



<b><u>Policy Title</u></b>	Attendance Management (2011)
<b><u>CCMT Sponsor</u></b>	Director of Resources
<b><u>Department/Area</u></b>	Human Resources
<b><u>Section/Sector</u></b>	Corporate Health and Support Services

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## **1.0 Rationale**

1.1 Thames Valley Police (TVP) aims to provide the best possible service to the public, through the effective deployment of staff.

1.2 Absence has a major impact on resources which puts pressure upon our remaining staff to deliver an efficient and effective police service.

1.3 TVP has a high expectation of its workforce. The force values of integrity, fairness, professionalism, providing a quality service and equality are expected at all levels throughout the force. People are TVP's most valuable asset.

1.4 In order to achieve these expectations and to support staff, the managing attendance procedures are aimed at ensuring all are able to attend work on a regular and reliable basis. Staff must be properly supported and valued by caring managers so that TVP has minimal levels of sickness absence and has a workforce that is performing to optimum level.

## **2.0 Intention**

2.1 The accurate recording of sickness absence is an important responsibility of individual staff members, supervisors and managers.

2.2 This policy sets out the responsibilities of each individual in respect of absence management guidance. It informs line managers/supervisors how to record a member of staff absent from work due to sickness, the necessary action to be taken and documentation to be completed.

2.3 This policy should be read in conjunction with the Managing [Support Staff Poor Performance and Attendance Policy](#) for Police Staff, the [Police \(Performance\) Regulations 2008](#) and [Regulation 13 – Managing the Performance of Student Officers](#) for Police Officers for the process to be followed where an individual's attendance record falls below an acceptable level.

## **3.0 General Principles**

3.1 This policy applies to police officers and police staff currently employed by the Police Authority and in parts to the Special Constabulary. The policy is not applicable to volunteers, temporary agency workers or contractors.

3.2 TVP has a duty of care to ensure it provides and maintains a safe and healthy working environment for its staff.

3.3 Attendance must be maximised in order to maintain and improve the performance of TVP.

3.4 Accurate monitoring of sickness is important to the organisation and the individual. It enables informed intervention to manage attendance and meeting of reporting requirements (e.g. Home Office).

3.5 An individual needs to know that the Force has not only noted their absence but will actively attend to their welfare needs and facilitate their return to full duties, whenever this is possible.

3.6 There are slightly different systems for the management of Police Officer and Police Staff sickness. These arise from different terms and conditions of service.

3.7 Central to the process of managing sickness related absence is recognising the appropriate response at an early stage for all staff.

3.8 Sick leave should not be used to resolve acute welfare problems where compassionate or other leave may be considered. For other types of leave that may be applicable see the [Additional Leave](#) policy.

3.9 This policy does not remove the general welfare role of line managers to take an active interest in all members of staff who are sick, thereby encouraging their early return to work.

#### **4.0 Guidance, Procedures & Tactics**

4.1 Individuals have a responsibility to ensure that their actions support the intent and follow the requirements set out in this policy. All staff covered by the scope of this policy should be aware of the policy and how to access it. See Appendix A for the standard operating procedure that supports this policy.

4.2 Human Resources Business Partners, Human Resources Advisors and the HR Employment Relations Team are available to advise individuals on the application and use of the policy.

#### **5.0 Challenges & Representations**

5.1 To ensure transparency and accountability any decision made as a result of following this policy should be clearly documented.

5.2 Challenges and representations in respect of this policy should be addressed to:

Head of Corporate Health & Support Services  
Eden House  
16 Lyne Road  
Kidlington  
Oxfordshire  
OX5 1AD

#### **6.0 Communication**

## 6.1 Links to Police National Legal Database/Other

6.1.1 This policy should be linked to the:-

[Maternity – Guidance for Police and Police Staff](#)  
[Stress Management Guidelines](#)  
[Police \(Performance\) Regulations 2008](#)  
[Equality Act 2010](#)  
[Unsatisfactory Performance and Attendance \(Police staff\)](#)  
[Police Officer Unsatisfactory Performance & Attendance](#)  
[Regulation 13 – Managing the Performance of Student Officers](#)  
[Staff Monitoring Protocols](#)  
[Guidance for Ill Health Retirement for Police Officers and Police Staff](#)  
[Guidelines and advice relating to Transsexual members of staff](#)  
[Alcohol and Substance Misuse Policy](#)  
[Flexible Working Policy](#)  
[Additional Leave and Time Off Work Policy](#)

## 6.2 Implementation Strategy (Policy Impact Assessment)

6.2.1 Individuals will be informed of the new policy through weekly orders at the time of publication. The policy will be made available electronically via the Policy and Procedures intranet site and staff and managers portals.

6.2.2 This policy can be made available to the general public via the TVP internet site, except for the appendices which contain details of police methods.

## **7.0 Compliance and Certification**

### **7.1 Human Rights Audit**

#### (i) Legal Basis

There is no definitive legal basis for this policy but sickness management will always be managed with direct reference to appropriate guidance and relevant legislation e.g.

- Police (Performance) Regulations 2008
- Regulation 13 – Managing the Performance of Student Officers
- Equality Act 2010

#### (ii) **Human Rights Articles Engaged**

This policy has been audited for compliance with the Human Rights Act and has the potential to engage Article 8 Right to Respect for Private and Family Life. A public authority may interfere with the exercise of this right in accordance with the law and as is necessary in a democratic society in the interests of:-

- national security
- public safety or the economic well-being of the country
- the prevention of disorder or crime
- the protection of health or morals
- the protection of rights and freedom of others

#### (iii) Prohibition of Discrimination

There is potential interference of the convention articles and there is potential for the policy to be applied in a discriminatory manner under Article 14. Individuals involved in the application of this policy could apply their own prejudices based on sex, race, colour, language, religion, political, or other opinion, nation, or social origin, association with a national minority, property, birth, or other status.

## **7.2 Diversity Impact Assessment**

An impact assessment is currently being carried out.

## **7.3 Diversity (Human Resources)**

In the application of this policy, the Force will not discriminate against any persons regardless of their gender, sexual orientation, race or ethnic origin, religion, age or disability.

## **7.4 Management of Police Information (MoPI)**

7.4.1 This policy does not affect any of the key business areas as identified by Management of Police Information (MoPI).

7.4.2 However, any information deemed 'for a policing purpose', or any data about an individual that is circulated or received by e-mail; or published / downloaded via the intranet or internet or circulated in any other format must comply with MoPI guidelines.

## **7.5 Community Engagement Standards**

7.5.1 This policy has no community engagement implications.

## **7.6 Data Protection**

7.6.1 It is recognised that sensitive personal data will be processed in compliance with this Policy. This, and personal data, will be managed in accordance with the specifications of the Data Protection Act 1998.

7.6.2 Information regarding an individual's health will be classified as RESTRICTED under the Government Protective Marking Scheme and will be managed in accordance with those requirements. Information regarding normal sickness (i.e. sickness record) is retained for the duration of an individual's employment plus three years.

7.6.3 Information relating to an individual's medical history is retained by Occupational Health for the duration of an individual's employment plus 40 years.

7.6.4 Information regarding an individual who has been subjected to this policy will be retained for the duration of their employment. Information processed by the Sickness Health & Monitoring Advisory Group (SHMAG) is retained for twelve months.

## 7.7 Freedom of Information Act

7.7.1 This policy is suitable to be made available to the public and can be published on the Thames Valley Police Freedom of Information Publication Scheme.

7.7.2 It is likely that all information processed in compliance with this policy will be exempt from publication under the Freedom of Information Act by virtue of section 40 (personal data). Specific advice should be sought from the Force Freedom of Information Officer in the event of a request for information.

## 7.8 Protective Markings

This policy has been assessed for its correct level of protective marking and has been assessed as **NOT PROTECTIVELY MARKED**.

## 7.9 Health & Safety at Work

The Health and Safety at Work Act imposes a duty of care upon the Chief Constable to ensure, as far as is reasonably practicable, the health, safety and welfare of all staff. There is a legal requirement to conduct a risk assessment based on the individual's role and capabilities, which should include consideration of assessments under specific legislation e.g. Display Screen Equipment and Manual Handling Regulations.

## 8.0 Monitoring and Review

8.1 This policy contributes to the following strategic objective:

- To improve the use of our resources

## 8.2 Policy Review

8.2.1 This policy document will be reviewed every two years. The review will take into account the following criteria:-

- Examples of good practice from other Forces or other organisations
- Representations made by individuals and relevant organisations
- Relevant diversity data

8.2.2 This policy will next be reviewed in February 2013.

### For use by the Policy Management Unit Only

<b><u>Chief Officer Policy Authorisation</u></b>	
<b>Policy signed off by:</b>	
<hr/>	
<b>Director of Resources</b>	<b>Date</b>

## Standard Operating Procedure for Attendance Management

### A1 Individual responsibilities

1.1 TVP has a high expectation of its workforce. The force values of integrity, fairness, professionalism, providing a quality service and equality are expected at all levels throughout the force. People are TVP's most valuable asset.

1.2 In order to achieve these expectations and to support staff, the managing attendance procedures are aimed at ensuring all are able to attend work on a regular and reliable basis. Staff must be properly supported and valued by caring managers so that TVP has minimal levels of sickness absence and has a workforce that is performing to optimum level.

1.3 The individual is required to report their sickness absence as soon as possible to their line manager, or to HR Service Desk on 701 3600.

1.4 Notification of absence needs to be made as soon as possible so that alternative staffing arrangements can be made. This should be done, if possible, before the normal start time to assist in the management / covering of workloads etc.

1.5 The notification of absence must be entered onto PeopleSoft by the person to whom the individual has reported sick.

1.6 During any absence the member of staff must maintain contact so that their line manager is informed of the member of staff's state of health and likely return to work date, unless the circumstances of the absence would make the contact inappropriate (e.g. medical advice).

1.7 The member of staff may be asked to attend meetings with the line manager on work premises for the purposes of providing information and to facilitate an effective return to work.

1.8 If the individual is too unwell or physically unable to attend the workplace, the organisation may arrange to visit them at home (with their consent) or at an alternative suitable location.

1.9 If a member of staff refuses to engage with the organisation the line manager may consider initiating the informal and / or formal procedures of the 'Police Staff Unsatisfactory Performance and Attendance Policy', or 'Police Officer Unsatisfactory Performance and Attendance Policy' or 'Regulation 13 – Managing the Performance of Student Officers for Police Officers'. In cases of disability related sickness absence, managers must consider the Equality Act 2010 (see Appendix B for Definition of Disability under the Act)

1.10 If the member of staff has not returned to work by the fourth day of absence they must telephone in person and speak to their line manager to explain the circumstances. The manager should ring the individual back if they are not available to take the initial call.

1.11 Where the absence is for a period of longer than seven calendar days the individual must submit a doctor's medical statement as soon as possible. This must be forwarded to the HR HQ Resourcing Team, Fountain Court, HQ North.

1.12 This also applies to staff on annual leave who wish a period of their absence to be regarded as sick leave. Where a member of staff is abroad when injured or taken ill, they should report their sickness retrospectively as soon as practicable upon their return to the UK. This should be accompanied by a valid medical certificate / confirmation of incident.

1.13 For any periods of absence lasting longer than the period covered by the first statement, further doctor's statements must be submitted as necessary.

1.14 Where an individual absence is covered by a medical certificate with an end date, the individual will only be considered as fit to return to work prior to that date if they obtain a final doctor's note confirming their fitness to return to duty.

1.15 Staff should avoid any activity which is likely to be prejudicial to their health, to delay their return to work or is in conflict with the reason for absence.

1.16 Upon their return to work, individuals are required to report the end of sickness by completing the self service form on Peoplesoft.

## **A2 Line Manager Responsibilities**

2.1 Local management of attendance and early intervention by managers is crucial to the delivery of higher levels of attendance and ensuring that individual cases of absence are managed effectively.

2.2 The line manager is responsible for the local welfare response to staff that are sick and ensuring that this policy is implemented effectively. They should ensure that they do all they can to maintain, and where possible, reduce sickness levels and ensure the welfare needs of their staff are met.

A Guide to Line Managers is available on the Managers Portal in the [Sickness absence section](#).

2.3 Line managers have a better knowledge /understanding of individual attendance levels and of the reasons behind any changes in the frequency or amount of absence. Each case must be viewed individually, within the corporate guidelines and standards set.

2.4 An individual's absence must not be allowed to drift. Consideration should be given to the use of the informal / formal poor performance procedures where a member of staff's attendance falls below an acceptable level.

2.5 There will be a tiered intervention approach based on a number of triggers. Trigger points are designed to provide managers with early notice of potential issues. They support the Force in discharging a duty of care to all staff. These triggers and the interventions required by line managers are outlined in section A8 below.

2.6 When a person reports sick, the recipient of that report will record the sickness / injury on the Self Service Form on PeopleSoft.

2.7 The line manager should contact the member of staff within 48 hours. This is to provide welfare support and to ascertain any work commitments that require attention. Where the line manager considers it appropriate, they should inform the Welfare Department or Staff Associations.

2.8 Where a person reports sick with stress or other psychological condition, reference should be made to the [Stress Management Guidelines](#) and an early intervention initiated.

2.9 The line manager must maintain appropriate and regular contact with sick members of staff through personal visits or by telephone, unless in exceptional cases deemed inappropriate in the circumstances. The wishes of the individual in respect of having someone else present will be taken into account. All contact will be recorded on PeopleSoft, including when attempts have been made to contact the individual without success.

2.10 On the member of staff's return to work the line manager will ensure that the absence is closed accurately and without delay. The line manager must ensure that a return to work interview is completed with the individual as soon as possible. The interventions outlined at section A5 should be considered during this meeting.

2.11 Management referrals to the Occupational Health Unit (OHU) must contain management information to enable OHU staff to make a proper assessment of the individual's fitness for work. The referrals must include specific questions that require answers which will help line managers to better understand the nature of an individual's health condition, the impact this has on their ability to perform their role and when they can return to the work place. Guidance for the completion of referrals is on the [Manager's Portal](#)

2.12 An individual must be given the opportunity to review all information contained in the referral before it is sent to OHU, except in the case of stress related illnesses where it is necessary to expedite a referral for early intervention. S/he should be given the opportunity to comment, as appropriate, and to see any responses.

2.13 The Occupational Health Unit will decide whether to see the member of staff or take alternative action.

2.14 In respect of all staff who:-

- have had at least 8 days continuous sickness absence and / or
- where the individual has a Bradford Score in excess of 150 and / or
- have a poor sickness record

Local Police Area/OCU/Departmental line managers (with advice from the HRA), will initiate the informal and / or formal procedures of the '[Police Staff Unsatisfactory Performance and Attendance Policy](#)', or '[Police Officer Unsatisfactory Performance and Attendance Policy](#)' or '[Regulation 13 – Managing the Performance of Student Officers](#)' for Police Officers. Line managers must consider the Equality Act 2010. This action must be recorded on the PDR system as part of an 'Attendance Management' interim review by the individual's line manager. See section A8 below for more details.

### **A3 Human Resources responsibilities**

3.1 The Human Resources Business Partner (HRBP) must ensure that those involved in the process are reminded of the critical 'action' dates contained within this policy and that information is available to them to enable them to monitor sickness.

3.2 It is the HR Business Partner's responsibility to keep the ACC/LPA/OCU Commander/ Head of Department briefed on the overall sickness levels and individual cases of long term sickness.

3.3 In individual cases the LPA/OCU Commander/Head of Department or SMT nominee should make contact with any member of staff who is on long term sickness absence (i.e. more than 28 days) unless deemed inappropriate in the circumstances. They will determine when it is appropriate for them to conduct a home visit. The wishes of the individual in respect of such visits should be noted and taken into account, including whether they wish to have another person present.

3.4 Any member of staff absent from work due to a psychological or depressive illness will be referred to the Welfare Department within 48 hours. Where a psychological or depressive illness is recorded as the reason for absence on PeopleSoft, the Welfare department will be notified automatically by a workflow. In these circumstances the line manager must ensure that a management referral is submitted to the Occupational Health Unit within 14 days to ensure early intervention.

3.5 HRBPs will be required to oversee all cases and provide up to date information and where appropriate supporting documentation on individual cases to the Sickness Health & Monitoring Advisory Group (SHMAG) in line with this policy.

3.6 HRBPs may commission this activity to be completed on their behalf by the HR Shared Services Employment Relations Team (SSERT).

3.7 Reports submitted to the SHMAG must be updated monthly.

3.8 Updated reports will:

- a) Describe the support, assistance and interventions provided by LPA/OCU/departmental line management and when management referrals have been made to the Occupational Health Unit and/or Welfare. It is important that every effort is made to encourage members of staff to return to work at the earliest opportunity.
- b) Report on the prognosis for the individual in terms of return to work, recuperative or restricted duties, and any other information they consider relevant.
- c) Report on the instigation and progress of the Police Staff [Unsatisfactory](#) Performance and Attendance policy, the Police (Performance) Regulations 2008 or [Regulation 13 – Managing the Performance of Student Officers](#), or provide the justification for not instigating the relevant policy/ regulations.
- d) Describe the representations made by the individual.

3.9 The report will be forwarded under confidential cover to the HR SSERT for consideration by 'SHMAG' and must be marked "PROTECT - STAFF" under the Government Protected Marking Scheme.

3.10 An individual on long term sickness absence who has been granted the authority to carry out a Business Interest will have it reviewed by the Head of HR Business Services, and it may be suspended or withdrawn.

3.11 The HRBP will review the care and welfare of individuals who are subject to the formal performance procedures of the Police Staff [Unsatisfactory](#) Performance and Attendance, [Police \(Performance\) Regulations 2008](#) or [Regulation 13 – Managing the Performance of Student Officers](#), where ill-health is suspected. This includes long periods of sickness absence, persistent short term absence and poor performance in the work place as a result of ill-health.

3.12 The HRBP will monitor all recommendations for prolonged restricted duties after consulting the LPA/OCU Commander/Head of Department and the OHU. The review date will take account of performance, sickness levels and any changing demands of the role. For more details see the [Recuperative/Restricted Duties Guidelines](#).

#### **A4 Part day sickness**

4.1 Part day sickness can be part of an overall attendance problem and must be recorded by the line manager to ensure welfare support for those who need it and robust action if it is a performance / attendance issue.

4.2 Where any member of staff reports sick during a working day this should be recorded on DMS under code SSICK, or for CR & ED personnel, under Event—Sickness Part Day on Pipkins.

4.3 Any line manager, who identifies an individual member of staff who repeatedly reports part day sickness, or who is being dealt with for poor attendance, should ensure that the sickness is brought to the attention of the relevant HRBP.

## **A5 Return to work**

5.1 On an individual's return to work their manager must hold a return to work discussion with them. This should, wherever possible, be on the day of their return.

5.2 The return to work discussion is crucial to improving attendance. An effective process will result in early identification of issues requiring specialist or managerial response and will ensure that the individual receives appropriate support from the organisation.

5.3 If a return to work involving reduced hours or a change in duties / responsibilities/ department is being considered in conjunction with the member of staff and/ or OHU, it is essential to adhere to the principles set out under the [recuperative/restricted duties guidelines](#).

5.4 The purpose of the interview is to facilitate their effective return to work, to ensure that the reason for the absence no longer remains an issue and, if applicable, that ongoing issues are addressed. To enable the line manager to handle this process effectively they must be aware of the person's absence history before the meeting. The return to work interview should be recorded on the self service Return to Work form. Further guidance on the return to work interview can be found on the [manager's portal](#).

5.5 A member of staff, who has had their sickness certificated by a doctor, will not be allowed to work prior to the expiration of that certificate, unless their doctor deems that they are fit to return. The doctor may issue a 'fit note' if they believe that an individual could return to work with adjustments/ adaptations to their role to facilitate this.

5.6 If the doctor has provided advice in a fit note, the line manager should discuss this advice with the member of staff. If the advice can be accommodated, a risk assessment should be completed and PeopleSoft updated. If the line manager believes that they are unable to make the changes necessary, the member of staff should be considered as being unfit for work. Under these circumstances the line manager must liaise with the HRPB and, if appropriate, seek advice from OHU.

5.7 All members of staff will be assisted to return to some form of work after a period of sickness or injury, where they are unable to come straight back to their role. They are expected to return on full hours unless with agreement with their line manager. Advice can be sought from Occupational Health and HR if required.

5.8 The Chief Constable's intention is to support individuals in their attempts to return to work as soon as they are fit and ready to resume working again. It is recognised that over the years, the number of police roles which provided suitable opportunity for recuperative duties has diminished, especially if longer term restricted duties are required. However, it is clearly in the best interest of the force to find suitable roles, where possible, and to support individuals in their attempts to return to work whenever practicable.

5.9 Individuals are expected to return to work on full hours unless there are reasons which would need to be agreed by their line manager following a doctor's fit note recommendations, or in consultation with OHU.

5.10 In line with the Faculty of Occupational Health guidance, full hours should be reached within an eight week period. Further advice can be obtained by referring to the [recuperative/restricted duties guidelines](#).

## **A6 Sickness Monitoring & Health Advisory Group (SHMAG)**

6.1 The aim of this SHMAG is to ensure the organisation discharges its duty of care towards its staff, to monitor sickness levels with a view to minimising absence and to manage Ill Health Pensions.

6.2 SHMAG will convene monthly to review all cases of long-term sickness (i.e. in excess of 28 days).

6.3 SHMAG is chaired by the Head of Corporate Health & Support Services, who has responsibility for decisions emanating from the sickness reviews and the care, welfare, and sickness trends. The Chair will take advice from the group. The Group will comprise members from the OHU, Welfare, Police Federation, UNISON, HRSSERT and the Head of Health & Safety.

## **A7 Occupational Health and Welfare - Specialist Support**

7.1 OHU, Welfare, and Health & Safety specialists provide central support to departments and police areas on attendance issues. This includes:

- Case conferencing on specific cases involving area Occupational Health Advisers, line managers, and HRBP/ Senior Human Resources Advisors (SHRA).
- Local and centrally delivered trauma support for officers and police staff.
- Physiotherapy and counselling services.

## **A8 Absence management – Triggers**

8.1 For fairness and consistency, TVP has introduced triggers for when action should be considered by line managers for poor attendance.

8.2 TVP uses the Bradford Score formula to identify causes for concern or unacceptable patterns of attendance. <http://knowzone/int-mp-health-msa-bs>

8.3 When a member of staff's absence record reaches one of the triggers for intervention, the manager must comply with the actions outlined below.

8.4 More information is available at LPA/Department level to support managers in managing attendance for [police officers](#) and [police staff](#).

8.5 On a team level the manager can access up to date PeopleSoft information on their team via Team View on [SSAMI](#) (Manager's Tools>Team View). This data, together with a PeopleSoft generated workflow, will clearly identify all members of staff whose absence has fallen below an acceptable level as defined by the force triggers below.

8.6 A monthly report bench marking police area / Department attendance levels against the force attendance target / other police areas / departments will be included in the monthly report submitted to the Chief Constable's Management Team. Performance Groups will use this information to identify any variations and trends in attendance levels within LPA/ Departments/ OCUs.

8.7 Triggers for action are as follows;

[Level 1 intervention](#) – Bradford Score in excess of 50

[Level 2 Intervention](#) – Bradford Score in excess of 150 or a current period of open continual sickness absence of between 8–27 days

[Level 3 Intervention](#) – Bradford Score in excess of 300 or a current period of open continual sickness absence of over 28 days

8.8 For further advice on the actions required of the line manager and others in respect of the above interventions please refer to the [Line Manager's toolkit](#).

## **A9 Attendance Levels - New Starters**

9.1 There is evidence to suggest that a member of staff who has high levels of absence during the early years of their service may continue this pattern. As part of their local action plans police areas/departments must use this data to address attendance issues arising from an individual's probationary period. Managers should refer to the Police Staff [Unsatisfactory Performance and Attendance](#), and [Regulation 13 – Managing the Performance of Student Officers](#), where ill-health is suspected. This includes long periods of sickness absence.

## **A10 Sick Pay and Allowances**

10.1 The guidelines for the use of discretion by the Chief Constable in extending sick pay beyond an individual's entitlement can be found within ['Guidance on the use of discretion to resume/maintain paid sick leave'](#).

10.2 If a member of police staff returns to work in a recuperative capacity and is no longer able to work shifts / weekends / on-call or travel, any related payments such as shift and weekend working allowances, will be protected for the first three months and then withdrawn. Managers must confirm this in writing.

10.3 In the case of part time members of staff, whose pay has been reduced and are in receipt of Statutory Sick Pay, the total of the two payments will not exceed the amount of their normal part time salary.

10.4 Absence levels may effect a police officer's entitlement to SPP and CRTP. For further information reference should be made to the guidance on the staff portal on the [SPP](#) and [CRTP](#) pages.

### **A11 Ill Health Retirements**

11.1 Every effort should be made to retain an individual's skills and knowledge within the organisation. In that context ill health retirement is generally a last resort, in the cases where an employee has a long term illness and/or disability which would make it impossible for them to be employed in any productive capacity, and from which it is unlikely that they will make a recovery.

When consideration is being given to the criteria for early retirement on the grounds of ill health, reference should be made to 'The Guidelines for Ill Health Retirement' for [police officers](#) and [police staff](#).

### **A12 Maternity**

12.1 The implications of, and the reporting structures for, illnesses linked directly to maternity can be found under a separate policy. (See Maternity – [Guidelines for Police Staff](#) and [Guidelines for Police Officers](#))

### **A13 IVF**

13.1 Appendix G of the Maternity Policy deals with the management of individuals who are going through IVF treatment.

### **A14 Special Constabulary**

14.1 There is no requirement to record the sickness of members of the special constabulary due to the unique nature of their role with Thames Valley Police. However, all the principles for the care and welfare of the individual will be

applied by line managers in the spirit of this policy, as will the provisions of OHU and physiotherapy referrals, if the criteria for such referrals are met.

14.2 A member of the Special Constabulary injured in the course of his/her duty is eligible for consideration sick pay and an ill health pension under certain circumstances.

## **A15 Disability Related Leave and Sickness**

15.1 Human Resources staff and line managers need to take into account the Equality Act 2010 when recording leave sick leave absence. There are two types of absence to consider: Disability related leave and Disability related sickness absence.

Appendix B provides a Definition of Disability under the Act and gives further guidance in relation to this.

## **A16 Elective Surgery**

16.1 Members of staff who opt for elective surgery for cosmetic purposes are not entitled to paid sickness absence under the police regulations or their contract of employment.

16.2 Under these circumstances, the member of staff should utilise annual leave, rest days and / or time off in lieu to cover their absence. Where there is a dispute as to the purpose of the elective surgery, the HRBP should refer the individual to an Occupational Health Consultant for an opinion before agreeing any absence from work.

16.3 Individual cases requiring additional sick leave due to complications arising from such surgery will be considered by the Head of Corporate Health and Support Services after consultation with an Occupational Health Physician. Cases requiring a return to work on recuperative duties will be considered in accordance with the [Recuperative/Restricted Duties Guidelines](#).

16.4 If an individual disputes a decision not to grant sick leave, they may request a review of the decision by the Head of HR Business Services.

## **A17 Gender Reassignment**

17.1 Sickness absence is specifically catered for under the Sex Discrimination (Gender Reassignment) Regulations 1999. The Human Resources Employment Relations consultants can give advice on this.

## **A18 Flint House**

18.1 Flint House is one of two rehabilitation and convalescent homes for serving and retired police officers. Attendance is dependant on the signed agreement of the officer's treating physician as to the appropriateness of any referral. Individuals need to be contributing to the TVP Benevolent Fund to be entitled to use the facilities. Attendance at the centre is usually for twelve days incorporating a weekend. Absence from the work place when attending the centre will be reconciled in the following two ways:

- Officers attending the centre whilst at work for the purposes of physiotherapy etc will do so in duty time and will not incur sickness absence. No enhancement for working rest days will be allowed when attending the centre.
- Officers attending the centre whilst sick for the purposes of treatment will incur continued sickness absence. This will be covered by the production of an existing medical certificate or the provision of a new certificate as applicable.

## **A19 Staff monitoring**

19.1 The Thames Valley Police Authority (TVPA) reserves the right to monitor, which may take the form of surveillance, the activities of those persons employed by the TVPA, or who have been employed by the TVPA wherever it may be relevant to sickness absence or medical pensions. In doing so, it is fully cognisant of human rights issues, the Regulation of Investigatory Powers Act 2000 and the Data Protection Act 1998.

19.2 TVPA has a duty to ensure that the public funds used in staffing and pension's issues, are honestly and appropriately expended.

19.3 Any information obtained by the TVPA which casts doubt on persons involved in this process as practitioners or recipients, will be acted upon and may result in criminal, disciplinary or other legal action, taken to protect the public interest".

19.4 Staff monitoring is dealt with in a separate policy (See [Protocols – Staff Monitoring](#)).

## **A20 Data Quality**

20.1 It is crucial to ensure that data input on to the PeopleSoft system is accurate and up to date. Typically, delays can occur in recording individual periods of sickness and when staff return to work. This obviously distorts the picture of the attendance and makes analysis more difficult.

**Definition of Disability under the Equality Act 2010****Appendix B**

A disabled person is defined under the Equality Act 2010 as someone with ‘a *physical or mental impairment which has a substantial and long- term adverse effect on that person’s ability to carry out normal day to day activities*’, which would include using a telephone, reading a book or using public transport.

The definitions are:

- **Physical impairments** are impairments affecting the senses such as sight and hearing, or a weakening of part of the body through illness, by accident or congenitally.
- **Substantial adverse effect** means that the effect of the physical or mental impairment on the ability to carry out normal day-to-day activities must be more than minor or trivial. The person must be affected in at least one of the respects listed in the Equality Act – mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, or to perceive risk or physical danger.
- **Long Term** means that the effect has to have lasted, or be likely to last overall for at least 12 months or for the rest of the life of the person affected. Where impairment ceases to have a substantial adverse effect it is to be treated as having that effect if it is likely to recur. Individuals suffering from Cancer, HIV infection or Multiple Sclerosis are covered by the Act from diagnosis.

**Confidentiality**

Under the provisions of the Equality Act, members of staff are not required to inform TVP that they have a disability. However, TVP has a duty to make an adjustment to the working conditions of an individual if the force knows or could reasonably be expected to know, that a member of staff has a disability and is likely to be placed at a substantial disadvantage. This means that if an agent or employee from the organisation, for example an occupational health adviser, or member of the HR team knows of an individual’s disability then the organisation cannot claim that it is unaware of the disability. The force is therefore obliged to make any adjustments considered reasonable to assist the member of staff with the disability.

In practical terms, if an individual with a disability expects the organisation to make a reasonable adjustment they need to provide TVP with sufficient information to make the adjustment. This need not include details of the symptoms and effects of the disability but only sufficient information to effect a reasonable adjustment. If however because of the nature of an individual’s disability colleagues need to be informed of the effects or impact on day to day activities then the permission of the member of staff with the disability must be sought before disclosing this sensitive personal information.

## **Attendance Management and Absence**

The majority of disabled people do not require any more time away from work than other employees. Although an impairment may impact on a person's day to day activities, it does not necessarily impact on their general health. Nevertheless, under the provisions of the Equality Act it is recognised that members of staff with disabilities may need time away from work, either to receive treatment for their disability or be absent from work as a result of their disability.

It is important to establish whether absence is disability related or not at an early stage. If there is any doubt as to whether a period of absence is disability related or not, advice should be sought from the Occupational Health Department.

There are two types of absence to consider, **disability related leave** and **disability related sickness** absence.

### **Disability Related Leave**

Disability Related Leave is an example of a reasonable adjustment under the Equality Act and is used for the purposes of rehabilitation, treatment and assessment. It is for a **fixed** period, or periods of time that the member of staff and the force know about in advance. In other words, there is a fixed start and end date for the leave. Disability Leave is also suitable for absences of a short period of time that are needed on a regular basis.

Line Managers receiving requests for Disability Related Leave should take advice from HR Shared Services, in recurring cases it is not necessary to refer to HR every time.

Examples of disability leave:

- A member of staff attends a four week residential course to be trained to use a new guide dog.
- An individual requires a period of adjustment and rehabilitation following an accident that has resulted in a disability relating to mobility impairment (note: this individual will be covered by sickness absence during initial medical care and treatment; disability leave may be used following discharge from hospital in order to allow him/her to adjust to his/her living environment)
- A member of staff with a disability needs 3 hours of physiotherapy every week for a fixed and agreed period of time e.g. Wednesday mornings for the next eight weeks.

### **Disability Related Sickness Absence**

Sickness absences that are for a reason relating to a disability should be recorded separately from non-disability related sickness absences.

Sickness records are referred to at various times during an individual's employment, for example promotion. Recording disability related sickness absences separately from other types of absence allows the force to identify disability related sickness periods and to consider an appropriate reasonable adjustment of disregarding these absences when making decisions. It is not necessary in every case to disregard such absences but managers should consider whether it would be reasonable to do so. If a decision is made, for example, not to promote a member of staff because of his / her sickness record and those absences are because of a disability, the force may have treated the individual less favourably for a reason related to their disability. Such treatment can be justified but it will be more difficult to do this if it cannot be shown that the reasonable adjustment of discounting the absences was considered.

Disability related sickness absence can be long term and of known or unknown length, or periodic unpredictable absence.

Examples of disability related sickness absence:

- A member of staff who has arthritis might be absent from time to time as a result of their condition. It is not possible to predict when and for how long the individual will be absent, so this is recorded as disability related sickness absence.
- A member of staff has multiple sclerosis. Absences caused by the condition are unpredictable and cannot be planned for and should be recorded as disability related sickness absence.

For further information and explanation on Disability Leave and Disability Related Sickness please use the following link: [DDA Serving Officers](#) (Attendance Management & Absence, and Recording Absence para 74-93), or on the Internet at [Home Office:Serving Officers](#)