return to work, ensuring that reasonable adjustments are explored and exploring opportunities for recuperative duties or restricted duties.

### **Occupational Health Unit/Care First**

- Support to individuals following sickness absence and accidents, including preventative measures following trauma (debriefing).

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- In service medical assessment, health assessment for specialist posts, pre-employment screening and counselling services.
- Fast tracking or early referral for physiotherapy, medical intervention or counselling. (The Private Medical Investigation & Treatment Policy applies).
- Advice on work and personal health and psychological well being undertake mandatory counselling for certain posts within the organisation.
- Prevention of ill health and absence arising from work activities via monitoring/health surveillance systems.
- Raising awareness of the effects of trauma and ill health, supported by the promotion of healthy lifestyles.
- Advice and guidance on adjustments that should be considered for staff with a disability to facilitate attendance.
- Advice and guidance on risk assessment and health issues

### **Health and Safety Unit Role**

This will include the provision of advice and support for management and staff in the areas of:-

- Support to management and staff in the prevention of accidents.
- Support to individuals following an accident or work related ill health.
- Investigation and analysis of accidents, work related disease and dangerous occurrences.
- Regular inspections of work places to identify health and safety problems.
- Monitoring the effectiveness of Health and Safety Policies and Procedures.
- Risk assessment (including specialist assessment i.e. COSHH, Manual Handling).
- Health and Safety audits and inspections.
- Liaison with Legal Services and enforcing authorities i.e. HSE, EMAS.

### **Chief Officers/Senior Managers' Roles**

The strategic responsibilities of Chief Officers will be to:-

- Ensure that attendance management and staff welfare is fully integrated into the Force's Corporate Management structure.
- Ensure sufficient resources and training are provided to implement these procedures.
- Regularly review progress and support line management in reducing sickness levels and trends.
- To consider training and developing measures/initiatives to improve the performance of line managers in managing attendance and achieving continuous improvement.

### **Force Health & Safety /Health and Safety Committees**

The Health and Safety Committees promote co-operation between the employer and the employees in instigating, developing and carrying out measures to ensure employees health and safety at work. They have terms of reference and meet regularly to consider all health and

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safety matters relating to their areas of responsibility, including accident analysis, statistics, safety representative's reports, appraisal of the effectiveness of safety training and any other issues relating directly to the remit of the committee.

### **UNISON/Staff Associations**

After six weeks of absence staff will be requested to attend an attendance support meeting along with their UNISON/Staff Association representative. A member of staff may chose to be accompanied by a work colleague. This is in addition to their right to be accompanied at all stages of the procedure.

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## SUPPORT

### Reporting and Monitoring Procedure for Absence

#### *Staff Managed by the Duty Management System*

When staff are unable to attend work because of illness they must notify the Central Duty Management Office or if out of hours inform the Supervisor in their respective Incident Control Room (ICR) of their intention to report sick.

As soon as the member of staff is fit for work they should themselves inform the Central Duty Management Office, or if out of hours inform the relevant ICR Supervisor, of their intention to return to work.

Police Officers resuming from sickness should resume as fit for duty as soon as possible, even where rest days occur. They should not wait until their next rostered working day to do so.

#### *Staff Not Managed by the Duty Management System*

When a member of staff is unable to attend work because of illness they must notify their line manager of their intention to report sick.

For operational staff this must be done at the earliest opportunity prior to the time the member of staff is to report to duty.

For non-operational staff this must be done at the earliest opportunity or at least within the first hour of their normal start time. (For those staff that operate the flexi time scheme the normal start time is taken as 8:45 am). The notification should be made personally by the member of staff rather than a relative or friend. (There may be justifiable exceptions to this e.g. hospitalisation or no access to a telephone).

If the line manager is not available, contact must be made with another supervisor or where this is not possible; absence should be reported to their respective Incident Control Room (ICR).

Once the line manager is aware that the member of staff has reported sick, the line manager must make contact with them within 24 hours.

The line manager needs to reassure the absent staff member that outstanding work issues will be attended to and remind them to keep in contact throughout the period of absence. The manager should ascertain the following:-

- What is the nature of the sickness absence?
- Is the sickness accident related?
- Are there any immediate welfare needs?
- What is the anticipated duration of absence?
- Has medical advice been sought?

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If staff have experienced a previous period of sickness of four days or more in the previous eight weeks, the absence is considered to be "linked" for statutory sick pay purposes and they should contact their Divisional Resources Team or HQ Service Centre in relation to the requirements for self certification/medical certificates.

For all periods of sickness a Form 40 - "Initial Notification of Sickness/Injury" needs to be completed (this is normally undertaken by the supervisor). This must be passed to the Service Centre or Divisional Resourcing Section for the necessary action.

### *Absence over Eight Days*

If sickness continues beyond seven calendar days, including weekends, a member of staff must obtain a Doctor's Certificate or an In-Patient Certificate to cover the absence from the eighth day and submit this to their line manager. (In-Patient Certificates are provided for anyone who is detained in hospital and may be signed by a Doctor or Nurse).

On expiry of the first Medical Certificate, if the member of staff does not return to work, further certificates must be obtained and provided to cover their absence.

The certificates must provide continuous cover for the period of sickness absence. Staff must provide timely Medical Certificates to cover periods of sickness absence and should maintain regular contact with their line manager. If the requirement to comply with the Sickness Reporting Procedure is continually disregarded consideration will be given to taking disciplinary action and/or loss of pay. However, prior to this action being taken managers should submit a report to the HR Manager/Caseworker outlining the circumstances of the situation.

### *Week Two and Beyond*

Line managers should maintain regular contact with staff that are absent due to sickness, e.g. at least once a month. In doing so they should enquire after their health and the anticipated length of absence. This must be done in a supportive way. It is also good practice, with the member of staff's agreement, to occasionally visit them at home.

### *Action on Return to Work*

Staff must complete and return to their manager a Form 40(A) - "Resumption for Work" on their return to work. It is important to remember that all days count for Statutory Sick Pay purposes and that the resumption form is submitted at the earliest opportunity. The return to work date should be the date staff are fit to resume and should not include rest days or annual leave days that are taken at the end of the sickness absence. It is vital that the date of the last day of sickness on the form 40a matches the last date of sickness as notified to Duty Management/Line Manager or ICR Supervisor upon resumption. A Return to Work Interview should also be conducted (see Appendix 3).

## **Reporting of Injuries**

A report is required from staff who are:-

- Injured on duty or
- Who incur an injury off duty as a result of undertaking their duties as a member of staff.
- A police officer injured on the way to or from work which has resulted in absence from work.

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Police Officers and Police Staff injured who participate in sporting events when representing the Force, will not be regarded as a duty commitment for extension of full pay purposes (Sick Pay Policy).

The Injury on Duty must be thoroughly investigated by managers at the time it is reported and documented into the cause of the injury and to identify if any action should be taken to prevent a reoccurrence. Once the report has been investigated by the line manager it should be forwarded to the HR Service Centre/Divisional Resourcing Teams.

Managers have a responsibility to investigate and implement immediate remedial action to avoid further injuries or illness, e.g. repairing defective equipment, seeking advice from the Health and Safety unit as necessary.

The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (1995) (RIDDOR) imposes legal requirements for reporting such events. A copy of all RIDDOR reports will be forwarded to Staff Associations/UNISON by the HR Service Centre/Divisional Resourcing Teams.

In the event of a serious injury or disease, the Health and Safety Unit, Staff Associations/UNISON must be notified immediately of the facts. Where a Police Officer or Police Staff member has a serious injury the Divisional Command Team/Head of Department should be notified and consideration should be given to making contact with the member of staff or their family.

Managers must be mindful that serious injuries on duty may, at a later date, lead to ill-health retirement. In these circumstances the HR Service Centre must send copies of Injury on Duty Forms to the Force Medical Advisor and the Health and Safety Unit who will determine if there is a need to examine the individual and/or review the circumstances of the incident. Managers must ensure that they have complied with their responsibilities in this area and thoroughly investigated the injury on duty and the circumstances surrounding the accident / incident.

### **Attendance Levels and Criteria**

Attendance is fundamental to the ability of Derbyshire Constabulary to deliver an effective police service. The attendance criteria will apply to all processes involving:-

- Recruitment and selection of police officers and police staff, including increasing contracted hours.
- Recruitment and selection of temporary staff including extensions to temporary contracts
- Promotion opportunities.
- Specialist post selection.
- Confirmation of appointment.
- Applications for secondment.
- Extension of tenure for specialist posts.
- Competency Related Threshold Payments.

A member of staff will fall within the attendance management criteria if one of the following applies:-

- Absence exceeding four periods in a rolling twelve-month period;
- One period of absence exceeding 21 days in total; or
- There is a pattern of absence suggesting regular attendance cannot be relied upon.

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The "previous three years" are calculated from the closing date for applications for the relevant selection or promotion process. It will be from the date of application in all other cases.

### **Checklist**

1. Where absence is the result of pregnancy related or disability related illness the case must be discussed with the departmental/ divisional HR Manager/Caseworker prior to any action being taken.
2. Any pattern of injury on duty should also be reviewed and if necessary a risk assessment arranged. Injury on duty would normally be discounted but the pattern and nature should be considered
3. Particular attention should be paid to periods spent in hospital, which will usually be disregarded.
4. Stress/debility related absences should be further examined, as they may mask an absence due to bereavement or work/domestic issues. This type of absence should not automatically be discounted; it should merely indicate a need for careful examination of the reason behind the absence, and underlines the need for managers to conduct a comprehensive return to work interview.

Long term absence – one period of absence over 21 days - will result in referral to HR Occupational Health Unit and discussion at the Departmental/Divisional case conferences. An Attendance Support Meeting will be held for all absences over six weeks to ensure a supportive action plan is developed and in some cases it may be necessary to initiate consideration of the attendance procedure.

### **Probationary Periods**

#### *Police Officers*

Where there is an indication that a student officer will exceed four periods of sickness in a 12 month period or one significant period of absence consideration should be given to extending the probationary period.

#### *Police Staff*

Where there is an indication that a member of staff in their probationary period will exceed two periods of sickness in a six month period or one significant period of absence consideration should be given to extending the probationary period. If attendance fails to be satisfactory, consideration may be given to dismissal during the probationary period.

### **Referrals to Occupational Health/Care First**

For all members of staff referral to the Health Management unit or Care First may arise as a result of both short and long term absence. Where a member of staff is absent as a result of stress an early referral should be made to Care first. The Force is entitled to request any member of staff to undertake an examination by its nominated Force Medical Advisor where they are unable to perform duty as a consequence of illness.

The role of OH in giving advice on police officer fitness for duty is clearly defined under the Police Regulations.

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Part III, Para 34 of the Police Regulations 1987 states that “*A member of a police force shall not be entitled to be absent from duty on account of injury or illness unless a registered medical practitioner has certified him to be unfit for duty*”.

Part III, Para 34 (b) of the Regulations states that: “*if, notwithstanding such certificate of unfitness for duty, a registered medical practitioner appointed or approved by the police authority has examined the member and certified him to be fit for duty he shall no longer be entitled to be absent from duty*”. In case of Derbyshire Constabulary, this appointed or approved registered medical practitioner is the Force Occupational Physician.

Home Office guidance<sup>1</sup> states that Police officers who are aware of any health concerns that may impair their ability to perform their duties should seek guidance from the OH department and if appropriate reasonable adjustments can be made. Police officers when absent from duty, on account of sickness or injury, do not engage in activities that are likely to impair their return to duty. Police officers will engage with the force medical officer or other member of the OH team if required and follow any advice given unless there are reasonable grounds not to do so.

An explanation for the referral needs to be given to the member of staff by the line manager who can seek the assistance of their HR Manager/Caseworker. Where staff refuse to agree to this referral without good cause they need to be made aware of the fact that decisions will be taken on the information available. This should be communicated in writing by the HR Manager/Caseworker.

Any referral must be completed on Form 625 for Occupational Health and/or Form 60 for Care first.

Advice can be obtained in respect of reasonable adjustments, return to work plans and recuperative/restricted duties.

On occasions, the member of staff may wish to seek their own medical advice, from their GP or consultant, and should not be prevented from doing so. It may be necessary for the Force Medical Advisor to request a report from the individual's General Practitioner or Specialist. These medical referrals must comply with the Access to Medical Reports Act 1988.

### **Reasonable Adjustments**

The Disability Discrimination Act imposes a duty on employers to make reasonable adjustments where a provision, criterion or practice (or any physical feature of premises occupied by the employer) places a disabled person at a substantial disadvantage compared with people who are not disabled.

It is important that before moving someone from their current posting consideration is given to a reasonable adjustment within their current role. Only where adjustments are not possible, should other roles / posts be explored.

Line Managers should consult with specialist advisors before making a decision on whether a reasonable adjustment is not possible and all decisions should be well documented.

Further information on Reasonable Adjustments is available on the Intranet, HR Managers/Caseworkers and the Confidence and Equality Unit.

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<sup>1</sup> Home office circular 026/2008 – Home office guidance on Police Officer Unsatisfactory Performance and Misconduct Procedures.

### **Withdrawal of Self-Certification**

When any member of staff is repeatedly absent with no justifiable reason for short periods of uncertificated or self certificated leave, the Head of Department/Divisional Commander, following consultation with the HR Department, may withdraw the facility to self certify initially for a maximum period of six months.

The individual will be required to produce a private medical certificate for each and every absence of whatever duration. If the member of staff's GP charges for this service the cost will be met by the Force. Where their GP will not provide a certificate, the individual will need to be seen by the Occupational Health Unit. The individual will be interviewed and the reason for the withdrawal of self certification advised in writing.

Such decisions will be reviewed quarterly and self-certification reinstated if improvement in attendance is achieved and maintained.

There is a right of appeal to the withdrawal of self-certification to the Head of HR. The appeal will be responded to within 14 days of receipt.

### **Permanently Restricted Police Officers**

The Police Pensions Regulations provide that where a police authority is considering whether an officer is permanently disabled they shall refer the issue to the Selected Medical Practitioner (SMP) for a decision. Requests can come from one of two sources: management or the officer. The Head of Manager Services will refer these requests to the HR Occupational Health Unit. An officer's request for referral may be refused only in limited circumstances (see below).

Management recommendation that Police Authority refer H1 question to SMP except in the case of an accident or the sudden onset of illness, the Force Medical Advisor (FMA) will normally have seen the officer several times and have liaised with managers about the officer's condition. Although managers can normally look to the FMA to advise the force in the first instance whether there is a need to consider permanent disablement, the FMA may be asked for his or her view if there is concern about a case. Such referral to the FMA for advice is a matter of good day-to-day management and will lead to a referral by the police authority to the SMP under H1 only where the FMA so advises.

The FMA should recommend referral in any case where he or she considers the officer **may be** permanently disabled, not just where the FMA considers that the officer **is** permanently disabled. Where the FMA advises that the case should be referred under H1, he or she should draw attention to any special or compassionate features including the need for urgency and, wherever possible, provide advice on which medical practitioner to use as the SMP and/or any specialism required. Local management should pass on the FMA's advice as quickly as possible to the Head of Manager Services who can advise the police authority.

### **Officer requests for H1 questions to be referred to SMP**

It should not normally be necessary for the officer to have to raise the issue of referral under H1, since this will have been done on his or her behalf. However, there may be cases where an officer who considers that he or she is permanently disabled feels obliged to ask management that the police authority put the H1 process into effect. The officer should back this up with evidence of permanent disablement from his or her GP, or other medical practitioner he or she has been referred to. The chief constable should bring any such request to the notice of the

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police authority with comments from the FMA on whether the FMA is satisfied that there is a medical issue to consider. Where necessary the FMA will first see the officer.

The police authority should refer the case to the SMP unless there is reason to believe the officer's request is vexatious, frivolous or seeks without evidence to re-open a case which has been decided under H1 or, on appeal, under H2. In the case of a request to re-open a case the police authority should refer the issue again to the SMP only where the FMA considers there is fresh evidence which could lead to a substantive revision of the previous decision under H1 or H2.

Where an officer has been determined as permanently disabled a report will be prepared for the Chief Constable containing the following information:-

- Confirmation on the outcome of the referral to the Selected Medical Practitioner.
- An assessment of the officer's suitability and aptitude for retention.
- An assessment of the posts available and the scope for retaining the officer in force in order to continue with a police career.
- Information on whether the officer is involved in any current or pending misconduct proceedings and the seriousness of any cases involved.
- A recommendation as to whether the officer should be retained.

The officer will be informed of the Chief Constable's decision in relation to this matter.

Where the decision is to retain an officer it will be necessary to consider a risk assessment in respect of any posts they will be expected to hold. The key considerations are that further deployment should not:-

- Aggravate the officer's existing disablement.
- Expose the officer to a higher risk of injury than they would have had if not disabled.
- Expose the public or other officers to an increased risk of injury.
- Expose the officer to a risk of being criticised or disciplined for not acting in a way which would normally be expected of an officer, but which would be inappropriate in view of the officer's disablement.

The officer's line manager and the officer need to be aware of the restrictions that apply. Where there are any concerns about the range of duties the officer is undertaking the advice of the Force Medical Advisor should be sought.

The objective is to retain an officer in the force wherever practicable. In assessing whether an officer may be retained the following factors will be taken into account:-

- Whether there is a suitable post available at present or in the near future;
- Whether, taking a strategic view of the likely future operational requirements of the force, there is a sufficient range of further posts likely to be available to the officer, in identified broad areas of duty, until compulsory retirement age to make it consistent with a police career, albeit on a limited scale;
- Whether a satisfactory risk assessment has been drawn up for the officer in respect of any posts available at present or in the near future.

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If retention is not practicable the officer will be medically retired. Where an officer is retained under Regulation A20 their case will be kept under review and where there is a significant change for the worse in the officer's condition or a significant change in the operational requirements of the Force the decision will be reviewed.

The department/division together with the HR Manager will need to explore the possibility of suitable police work, which utilises the officer's skills and experience. The officer's level of fitness will need to be taken into account and the Occupational Health unit will provide advice in this area. A risk assessment should be undertaken and any necessary adjustments to working practices considered. It will also be necessary to consider operational resilience.

Where an officer, who is retained, obtains new evidence from a medical practitioner (which is central to the A20 decision), and the Selected Medical Practitioner does not alter his or her decision; arrangements should be made for the officer to be examined by a third medical practitioner or in certain cases a board of practitioners.

### **Police Staff Medical Retirement Process**

Medical retirement will not normally be considered until all possibilities for reasonable adjustments in a current role or redeployment into another role have been exhausted.

The process for consideration of whether medical retirement is appropriate will normally be instigated by management but, in some cases, may be requested by an employee.

In a case of long term absence, medical retirement will be considered before any decision to terminate an employee's contract under the Unsatisfactory Attendance Procedures.

Except in the case of an accident or sudden onset of illness the Force Medical Advisor (FMA) will normally be aware of the case and will have liaised with managers about the employee's condition.

Referral to the Independent Registered Medical Practitioner (IRMP) for consideration of medical retirement will only take place where the FMA so advises.

Following examination of the case and after consultation with the employee, the IRMP may make one of four recommendations:

- No reasonable prospect of being able to obtain gainful employment before age 65. Local Government pension benefits are therefore payable with membership enhanced to age 65
- Unlikely to obtain gainful employment within the 3 years of leaving employment but is likely to be able to do so at some time thereafter and before age 65. Local Government pension benefits are payable with membership enhanced by 25% of the period to age 65
- Likely to be capable of obtaining gainful employment within 3 years of leaving employment or before age 65 whichever is the sooner. Local Government pension benefits are payable without enhancement. The benefits are reviewed after 18 months but cease in any event after 3 years or age 65 if earlier.
- No entitlement to retirement under the Local Government Pension Scheme.

Following receipt of the IRMP's report management will meet with the employee to discuss the content and make a decision about whether termination of the contract is appropriate.

The employee will have the right of appeal to the Police Authority.

**Access to Work**

If member of staff satisfies certain criteria they may be entitled to support from Access to Work. Access to Work aims to assist disabled people who are in paid employment in areas such as help to pay for adaptations to equipment, fund costs for specialised training, special aids and travel to work.

Managers may contact Access to Work for advice following liaison with HR Manager/Caseworker.

**Medical Intervention Policy**

Refer to policy on the force Intranet.

## SKILLS

### Return To Work Interviews

One of the simplest and most powerful tools in managing absence is to ensure that staff are aware that every absence is a cause of concern to the manager/supervisor and that a **meaningful** return to work interview will be conducted on their return to work. A return to work interview should therefore be conducted after a period of sickness absence and should be recorded. Managers should be involved in monitoring and controlling absence on a day to day basis and supporting their staff as appropriate.

#### 1. Return to work interviews should:-

- Be conducted in private, be confidential and with sufficient time to be unhurried.
- Indicate the manager/supervisor's interest in the welfare of the member of staff as well as their responsibilities to the organisation.
- Establish the precise cause of the absence.
- Allow discussion of the individual's general attendance record.
- Raise the profile of the absence control procedures (four time absence monitoring).
- Influence the attitude of the individual (and other members of staff).
- Emphasise the need for maximum attendance to support both the organisation and colleagues.
- Reinforce Derbyshire Constabulary's Attendance Management Policy.

#### 2. Consider the following points:-

- Welcome back.
- Enquire about health.
- Full and frank discussion about the recent and past sickness period(s) and any related issues.
- Encourage the interviewee by asking open-ended questions and giving your undivided attention.
- Give feedback as necessary.
- Ensure the Return to Work interview and any other sickness forms are correctly completed.

#### 3. Any pattern in the individuals absences should be thoroughly examined:-

- Are the absences regular or erratic; do they precede/follow time off?
- In what part of the week/on what shift do they usually occur?
- What is the average length? How much was certificated?
- What are the reasons given for absence – are they varied or always the same?
- Has the employee ever gone home sick during working hours and if so, how often?
- Does the absence disguise an underlying health or welfare problem?

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- Are they others who can provide assistance? ) e.g. HR Occupational Health Unit, Care First and/or external agencies)

### 4. Identification of Issues / actions:-

- Help the interviewee to think through their situation/problem.
- Offer relevant information /advice – whilst remaining neutral.
- Let the interviewee propose solution(s) where appropriate.
- Having established the facts, suggest alternative ways to solve the problem, if required.
- In some instances when regular or short term or intermittent absence periods are taken it may be appropriate to consider the use of the respective conduct procedure. In respect of prolonged absence it may be appropriate to consider the use of Capability/Unsatisfactory Attendance procedures. On occasions when the genuineness of illness may be in doubt, then the disciplinary procedures may need to be discussed.
- Where issues are raised by the individual that require further exploration ensure these are followed up and action taken e.g. stress related.
- Where future improvement action(s) are identified include a review date where applicable.

### 5. Confidentiality:-

- Any information divulged during a Return to Work interview should be treated in the strictest confidence.
- There may be a very few occasions when a member of staff feels unable to disclose or discuss absence of a very personal nature. In these rare instances, a facility should be provided for the individual to discuss the Return to Work Interview issues with a member of the HR Occupational Health Unit rather than a Line Manager. Liaison with the Line Manager would then have to take place in order for an action plan to be agreed.
- Make it clear that your door remains open for further discussion.

## First Support Meeting

If the sickness is expected to last beyond 3 weeks a first support meeting should be arranged.

- 1a) Letter to be sent by the line manager with copy to HR Manager/Caseworker.
- 1b) Support Plan outlining examples of supportive actions to be covered.
- 1c) Letter for the notes of the meeting which should be sent within 7 days by the line manager (copy to HR Manager/Caseworker).

This guidance can be used for all staff. However Managers will have to ensure that the letters are written and matched to individual cases and circumstances as required.

## Attendance Support Meeting

This is an important aspect of case management for staff that have been absent for six weeks or more. It is also important that officers and police staff who have been undertaking restricted or recuperative duties for six weeks or more are also provided with an attendance support meeting to review their recovery, attendance and action plan.

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In particularly complex cases it may be necessary to include representatives from HR Occupational Health or external specialist support such as Access to Work. It may also be appropriate, on occasion, to involve the Assistant Chief Constable (Support) or Head of HR.

Staff have the right to be accompanied and assisted by their recognised Staff Association or Trade Union throughout this process. For those members of staff who do not belong to a trade union they can be accompanied by a work colleague.

The individual, their staff representative, or work colleague and the line manager should attend and an action plan (see supporting documentation) should be prepared to support the member of staff's recovery and return to work. If the individual is unable to attend the meeting it should be held in their absence with their representative and an action plan prepared which should be sent to them for comment and consideration.

Where a member of staff does not wish to be visited at home, consideration should be given to making arrangements for the attendance support meeting to be undertaken on police premises or a neutral location.

A medical report should be obtained from the HR Occupational Health Unit in advance of the meeting, which will assist in deciding appropriate action.

This meeting provides an opportunity to:-

- Discuss any problems and the latest medical prognosis;
- Any significant delays the member of staff may be incurring as a result of waiting for appropriate treatment on the NHS;
- Discuss the involvement of the HR Occupational Health Unit and any medical information the member of staff can share from their GP or consultant;
- Discuss if any adjustments can be made to enable an early return to the workplace;
- Any queries or information required on sick pay entitlements;
- Discuss the impact of their continuing absence and explain that supportive action will continue to be explored but that there may come a point when formal action will be taken if a return to work cannot be achieved.

An action plan should be completed which should identify;

- Measurable targets.
- Timeframes for return and an agreed return to work date where possible.
- Review periods and timescales.
- Referrals to Occupational Health/Care first.
- Reduction in hours on a temporary basis or return to recuperative duties for an agreed period of time.
- A change of job i.e. permanently unfit for current post and therefore a move to consider alternative work.
- Adaptations or adjustments to role/ post or to the working environment.
- Consideration of ill health retirement However the organisation will have considered many other options to assist in a return to work before considering this.

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Line managers must confirm in writing the content of the meeting and the agreed action plan with review dates to all parties present at the meeting. A copy of this documentation needs to be retained on the personal file.

There is a requirement to keep the action plan under review not only to accommodate any changes in the member of staff's health condition but to monitor progress. Where a return to work is not achieved or is becoming unlikely within a reasonable timeframe consideration needs to be given to taking formal approach under the Unsatisfactory Attendance Procedures. The case should be discussed in detail with the relevant HR Manager as part of these considerations.

### **Supporting Documentation – ASM**

Managers should ensure that the letters are written and matched to individual cases and circumstances as required.

1. An Attendance Support Meeting Invite Letter (1a) to be sent by line manager with copy to HR Manager /Caseworker
2. Action Plan Guidance for short term (1d) and long term absence (2c)
3. A letter (1d) for the notes of the Attendance Support Meeting which should be sent within 7 days of holding the meeting by the line manager (copy to HR Manager/Caseworker)

