
WILTSHIRE POLICE FORCE POLICY AND PROCEDURE



Supporting Attendance Management For all members of Wiltshire Police & OPCC Staff

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PROCEDURE INFORMATION

Overview

Wiltshire Police and the OPCC recognise that the wellbeing of all those in their service is vital to successfully delivering the best possible service to the communities it serves.

We value the importance of balancing work with a healthy lifestyle to help ensure maintenance of good physical and mental health.

All individuals are expected to take personal responsibility for ensuring good attendance levels and effective performance of duties, by demonstrating a clear commitment to:

- seek to achieve and maintain a healthy lifestyle;
- seek early help and support from the Force and/or primary health care providers when encountering personal health issues;
- help the Force and OPCC to maintain a healthy and safe workplace; and
- actively work with management if able to do so, at an early stage of ill- health to regain wellness and engage with a supportive return to work.

This policy covers all individuals under the responsibilities of both the Chief Constable and the Office of the Police Crime Commissioner (OPCC), which include: Officers,(except student officers), special constables, staff including apprentices, individuals on secondment (subject to the terms of the secondment) and those within the scope of any regional initiatives.

The policy excludes those in probation (Officers and staff) as separate policies and guidance exist for those individuals (Probation - staff and Regulation 13 - Officers).

Agency workers remain employees of the agency. and are, therefore, covered entirely by the agency's policies and procedures on managing attendance. This policy does not include civilian volunteers.

Data Protection

Any information relating to an identified or identifiable living individual recorded as a consequence of this procedure will be processed in accordance with the Data Protection Act 2018, General Data Protection Regulations and the Force Data Protection Policy.

Appropriate security measures based on the protective marking will be applied to protect against identified risks to the information when collected, processed, stored, moved, reviewed and disposed of in accordance with the [Records Management Retention and Disposal Schedule](#).

A copy of the Forces personal data/privacy notices can be found under Accessing Personal Data/Privacy Notices on the SharePoint People Services Pages.

Freedom of Information Act 2000

This document has been assessed as suitable for public release.

Relevant related Policies & Procedures

[Staff Performance and Capability](#)

[Police Staff Discipline Procedure](#)

Family Friendly and Leave procedures

[Probationary Policy and Procedure for Police Staff](#)

Police staff Ill Health Retirement Procedures

Police Officer Ill Health Retirement Procedures

[Police \(Performance\) Regulations 2020](#)

[Police \(Conduct\) Regulations 2020](#)

Annex C, Regulation 12 and Regulation 13, Police Officer Probationary Limited Duties Regulations 2015 Managing those with Disabilities

Legal Basis

Wiltshire Police will comply with the following legislation:

Data Protection Act 2018 and General Data Protection Regulations (GDPR)

Local Government Pension Scheme Regulations (LGPS) 2014

Equality Act 2010

Employment Act 2008

Employment Relations Act 1999

Police (Performance) Regulations 2020

Police Regulations 2003 (As amended)

Police (Conduct) Regulations 2020

Limited Duties Regulations 2015

Annex C, Regulation 12 and Regulation 13, Police Officer Probationary

The Home Office Guidance – Police Performance Regulations

Freedom of Information Act 2000

Human Rights Act 1998

Employment Rights Act 1996

The Police Pensions Regulations, 1987, 2006 & 2015

The Health and Safety at Work Act 1974

Work and Families Act 2006

In addition to the legislation listed above this policy and its associated procedures (where appropriate) are also supportive of and in accordance with;

Authorised Professional Practice

National Decision Model

Competency and Values Framework

Equality and diversity issues including the Public Sector Equality Duty, Code of Ethics and Standards of Professional Behaviour

The associated Police Negotiating Board (PNB) Joint Guidance 10/04 – Improving the Management of Ill Health. Please note: References to the Police Authority within the PNB joint guidance should be read as ‘Police Pensions Authority’

Wiltshire Police Wellness Strategy 2019 - 2021

People, Culture and Inclusion Strategy 2019 – 2021

Equality Impact Assessment

We recognise the contribution of all members of Wiltshire Police and the OPCC are committed to creating a fully inclusive working environment, valuing the differences that a diverse workforce can bring.

We are committed to being an equal opportunities employer in line with advice and guidance provided by the Equality & Human Rights Commission. In line with the Equality Act 2010, Wiltshire Police and the OPCC will not unlawfully discriminate on the grounds of, by perception, or by association with, any of the nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or any other factor which cannot be justified.

With this in mind, this policy has been subject to an Equality Impact Assessment (EIA). Its aim is to establish the impact on all individuals and to also ensure that it complies with the requirements imposed by a range of legislation (as listed under “Legal Basis”). This EIA can be found on [SharePoint](#).

Monitoring, Review and Feedback

This procedure will be monitored in its application. Experiential learning will be applied and may result in consequential changes to the procedure.

This procedure will be kept under review by Human Resources in line with legislation and recommended codes of practice. Experiential learning, legislative changes, and other influencing factors may also necessitate a review. Review period will not be more than 3 years.

Feedback relating to this policy can be made in writing or by e-mail to:

People Service Centre, Wiltshire Police Headquarters, London Road, Devizes, SN10 2DN

E-mail: PSC@wiltshire.police.uk

Telephone: 101

1. GUIDING PRINCIPLES & OBJECTIVES

- 1.1 We recognise that the wellbeing of all members of Wiltshire Police and the OPCC is vital to successfully delivering the best possible service to the communities we serve. We value the importance of balancing work with a healthy lifestyle to help ensure maintenance of good physical and mental health.
- 1.2 The purpose of this policy is to outline a fair and equitable approach to the Attendance Management process. It aims to provide all staff and officers guidance about what kind of support they are able to access from both the organisation and external support services. It is intended to protect all staff and officers and to ensure they receive a fair and supportive approach to their wellbeing in the workplace.
- 1.3 It aims to prevent discrimination in the workplace for any individual suffering from illnesses or conditions that are covered under the Equality legislation. To ensure appropriate supporting measures are put in place to reduce stress and anxiety face.
- 1.4 This policy is designed to help both line managers and individuals understand the organisational approach to managing attendance and understand how and when the informal and formal procedures will be used to address concerns in relation to attendance. Where there are issues concerning both performance and attendance, or attendance is potentially deemed a matter of misconduct, advice must be sought from Human Resources.
- 1.5 Our Wellbeing Strategy focuses on effective attendance management and provides a toolkit that encourages a proactive rather than reactive approach, helping to inspire healthy attendance, provide employee wellbeing solutions and help individuals to engage early when support is needed. Taking this approach, we are not only focussing on absence management and looking at 'getting an individual back to work', but assisting all staff and officers to engage and focus on what is in their ability to positively impact, thereby combating a variety of reasons that may lead to an individual being less productive at work.
- 1.6 All members of the organisation have an obligation to be aware of and comply with this policy and procedure in order to ensure their understanding of the organisational intent and approach to managing unsustainable non-attendance levels.
- 1.7 Wiltshire Police and the OPCC has an obligation to ensure that it maximises it's deployability in order to meet its operational obligations.

We will achieve maximum deployability by ensuring that:

- a. All members of Wiltshire Police and the OPCC are provided the support mechanisms and services they need to maintain good health & wellbeing and attendance at work;
- b. Individuals take responsibility for their own health & wellbeing to ensure they are able to maintain good attendance and performance at work;
- c. Supervisors are fully briefed and trained as to their responsibilities in managing fairly and consistently all those under their responsibility;
- d. Return to Work Interviews (RTWI) are undertaken for all absences incurred as a result of ill health in order to understand what support is required;
- e. Attendance support meetings will take place when any individual reaches any of the specified Management Intervention Thresholds (MITs) Refer to section 11.
- f. Individuals are aware that cumulative totals of sickness absence may have an impact on their pay and development opportunities; and
- g. attendance at work is a criteria to be applied in all processes relating to promotion, selection, transfer, posting, secondment, business interests/additional employment and attachments.

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- h. We identify and accurately record sickness absence which will be used to monitor trends, patterns and reasons for absence at all levels of service;
 - i. Ensure that any abuse of the sickness absence procedures will be considered as potential serious misconduct and will be treated as such via the Staff Disciplinary Procedures and the Police (Conduct) Regulations 2020.

1.8 The policy and procedure is not to make judgements about whether or not an individual is genuinely ill, but to deal with the impact of non-attendance. It is intended to support and encourage individuals to return to work and more importantly, to sustain an acceptable level that is required by the organisation.

The following will not be considered sufficient justification alone for a management decision not to progress, or to defer unsatisfactory attendance action:

- a. The individual is cooperating with management and with HR;
- b. The individual is competent and industrious when at work; or
- c. The individual has welfare issues

2. DEFINITIONS

The following definitions are used in this policy:

- a. **“Period of sickness absence” or “instance of sickness absence”** means any continuous period of sickness absence, of whatever length, during which the individual does not return to work.
- b. **“Short-term sickness absence”** means any period of sickness lasting [one to 27] calendar days.
- c. **“Frequent sickness absence”** means regular periods of short-term, unrelated absences that may include a pattern of absence
- d. **“Long-term sickness absence”** means any period of sickness lasting [28] calendar days or more.

3. KEY RESPONSIBILITIES

3.1 Individuals are responsible for:

- a. As far as is reasonably practicable pursuing 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.
- b. Ensuring that they attend work unless unfit to do so.
- c. Familiarising themselves with the procedures for reporting and recording sickness and injuries on duty and their responsibilities under health and safety legislation.
- d. Promptly reporting sickness absence, personally wherever possible.
- e. Ensuring that fit notes are submitted at the appropriate time.
- f. Remaining contactable during absence and keep in contact with managers, ensuring they are kept updated with details of absence, and to co-operate with all management contact approaches.
- g. Highlighting to their line manager if they consider that a disability related condition is having a negative impact on their attendance.
- h. Not taking sick leave to resolve acute welfare problems where use of annual leave, special leave and/or family friendly policies may assist their situation.
- i. Attending all Occupational Health appointments and notifying Occupational Health in a timely fashion of an inability to attend an appointment.
- j. Providing their written consent where medical advice is sought.
- k. Ensuring that if there is any disagreement with the content of the OH management report, they discuss this with Occupational Health as soon as possible and seek to resolve in a timely manner.
- l. 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.
- m. Ensuring where possible that any rehabilitation support occurs outside of the scheduled work hours if hours are reduced.

3.2 Line Managers are responsible for:

- a. The proactive management of the attendance and wellbeing for those they supervise, ensuring this is reflected in day-to-day working practices;
- b. Ensuring they have good understanding of their responsibilities and obligations in relation to the requirements of the Equality Act (in particular, those relating to Reasonable Adjustments and Disability – see [Equal Opportunities Policies and Procedures](#));
- c. Ensuring that all members of their team are aware of the standards required and the procedures to be adopted, as well as the support services available to them, such as Occupational Health, Employee Assistance Programme (EAP), Wellness Portal etc;
- d. Ensuring the Initial Notification of Absence is updated on [GRS](#) immediately upon report of absence;
- e. Make every effort to make contact with an absent member of their team within 24 hours of the initial reporting of absence and ensure relevant systems are updated;
- f. Maintaining regular and meaningful contact throughout the period of absence ensuring [GRS](#) kept fully up to date with relevant detail;
- g. Ensuring the completion of the Occupational Health Referral form after 28 days continuous absence regardless of reason for absence; (see managers guide to [OHU Referral process](#))

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- h. Ensuring the completion of the Occupational Health Referral form within 48 hours of notification for any member of staff reporting absent due to an Injury on Duty, Musculoskeletal, psychological, serious or fatal illness, any significant change to health e.g. cancer and for any health concerns related to safety critical roles.
 - i. Discussing the possible use of supportive recuperative plans if appropriate in consultation with Occupational Health;
 - j. Ensuring that any reasonable adjustments identified are implemented and that the [reasonable adjustment form](#) is completed on HR system.
 - k. Ensuring that Occupational Health is kept updated (via further management referral) in relation to any changes in health that would impact on their ability to attend work;
 - l. Ensuring that members of staff are aware of their obligation to attend Occupational Health appointments and consideration given to formal procedures for continued failure to attend;
 - m. Ensuring that when a member of staff is declared fit to return by either their GP or Occupational Health, a return to work interview takes place. Where the absence continues, the relevant procedures are implemented and the entitlement to occupational sick pay is reviewed/withdrawn; (see section 21 and 22 for informal and formal procedures)
 - n. Ensuring that upon return to work, a return to work interview is conducted and this is recorded on [GRS](#);
 - o. Ensuring that a return to work interview is undertaken after every period of absence;
 - p. Ensuring that the risk assessments are completed as and when deemed necessary, ensuring that these are recorded on [GRS](#) within the individuals personal file and forwarded to the Occupational Health Unit/Health and Safety department as appropriate;
 - q. Monitoring sickness absence levels within their team and taking appropriate action as necessary when Management Intervention Thresholds are reached or where there is a specific cause for concern about an individual's absence. (see section 11 for further information);
 - r. Implementing the various stages of the informal and formal procedures when trigger points are hit, when support plan objectives are not met or satisfactory levels of attendance are not maintained;
 - s. Ensuring that before any more formal action is taken, they engage with the HR Business Partner Team for advice and guidance.

3.3 People Services / HR Business Partner Teams are responsible for:

- a. Monitor sickness absence levels and identify when an individual hits a trigger point.
- b. Ensure an accurate record of sickness absence has been entered onto GRS
- c. Monitor Occupational Sick Pay, notifying individuals of any reduction in sick pay with at least 4 weeks' notice where possible.
- d. Ensuring that support and organisational procedures are followed and managers are supported in the execution of their responsibilities;
- e. Ensuring that all appropriate welfare is carried out and maintained;
- f. Ensuring that those involved in the process are reminded of critical "action" dates contained within the procedures;
- g. Providing the Superintendent/Department Head with all appropriate Management Information for their business area, highlighting any areas of concern;

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- h. Briefing the Superintendent/Department Head on overall sickness levels within their business area including any individual cases of frequent absence and long term sickness;
 - i. Ensuring the completion of the Occupational Health Referral form after 28 days continuous absence regardless of reason for absence;
 - j. Ensuring the completion of the Occupational Health Referral form within 48 hours of notification for any member of staff reporting absent due to an Injury on Duty, Musculoskeletal, psychological, serious or fatal illness, any significant change to health e.g. cancer and for any health concerns related to safety critical roles.
 - k. Collate all applications for pay reduction reconsideration and present report and recommendations to the Chief Constable or Head of HR Operations.

3.4 The Superintendent/Department Head is responsible for:

- a. The proactive management of the attendance and wellbeing for those they supervise, ensuring this is reflected in day-to-day working practices;
- b. Ensuring that both they and their managers are aware of the standards required and the procedures to be adopted;
- c. Strategic overview and awareness of sickness absence across their Business area
- d. Ensuring that all line managers are held accountable in regards to their responsibilities in managing attendance with their teams;
- e. Ensuring the completion of the Occupational Health Referral form after 28 days continuous absence regardless of reason for absence;
- f. Ensuring the completion of the Occupational Health Referral form within 48 hours of notification for any member of staff reporting absent due to an Injury on Duty, Musculoskeletal, psychological, serious or fatal illness, any significant change to health e.g. cancer and for any health concerns related to safety critical roles.
- g. Attending the People Intelligence Board as and when any concerns are brought to their attention in order to identify appropriate solutions to address;

3.5 Occupational Health & Wellbeing:

- a. Provide advice and guidance regarding risk management;
- b. Support at Case conferences and case management meetings where necessary in regard to the management of risk, medical opinion and guidance;
- c. When managing long-term sickness absence, OHU will work alongside HR and line management to remove any barriers to returning to work, enabling a safe and successful return to work.
- d. Highlight when there is any disagreement regarding a management report and will work with parties involved to resolve in a reasonable timeframe;
- e. Will provide input as necessary regarding reasonable adjustments and periods of recuperative duties;
- f. Provide a clinical link between Wiltshire Police, OPCC and external services such as primary care ensuring escalation for immediate intervention is instigated for high risk cases;
- g. Provide occupational health opinion and advice in regard to individual cases, to the People Intelligence Board, to the HR Business Partner Team or direct to the line manager dealing with the case as appropriate and where there is a justified business case to do so. This will be given within the boundaries of their professional responsibility to maintain medical confidentiality;
- h. Provide advice and guidance on policy matters from an occupational health perspective;

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- i. Ensure recommendations provided to line managers are in line with force policy and procedure;
 - j. Provide competent Occupational Health, and welfare advice in emergency circumstances at a strategic/operational level, examples include; psychological guidance and support, monitoring and assessing unknown contagious disease exposures such as blood borne virus, chemical hazards;
 - k. Coordinate [Trauma Risk Management \(TRIM\) process](#) as carried out by Peer Support. A structured and proactive approach is taken to “hot de-brief” our staff following potentially distressing incidents. Line manager and individuals have a responsibility to be aware of support services, early intervention and the trauma risk incident management process. OHU will ensure the appropriate staff welfare checks are conducted alongside this process and consider any risks or wellbeing concerns.
 - l. Identify to the People Intelligence Board/People Service Centre/Line Managers where organisational issues have become apparent (subject to the confidential nature of the relationship with the member of staff referred) which may require action by management;

The force and OPCC have also developed a range of policies and working practices that give guidance to managers on how to deal with problems such as stress, alcohol and substance abuse, for example. These can all be found on SharePoint or via People Services.

All roles are risk assessed and it is every manager’s responsibility to ensure that their staff are not exposed to unnecessary risk whilst carrying out their duties ([Personal Risk Assessment Form – 907](#)).

A 24 hour confidential support service through our EAP provider is available to all members of the organisations as well as family members.

3.6 People Intelligence Board

- The People Intelligence Board meets monthly to focus on trends, new developments, current practice and to consider strategic initiatives to maintain the continuous improvement of the way in which the management of sickness absence is carried out within the Force and the OPCC.
- To make recommendations for action to be taken with regard to significant cases, drawing upon the cross-section of specialists within the Group S to ensure a balanced and constructive approach.
- To liaise with Superintendents/Departmental Heads with regard to the management of long term and acute/chronic cases of sickness absence amongst staff within the Force and OPCC.
- To make recommendations with regard to medical retirement where no alternative is deemed possible or appropriate.
- To identify trends if any become apparent in the pattern of absences and/or retirements and raise these with the relevant Superintendent/Departmental Head.

3.7 The membership of the PIB is as follows:

Head of HR Operations – Chair
Head of OH
HR Business Partners
Head of People Development
A Business Analyst

A member of CCU

A member of PSD

Head of H&S and the Litigation Manager are both invited to provide updates.

3.8 The Chief Constable:

- Considers any recommendations from the SMP with regard to medical retirements for police officers.
- Will delegate reduction of sick pay to half or to nil, as appropriate, to the Head of HR Operations and to consider any appeals in this respect.
- Endorses and demonstrates a clear commitment to the importance of good attendance records (for both police officers and police staff, as criteria for selection in recruitment, promotion and probationary assessment processes).
- Supports managers in their efforts to manage sickness absence, where actions taken are in accordance with the principles of this procedure.
- Provides the resources, to facilitate diagnostic and treatment services in accordance with force policy.

4. SUPPORTING ATTENDANCE MANAGEMENT IN PRACTICE

4.1 We are committed to supporting individuals to achieve and maintain a healthy lifestyle; to support this, the Organisations provide a wide range of provisions that promote health and wellbeing. These include:

- Access to onsite gyms,
- Employee Assistance Programme (EAP),
- Discounted membership of local authority sports and leisure facilities,
- Online mindfulness courses (Health Assured, Be Mindful, OscarKilo)
- Wellness Action Plans,
- Nutrition advice,
- Guidance on shift working,
- Private medical assessment and fast track
- Flint House
- Peer Support
- TRIM

Details of the wide range of support available can be found in the [Wellbeing Portal](#) on SharePoint and within the Additional Support Signposting Factsheet see Appendix 1.

4.2 When individuals are too ill to attend work, line managers will provide support through early interventions and will work with individuals through a number of informal and formal processes to facilitate a return to work. For those cases where informal and supportive measures do not produce regular and reliable attendance, the formal stages of the [Performance and Capability Procedures \(Staff\)](#) or [Unsatisfactory Performance Procedures \(UPP\) \(Officers\)](#) are available for progression.

4.3 Through regular, meaningful communication and relationship building, line managers should be able to recognise changes in individuals arising from issues connected to their wellbeing and attendance. These should be reflected within one to one meeting records on a case by case basis.

4.4 Attendance management is an integral part of normal line management responsibilities. Where a line manager considers that an individual's attendance shows signs of decline, they should act swiftly and informally to discuss and understand the causes and how support might be introduced to aid improvement. Any action should be taken as soon as possible rather than waiting for the next scheduled performance review discussion or one to one meeting.

5. NOTIFICATION

5.1 Individual Actions

When an individual knows they will be unable to attend work, they should log their absence on [GRS](#) and ideally contact their first line manager by telephone giving reasonable notice where possible of their non-attendance. We appreciate that depending on the reason for the absence, some may find it difficult having a direct conversation with their line manager (especially if work related), however, direct conversation ensures full understanding as to the reason for absence and ensures appropriate support is put into place.

Unless there are extenuating circumstances (such as being admitted to hospital), the notification should be made via a phone call and not via text or email. In such cases where direct communication cannot be made (i.e. – hospitalisation), a family member or friend should be asked to make contact on the individual's behalf as soon as possible. If the Line Manager does not hear from them within a reasonable timescale, they may be classified as absent without authorisation and sick pay may be affected.

Frequency and method of communication should be agreed between the individual and their line manager for the anticipated absence period. Should circumstances change following the initial discussion, they should contact the line manager again to notify them and agree an amended plan. Individuals are able to self-certificate for the first 7 days. From day 8, they are required to submit a fit note (Med 3 form from their GP).

5.2 Line Manager Actions

When an individual contacts the line manager notifying them of their Sickness absence, the line manager should record this on [GRS](#).

On speaking with the individual, the line manager should:

- Seek to understand the nature of the sickness;
- Ascertain the likely length of the absence;
- Identify as to whether the absence is the result of an injury received in the course of duty;
- Discuss any alternatives to absence, for example working at an alternative location or adapted duties;
- Confirm as to whether the individual has adequate support;
- Consider as to whether or not an early referral to Occupational Health is required;
- Identify any outstanding work commitments which may require attention;
- Make arrangements for future contact if the absence is likely to persist.

If the individual does not attend work or contact their line manager, then in the interest of their wellbeing the line manager should contact them by telephone to ensure their safety. Should the line manager have further concerns about their wellbeing then they should arrange a welfare check at their home. If the line manager is unable to reach them, they are advised to contact the HR Business Partner team who can support with appropriate next steps. If the line manager continues to have no contact with the individual, then they should enter the employee **on GRS** as absent without authorisation.

6. KEEPING IN TOUCH

6.1 Whilst we appreciate how difficult contact during a period of sickness absence can be, in particular if it is work related, it is really important that regular contact is maintained. If it is difficult for the communication to be directly with the individuals line manager for a time, an alternative work contact (colleague, peer support, assigned welfare officer) can be identified and agreed.

This engagement is particularly important in order to understand the current state of health and wellbeing, how progress is being made towards a return to work and in particular to identify any support required. By not having this regular contact, it is easy to feel disengaged, distanced or isolated from the Organisations. It is ideal to have some contact, even if via text in the initial stages every 1-2 weeks for short term and every 2-4 weeks for longer term sickness.

6.2 Dependent on the reason for absence, the severity of symptoms as a result and the considered level of risk, it may be agreed to have a longer period in between communications. This will usually be as a recommendation from OHU following a referral and consultation with OHU.

6.3 For absences longer than seven days a fit note (Med3) must be obtained from the GP and provided to the line manager.

7 RETURN TO WORK INTERVIEWS

7.1 This meeting is one of the most vital in effective sickness absence management. In the case of short-term absence, this meeting should be held ideally no later than within 3 days of the individual returning to work. For long term absence, this meeting should take place ideally prior to the actual return to work of the individual (may sometimes be done as part of a pre-return case conference) in order to agree any phased return working pattern, and/or any other appropriate adjustments. This can however also be done on the individuals first day back to work and should not be a barrier to any return to work date.

7.2 Although the term "return-to-work interview" sounds formal, the meetings are generally of an informal nature and are intended to facilitate an individual's return from a period of sickness absence and enables the manager to check that they are well enough to be back at work and what support needs to be put in place on return.

Click here for guidance on conducting a [Return to Work Interview](#).

8. INFORMAL ATTENDANCE SUPPORT

8.1 Informal support will be provided prior to any consideration of the commencement of any formal steps and may consist of for example, return to work discussions, 1-2-1 reviews, attendance support meetings or case conferences as appropriate to the circumstances.

8.2 As part of the informal process and as a result of any associated meetings, an Attendance Support Plan may be put in place (these can be found within the HR System). An Attendance Support Plan will outline any steps to be taken to improve wellbeing and attendance, clarify what supportive action will be provided by the organisation, outline expectations in regard to level of improvement required and timescales.

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- 8.3 A proactive approach will be taken to managing attendance in order to support individuals; this might include, for example, the implementation of reasonable adjustments or recuperative duties to support the individual in their return to work. Guide to Recuperative Duties and Reasonable Adjustments can be found in the Managing those with Disabilities Guidance.
- 8.4 Where a Management Intervention Threshold has been reached (See Section 11), a mandatory Attendance Support Meeting must be held between the line manager and the individual to discuss the individuals' attendance at work and any appropriate support required.
- 8.5 Attendance Support Meetings are supportive interventions and should be held for all individuals exceeding the MITs, or where there are concerns regarding attendance, regardless of the reasons for absence. (Although these can be arranged and conducted at any point depending on the necessity and circumstances) An informal Attendance Support Plan will be a required outcome of these meetings. Typically, the plan will be reviewed at around three months, or sooner if appropriate. This does not apply to those in their probationary period, those already in an informal or formal stage of the process or for pregnancy related absence.
- 8.6 The informal stage should only be used once in any 12 month period with the expectation being that this stage is not to be repeated. However, the duration may be extended depending on the circumstances. If the individual has been unable to improve their attendance through informal processes, a review should be held where progression to the formal stages will be considered. There will be similar reviews at the end of each of the formal stages.

9. CASE CONFERENCES

- 9.1 Case conferences can serve many purposes and can be carried out at any time during the period of absence. The benefits of these meetings include; opening or re-establishing communications, discussing any specific barriers or challenges preventing a return to work, setting support plans having identified appropriate requirements, addressing possible reasonable adjustments or recuperative duty programmes. Some individuals may find these meetings intimidating and will feel anxious about attending and for this reason, it is important line managers with HR explain the purpose of these meetings and what they are seeking to achieve.
- 9.2 Attendees will usually include: the individual, their line manager, OHU (if deemed necessary), HR, Staff Associations and potentially a colleague or welfare officer if one has been appointed.
- 9.3 Whilst still part of the informal process, it is important to have a record of this meeting which summarises the key discussion points and more importantly, any actions arising from the meeting. This summary must be copied to all persons in attendance, including the subject of the meeting if not present and Occupational Health in the event this meeting is being held prior to an appointment being made with the OH clinician.

See Case Conference Guidance

10. REFERRALS TO OCCUPATIONAL HEALTH

10.1 The role of OH is to provide medical 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. They provide support with risk management and ensure organisational legal compliance from an Occupational Health perspective.

10.2 They will provide support and guidance for example in relation to:

- Fitness for work
- Understanding of how a condition may impact an individual's ability to undertake requirements of their role
- Reasonable Adjustments and recuperative working
- Support with appropriate treatment through external providers
- Personal risk assessment input
- TRIM (Trauma Response Incident Management)
- Mental Health counselling

10.3 A referral can be submitted by any manager within the line management chain of an individual, by the individual themselves, the welfare officer or by HR.

10.4 Ensuring the completion of the [Occupational Health Referral form](#) within 48 hours of notification for any member of staff reporting absent due to an Injury on Duty, Musculoskeletal, psychological, serious or fatal illness, any significant change to health e.g. cancer and for any health concerns related to safety critical roles.

See Guide to Occupational Health Referrals.

11 MANAGEMENT INTERVENTION THRESHOLDS

We will have a number of indicators that we will use to help support attendance and manage sickness within the workplace.

All of these indicators and thresholds are to ensure full consideration is being given to each individual. Each situation should be dealt with on an individual case by case basis, understanding the specific set of circumstances and using the range of data available as detailed above. This is to encourage a broader view of the situation for each individual and to ensure early intervention by managers, resulting in the identification of any adjustments that would allow the individual to attend work more often are recognised and actioned as early as possible.

These include:

11.1 Bradford Score

The Bradford Score Methodology is the recognised diagnostic tool used to trigger a management review of an individual's sickness history. The Bradford Score is a numerical weighting produced on the basis of a calculation of instances and duration of absence over a 12 month rolling period.

The Bradford score is calculated by multiplying the square of the number of absences over the previous 12 months by the total number of working days lost during the same period. For example, 5 instances of absence with a total of 14 days lost would yield a score of $5 \times 5 \times 14 = 350$.

Wiltshire Police currently uses a figure of 192 to alert the manager to look more closely at their staff's sickness history.

11.2 Lost time rate

The lost time rate shows the percentage of total time available that has been lost due to any type of absence during a 12 month rolling period. It is calculated by dividing the total absence in hours or days in that 12 month period by the possible total hours or days available, and then multiplying by 100.

For example, if the total absence in the period was 145 hours and the possible hours total available in that period was 1650 hours, the lost time rate is:

$$145/1650 \times 100 = 8.5\% \text{ (rounded to the nearest 0.5\%)}$$

11.3 3 periods of absence in a 12-month rolling period

11.4 Patterns of sickness absence (i.e. always on a Monday or Friday, immediately before or after annual leave etc)

11.5 Trigger points for Long Term Sickness Absence

These are triggers that could be considered reasonable to use in most cases, however, line managers should always ensure they have consulted with both HR and Occupational Health before taking any formal action to ensure they are in possession of all available information prior to escalating. Each situation should be considered fully on a case by case basis.

Formal Review meetings should be held in person with the individual at the 3, 6, 9 and 12 months stages, at which point a decision will be made as to whether or not the instigation of formal capability procedures are appropriate (see section 22)

12. SICKNESS AND ANNUAL LEAVE

12.1 Certified Sickness Absence

Any annual leave that has been previously authorised during a period of certified sickness absence will be re-credited or reallocated at a later date but within the same leave year if possible. If the individual does not have the opportunity (due to insufficient working days left in the current leave year) to take their leave in the current leave year, then they are entitled to carry forward untaken leave (up to the statutory maximum of 20 days minus any holidays actually taken) to the next leave year. 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.

12.2 Uncertified Sickness Absence

Uncertified sickness absence during a pre-planned period of leave will result in the annual leave being lost unless the individual obtains a Med3 form from their GP for the period of their sickness absence, in which case the annual leave will be re-credited. There is no reimbursement in the event of being charged to obtain a Med3.

12.3 Taking holiday during sickness absence

An individual can take holiday (annual leave) whilst off sick if authorised by their Superintendent or Head of function and if supported by Occupational Health. For example, if they:

- have a mental health condition that might be helped by a holiday
- are off sick long term and a holiday might help with their recovery

In this situation:

- sick leave will be paused during the period of annual leave
- Annual leave will be paid for the period of annual leave
- Either paid or unpaid sickness absence will recommence on return from annual leave if the individual does not return to work at this point.

12.4 Recuperative duties and Annual Leave

Individuals working recuperative duties on reduced hours will be required to take annual leave as full days irrespective of the hours worked.

13. DISABILITY RELATED ABSENCE

If an absence occurs due to a disability related illness, the individual should talk to their Line Manager about any reasonable adjustments that can be made including adjustment to the Management Intervention Thresholds (trigger points). A disability is classed under the Equality Act as:

- They have a physical or mental impairment.
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

For the purposes of the Act, these words have the following meanings:

- **Substantial**
More than minor or trivial.
- **Long-term**
The effect of the impairment has lasted or is likely to last for at least twelve months (there are special procedures covering recurring or fluctuating conditions).
- **Normal day-to-day activities**
Everyday things like eating, washing, walking and going shopping.

The definition covers a broad range of mental health and physical conditions such as cerebral palsy, autism, HIV, multiple sclerosis, muscular dystrophy, hearing and visual impairments, asthma, ADHD and depression.

People who have had a disability in the past that meets this definition can also be protected by the Act.

See Managing those with Disabilities Guidance

Further advice can be provided from both Occupational Health and the HR Business Partner Team.

14. PROGRESSIVE CONDITIONS

- 14.1 A progressive condition is one that gets worse over time. People with progressive conditions are likely to be classed as disabled. Occupational Health are able to determine the likelihood of an individual's protection under the Equality Act 2010 and can recommend potential reasonable adjustments.
- 14.2 However, an individual will automatically meet the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer, visual impairment, severe long term disfigurement, or multiple sclerosis.
- 14.3 Disability related absence should still be recorded as part of the Attendance Management process. A Line Manager will however need to consider all the reasonable adjustments that are appropriate for the individual. Further advice can be provided from both Occupational Health and the HR Business Partner Team.

15. PREGNANCY RELATED ABSENCE (This includes miscarriages before 24 weeks)

- 15.1 Periods of pregnancy related absence do not count towards the Management Intervention Thresholds.
- 15.2 Line Managers should ensure they carry out a maternity risk assessment and review throughout the pregnancy.
- 15.3 If an individual is off long term sick 4 weeks prior to their due date they will be required to start their maternity leave early.

For further information, refer to the [Maternity Adoption Support and Parental Leave Policy](#).

16. IVF AND FERTILITY TREATMENT

Please refer to Section 2 of the [Maternity Adoption Support and Parental Leave Policy](#).

17. ADDITIONAL EMPLOYMENT & BUSINESS INTERESTS

- 17.1 Where approval has been given to pursue a business interest (which includes voluntary work), such approval is suspended for the duration of any period of longer term sickness absence unless authorisation has been sought and given by the Superintendent/Head of Function and Professional Standards.
- 17.2 Authorisation is likely to only be granted once attendance has improved and been sustained over an agreed period of time.
- 17.3 If an individual has additional employment with another employer, they must ensure that this does not hinder a return to work to Wiltshire Police or the OPCC and should seek advice from Professional Standards prior to continuing with this work during a period of sickness absence.
- 17.4 Any disregard shown for this requirement under this Policy will potentially lead to the instigation of misconduct proceedings.

Please refer to the [Business Interests Policy](#) for further information.

18. ABSENCE AS A RESULT OF PSD INVESTIGATIONS

- 18.1 We do not underestimate the impact on a member of the Force or OPCC of being informed that they are being investigated for potential misconduct, either as a result of an internal report, or as a result of a public complaint. In circumstances where an individual is unable to participate with the formal procedure due to ill-health, wherever possible, the organisations will make the necessary reasonable adjustments to enable the process to continue.
- 18.2 Whilst we acknowledge how difficult the process may be, it is also within the individual's best interests both from a physical and psychological perspective, to bring this to conclusion as soon as possible.

The prolonging of these procedures will not be helpful to their recovery.

- 18.3 We do however also understand that there may be occasions where a delay may be necessary and any decision in this regard will always be made with full consultation of the Occupational Health Professionals.
- 18.4 In the event of the employee not attending a meeting or hearing as arranged, the hearing may be reconvened to a later date at the discretion of the Chair, who will take into consideration the reasons for non-attendance due to ill health in making their decision.
- 18.5 Persistent failures to attend due to medical grounds will lead to the Head of HR Operations taking advice from the Occupational Health Department in addition to discussions with the Staff Associations as to whether the hearing should take place in the absence of the individual against whom the allegations have been made.
- 18.6 Throughout these processes, HR, Line Managers, PSD, OHU, Welfare Officers and Staff Associations will work closely together to ensure all appropriate information is shared, risk is monitored and assessed to safeguard the wellbeing of the individual involved.

19. COURT ATTENDANCE

- 19.1 If court attendance is required, and the individual is unfit to attend, they should obtain their GP's written support for their non-attendance. If the GP charges for this service, the costs will not be reimbursed by the Organisation.

20. ELECTIVE SURGERY

- 20.1 Elective surgery is surgery that is not considered to be medically or psychologically necessary. This includes cosmetic surgery, which is concerned with the enhancement of appearance through surgical and medical techniques, e.g. face-lifts or breast implants. It also includes other medical procedures such as laser eye treatment, vasectomies, and the removal of bunions or warts.

There is no automatic right to be paid during periods of time off work to undergo elective surgery.

The organisation has a separate policy to cover leave for fertility treatment.

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- 20.2 If a member of staff decides to undergo elective surgery, it is largely a matter for the individual concerned. As such, individuals should ensure that they have enough annual leave, time off in lieu etc, to facilitate their undergoing surgery and any anticipated recovery period. Where this is not the case consideration will be given to granting unpaid leave to cover the deficit.
- 20.3 When considering the granting of sick pay to cover periods of absence arising out of elective surgery, line managers should seek advice from the HR Business Partner team and Occupational Health. This will ensure a consistent approach, taking into account any medical or psychological issues and ensuring that the procedure is applied in a non-discriminatory manner. Should the criteria or eligibility for Occupational sick pay not be met, SSP may still apply. Further guidance can be provided by either the HR Business Partner team or via Finance.
- 20.4 Any leave granted, whether paid or unpaid, will be subject to the availability of staff to cover the employee's period of absence.
- 20.5 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 be treated as paid sick leave.

21. INFORMAL ATTENDANCE REVIEWS

(as required under [Police Performance Regulations](#) and [Staff Capability procedures](#))

21.1 Informal Review

An informal discussion or meeting should take place before any of the formal stages are to be held. An informal meeting can be a Return to Work, Attendance Review Meeting or Case Conference. Notes of these meetings will be required to demonstrate that this step has been taken and agreed actions have been implemented before proceeding to the formal stages (this should include all support signposting provided). An informal support plan reflecting all supporting measures and agreed objectives should also be provided and recorded. (see section 10 within the [Performance and Capability Procedure](#))

21.2 Ongoing review

Following the successful completion of an attendance support plan, the individual's attendance will continue to be monitored. If, at any stage during the subsequent 12 months, the individual's attendance again starts to fall short of an acceptable standard, their supervisor may decide to initiate the next stage of this procedure. It is not necessary to go back to the beginning of this process, however, in order for this to be deemed appropriate, it will be essential the supervisor has fully documented all review discussions with the staff member during this time and that this documentation can be produced to support all decision making.

- 21.3 Dependent on the circumstances, and before escalating to the formal stages, should the situation not improve, it may be appropriate to discuss the option of a career break if it is considered this would allow the individual time to resolve issues, get the appropriate medical interventions or provide them with time to recover/improve their health and wellbeing resulting in their ability to achieve sustained attendance at work.

Assistance with this part of the process can be provided by the HR Business Partner Team.

22. FORMAL PROCESS STAGES

The formal stages for both Police Officer, staff and the OPCC are largely the same with some differences as stipulated within [Police \(Performance\) Regulations 2020](#) and within the [Statutory Guidance on Professional Standards and Integrity in Policing](#) issued by the Home Office.

See Managers step by step guide for Staff and step by step guide for Officers.

22.1 Informal Stage - An informal discussion or meeting should take place before any of the formal stages are to be held. An informal meeting can be a Return to Work, Attendance Support Meeting or Case Conference. Notes of these meetings will be required to demonstrate that this step has been taken and agreed actions have been implemented before proceeding to the formal stages (this should include all support signposting provided). An [informal support plan](#) reflecting all supporting measures and agreed objectives should also be provided and recorded.

22.2 Stage 1 Potential Outcomes:

Staff No Further Action, Written Warning 12 months, Formal Support plan 6 months

Officers No Further Action, A WIN (Written Improvement Notice) and an action plan. The specified period for improvement would not normally exceed 3 months, however, dependent on the nature and circumstances, can be up to 12 months. Should the actions in the WIN not be achieved the process may be escalated to stage 2. Escalation can take place prior to the expiration of this review period.

22.3 Stage 2 Potential Outcomes:

Staff No Further Action, an extension of stage 1 written warning, an extension of stage 1 formal support plan, Stage 2 final written warning 12 months, stage 2 formal support plan 6 months

Officers No Further Action, a Final Written Improvement Notice will be issued at this stage along with a formal action plan. The specified period for improvement will be measured over 12 months. Should the actions in the WIN not be achieved the process may be escalated to stage 3.
In determining the specified period of an improvement notice, consideration should also be given to any periods of known extended absence from the officer's normal role.
Escalation can take place prior to the expiration of this review period.

22.4 Stage 3 Potential Outcomes:

Staff No Further Action, extension of review period, extend stage 2 final written warning, Medical Redeployment, Career Break, Dismiss with notice.

Officers Extension of Final written Improvement Notice and action plan
Re-deployment
Dismissal with notice

22.5 Appeals An individual can appeal at any formal stage on the following grounds
New information or evidence that is now available that was not previously considered; the process was not followed correctly, or the outcome (finding or written improvement notice) was unreasonable. Any such appeal should be sent to the HR Representative who supported the Chair of the meeting within 7 days of the date of the meeting.

23. SICK PAY AND ALLOWANCES

- 23.1 In the situation of ill health during suspension, the same rule applies to both officers and staff in that they will only be eligible for sick pay should they remain in the workplace as a result of suspension from post. This does not apply in the event of being suspended from Force.

STAFF SICK PAY

- 23.2 Full sick pay entitlements are outlined in terms and conditions for employment for Staff. The qualifying period for sickness pay is as follows:

During 1st Year of service	1 month full pay. After four months employment, 2 months half pay
During 2nd Year of Service	2 months full pay. 2 months half pay
During 3rd Year of Service	4 months full pay, 4 months half pay
During 4th and 5th Year of Service	5 months full pay, 5 months half pay
From 6th year onwards	6 months full pay, 6 months half pay

For staff in post as at 31st March 1997, previous Local Government service will also count towards calculating the above entitlements.

23.3 Staff Sickness Pay entitlement

To retain this entitlement, the following is essential:

- a. Remain contactable and update Line Manager of any changes to contact details;
- b. Provides the organisation with up to date Med3 (Fit notes) from a GP;
- c. Notify and obtain approval from Line Manager of any travel abroad or holidays;
- d. Do not carry out any form of business interest or work unless this has been approved by the Superintendent/Head of Function following consultation with the Professional Standards Department and is agreed that it benefits your wellbeing;
- e. Do not carry out any activity that impacts on recovery, prolongs sickness absence or contributes to the prevention of any return to work.

Failure to follow any of these requirements under these procedures may result in Occupational Sickness entitlement being withdrawn.

23.4 Staff working reduced hours

Where the member of staff remains unable to work their substantive hours and has not submitted a flexible working request to reduce their hours, then notice will be given of a temporary contractual variation at week 12, commensurate with actual hours worked, unless there are truly exceptional circumstances relating to the case. At this point, their pay will be reduced to reflect actual hours worked until conclusion of the agreed notice period. It is expected that the individual will make a full recovery and be able to return to duty within a reasonable timeframe at which point they will revert back to their original full terms and conditions.

POLICE OFFICER SICK PAY

23.5 Police Officer Sickness Pay

Police Officer entitlement is available from the commencement of their service. In line with Police Regulation 28, Officers are entitled to 6 months full pay and 6 months half pay over a 12 month period.

24. ASSOCIATED ATTENDANCE SUPPORT PROCEDURES

See Attached Factsheets in Appendices for full details.

When managing sickness, there are additional processes that may be undertaken to support individuals in the workplace and to ensure they return to work in a safe and supportive way. Some of the key processes that may be offered are as follows:

24.1 Reasonable Adjustments

Under the provisions of the Equality Act, reasonable adjustments should be a continued consideration in supporting any member of Wiltshire Police and the OPCC but typically, the reasonable adjustment process occurs when an Occupational Health referral is made and they identify that an individual needs to change elements of their role or needs additional support and equipment to enable them to fulfil their role either on a temporary or more permanent basis. The Occupational Health recommendations should be considered by the Line Manager and any adjustments that are deemed reasonable should be implemented as appropriate. There are various external organisations who may be required to assist in the implementation of any reasonable adjustments. A Line Manager should contact the HR Business Partner Team for support in this process. Please refer to the Managing those with Disabilities Guidance for further information.

24.2 Recuperative Duties

24.2.1 Recuperative duties should be viewed as a structured, time-limited, supportive approach to aid the rehabilitative process following illness, injury or surgery. As a reasonable adjustment, individuals may return to work on a phased agreement. This may include an initial return on reduced working hours or with reduced responsibilities with the phased programme building both up incrementally over an agreed finite period.

This is unlikely to be necessary in most cases of an individual returning from sick leave.

Individuals will return to their full contracted hours unless medical certification is providing evidencing a requirement for phased return or adjustments. In such cases, further clarity may be sought from OHU.

24.2.2 For Staff, recuperative duties would typically be for a period of six to eight weeks and will last no longer than 12 weeks. In exceptional circumstances, it may be extended. They will remain on full pay for the duration of this period.

24.2.3 For Officers, there is an expectation that a rehabilitation could be achieved in most cases between 3 to 6 months, with a maximum period of 12 months in exceptional circumstances under the Limited Duties guidance. Beyond 12 months may lead to the instigation of the adjusted duties process.

24.3 Adjusted Duties (Officers only)

24.3.1 Adjusted duties can be used where workplace adjustments are made to overcome barriers to working. This is underpinned by the individual attending work on a regular basis and working the full number of hours for which they are paid (in either a full or part time role).

24.3.2 Where the officer is unlikely to return to their substantive role for at least 12 months or longer, the decision to instigate the formal Adjusted Duties process will only be carried out on the advice and guidance of the Force Medical Advisor (FMA) following the appropriate referral.

See Guidance to Adjusted Duties for further information.

24.4 Medical Redeployment

24.4.1 The medical redeployment process occurs when a person's role is no longer suitable for them because of a medical condition. This process will be considered for Officers and Staff following the recommendation of Occupational Health. An individual cannot be medically redeployed without a report from Occupational Health that states this is a supportive measure for that person. The process for Officers and Staff is different and these processes are outlined in the Medical Redeployment section of the Managing those with Disabilities Guidance and in the Medical Redeployment Guidance.

24.4.2 If a Line Manager or individual feels this would be beneficial for them, a referral should be made to Occupational Health (either can refer). Once the Occupational Health report is received and if supportive, Line Managers should contact the HR Business Partner Team in the first instance commence the medical redeployment process.

24.4.3 Whilst it may be the case the individual is unable to sustain the required level of attendance in one role; an alternative may be able to better support what the individual is able to do and provide them with ongoing meaningful employment and continued valued contribution to the organisation. Medical Redeployment should therefore also be considered during the formal process and should be considered as an alternative dismissal.

24.4.4 It is accepted however, that this will not always be a suitable consideration depending on the particular set of circumstances and should be considered on the merits of the case. Rationale for not considering this a suitable option should be captured in the rationale from the chair of any Formal Attendance meeting following guidance from HR.

24.5 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 the medical redeployment process, moderated duties, reasonable adjustments and Adjusted (passported) status, prior to requests for ill health retirement being submitted. Please note the process for Officers and Staff is different. Please be aware that for a full assessment to be made, full medical disclosure will be sought from the appropriate medical practitioner.

For further details please refer to the ill health retirement factsheet.

24.6 Career Break (available for Staff only)

24.6.1 During the informal process, the option of a career break could be considered as an alternative to escalation, but also at stage 3 of the formal process as an alternative to dismissal by exception if the panel feel this could be supportive to the individual's recovery and would achieve the required long term, sustained attendance at work.

24.6.2 This should not be used as a mechanism to manage attendance and this can only be approved as a reasonable adjustment in this situation. Additionally, it does not allow for an individual to apply for a career break post stage 2 or when they have been notified of stage 3 as a matter of course.

24.6.3 Occupational health and HR advice should always be sought in relation to this reasonable adjustment. The length of the Career break in this circumstance should correspond with Occupational Health advice and in accordance with the nature of the condition and recovery.

24.6.4 An individual should be consulted on this reasonable adjustment but the duration of the career break is not at their discretion.

24.6.5 A career break in this circumstance should be capped between 3 and 12 months. It should be made very clear to the individual that this is an alternative to dismissal and that there is no guarantee of a return to the same role the individual leaves, and that in fact the organisation is under no obligation to find a role at all, however, all efforts will be made to identify a suitable position if satisfactory improvement in health has been sustained.

24.6.6 Anything less than three months should be classed as unpaid leave anything approved between 3 and 12 months should be managed in line with the [Career Break Procedure](#).

24.6.7 If an individual returns from a career break in this instance, this should be recorded within EPDR to enable the new line manager to manage attendance accordingly.

25. GUIDANCE & FACTSHEETS

Below is a list of factsheets that provide further information to each element of the procedure and have been highlighted as hyperlinks for ease of reference throughout the policy and within the list below. Should you not find the information you are looking for within these documents, then please contact People Services or the HR Business Partner team.

- Guide to Attendance Support Meetings
- Formal Attendance Management step by step – Staff
- UAP step by step - Officers
- Guide to OHU referrals
- Guide to Return to Work Interviews
- Guide to Sickness Pay and Half Pay process
- Guide to Managing staff with Disabilities (this includes recuperative duties, reasonable adjustments, medical redeployment)
- Guide to Ill health retirement – Police Officers
- Guide to Ill health retirement – Police Staff
- Guide to Limited Duties Regulations
- Menopause – a Managers Guide
- Managers Guide to managing your teams mental health at work: https://www.cipd.co.uk/Images/mental-health-at-work-1_tcm18-10567.pdf
- A Managers guide to monitoring stress
- Managers checklist
- HSE Management Standards
- Health & Wellbeing full signposting sheet



Services available outside of the Occupational Health Department for Mental Health and Well Being

Occupational Health Unit: 01380 861039

Free and confidential information, support and counselling service:



- www.healthassuredeap.co.uk
- **0800 030 5182** (Outside the UK:+44 161 836 9498)
- Please use the below login information:
Username: wologin / **Password:** wellbeing

Force Chaplain for Confidential Support – Bill Cave 07867 441032

CPA (Christian Police Association) – National 01234 272865 www.cpauk.net

CPA Rep for Wiltshire Police – Fiona Williams – Email: CPA@wiltshire.police.uk.

For more information visit the [Wiltshire Branch of the Christian Police Association](#) SharePoint page.

Health and Wellbeing Website:

http://firstpoint/deptinfo/peopleservices/support_pages/EAP.aspx

People Services Centre: <http://firstpoint/deptinfo/res/people/default.aspx>

Counselling and Support Services

LIFT Psychology Swindon: 01793 836836
Kennet North and West: 01380 731335
South Wilts: 01722 820267

LIFT offer talking therapies at your GP surgery, and a range of taught groups which are Cognitive Behaviour Therapy based that you can self-refer to. Their services are free of charge.

Website: www.lift.awp.nhs.uk www.iapt-wilts.awp.nhs.uk

Union Support

Federation: 01380 861043 Red Arc 01244 625183 (only officers who pay into the federation insurance scheme are eligible for this service)

Unison: unisonRep@wiltshire.pnn.police.uk 01380 861883

Mind Blue Light Infoline

The Blue Light Infoline offers confidential, independent and practical support, advice and signposting around mental health and well-being. The Infoline is just for emergency service staff, volunteers and their families, to help keep you or those you care about well for work.

Tel: 0300 303 5999 (Monday to Friday 9am to 6pm)

Text: 84999

bluelightinfo@mind.org.uk

Mind.org.uk/bluelight

The Samaritans

Tel: 08457 90 90 90 Or

01793 537373 (Swindon and District, 6 Curtis Street, Swindon, Wiltshire)

01722 323 355 (Salisbury and District, 42 Milford Street, Salisbury, Wiltshire)

01225 460888 (Bath and District, 25 Windsor castle, Upper Bristol Rd, Bath)

A confidential telephone support and counselling service for people feeling depressed or suicidal. Operates 24 hours a day, 365 days a year. If you would like to talk to someone face-to-face the centres are open to callers each day at various times without the need for appointment.

Email: jo@samaritans.org

Swindon MIND

Tel: 01793 432031

Swindon Mind provides advice, support and services to empower anyone experiencing a mental health problem in Swindon.

Address: Swindon Advice and Support centre, Sanford house, Sanford Street, Swindon, SN1 1QH

Website: www.swindonmind.org

Email: admin@swindonmind.org

Wiltshire MIND

Tel: 01225 706532

Wiltshire Mind provides services across the county. Including: confidential counselling, befriending, social groups where people can drop in for a chat over a cup of tea and take part in creative activities or games, e.g. card and board games, pool and darts.

Address: 24a High Street, Melksham, Wiltshire, SN12 6LA

Website: www.wiltshiremind.co.uk

Email: info@wiltshiremind.co.uk or counselling @wiltshiremind.co.uk

Safe HORIZON UK

www.safehorizon.co.uk

Support and advocacy services for police officers and their families affected by psychological injury, stress and mental health

SANE

Tel: 0845 7678000

SANE provides emotional support and information to anyone affected by mental illness, including families, friends and carers. Sane helpline available 6pm to 11pm every evening.

On-line Guided Self-Help

MOOD GYM

Moodgym is an online course which can help you to identify and overcome problematic emotions. The course can be completed at your own pace and will help you to develop good coping strategies.

www.moodgym.anu.edu.au

www.moodscope.com

LIVE LIFE TO THE FULL

Live Life to The Full is another online course which you can access at any time, it aims to help you identify and overcome problem emotions and gain valuable coping strategies.

www.livinglifetothefull.com

MOODJUICE

A useful website which offers self help literature and guidance on a variety of issues including anger, anxiety, assertiveness, bereavement, depression, insomnia, obsessions, panic, shyness and social phobia.

www.moodjuice.scot.nhs.uk

Beating the Blues website online course: <http://www.beatingtheblues.co.uk>

Get Self Help

Free CBT self-help information and resources including therapy worksheets www.getselfhelp.co.uk

DOCUMENTATION ADMINISTRATION

Ownership

Department Responsible: Human Resources
Procedure Owner: Suzie Thompson, Head of HR Strategy & Policy
Technical Author: Natalie Strong
Senior Officer/Manager Sponsor: Chris McMullin, Director of People & Change

Revision History:

Revision Date	Version	Summary of Changes
17.06.2021	4.0	Policy & Procedure combined into one document Guiding principles & Objectives Change in Triggers used (Management Intervention Thresholds) Sickness and Annual leave, Business Interests and PSD activity Addition – Associated Attendance Support Procedures Additional Supporting Managers Guidance documentation and factsheets
01.12.2021	4.0	Contact details for the Wiltshire CPA amended. Link to CPA SharePoint page added.

Approvals:

This document requires the following approvals:

Name & Title	Date of Approval	Version
Force Policy Officer	July 2021	4.0
JNCC (Not required for all procedures)	July 2021	4.0

Distribution:

This document has been distributed via:

Name & Title	Date of Issue	Version
E-Brief		
Email to relevant affected Staff/Officers		
Other: (state method here)		

Equality Impact Assessment:

Has an EIA been completed? If no, please indicate the date by which it will be completed. If yes, please send a copy of the EIA with the procedure to the Force Policy Officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
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Consultation:

List below who you have consulted with on this procedure (incl. committees, groups, etc):

Name & Title	Date Consulted	Version
Police Federation (Insp Al Webb), Unison (Cliff Fuller & Clair Cross)	May - June 2021	4.0
Disability Support Group (Insp Gill Hughes), W.E.P.A (Insp Megan Kenzie)	May - June 2021	4.0
Superintendents Association (Supt D Minty & Supt C Chammings)	May - June 2021	4.0
Naji Darwish (Deputy Chief Executive- OPCC)	May- June 2021	4.0

Implications of the Procedure:

Training Requirements

A full briefing and training programme will need to be conducted for all first and second line managers.

IT Infrastructure

Required changes are being incorporated into the ERP project and are ongoing- July 2021