### Police Officer Ill Health Management Policy and Procedure

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#### Linked documents

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<td>P27:2003</td>
<td>Health and Wellbeing Procedure</td>
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<td>P33:2015</td>
<td>Police Officer Limited Duties Policy</td>
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#### Suitable for Publication

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#### Protective Marking

Not Protectively Marked

PRINTED VERSIONS SHOULD NOT BE RELIED UPON. THE MOST UP TO DATE VERSION CAN BE FOUND ON THE FORCE INTRANET POLICIES SITE.
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1 Policy Section

1.1 Statement of Intent – Aim and Rationale

This policy only applies to Police Officers up to and including Chief Superintendent.

The primary purpose of this policy is to ensure that the police service only retires officers on medical grounds where it is appropriate and does not lose the skills and experience of officers who are still able to make a valuable contribution. It also reaffirms the need for consistency and fairness in the process, clarity about the criteria for medical retirement and where individual responsibilities lie.

This policy is a summary of Police Negotiating Board (PNB) guidance (Circular 10/4) on ‘Improving the management of police officer ill-health’ which requires Forces to put in place local protocols and in particular delegated administrative arrangements. Therefore the same main headings from the full circular have been used for ease of reference. An intranet advice page is available on the HR Information A-Z portal, which includes a dedicated ‘frequently asked questions’ section, for officers going through the ill health management process.

This policy should be read alongside the Force’s Police Officer Restricted Duties Policy and Procedure located on the Force Document Library.

1.2 Our Visions and Values

Dorset Police is committed to the principles of “One Team, One Vision – A Safer Dorset for You”

Our strategic priority is to achieve two clear objectives:

- To make Dorset safer
- To make Dorset feel safer

In doing this we will act in accordance with our values of:

- Integrity
- Professionalism
- Fairness and
- Respect

National Decision Model

The National Decision Model (NDM) is the primary decision-making model used in Dorset Police. The NDM is inherently flexible and is applied to the development and review of all policy, procedure, strategy, project, plan or guidance. Understanding, using and measuring the NDM ensures that we are able to make ethical (see Code of Ethics), proportionate and defensible decisions in relation to policy, procedure, strategy, project, plan or guidance.

Code of Ethics

The Code of Ethics underpins every day policy, procedures, decision and action in policing today. The Code of Ethics is an everyday business consideration. This document has been developed
with the Code of Ethics at the heart ensuring consideration of the 9 Policing principles and the 10 standards of professional behaviour. Monitoring is carried out through the Equality Impact Assessment process which has been designed to specifically include the Code of Ethics

1.3 People, Confidence and Equality

This document seeks to achieve the priority to make Dorset feel safer by securing trust and confidence. Research identifies that this is achieved through delivering services which:

1. Address individual needs and expectations
2. Improve perceptions of order and community cohesion
3. Focus on community priorities
4. Demonstrate professionalism
5. Express Force values
6. Instil confidence in staff

This document also recognises that some people will be part of many communities defined by different characteristics. It is probable that all people share common needs and expectations whilst at the same time everyone is different.

Comprehensive consultation and surveying has identified a common need and expectation for communities in Dorset to be:-

- Listened to
- Kept informed
- Protected, and
- Supported

2 Standards

2.1 Legal Basis

This policy takes its legal basis from PNB guidance (Circular 10/4) on ‘Improving the management of police officer ill-health’ which takes account of both Police Pension Regulations 1987 and 2006. A copy of the full 67 page guidance can be accessed via the Local Government Employers website www.lge.gov.uk.

The Police Pension Scheme 2015 (2015 Scheme) came into effect on 1st April 2015. The 2015 Scheme is established by Regulations (The Police Pensions Regulations 2015) made under the Public Service Pensions Act 2013. The 2015 Scheme provides for payment of pensions and other benefits to or in respect of members of a police force in England and Wales.

Home Office Circular 16/2014 states that the Police Reform and Social Responsibility Act 2011 transferred the legal responsibility for ensuring the proper administration of police pensions has moved from the former police authorities to Chief Officers, as the Police Pension Authority (as defined at s11(2) of the Pensions Act 1976).
2.2 People, Confidence and Equality Impact Assessment

During the creation of this document, this business area is subject to an assessment process entitled “People, Confidence and Equality Impact Assessment (EIA)”. Its aim is to establish the impact of the business area on all people and to also ensure that it complies with the requirements imposed by a range of legislation.

2.3 Any Other Standards

This policy is subject to an assessment process to establish its impact in relation to the requirements imposed by a range of legislation that might be affected by its implementation.

- The Equality Act 2010 places a duty on employers to consider reasonable adjustments and retain individuals where possible, in the most suitable role and with clear career development opportunities. The consistent application of this procedure will greatly reduce the risk of unlawful disability discrimination claims being brought against the Force;
- Chief Constable of South Yorkshire Police versus JELIC 2010 which primarily focuses on the requirement to consider reasonable adjustments;
- Access to Medical Reports Act 1988 which establishes a right of access by officers to reports relating to themselves;
- College of Policing, NPIA circular 2/2010 ‘Guidance on the Qualification Requirements for Force Medical Advisors’;
- Police (Performance) Regulations 2012 which set out the procedures for managing Police Officer performance and attendance;
- Police Pension Regulations 1987, 2006 and 2015 which set out the compulsory retirement on grounds of disablement procedures

2.4 Monitoring / Feedback

Specific ill-health retirement data is included in the Human Resources quarterly performance measures which is reported to the Health Safety and Wellbeing Group. This includes average working days rolling year data, restricted/protected/recuperative officer numbers and medical retirements, both actual and in process. Force Medical Officer and Selected Medical Practitioner qualifications are monitored as part of existing contractual compliance controls.

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

Address: HR Specialist (Wellbeing and Engagement) Police Headquarters, Winfrith, Dorset DT2 8DZ

E-mail: human-resources@dorset.pnn.police.uk

Telephone: 01305 223764
3 Procedure Section

3.1 Management of the process

3.1.1 A flowchart setting out the key steps in the Police Officer ill health management process is attached at Appendix A. It is very important for all parties involved to manage cases expeditiously so that delays are kept to a minimum however it is recognised that Dorset Police has other legal obligations which may adversely impact on prescribed timescales. Where these timescales are not achievable a member of the HR Business Support Team will endeavour to advise the officer concerned.

3.1.2 The Force Medical Officer will highlight to the Force those cases that require an expedited decision i.e. where death is imminent, those that have the potential for going through quickly and those that are likely to need particularly careful management.

3.1.3 The statutory questions differ under the police officer pension schemes. This means that whilst the procedures are substantially the same, the underlying position is different. The questions to be answered are:-

1987 Police Pension Regulations

- Whether the person concerned is disabled;
- Whether the disablement is likely to be permanent.

2006 Police Pension Regulations

- Whether the person is disabled for the performance of the ordinary duties of a member of the police force;
- Whether any such disablement is likely to be permanent;
- Whether the person is also disabled for engaging in any regular employment (other than as a regular police officer);
- Whether any such disablement is likely to be permanent

2015 Police Pension Regulations

- Whether you are medically unfit for the ordinary duties of a member of the police force;
- Whether such medical unfitness is likely to be permanent;
- Whether you are also medically unfit for engaging in any regular employment otherwise than as a member of the police force; and
- Whether such medical unfitness is likely to be permanent.

3.2 Delegations

3.2.1 The decision to ask the H1 question in respect of each case is delegated to the HR Business Support Team Manager or Head of Personnel Services in their absence.

3.2.2 Arrangements for each case involving the referral of statutory medical questions will be supervised by the relevant HR Business Support Team Manager who will ensure
compliance, particularly in terms of timescales, is achieved wherever possible. This will include appropriate ongoing consultation with the Police Federation.

3.3 Qualifications of Force Medical Officers (FMO) and Selected Medical Practitioners (SMP)

3.3.1 FMO’s should hold, as a minimum requirement, an Associate of the Faculty of Occupational Medical qualification (AFOM). Ideally, SMPs should be a fellow member (MFOM or FFOM). In both cases equivalent EEA qualifications are also appropriate. Full qualification details are specifically held under PNB circular 10/4.

3.3.2 Before appointment as an SMP the Force will provide this person with appropriate advice and information on the mechanics of the ill health management process including local policy variations and expectations. Specific SMP advice can be found under Appendix B in the full PNB guidance. This includes not only advice on questions to be decided by the SMP but also reasonable adjustments and proposed checklists and reporting forms.

3.4 Referring cases to the Selected Medical Practitioner

3.4.1 Requests for a referral of a case to the SMP can come from one of two sources; either management or the officer.

3.4.2 If the FMO indicates that an officer is/may be permanently disabled the HR Business Support Team Manager, will normally determine if the H1 question should be formally referred to the SMP. In some cases this may, with the agreement of all relevant parties i.e. Officer/Federation and Command Area, result in an officer being retained without going through the full H1 process particularly where they are at work, are undertaking a meaningful role and fulfilling their full hours. However, this would not remove the right to review previous decisions where there has been a significant change for the worse in the officer’s condition or where there has been a significant change in the operational requirements of the Force e.g. reduced police funding. Where the decision is taken to formally refer the case to SMP a standard form (Appendix B) will be used to gather all of the relevant information. The HR Business Support Team Manager, wherever possible, reach a decision within 28 days.

3.4.3 A refusal by the Force to refer a case to the SMP can be appealed to the Crown Court. Where a referral is refused a written statement must be provided to the officer explaining the reason and pointing out his/her avenue of appeal.

3.4.4 In all cases where permanent disability is indicated a member of the HR Business Support Team will meet with the officer to complete a Potential Adjustments Matrix (Appendix D) and where appropriate, also explain the H1 process and complete a medical consent form. However, potential adjustments are considered throughout the H1 process and/or as part of the Police Officer Limited Duties Policy and Procedure. The meeting will normally take place within 7 days of the Force receiving the initial FMO advice.
3.4.5 Once it has been agreed by the HR Business Support Team Manager that the H1 question should be asked, the HR Business Support Team will normally request the FMO refers the case to the SMP. If Occupational Health (OH) are not in receipt of the officers latest GP records these must be requested once consent has been obtained. A copy of the GP letter will be forwarded to the HR Business Support Team. This process may on occasions take longer than the 28 days allocated. If this is likely to be the case, OH will formally advise the HR Business Support Team who will then ask the officer and/or the Federation representative to contact the GP direct.

3.5 Referring cases to the SMP: Practical arrangements

3.5.1 The FMO most familiar with the case will provide all appropriate medical information as detailed under 3.5.2 under a covering report, normally within 28 days, to inform the SMP assessment. The full report will be copied to the officer unless there are medical grounds for withholding information.

3.5.2 In cases where death is imminent or the officer is totally incapacitated due to a physical condition, the Force will appoint the FMO as the SMP for an expedited decision. Specifically, the FMO will provide information under two sections: a medical background and opinion. This requires written consent from the officer (medical background) and where the FMO is of the view the officer is permanently disabled for the ordinary duties of a member of the Force (with due regard to the officers compulsory retirement date) the completion of a capability assessment checklist (opinion section). Separate consent is not required for the opinion section. The PNB has determined that in exceptional circumstances the function of the SMP can be carried out by a board of two or more doctors.

3.6 The role of the SMP

3.6.1 The SMP will normally be required to meet with the officer which may involve some physical examination. The SMP may exercise discretion to consider the case on the papers if management, the officer and the FMO are all in agreement with this. In all cases the SMP should complete a report in two parts to the Chief Constable. Part 1 will deal with the permanent disablement question; Part 2 will address regular employment and capability for retention issues. However, the level of detail in which the assessment is made and reported in Part 2 will vary depending on the relevant scheme under consideration. The SMP will assess all of the relevant information available and will prepare a report answering the relevant statutory questions and, wherever possible, within 28 days.

3.7 Deciding cases: Delegated actions

3.7.1 On receipt of the SMP report a member of the HR Business Support Team will meet with the officer who will be asked to make comment, representation or (officer only) a formal appeal. This meeting will normally take place within 7 days of the Force receiving the SMP report. At the meeting the HR Business Support Team member will review the Potential Adjustments Matrix and also provide a copy of Appeal Form A which must be obtained from the HR Specialist, Wellbeing and Engagement so that
s/he can maintain an overview of current cases. Formal appeals must be received within 28 days of the meeting.

3.7.2 Where the officer is assessed as permanently disabled for the ordinary duties of a member of the Force the officer will be asked to comment on whether s/he wishes to stay in the Force

- **2006 Pension scheme** - where an officer is assessed as permanently disabled for regular employment the officer should be asked to comment on whether or not they are prepared to change their conditioned hours in order to remain in service on a part-time basis. However, an officer cannot be compelled to work part-time without agreement.

- **2015 Pension scheme** – If an SMP determines that an officer is permanently medically unfit, it does not automatically follow that the officer will be granted ill-health retirement. The Police Pension Authority will consider whether there are alternative duties that the officer could perform and still remain in the service (taking account of the officer’s overall capabilities).

3.7.3 The HR Business Support Team will then prepare an ‘A20 Management Report’ on behalf of the Head of Personnel Services (Appendix C). The report should be prepared within 28 days unless a formal appeal is made.

3.7.4 The report will set out all the relevant facts to enable the Force to make an informed decision. In accordance with agreed levels of delegation, the HR Business Support Team is responsible for producing this report on the Head of Personnel Services behalf. The report will contain the following information:

- A summary of the officer’s medical history, length of service and age;
- The officer’s sickness and training records;
- An assessment of the officer’s skills, experience and suitability for retention;
- An assessment of the posts available (including occupied roles) and scope for retaining the officer including all reasonable adjustment considerations and current establishment levels;
- A role profile for each suitable post identified (a detailed risk assessment will only be completed against the relevant role profile and where the officer is retained);
- The current Potential Adjustments Matrix;
- Details of relevant retention and retirement option costs;
- Details of the officer’s Pension Scheme (1987, 2006 or 2015);
- Comments from the officer, current Command Area and Federation;
- Details of any current/pending misconduct proceedings;
- Comments on any potential or pending civil claims;
- A recommendation from the Head of Personnel Services or in their absence, the HR Business Support Team Manager.

3.7.5 It should be made clear within the report that any future posting would be subject to a full individual risk assessment and, if appropriate, a return to work plan agreed by the FMO which must take account of various key considerations.
3.7.6 A signed copy of the report will be forwarded to the officer who will have up to 28 days to provide any comments. Any submitted comments should be referred to the HR Business Support Team who will be required to normally respond within 14 days.

3.7.7 The Head of Personnel Services will then arrange for the prompt submission of the following papers for consideration by the nominated members:

- A20 Management Report including SMP assessment;
- Any additional comments from the officer and/or Federation;
- Any additional comments from the Head of Personnel Services

3.7.8 The A20 decision as to whether or not an officer should be retired on the grounds of ill health falls to three senior delegated members of the Force with responsibility for workforce and financial planning. Relevant members include the Deputy Chief Constable, Director of Human Resources and Director of Finance or in their absence the Assistant Chief Constable, Heads of Finance and Personnel Services.

3.7.9 The Force will aim to reach a decision within 28 days of receiving the last comments or advice on the case. Any delays will explained in writing to the officer and will include an indication of the extra time required.

3.7.10 An officer can potentially be redeployed to a vacant police staff role on police staff terms and conditions where they are being medically retired from the Force (Chief Constable of South Yorkshire versus JELIC 2010). During the notice period such officers will ordinarily, as a further reasonable adjustment, be actively considered for advertised police staff roles with normal open competition selection rules applying.

3.8 Special procedures in cases of urgency or total incapacity

3.8.1 Where the Force is advised by the FMO that death is imminent or that the officer is totally incapacitated due to a physical condition the FMO, acting as the SMP, will be required to complete Part 1 of the SMP’s report. Instead of providing detailed advice on capability, the FMO should set out the medical circumstances and draw attention to any specific points of action. This should include an indication, where appropriate, of life expectancy. An expedited decision by the Force will not prejudice the officer’s appeal rights. If a decision is taken not to proceed immediately with retirement, the SMP will be required to give detailed advice on capability under Part 2 as a priority. As in other cases the officer will be routinely provided with a copy of the report.

3.9 Appeals and internal reviews

3.9.1 Officers will have a period of 28 days following their receipt of Parts 1 and 2 of the SMP’s report to lodge an appeal (see H2 [1987] - 72 [2006] and Regulation 40, Police Pensions Regulations 2015). If the officer agrees with the SMP’s conclusions on the statutory medical questions s/he has no right of appeal against the contents of the SMP’s report. The HR Business Support Team should acknowledge any lodged appeal within 28 days requiring the officer to provide a written statement using Appeal Form A which is available from the HR Specialist, Wellbeing and Engagement. The 28 day limit may be extended at the discretion of the Head of Personnel Services.
3.9.2 On receipt of the grounds of appeal the Head of Personnel Services will check whether there is scope for offering the appellant an ‘internal review’ of the case (see H3 (2) [1987] - 73(1) [2006] and Regulation 40(3), Police Pensions Regulations 2015 without prejudice to their right of appeal and normally within 14 days of receiving the written statement. Provided both the officer and the Head of Personnel Services agree, this may include a reconsideration of the case by the SMP avoiding the need for an appeal at Police Medical Appeal Board level. The SMP will issue a fresh report in the case of an internal review only where it will resolve the issue under dispute. The officer has no right of appeal against the findings of a fresh report issued after an internal review. Other than in exceptional cases a decision on medical retirement will only be made once the appeal outcome is known.

3.10 Police Medical Appeal Boards

3.10.1 If the appeal is not satisfactorily resolved under the internal review process the officer has a further right of appeal to a Police Medical Appeal Board. In these circumstances the case will be heard by a board of independent medical referees which will include a consultant in the relevant clinical speciality. All costs will normally be paid by the Force except where the Board determines that the appeal is frivolous or vexatious. Other than in exceptional cases the Force will only refund ‘reasonable personal expenses’; this excludes solicitor costs etc.

3.10.2 This element of the process, which will require completion of additional standards forms (Appeal Forms B, C and D) will be managed by the HR Specialist, Wellbeing and Engagement. Further details on the appeal process are detailed within the full PNB guidance and on the Home Office website.

3.10.3 Where a medical appeal board overturns an SMP’s decision that an officer is not permanently disabled for the ordinary duties of a member of the Force, the Head of Personnel Services will arrange in consultation with the FMO for another SMP to provide a new report on the officer’s capability in light of the appeal outcome. Such a referral will not be necessary where the Board finds the officer to be permanently disabled for regular employment unless the officer wishes to stay on, or is willing to consider staying on, as a police officer on reduced hours in spite of a disablement.

3.11 Review of decision on medical retirement

3.11.1 The expectation is that a retained officer should not have to be reviewed unless there is a significant change for the worse in the officer’s condition or a significant change in the operational requirements of the Force which invalidates the assumptions on which the officer was retained in the first place. In such circumstances, the Head of Personnel Services should bring the matter to the attention of the Deputy Chief Constable, Director of Human Resources and Director of Finance so that it can review its decision in the light of fresh medical reports from the FMO (unless the review is linked to a possible hearing under the Performance Regulations in which case the report should be from an SMP). An officer can equally request a review for the same reasons as outlined above.
3.12 Reconsideration or review of ill-health pensions

3.12.1 The timing and reasons for ‘reconsideration’ or ‘review’ depends upon whether the former officer is member of the 1987, 2006 or 2015 scheme.

1987 Scheme

3.12.2 Under the 1987 scheme the purpose of ‘reconsideration’ is to determine whether a former officer who is in receipt of an ill-health pension and whom the Force might want to provide an opportunity of re-joining the Force, is still disabled. These can only be initiated by the Director of Human Resources and Director of Finance or in their absence the Heads of Finance and Personnel Services. No change can be made to an ill-health pension without referral to an SMP. Normally reconsiderations of ill-health awards will be confined to former officers whom the Force might want to provide an opportunity of re-joining the Force and who have conditions which were flagged up by the SMP at the time of the officer’s retirement as suitable for reconsideration e.g. because the case was borderline. A reconsideration of an ill-health pension may also be requested by a former officer who considers that their condition has improved. However such a person has no entitlement to being taken back into the Force under the reconsideration procedure.

2006 Scheme

3.12.3 Under the 2006 scheme the purpose of a ‘review’ is to determine whether a former officer in receipt of an ill-health pension is still disabled or still disabled at the level s/he was at the time of retirement or the most recent review since then. Reviews of former officers receiving an enhanced top-up ill-health pension will be conducted in the first instance to establish whether they are still disabled for regular employment. However, reviews of standard ill health pensions can also be carried out to check if the disablement has ceased or worsened. Where an officer is retired with a standard ill-health pension but is permanently disabled at the time of retirement due to a “progressive disease”, there is no time limit on when that person can apply for an upward review of his or her pension if his or her condition has deteriorated because of the progressive disease. The current list of conditions is detailed in the full PNB circular.

3.12.4 Where a former officer has an enhanced top-up ill-health pension the Head of Personnel Services may arrange for a review to be carried out at intervals of no more than five years. As with the 1987 scheme reviews will normally be instigated by the Force although the former officer may request this as well. Additionally, the Force has the discretion to decline re-engaging a former officer.

3.12.4 A subgroup of the Health Safety and Wellbeing Group will quality assure this element of the process and decide upon suitable cases for possible reconsideration or review.

2015 Scheme

3.12.5 Under the 2015 Scheme, the Police Pension Authority may in its discretion review medical unfitness following ill-health retirement, in line with set procedures.

3.12.6 Where a former officer has a lower tier ill health pension and has not reached NPA, the Police Pension Authority may periodically review whether the former officer’s
medical unfitness has ceased or significantly worsened. This review may be carried out at any time the Police Pension Authority chooses.

3.12.7 If following such review the SMP determines that the former officer has ceased to be medically unfit for performing the ordinary duties of a member of the police force then their ill-health pension will cease. The Police Pension Authority may give the former officer notice to rejoin the police force at a rank no lower than the one held before the ill-health pension became payable.

3.12.8 Where a former officer has a lower tier ill-health pension and their condition worsens within 5 years after the date they were retired on medical grounds, the former officer may be reassessed (upon periodic review or upon notification to the Police Pension Authority that their condition has worsened) and become entitled to an enhanced upper tier ill-health pension if the SMP determines that the former officer is permanently medically unfit for engaging in any regular employment. In cases where the former officer has a progressive medical condition the 5 year limit will not apply. (These conditions are specified in the 2015 Regulations).

3.12.9 Where a former officer is receiving payment of a lower tier ill-health pension and an enhanced upper tier ill-health pension and has not reached your State Pension Age (SPA) then the Police Pension Authority may periodically review whether the former officer’s medical unfitness has ceased or significantly improved. These reviews may be carried out at intervals of no less than 5 years as determined by the Police Pension Authority.

3.12.10 If following such a review the SMP determines that the former officer has ceased to be medically unfit for engaging in regular employment then the former officer will cease to be entitled to an upper tier ill-health pension. The former officer will however, remain entitled to payment of a lower tier ill-health pension, unless, upon review, the SMP also determines that the former officer has ceased to be medically unfit for performing the ordinary duties of a member of a police force and the Police Pension Authority gives the former officer notice to rejoin the police force.

3.12.11 Where an SMP decides that the former officers medical unfitness for performing the ordinary duties of a member of a police force would have ceased if the former officer had received appropriate medical treatment, and if the former officer’s failure to have such treatment is due to their own wilfulness or negligence, the former officer will be warned that continued wilful or negligent failure to have treatment may result in the termination of their ill-health pension.

3.12.12 Where a former officer is receiving payment of a Deferred Pension on grounds of ill-health and has not reached SPA then the Police Pension Authority may periodically review whether the former officer’s medical unfitness has ceased. These reviews may be carried out at intervals of no less than 5 years as determined by the Police Pension Authority. If following such a review the SMP determines that the former officer has ceased to be medically unfit for engaging in regular employment, then the former officer will cease to be entitled to a Deferred Pension.
3.13 Compulsory ill health retirement and ill-health pensions 2015 Scheme

3.13.1 There are two levels of ill-health pension which may become payable under the 2015 Scheme (members with previous service in the 1987 Scheme of 2006 Scheme who have not reached the normal Pension Age (NPA) receive an ill health pension which reflects service in their existing schemes):

• **Lower Tier**
  Payable when an officer is permanently medically unfit for the ordinary duties of a member of the police force but not permanently medically unfit for any regular employment. If an officer is compulsorily retired on these grounds, they will become entitled to immediate payment of a lower tier ill-health pension and will have the option to commute part of it for a lump sum.

• **Enhanced Upper Tier**
  Payable if an officer is permanently medically unfit for the ordinary duties of a member of the police force and also permanently medically unfit for any regular employment. In such cases, the officer will receive this pension in addition to the lower tier ill-health pension.

The level of unfitness is determined by a SMP and there are appeal rights against medical decisions. In cases where an SMP determines that an officer is permanently medically unfit, it does not automatically follow that the officer will be granted ill-health retirement. The Police Pension Authority will consider whether there are alternative duties the officer could perform and still remain in the service.
4  Consultation and Authorisation

4.1  Consultation

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<th>Signature</th>
<th>Date</th>
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<td>Approved:</td>
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5  Version Control

5.1  Review

Date of next scheduled review | Date: 12th February 2017

5.2  Version History

<table>
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<th>Version</th>
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<th>Reason for Change</th>
<th>Created / Amended by</th>
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<tr>
<td>1.0</td>
<td>28/12/12 April 2014</td>
<td>Initial Document Change of designation, no change to version no.</td>
<td>Mr I Coombs K Berchem</td>
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<td>1.1</td>
<td>21/11/14</td>
<td>The policy has been reviewed in preparation for NICHE implementation (April 2015), no changes necessary</td>
<td>Policy Co-ordinator (6362)</td>
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# 5.3 Related Forms

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<th>Title / Name</th>
<th>Version No.</th>
<th>Review Date</th>
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# 5.4 Document History

- **Present Portfolio Holder**: Director of Human Resources
- **Present Document Owner**: HR Specialist, Wellbeing & Engagement
- **Present Owning Department**: Human Resources - , Wellbeing & Engagement

Details only required for version 1.0 and any major amendment ie 2.0 or 3.0:

- **Name of Board**: Strategic People Board
- **Date Approved**: 4/2/2016
- **Chief Officer Approving**: DCC
Appendix A - Flowchart showing management process of ill-health retirement in most standard cases

1. On-going action by officer, management and the FMO on health and attendance

2. Officer asks management for medical questions to be referred to SMP
   - Not agreed
   - Appeal to Crown Court

3. HR BST Manager decides whether to refer medical questions to SMP
   - Agreed
   - FMO prepares report and recommendation on officer for SMP
   - SMP answers medical question(s) depending on pension scheme

4. Officer permanently disabled. SMP also considers officer's capability IF SERIOUS
   - Appeal
   - Decision of internal review/medical appeal board on permanent disablement
   - Management advice on posting and career
   - Officer's comments and any supplementary evidence
   - DCC and Directors of HR and Finance make decision on medical retirement
     - Decision to retain
     - Decision not to retain

5. Officer not permanently disabled
   - Manage officer in line with Police Officer Limited Duties policy and procedure including consideration of UPP
   - Appeal disallowed
   - Appeal allowed
Appendix B - Initial Consideration of H1 Permanent Disability Question
*delete as appropriate

Personal

Full name: Collar no:

D.O.B: Rank: Service Start Date 1987/2006 Regulations (*)

Remaining Service: x Years x Months

Current Command Area/Post:

Substantive Force Post: Yes / No (*)

Possible injury/assault on duty: Yes / No (* if yes please add detail)

Part 1 – Medical Information

Occupational Health comments (to include whether condition[s] is considered temporary/permanent, likelihood of future sickness absence, current restrictions/workplace adjustments etc)

Part 2 – Organisational

Command Area recommendation (to include performance/discipline overview)

Part 3 – Summary and recommendation

HR Business Support Team (to include Officer/Federation comments)

Copy to Officer/Federation: Yes / No (*)

Part 4 – Head of Personnel Services decision

The H1 question of permanent disability will/will not (*) be addressed at this stage.

A review will only take place if there has been a significant change in the Force’s operational position or officer’s condition and/or performance (*)

A review of this decision will take place in x month’s time (*)

Signed:

Head of Personnel Services: Date:

Police Officer Ill Health Management Policy And Procedure

P11:2012 V2.1 19
Appendix C - CONSIDERATION OF A20 DECISION MANAGEMENT REPORT

Personal

Full name:  Collar no:

D.O.B:  Rank:  Service Start Date:  1987/2006 Regulations (*)

Remaining Service:  x Years  x Months

Current Command Area/Post:

Substantive Force Post: Yes / No (*)

Part 1 - Introduction

Part 2 – Medical Information (to include SMP report)

Part 3 – Equality Act Considerations

Part 4 – Comments from Command Area

To include current performance/discipline overview etc

Part 5 – Summary of Learning and Development Unit Comments

Learning and Development comments to address below:

- Officers career history, details of specific skills/experience and suitability and aptitude for retention
- An assessment of posts available and scope for retaining the officer including all reasonable adjustment considerations and current restricted officer levels

Part 6 – Summary of Federation Comments

To include officer’s views

Part 7 – Cost Implications on Retirement/Retention

Part 8 – Head of Audit, Performance and Risk Management Comments
To include potential or pending civil claims

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**Part 9 – Summary and Recommendation**

Human Resources Support Team

Copy to Officer/Federation: Yes / No (*)

---

**Part 10 – HR Business Support Team Manager**

In view of the information provided, I would be grateful if you would duly consider this report and support/not support (*) the recommendation to ill health the officer under Regulation A20.

Signed:

HR Business Support Team Manager Date:

---

**Part 11 – A20 Decision**

Recommendation supported/not supported (*)

Signed

Director of Human Resources: Date:

Director of Finance: Date:

Deputy Chief Constable: Date:
Appendix D – POTENTIAL ADJUSTMENTS MATRIX

Full name and collar no:

Rank/current command area and post:

Reviewed by/date:

**Note** - the below adjustments are only a guide and will be adapted to reflect the officers current work status. They will also be regularly reviewed as part of the H1 process.

<table>
<thead>
<tr>
<th>POTENTIAL ADJUSTMENTS</th>
<th>COMMENT</th>
<th>CONSIDERED VIABLE</th>
</tr>
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<tbody>
<tr>
<td>Is there any treatment or other medical intervention that the Force could support</td>
<td></td>
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<tr>
<td>that would either cure the medical condition or alleviate the symptoms sufficient</td>
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<tr>
<td>to attempt a return to work/full hours?</td>
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<tr>
<td>Can we adjust the hours within the existing role to facilitate a return to work/full</td>
<td></td>
<td></td>
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<tr>
<td>hours?</td>
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<td></td>
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<tr>
<td>Would an adjustment to the location of where the work is performed facilitate a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>return to work/full hours?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can we amend the duties in the existing role OR redeploy to a different role to</td>
<td></td>
<td></td>
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<tr>
<td>facilitate a return to work/full hours?</td>
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<td></td>
</tr>
<tr>
<td>Any other considerations e.g. new equipment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Ill-Health Retirement appropriate?</td>
<td></td>
<td></td>
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