



**PG 023** ATTENDANCE MANAGEMENT – MANAGERS’ GUIDE

**Type of Document:** GUIDANCE

**Version:** 1.6

**Registered Owner:** Head of People Services & Organisational Development

**Author:** Helen Woods –Policy & Wellbeing Partner

**Effective Date:** May 2019

**Review Date:** May 2022

**Replaces document (if applicable)**

**Linked Documents:** PS 147 Attendance Management Policy  
 PD 610 Attendance Management Procedure  
 PD 539 Police Officer Medical Retirement (A20)

**Functional owner**

**Signed:** ..... **Date:** .....

**Name:** .....

**Post:** .....

**Authorised (Head of Dept/FEG)**

**Signed:** ..... **Date:** .....

**Name:** Denise Hill

**Post:** Head of People Services & Organisational Development

**TABLE OF CONTENTS**

VERSION CONTROL .....	3
ATTENDANCE MANAGEMENT FLOWCHART .....	4
ATTENDANCE MANAGEMENT FRAMEWORK .....	5
INTRODUCTION .....	6
PREVENTATIVE MEASURES .....	6
SOURCES OF SUPPORT .....	6
People Services Department .....	6
Occupational Health Unit (OHU) .....	6
Employee Assistance Programme (EAP) .....	7
Access to Work (AtW) Scheme .....	7
Police Care UK (formerly Police Dependants' Trust) .....	7
CONTACT .....	7
Contact during the first 14 days of absence .....	7
Contact after 14 days of absence .....	7
Contact after 28 days of absence .....	8
REQUIREMENT FOR EQUIPMENT .....	8
RETURNING TO WORK .....	8
Recuperative duties (phased return) .....	9
Return to Work Interviews (RTW1) .....	9
Conducting a RTWI .....	9
INFORMAL PROCESS .....	10
Attendance support meeting (ASM) .....	10
FORMAL PROCESS .....	10
Pattern of absence .....	11
The formal meeting .....	11
Questioning .....	11
Listening .....	12
Outcome to formal meeting .....	12
Appeal .....	13
REPRESENTATION .....	13
DISABILITY RELATED ABSENCE .....	13
The definition of 'disability' under the Equality Act 2010 .....	14
Reasonable Adjustments .....	15
FIT NOTES .....	16
ATTENDANCE AT COURT .....	16
PREGNANCY RELATED ABSENCE .....	17
ANNUAL LEAVE .....	17
DATA PROTECTION .....	17
A20 PROCESS .....	17
Appendix 1- Examples of Reasonable Adjustments .....	18

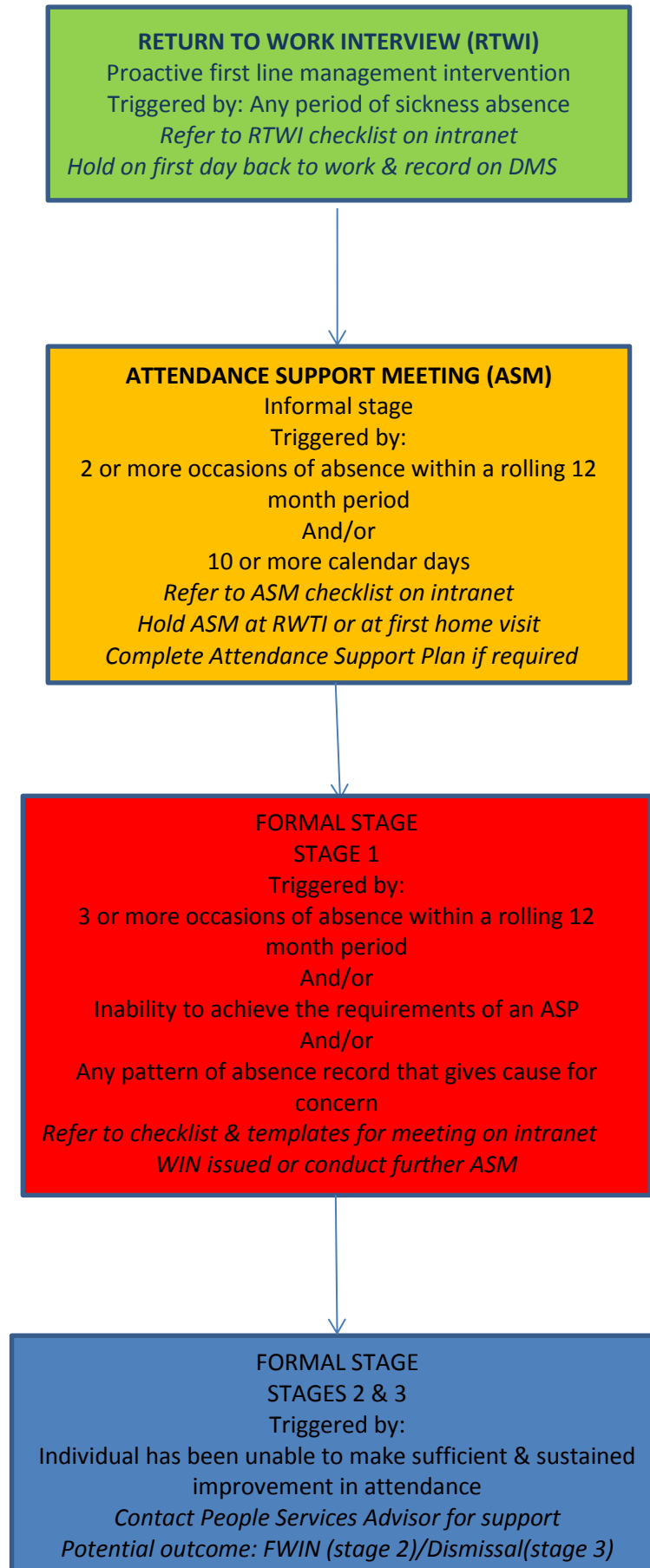
**VERSION CONTROL**

<b>Version No.</b>	<b>Date</b>	<b>Post Holder/Author</b>	<b>Post</b>	<b>Reason for Issue</b>
1.0	Oct 2012	Sue Peckham	Senior HR Partner	New guide to supplement PS 147 and PD 610
1.1	24 Oct 2012	Sue Peckham	Senior HR Partner	Amendment to s4.13.2 - Stage 3 outcome of reduction in rank
1.2	5 Jan 2013	Sue Peckham	Senior HR Partner	s4.2.4 Care First replaced by Confidential Care CiC
1.3	Jan 2014	Steve Mitchel	Senior Manager - Workforce Relations	Review with GMB/Unison/Federation
1.4	Mar 2016	David Lawley	HR Advisor	Removes the mandatory requirement for a referral to Occupational Health
1.5	Dec 2016	David Lawley	HR Advisor	Removes 6 months protection period on return from Maternity
1.6	Apr 2019	Helen Woods	Policy & Wellbeing Partner	Review & update

### ATTENDANCE MANAGEMENT FLOWCHART



## ATTENDANCE MANAGEMENT FRAMEWORK



## INTRODUCTION

This guide is intended to provide practical guidance for managers on how to manage attendance issues. It has been designed to complement PD 147 Attendance Management Policy and PD 610 Attendance Management Procedure and is applicable to both police officers and police staff.



Line managers can have a positive influence on their teams' working environment which in turn can have a beneficial impact on attendance.

A key component of managing attendance is to try to prevent absence happening in the first place and to successfully facilitate a speedy return to work should absence occur.

## PREVENTATIVE MEASURES



As a line manager you should be alert to signs of when an individual is struggling at work or displaying physical or mental symptoms that might indicate that they are not well e.g. changes in mood, poor time keeping, changes in work produced, complaints of tiredness and significant weight gain/loss. As part of regular one to one meetings an individual's health and well being can be discussed. However you don't need to wait for scheduled meetings, if you notice that an individual does not seem themselves, a discussion can take place anytime. If this

early intervention is done when the person is still at work it could prevent absence occurring in the first place. There are options that can be explored to help an individual remain in work such as looking at an individual's workload, working hours/conditions, travel to work, conducting an attendance support meeting or accessing the sources of support below. In summary you don't need to wait until someone goes off before taking action.

## SOURCES OF SUPPORT

### People Services Department

The role of the People Services Advisor is to provide guidance, advice and support in the application of the attendance management policy and procedure. It is advisable to consult with a People Services Advisor prior to meeting an individual regarding their attendance so that you can explore any employment/ legal issues in advance.

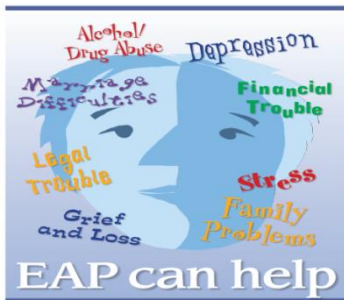


### Occupational Health Unit (OHU)

OHU provides advice and guidance to line managers on individuals' ability to carry out their role, any reasonable adjustments or interventions required to assist them to remain in work or to return to work.

The OH Advisor will only make contact with individuals upon referral by line managers / People Services. The line manager should carefully consider the merits of the initial referral to OHU and when the most appropriate time for the referral is to be made. People Services can provide advice on this.

Where appropriate the OHU will liaise with medical practitioners outside of the force to gain medical reports.



## Employee Assistance Programme (EAP)

PFOA Welfare Services are an external organisation which the Force contracts with to provide a confidential support service. They provide:

- counselling
- neuro-linguistic programming (NLP) coaching
- 24/7, 365 days a year support phone line
- mandatory welfare referrals for designated roles

Individuals can contact the confidential support line on **01354 669749**.

Individuals who require advice on their mental health and wellbeing can access MIND's Blue Light Infoline on 0300 303 5999 or email: [bluelight@mind.org.uk](mailto:bluelight@mind.org.uk) or text; 84999 (open Monday to Friday 9am to 6pm). This service is for emergency service staff, volunteers and their families.

### Access to Work (AtW) Scheme

AtW scheme can be accessed for those who have a disability or have a physical or mental health condition and need support at work that is not covered by us making reasonable adjustments.

There is also the Access to Work Mental Health Support Service which is delivered by Remploy and funded by the DWP to support those who are in employment with a mental health condition that has made them miss work or is making it difficult to remain in work. Please contact a People Services Advisor for more information on the support Access to Work can provide.

### Police Care UK (formerly Police Dependents' Trust)

Police officers and police staff, who are injured on duty either physically or psychologically as a result of their policing role, can access targeted support and financial assistance through Police Care UK. Further information can be found at [policecare.org.uk](http://policecare.org.uk).

## CONTACT



### Contact during the first 14 days of absence

As a line manager, you are primarily the first contact point when an individual is unwell and unable to attend work.

*Please see the People Services Intranet for a checklist of what to do on the first day of sickness.*

Regular contact with individuals via telephone or email whilst they are absent is important. The critical aspect is the balance between supportive and caring contact to intrusive, over bearing contact. This must be managed sensitively; however there is not an option for individuals to withdraw from communicating with the force. Early contact after the start of an absence often means there is a greater chance of preventing unnecessary long- term absence, even in cases of stress, anxiety or depression.

### Contact after 14 days of absence

It is expected that a home visit should be arranged after 14 calendar days of absence. The home visit should be an extension of the general contact that has occurred since the individual went off sick. The home visit should be arranged in advance at a mutually convenient time. The majority of individuals will not mind their manager visiting them at home, although if an individual does not want a home visit, then a mutually convenient

location should be agreed.

Home/welfare visits allow the manager to:

- Update the individual on work issues and what is happening in their department
- Focus the conversation on the individual's well-being, their current progress and what they are doing to facilitate a return to work.
- Confirm if the individual is happy for work colleagues to keep in touch.
- Ensure that the individual is made aware of the support available
- Discuss any supportive measures or reasonable adjustments that can be made.
- Advise the individual of their current sick pay situation (This would be followed up by a letter but advance notice should help the individual plan for changes in pay).

Please see the People Services Intranet for a:

- *checklist for a home visit*
- *Home visit invite & outcome letter template*

### Contact after 28 days of absence

Long term absence is defined as absence lasting 28 continuous calendar days or more. Continued contact between the individual and the line manager is critical to supporting a realistic return to work timeframe and plan. However should there be indications that an individual will be unable to return to work in the foreseeable future then a discussion with a People Services Advisor should take place to agree on the next steps – this could include gaining further medical information, progression to the formal stage and/or looking into ill health retirement.

### REQUIREMENT FOR EQUIPMENT

Please consider whether any equipment is required to support a return to work and to order this at the earliest opportunity. There is often a 6 to 8 week lead time from ordering to delivery and therefore a return to work could be delayed or when a person returns to work they may not be able to fully perform their role whilst awaiting equipment to arrive.

If there is a possibility that DSE equipment is required then a DSE assessment should be arranged. The member of staff should come into the workplace for this to take place prior to them returning to work rather than waiting for this to take place once they have returned to work. Any requirements for a DSE assessment should be sent to the Health and Safety inbox [dseassessment@nottinghamshire.pnn.police.uk](mailto:dseassessment@nottinghamshire.pnn.police.uk)



### RETURNING TO WORK

The line manager is one of the most important people in supporting individuals in coming back to work and reintegrating them back into the workplace. Returning to work can represent a sense of normality for the individual bringing with it benefits such as self-esteem, mental well-being and social inclusion. Failure to return to work has been linked to poorer health outcomes and it has the potential for relapses into secondary cases of long term sickness absence. Therefore getting individuals to return to work is critical to their ongoing well being.

With the right level of support, there is the greatest chance in preventing unnecessary long-term absence. 'To be effective at supporting an individual in returning to work, you do not necessarily have to be knowledgeable about their illness condition. It is more



important that you show good people management skills including effective communication, sensitivity to and understanding of the individual and awareness of the context.’<sup>1</sup>

Whilst the most appropriate person to support the individual is their line manager if the individual perceives their line manager to have been part of the reason for their absence then it may be appropriate to nominate another line manager. This is not to say that individuals can pick and choose the line manager, but it may facilitate a return to work in the interim.

**Recuperative duties (phased return)**

Recuperative duties for a Police Officer or a phased return for a Police Staff member can aid an earlier return to work and/or avoid long term absence. This is an option if the individual is expected to be able to return to full duties in the short term. Recuperative duties/phased return should be time limited and any change to tasks and hours worked should be temporary. A planned return to normal hours and tasks must be managed and achieved in the shortest possible time frame.

*Please refer to PD 661 Limited Duties Procedure for further details on the recuperative duties procedure for Police Officers.*

**Return to Work Interviews (RTW1)**

After all periods of absence, irrespective of duration, an individual’s return to work must always be acknowledged and a RTWI conducted. RTWI’s have been shown to be one of the most effective interventions in managing sickness absence and provides an opportunity to find out if an individual has any underlying issues which may be contributing to absence. The simple, but vital, act of talking after an absence and being supportive can improve attendance without the need for further action.

**Conducting a RTWI**

It may seem obvious, but it is not a quick conversation in the corridor. The RTWI should be held in private and be conducted in a sensitive and professional manner. Each RTWI should be personal to the individual and should not be a ‘tick box’ exercise. If the individual has been away from work a long time then the RTWI may be more in depth.

*Please see the People Services Intranet for a return to work interview checklist.*

If the line manager has any grounds to reasonably conclude that the individual’s absence was not genuinely for the reason given, the line manager should put the evidence to the individual directly so that they have the opportunity to respond and provide an explanation. It may then be appropriate to refer this to PSD if there is evidence that an individual’s absence was not genuine.

At the end of the RTWI it is important to record the RTWI on DMS. Should an individual be on the formal process then the RTWI may be important to the decision making process. A timely, well planned and well-executed RTWI process will have substantial positive benefits for an individual’s well-being and rehabilitation.

<sup>1</sup> CIPD

## INFORMAL PROCESS

### Attendance support meeting (ASM)

An ASM should take place if the individual has had:

**2 or more occasions of absence within a rolling 12 month period or any period of absence 10 or more calendar days.**

The ASM should be conducted at the RTWI and should emphasis any adjustments needed to support sustained attendance. The ASM can take place after 14 calendar days of absence, should an individual still be absence from work, as part of the home/welfare visit.

Consideration should be made as to whether an Attendance Support Plan (ASP) should be put in place following the ASM.

ASM's should then take place regularly (at least quarterly) to discuss the individual's ASP and how any supportive measures are going. The ASP can then be closed once the improvement in attendance has been met. Where an individual has not returned to work it will remain a live document for the duration of their absence.

*Please refer to the People Services Intranet for:  
Checklist for ASM  
ASP Template*

## FORMAL PROCESS



When the informal process has not led to an improvement in attendance, the requirements of the ASP have not been met (e.g. the individual has not returned to work at the expected date, they have failed to engage with the supportive measures agreed such as not attending their OHU appointment, their DSE assessment) and/or the trigger points below have been reached then consideration

should be made as to whether to progress to the formal stage. Any decisions to progress or not progress should be clearly documented.

Stage 1 of the formal process will be triggered by:

**3 or more occasions of absence within a rolling 12 month period and/or inability to achieve the requirements of an ASP and/or any pattern of absence that gives cause for concern**

Stages 2 and 3 will be triggered by:

**If the individual has been unable to make sufficient and sustained improvement in their attendance.**

Remember that taking formal action is about addressing the levels of attendance not the reasons for absence. For example, recognising that the absences are genuine and not the fault of the individual is NOT a reason for not progressing to the formal stage. The important thing to consider is has the person reached the trigger point and has all reasonable and supportive action been offered. If in any doubt as to whether to invoke the formal process then a discussion should be held with a People Services Advisor.

Sickness absence should not prevent the attendance management procedure being

progressed and does not necessarily preclude an individual from participating in the formal stage meetings.

Each case will be assessed on its merit and OH should be involved where appropriate. It should be noted that meetings will not be deferred indefinitely due to sickness.

There may be occasions when the triggers should not automatically be invoked. The exceptions can be found in the Attendance Management Policy.

### **Pattern of absence**

A pattern of absence could be where a sickness absence consistently falls next to rest days, annual leave or on certain shifts e.g. nights. It is reasonable to discuss this with an individual where it is suspected that there is a pattern to the sickness absence and to consider taking formal action.

### **The formal meeting**

*Please see the People Services Intranet for a*

- *Checklist for managing a formal meeting*
- *Formal meeting invite & outcome letter template*

The individual should be invited to the formal meeting. If the individual or their representative is unavailable on the date and time of the meeting, whilst it is the responsibility of the individual to propose an alternative date and time within 5 working days of the original date, it makes sense to discuss this and reach a mutually convenient date and time to hold the meeting.

The purpose of the meeting is to discuss the unsatisfactory attendance and to provide the individual and their representative with the opportunity to put forward their views.

Ensure that all the paperwork and information needed is available for the meeting. It can also be helpful to prepare some questions in advance to ensure that you maximise the information provided by the individual regarding their absence from work.



### **Questioning**

The manager should focus on being compassionate and empathetic whilst ensuring that the individual is made aware of their responsibility to attend work regularly. Managers need to be clear regarding the facts surrounding an absence but open minded and compassionate about what sits behind the absence. The purpose of the meeting is to achieve an improvement in attendance and it is not a punitive discussion. Therefore, good questioning and listening skills can be the key in managing the formal process. Open, closed, probing questions should be asked as appropriate. Leading questions should be avoided.

The what, where, how, why, when questions can be very useful when conducting a formal meeting and getting the individual to acknowledge that their absence is not reasonable.

In a situation where there is pattern to the absence, questions to ask the individual could include:

- (After showing the individual their absence pattern) 'Is there anything you notice about your absence'? Rather than 'why are you always sick on a Friday'?
- If no response. 'Have you noticed that your last 3 occasions of absence have all

been on a Friday? Rather than Is there any reason that you are unwell on a Friday?

- ‘Do you believe your absence of 3 occasions in 3 months is reasonable’? Rather than ‘This is poor attendance. What are you going to do about it’?
- Ask ‘is there any significance to the fact that you have been absent on 3 Fridays’ in the last 3 months’? Rather than ‘Friday sickness looks dubious to me. What’s the reason that you are sick on a Friday’?

A further example is where there is ad hoc absence, in which case questions could include:

- Showing the individual the absence dates, ask ‘You’ve had 3 occasions of 3 days sickness in 3 months. Is there an underlying cause to the absence?’ Rather than ‘Why have you been absent 3 times in 3 months?’
- ‘The reasons shown for your last 3 occasions of sickness are cold/flu. Is there any reason why you are particularly prone to cold/flu?’ Rather than ‘Your last 3 absences have been for cold/flu. That seems unlikely. Why have you been sick?’

Questions to ask the individual who is long term sick and they are still absent, could include:

- ‘What have you done to help prepare yourself to return to work’ Rather than ‘Have you done anything to prepare for a return to work’.
- ‘Has your GP/DR/Consultant suggested anything to support a speedier return to the workplace’ Rather than ‘Have you done anything to get back to work quicker’
- ‘Is there anything I can do to support you to return to work sooner’ Rather than ‘Do you want us to do anything to support you’.



### **Listening**

Listen to the individual’s responses so as to get a clear understanding of why they have been absent from work. Repeat back to clarify reasons and to confirm details. Be patient, allow pauses, to give the individual time to respond to questions about what may be a difficult situation for them.

It is useful to understand from your questioning how their health is progressing and what the individual is actually doing to facilitate returning to work or improving their attendance at work. Listen for words such as no improvement, not progressing, no treatment, etc. to facilitate picking up on key issues and take the opportunity to challenge their responses constructively.

### **Outcome to formal meeting**

The outcome of a formal meeting could be to hold a further ASM or to issue a Written Improvement Notice (WIN). In issuing a WIN you will be required to set the attendance target to be achieved. There is no defined target therefore you need to consider a target that is appropriate and achievable for the individual concerned taking into account their circumstances and past attendance history. For some one further absence within a 3-month period could trigger progression to the next stage for others 2 occasions in a 6-month period may be a more appropriate trigger point. A People Services Advisor will be able to provide guidance on the appropriate target that should be set. The target date should be no less than 3 months but no more than 6 months. An assessment as to whether an individual’s attendance has sufficiently improved should take place no later

than the end of the target date period. After the target date and until the expiry of the WIN (12 months from when the WIN was issued) consideration should be made as to whether improvement in attendance has been sustained. If insufficient improvement has been made then the next formal stage of the process may be invoked.

A line manager may issue a WIN for those individuals who are on long term sick, even if they have not returned to work, if the circumstances are appropriate to do so. It should be noted that a WIN is not a punishment but the facility to encourage regular attendance.

*Please see the People Services Intranet for a Written Improvement Notice template.*

## Appeal

The individual has the right of appeal at all stages of the formal process. The individual can appeal the outcome of the formal stage meeting and/or any of the details contained in the WIN.

*Please see the People Services Intranet for a*

- *Acknowledgement of appeal letter template*
- *Appeal meeting invite & outcome letter template*

## REPRESENTATION

Police staff and Police Officers have the right to be accompanied at a formal meeting by a trade union (staff) or staff association (officer) representative or work colleague.

A RTWI and ASM are informal meetings and therefore there is no right to be accompanied at these meetings. However should an individual request to be accompanied at a meeting this request should be considered and not unreasonably declined.

The role of the representative or work colleague is to support the individual, not to respond to questions on their behalf.

The representative may:

- Put forward and sum up the case on behalf of their colleague.
- Respond on the individual's behalf to any view expressed at the meeting
- Confer with their colleague during the meeting.

Where a police officer is required to attend a third stage meeting, under the provisions of Regulation 28, the police officer has the right to be legally represented at such a meeting by a lawyer of their choice.



## DISABILITY RELATED ABSENCE

An area which causes line managers concern is the Equality Act 2010 and whether an individual is covered by it. A good question to ask is; if this person were protected under the Equality Act 2010, are there any adjustments it would be reasonable for the force to make? Reasonable adjustments

support individuals in returning and sustaining attendance at work. Notwithstanding the above, whether or not an individual is disabled as defined by the Equality Act is ultimately a matter for an Employment Tribunal to decide and not for the Force to determine. However, whether an individual definitely falls within the scope of the Equality Act should not be the



**overriding principle** in the process of deciding whether to make **reasonable adjustments**. If we consider that an individual may be covered by the Equality Act, then it is **good practice** to treat them as such. The focus should always be on how to keep a disabled person in work but not at a cost to the Force that is unreasonable or disproportionate.

The Equality Act provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person such as a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

### The definition of 'disability' under the Equality Act 2010

In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

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

- 'substantial' means more than minor or trivial
- 'long-term' means having lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Someone who has had a disability in the past, as defined above, also come under the Act.

In assessing what activities are impaired, consideration should be given to whether these are activities carried out by most people on a daily or frequent and fairly regular basis. An impairment will be treated as affecting an individual's ability to carry out normal day to day activities if it affects at least one of the following:

- Mobility
- Continence
- Manual dexterity
- Memory or ability to concentrate, learn or understand
- Physical co-ordination
- Speech, hearing and eyesight
- Perception of risk of physical danger



Cancer, multiple sclerosis and HIV infection are classified as constituting a disability immediately from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled.

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non-prescribed substances.

In any case of managing unacceptable levels of sickness absence where an individual (or clinician) confirms that they have any form of disability it should be reasonably considered

that the disability may be a determining factor in their ability to meet the normal standards of acceptable attendance.

Under our attendance management policy formal intervention should not automatically be invoked if the absence is disability related. The reasons for absence and any links to the disability should be considered and the standards of acceptable attendance may need to be reviewed in light of individual circumstances. This means that whilst we will not necessarily discount all absences that were directly related to a disability it may be a reasonable adjustment to increase the trigger points i.e. allow an disabled individual more sickness absence than non-disabled individual before taking formal action.

Before any formal action is taken against an individual with a disability consideration should be made as to whether any reasonable adjustments can be made, the individual's circumstances and taking into account earlier attendance records. The line manager must refer the matter to a People Services Advisor to seek advice. Advice must also be sought from the OHU to ensure that the individual is treated fairly, appropriately and in their best interests and that of the force's.

In summary disability related absence does not mean an individual is exempt from the application of the attendance management procedure. However this is a complex area and you should seek advice from a People Services Advisor.

### **Reasonable Adjustments**

Under the Equality Act 2010 an employer has a duty to make reasonable adjustments for disabled applicants and individuals working for them in order to avoid the disabled person being put at a disadvantage compared to a non-disabled person.

The need to make reasonable adjustments can apply to the working arrangements or any physical aspects of the workplace. The manager must consider what adjustments are reasonable and it is advisable to discuss this with a People Services Advisor. OHU can also provide information to help you make an informed decision on what adjustments are required in the workplace.

The types of reasonable adjustments that we might be required to consider include:

- Making physical adjustments to the workplace.
- Allocating some of the disabled person's duties to another person.
- Transferring the disabled person to fill an existing vacancy.
- Altering the disabled person's working hours.
- Acquiring or modifying equipment and giving training in the use of the equipment.
- Providing a reader or interpreter.
- Modifying procedures for testing or assessment.
- Giving or arranging training or mentoring for the disabled person.
- Assigning the disabled person to a different place of work.
- Allowing the disabled person to be absent during working hours for rehabilitation, recuperation, assessment or treatment\*

\*Individuals should seek to arrange appointments outside of work hours or which minimise disruption to work. As a line manager you will need consider any request for paid leave taking into account what is reasonable and appropriate for the individual and their department. Any leave should be requested using G895 Request for Discretionary & Public Duties Leave form.

Appendix 1 provides examples of reasonable adjustments.

It is also good practice to make reasonable adjustments for non-disabled as well as disabled individuals to support them and facilitate their attendance at work. These could be made on temporary basis or permanent basis as appropriate to the circumstances.

### FIT NOTES

Fit notes are required to be submitted for absence in excess of 7 days. Continued absence is required to be covered by additional fit notes. It is useful to remind individuals to submit fit notes promptly so that an individual does not suffer any loss of pay unnecessarily.

The Line Manager should record the fit note on DMS and return the fit note to the individual.

Fit notes provide the doctor with two choices;

- Not fit for work
- May be fit for work

If the doctor selects 'may be fit for work' then one of the following must also be selected:

- Phased return to work
- Amended duties
- Altered hours
- Workplace adaptations

The fit note places greater responsibility on the line manager to provide appropriate support to the individual to minimise the challenges facing them on their return to work. If an individual presents a fit note which indicates that they 'may be fit for work' then the line manager should have a conversation to discuss appropriate ways to manage the return to work process.

It is a misconception that an individual with a fit note cannot be managed through an attendance management process. Regulation 28 and contractual sick pay are financial provisions and indicate an entitlement to sick pay and in no way indicate the amount of sickness absence to which an individual is entitled.

### ATTENDANCE AT COURT

Unless in possession of a doctor's certificate, which states that the individual is unable to attend court, the individual will be expected to attend court whilst they are on sick leave.

Failure to attend may result in a witness summons which will require attendance. It is probable that only a medical certificate, stating that the individual was not fit to attend court, would excuse attendance.

Attendance at court does not break continuity of a sickness absence. Individuals will either be paid sick pay or paid for the number of hours spent at court whichever is the greater of the two. If the hours spent at court are to be paid the line manager will advise MFSS of the hours worked to ensure that the hours are recorded and paid.



## **PREGNANCY RELATED ABSENCE**

Sickness absence due to pregnancy related illness, from the start of pregnancy, until the new mother returns to work, must not be included in calculations of absence when considering action under the attendance management procedure.

If the sickness absence is unrelated to the individual's pregnancy then it should be managed according to the process and procedure.

Pregnancy is not an illness, it is a condition and therefore individuals who are pregnant should be given due consideration so as not to have an adverse impact on their health or that of their unborn child during this time.



## **ANNUAL LEAVE**

An individual may request annual leave whilst on a period of sickness and be paid normal holiday pay. The annual leave allocation should be amended accordingly.

## **DATA PROTECTION**

If a medical report from a health professional is required then the Access to Medical Records Act 1998 must be adhered to. Occupational Health will support the line manager if information on the individual's medical condition is required.

All information relating to an individual's absence must comply with the DPA (the Data Protection Act 2018) and GDPR (General Date Protection Regulation). Information about an individuals' health fall into the special categories of personal data under the GDPR.

## **A20 PROCESS**

Please note that the UPPs process is suspended until the end of the A20 process which includes the Police Medical Appeal Board.

## Appendix 1- Examples of Reasonable Adjustments

### Premises / workplace examples

- Altering the height of a computer workstation for a member of staff with a neck injury
- Providing tactile indicators on stair rails, switches, buttons, etc for a member of staff who has a visual impairment
- Installing a telephone with controllable amplification for a member of staff who has a hearing impairment
- Installing soundproofing or visual barriers to minimise distractions for a member of staff who has a learning disability
- Supplying matt pastel coloured paper and colour coded filing systems for a member of staff who has dyslexia
- Providing ergonomic furniture/equipment for a worker with tendonitis
- Providing a refrigerator (either in an office or in a vehicle) specifically for storage of insulin for a diabetic worker
- Providing a place for a member of staff who has HIV to store medication safely and confidentially
- Installing hand rails to enable a member of staff who has a mobility impairment to use walkways, especially ramps
- Relocating light switches and shelves for a member of staff who has difficulty in reaching high places
- Providing appropriate contrast in décor to help the safe mobility of a member of staff who has a visual impairment
- Providing an accessible disabled parking bay for someone with restricted mobility
- Providing a stairlift for a member of staff who has a mobility impairment and cannot access another floor
- Organising workspace to a quiet area for a member of staff who has dyslexia
- Providing a large touch pad telephone for people who have visual impairments or problems with finger dexterity
- Altering the direction in which a door opens for a wheelchair user and for furniture in the office to be rearranged so that the member of staff can manoeuvre more freely

## **Communication examples**

- Providing a Sign language interpreter for a member of staff who is deaf for an interview
- Providing reference manuals/policies in large print, tape or Braille for a member of staff who has a visual impairment
- Producing written summaries of detailed verbal information for a member of staff who has dyslexia
- Giving aide-memoirs or demonstrations to consolidate verbal instructions given to a team member with a learning disability
- Adjusting the way instructions are given to a worker with a mental health problem
- Allowing time for reflection and response to verbal information given to workers with learning difficulties
- Having regular meetings to review how reasonable adjustments are working and to ensure that team members are supportive
- Providing an instruction manual for a new piece of equipment in easy read for a member of staff who has a learning disability

## **Working hours or place of work examples**

- Agreeing a flexible pattern of working and meal breaks for a member of staff with diabetes
- Scheduling duties around the effects of a member of staff's medication
- Agreeing working hours to accommodate travel requirements
- Agreeing a transfer to more suitable or accessible premises for a member of staff who has Crohn's disease who may find travelling for long periods difficult, as they may need ready access to toilet facilities
- Considering occasional/flexible home-working for a member of staff who has ME
- Altering a member of staff's working hours to start work later due to their arthritis, the effects of which are worse in the mornings.

## **Training examples**

- Ensuring venues, resources, materials, visual aids, mode of delivery are accessible
- Training someone how to use any equipment that has been provided as a reasonable adjustment i.e. use of voice activated software
- Providing training materials in large print, tape, Braille for a member of staff who has a visual impairment

- Allowing additional time for e-learning packages, access and training techniques tailored to individual needs
- Training members of staff in first aid procedures to support a work colleague who experiences epileptic seizures (with the individual's permission)
- Providing extra support during induction training for a member of staff who has a disability which affects their confidence and memory skills
- Providing refresher training for a member of staff who returns to work after a long absence
- Ensuring all external trainers used are flexible and able to accommodate members of staff with differing disabilities

### **Support examples**

- Providing a support worker to assist a member of staff with restricted manual dexterity to undertake filing duties
- Allocating a mentor for a member of staff who has bipolar affective disorder whose disability leads to uncertainty or lack of confidence in the workplace
- During regular meetings to ensure that reasonable adjustments are still meeting the individual's needs and to ensure that colleagues are also being supportive
- Providing additional support for a member of staff who has dyslexia in repeating any instructions or providing them in a written format
- Making members of staff aware of the trade unions, staff associations, Occupational Health and Counselling Services, the Disability Support Network (ENABLE) and other internal support networks
- Holding an awareness session on a specific disability for colleagues (only with the individual's consent)
- Providing additional guidance and supervision particularly in the short term to help a member of staff who has returned to work following a period of absence due to depression
- Providing a reader at work to assist a member of staff who is blind or partially sighted
- Providing a support worker to assist a member of staff who has Asperger's Syndrome during their induction

### **Changing roles examples**

- Re-aligning duties within a team to utilise each member of staff's abilities
- Allocating an aspect of the job to another colleague, e.g. if a member of staff has severe vertigo and is required to climb a ladder / access an open roof. For this part of the job, consideration should be given to re-allocating the task to another colleague

- Where it is not possible for a disabled member of staff to continue in their role, to organise re-deployment to a suitable role. Consideration should also be given to providing training to increase re-deployment options

### **Information Technology examples**

- Providing large screen monitor / screen magnification for a member of staff who has a visual impairment
- Providing a member of staff who has dyslexia the use of a lap top with speech recognition software or a dictaphone to help complete statements / records
- Providing a specialist mouse for a member of staff with arthritis
- Providing specialist headphones / headset for a member of staff who has memory / concentration difficulties
- Providing screen reader software for members of staff who are blind / partially sighted e.g. Jaws
- Using Texthelp to assist members of staff with reading and writing
- Providing a 'reading machine' (optical character recognition system) which scans and reads aloud text for a visually impaired worker or a worker with a learning difficulty
- Installing a hands free keyboard for a member of staff who has an upper limb disorder

### **Recruitment and Selection**

All applicants for police officer, special constabulary and police staff roles are asked whether they require any reasonable adjustments on the application form and in the invitation to interview letters. MFSS will inform interview panels of any adjustments requested; it is the responsibility of the interview panel to ensure that reasonable adjustments are implemented.

The duty to make reasonable adjustments in selection processes does not just apply to entry-level recruitment but also to selection processes for career development, specialist posts and promotion opportunities. In order to comply with the Equality Act, reasonable requests will always be accommodated.

- Providing application forms and job details in an alternative format such as large print, tape or Braille
- Ensuring the interview facilities are easily accessed by an applicant who has mobility issues
- Allowing a dyslexic candidate to bring an aide-memoir/notes to interview
- Offering adjustments to the interview process such as a Sign Language Interpreter and adjustments to any presentations

- Allowing an applicant with a learning disability or mental health problem to be accompanied by a mentor or friend
- Ensuring the interview room has appropriate lighting for an interviewee who has a visual impairment or an applicant with photosensitive epilepsy
- Providing a seat, table and power point for a palantypist accompanying a candidate with a hearing impairment
- Giving 25% extra time in an exam to a candidate with a learning difficulty such as dyslexia or dyspraxia
- Allowing a candidate with a visual impairment to take a written test orally
- Hiring a hands free keyboard to enable a candidate with severe upper limb disorder to undertake a typing test
- Considering disabled applicants who can fulfil a substantial part of the role
- Interviewing an applicant at a different time of the day due to inability to attend at certain times because of medication or hospital appointments

The list is not exhaustive and it is important to note that managers should liaise with specialists to determine what is reasonable in each individual case.