



• Health and Wellbeing Policy and Procedure

Following the implementation of the Alliance People Portfolio, a revised timeline for the review of HR policies has been agreed. This policy will therefore be reviewed in line with the new timeline and not the date specified within this document.

Please note: Where legislative change has occurred, or is scheduled to occur, ahead of the revised review date, Dorset policy and associated procedures will be applied in line with prevailing legislation.

Reference No.	P27:2003
Implementation date	7 September 2005
Version Number	2.9

Linked documents	
Reference No:	Name.
P11:2012	Police Officer III Health Management Policy
P15:2006	Police Staff Redundancy and Early Termination of Employment Policy
P18:2011	Management of Flexi-time policy for Police Staff
P14:2010	Management of Overtime Procedure for Constables and Sergeants
P13:2011	Management of Working Time – Inspectors and Chief Inspectors
P05:2005	Management of Staff with Disabilities
P49:2013	Police Officer Unsatisfactory Attendance Procedure
P12:2010	Attendance Support Procedure for Police Staff
P02:2011	Accident, Near Miss Reporting Policy
P24:2006	Stress Management Procedure

Not Protectively Marked

P42:2005	Substance Misuse Procedure
-----------------	----------------------------

Suitable for Publication

Policy Section	Yes
Procedure Section	Yes

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.

Table of Contents

1	Policy Section	5
1.1	Statement of Intent – Aim and Rationale	5
1.2	Our Visions and Values	5
1.3	People, Confidence and Equality	6
2	Standards	6
2.1	Legal Basis	6
2.2	People, Confidence and Equality Impact Assessment	7
2.3	Monitoring / Feedback	7
3	Procedure Section	8
3.1	Introduction	8
3.2	Pre-Employment Health Screening	8
3.3	Reporting Procedures	10
3.4	Record Keeping and Monitoring	14
3.5	Return to Work Discussion	15
3.6	Managing Short-Term Sickness Absence	17
3.7	Managing Long-Term Sickness Absence	18
3.8	Police Staff Re-Deployment	23
3.9	Occupational Health Referrals	25
3.10	Additional Employee Support	27
3.11	Health & Safety	28
3.12	Health Monitoring	29
3.13	Disability	29
3.14	Work Life Balance	30
3.15	Staff Associations/UNISON	30
3.16	Limitations on Support	30
3.17	Stress Management	30
3.18	Ill Health Retirement	31
3.19	Supportive Options for Time Off	31
4	Consultation and Authorisation	32
4.1	Consultation	32
4.2	Authorisation of this version	32

5 Version Control 32

5.1 Review 32

5.2 Version History 32

5.3 Related Forms 34

5.4 Document History 34

1 Policy Section

1.1 Statement of Intent – Aim and Rationale

This Health and Wellbeing procedure applies to police officers and staff and is designed to improve the working life for all employees in Dorset Police. The detail provided should be seen as general guidance and best practice. The aim is to provide a mechanism whereby good attendance can be encouraged and support provided in a fair and even handed manner. This document is not intended to be restrictive and limiting and will inevitably need to be a living document which develops and evolves over time. As such it has been designed to be non-contractual in order to ensure it remains fully responsive to current needs.

This document will act as a comprehensive source of detailed information setting out the co-ordinated and structured manner in which the organisation deals with promotion of health and wellbeing within the workplace.

The Health & Wellbeing procedure applies to all police staff employed by both the Chief Constable and Police and Crime Commissioner. Therefore, there may be occasions when the Police and Crime Commissioner requires access to specialist HR resources/skills employed by the Chief Constable to support the agreed processes.

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 policy, procedure, decision and action in policing today. 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 document has been produced to comply with the Equality Act 2010 and Data Protection Act 1998.

The Home Office produced guidance which supports amendments to the Secretary of State's Determinations under Regulations 22 and 28A of the Police Regulations 2003 (Annex EE Limited Duties) contained in the Home Office Circular 10/2015.

Home Office Circular 10/2015 – Changes to the Management of Limited Duties.

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 Monitoring / Feedback

The HR Specialist, Wellbeing & Engagement, in consultation with the HR Business Support Team, will monitor the guidance and information within this procedure.

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 Introduction

Throughout the document reference is made to Command Teams and HQ Department Heads as well as line management. All have a key role to play in terms of the overall promotion of health and wellbeing. Whilst the line manager's role will concentrate on day-to-day management of sickness absence for staff under their control, Command Teams and HQ Departmental Heads have a particular responsibility to ensure that effective overviews are maintained for all staff in all areas. If significant issues arise concerning the wellbeing of their staff the Commander/Departmental Head should ensure that the relevant Chief Officer is informed and kept updated.

At a Force level, this co-ordinated approach is further reinforced by the Health, Safety and Wellbeing Board which sets the strategic direction.

To assist Chief Officers in maintaining an overview of the Force as a whole, relevant sickness absence statistics will be produced as part of the Human Resources Department quarterly pack. These will be supplemented by routine and ad-hoc management reports utilising data from the Force's computerised personnel and e-sickness systems.

Where a Command area or Department requires further information and advice on any issue regarding sickness and wellbeing, they should seek the support of their respective Human Resources Business Support Team.

The HR Specialist, Wellbeing and Engagement has responsibility for reviewing this document and for publication of any changes.

Whenever updates are made these will be notified to Commanders/Department Heads. Major changes will be submitted to the Health, Safety and Wellbeing Group for approval, a change to the overall strategic direction of the document will be subject to approval from the Strategic People Board.

Requests for clarification on the processes explained in this document should firstly be addressed through the appropriate Human Resources Business Support Team.

3.2 Pre-Employment Health Screening

The cornerstone of good health management is to ensure that new recruits and applicants who join the police are fit for the position for which they are applying. Failure to instigate a rigorous health screening programme can lead not only to the employment of people medically unfit for the job, but also in some cases to potential litigation against the employer. As part of the pre-employment health screening process potential applicants are also assessed under the Force's Attendance Criteria Procedures and Substance Misuse Procedures (drugs testing) full details of which can be found on the Force intranet. The health screening processes for Police Officers and Police Staff are as follows.

3.2.1 Police Officers

Candidates are only required to complete a medical health questionnaire if they are selected for final assessment. However, only successful candidates will be medically assessed. The candidate is required to take the forms to his/her GP for confirmation/comment before sending it to the Force.

This will also include an endorsement as to the candidate's suitability to undertake the Job Related Fitness Test although each individual will be afforded further opportunities to highlight any relevant issues prior to the fitness test itself. If necessary, consideration will be given to making reasonable adjustments to include any medical advice and also the views of the Force Health and Fitness Officer.

For those candidates who are successful at final assessment the completed forms are assessed by the Force's Occupational Health providers and a full medical will be carried out before an appointment is offered.

Should the Occupational Health provider have any reservations as to the suitability of a candidate to join the Force as a police officer further medical information will be obtained in the first instance from their GP. Each case will be looked at on its merits and a decision made based on the evidence and the National Recruitment Medical Standards (Home Office Circular 59/2004).

There are four reasons for conducting further medical assessments:-

- To determine whether or not the candidate is fit and healthy to do the job now and for a reasonable period of time after initial recruitment;
- To assess the need for reasonable adjustments or modifications;
- To establish the candidates entitlement to ill-health benefits;
- To identify any long-term health implications.

It is the responsibility of the Force Medical Advisor (FMA) to make justifiable recommendations as to a candidate's overall medical suitability to include any pension restrictions and future role restrictions. In certifying that a candidate is fit for work, the FMA should also give an opinion as to the type of adjustment needed to do the job, if any. In addition to fitness for work, the FMA will provide a medical opinion as to the risk of premature ill health retirement. This report will inform a decision on eligibility and access to ill health benefits of the Police Pension Scheme.

Where restricted pension access is recommended the case will be referred to the Head of Organisational Development to obtain all relevant information prior to submission to the Chief Constable for a decision.

The FMA will inform the Recruitment Team in respect of candidates who have failed the medical assessment or health screening, explaining the reasons for their rejection or deferral. Rejection on medical grounds must be justified in terms of the aspects of the job which the candidate would be unable to carry out with a specific condition, illness or disease even if reasonable adjustments were made. In the cases of deferral, a date when they may reapply will also be given.

If the FMA has difficulty in reaching a conclusion on fitness for work, then the case will be referred to a Selected Medical Practitioner.

3.2.2 Police Staff

All job offers should be made subject to candidates being passed as medically fit for the position for which they have applied. Line managers are responsible for reviewing the job description and risk assessment of a post prior to an advertisement being placed to ensure that any specific requirements in relation to fitness and employee health are identified such as:-

- Manual handling component of the role;
- Exposure to substances hazardous to health;
- Exposure to noise;
- Driving demands;
- Exposure to psychological trauma

More detailed information is available in the Force's Health Monitoring Policy P17:2001 found in the Policy and Procedure Library.

This information must be forwarded to the Recruitment Team with the advertisement so that arrangements can be made for the Occupational Health Department to make specific additional health checks of candidates, if relevant.

When considering internal candidates for a vacancy, it should not be assumed that the candidate is medically fit for the new role. Consideration must be given to the requirements of the new role, compared to those of the role in which the candidate is currently employed. Any potential issues should be highlighted to the Recruitment Team.

A pre-employment medical questionnaire will be completed in accordance with the Police Staff Recruitment Procedure. When completed this document will be treated as 'medical in confidence' and the applicant will place the completed questionnaire in a pre-addressed envelope, sealed and sent direct to the Force's Occupational Health provider for consideration.

In cases where there is concern about the fitness of an applicant the Occupational Health provider will make contact with the individual and/or their GP, as they deem necessary. On the basis of the information received Occupational Health will judge whether or not the applicant is fit for the employment for which they have applied. All such medical reports are confidential.

Absence records will form part of reference requests (Force Attendance Criteria Procedures). Where there is concern about an individual's previous attendance record an appointment will not normally be made. However, before reaching this decision checks must be made to ensure that there are, amongst various considerations, no relevant Equality Act or pregnancy related issues. In such cases the relevant Human Resources Business Support Team must be contacted.

3.3 Reporting Procedures

3.3.1 Sickness Reporting (e-Sickness Process)

The accurate recording of sickness absence is vital to the organisation as it provides the management information that the organisation requires in order to address health and wellbeing issues on behalf of the workforce. If incomplete or inaccurate data is maintained this creates a false picture that may prevent the Force from taking proactive initiatives.

3.3.2 First Day of Absence

On the first day of sickness the member of staff should ring their line manager or where this person is not available, a suitable alternative supervisor or colleague. In exceptional circumstances the initial notification can be made via the individual's representative. The individual will provide the following information:-

- Name and collar number;
- A contact number that can be used during the period of absence;
- Anticipated duration of absence;
- Name of immediate line manager (if relevant);
- Details of the sickness absence (if appropriate).

On receipt of this information an e-sickness notification form must be created. Full details of the e-sickness system can be located on the Force intranet. The e-sickness system will generate automated emails to both the individual and line manager covering the key issues of early intervention, weekly contact and return to work discussions. The e-sickness system automatically updates the individual's Dorset Police Personnel Record (DPR).

Once made aware of an employee's absence, the line manager will make contact to ascertain in a sympathetic manner:-

- The nature of the illness and its likely duration (if not already known);
- Whether the individual is capable of any type of work, e.g. could a member of staff with sprain/strain undertake working from home with support provided?
- Any further help and advice that Dorset Police could provide;
- Any appointments, commitments or outstanding work to be dealt with in the person's absence.

It is important that the correct 'sickness absence' code is included on the e-sickness system to ensure that the correct interventions are considered.

3.3.3 Absence Greater than 3 Days

The member of staff will make direct contact with the line manager to advise them of progress on the third day of absence unless a clear indication of the duration of the illness was provided when first making contact and that time scale will be maintained. This will enable the manager to offer any further support that may be required and also ensure that adequate cover can be arranged.

The manager will endeavour to maintain contact with the employee or, in appropriate circumstances, their family. Any approach should be made in an open, sympathetic and non-intrusive manner. The purpose of this is to ensure that the employee feels valued, as well as supported by the organisation.

3.3.4 Absence Greater than 7 Days

If the absence continues into the eighth day (including weekends, rest days and public holidays) the employee must obtain a statement of 'fitness for work form' (also known as a 'fit note') from a doctor and send it immediately to their line manager who will then forward it onto the relevant Human Resources Business Support Team. This form will clearly set out if the employee is either 'not fit for work' or alternatively 'may be fit for work' with certain alterations e.g. temporary

Not Protectively Marked

altered hours or duties. It is important to add that information on the form is advice only and is therefore not binding on the Force to accept or act upon it. If for any reason the Force is unable to make the changes necessary to support an individual's return to work then, for sick purposes, the statement will be considered as 'not fit work'. However, it will not be necessary to seek an amended statement on these occasions.

The Human Resources Business Support Team is responsible for sending the statement of fitness for work form to payroll. All such forms are confidential and should be kept in a locked cabinet before being entered onto an individual's electronic personal file. Failure to do so is in contravention of the Data Protection Act and Medical Records Act.

Statement of fitness for work forms must be submitted for the duration of the absence.

Should an employee fail to comply with the above procedures for sickness absence, the relevant line manager will initiate immediate action to rectify it. Employees should be made aware that failure to comply in full may jeopardise entitlement to sick pay and other benefits.

In all cases where a form is received specifying a work related injury/disease/illness, the relevant line manager will be responsible for completing an e-A25 injury on duty form if the individual is unable to complete the form themselves. The Manager must then advise the member of staff in writing that a form has been completed on their behalf and give them the opportunity to amend or add to the form. This is necessary to avoid delays in completing the forms. The Force's Stress Management procedures will be invoked if the absence is related to psychological illness, full details of which can be found on the Force intranet.

3.3.5 Resumption of Duty

On return to duty the employee will be required to complete a return to work form which will be automatically generated by the e-sickness system. On completion of this form an automated return to work discussion form will then be sent to the relevant line manager.

On the occasion of an individual having a third period of absence within a six month period, following the normal return to work discussion with the line manager, an interview will be conducted by the 2nd line manager.

On the fourth absence within 12 months, again, following the normal return to work discussion with the line manager, an interview will be conducted by the Commander/Head of Department.

The e-sickness system will remind first line managers to trigger these events at the appropriate stage and to forward on the requirement for the return to work interview to the appropriate person.

3.3.6 Reporting of Injuries, Assaults and Near Misses (e-A25 process)

A Report of an Incident/Accident/Injury at Work form (e-A25) must be completed in relation to all cases that occur whilst an individual is on duty/at work, regardless of whether there is an associated absence from work. In addition, an e-A25 form should also be completed immediately in the event of a 'near miss', which is defined as 'an event that could have resulted in an accident or injury to a person or damage to plant and equipment'.

e-A25

Not Protectively Marked

Details of all events must be brought to the immediate attention of the individual's line manager or the Command area/Department in which the incident occurred. They are responsible for taking the following actions:-

- Carry out a preliminary investigation into the cause of the event. The facts are to be recorded along with details from witnesses and photographic evidence if appropriate. Advice on gathering relevant evidence is available from the Health & Safety Unit;
- Advise the Human Resources Business Support Team if the event had (or could have had) a potentially serious outcome, or that the issue may have corporate ramifications;
- The line manager must consider what immediate remedial action needs to be taken to prevent a reoccurrence;
- Agree an action plan and completion date;
- Relevant risk assessments must also be reviewed;
- Ensure the Stress Management Procedure is instigated in relevant cases.

The line manager must complete the Supervisor's Section of the e-A25 form and must then forward the form together with details of their findings and any actions taken or proposed to the Health & Safety Unit within 24 hours of the event. The relevant Health and Safety Officers are responsible for ensuring that reported incidents are promptly entered onto the Forcewide computerised personnel system and the completion of RIDDOR reports.

Full guidance on the procedures applicable to the reporting of injuries, assaults and near misses is available on the Force intranet; this can be accessed on the Force Document Library :- Accident Near Miss, Reporting Policy and Procedure

3.3.7 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013, require the Force to report specified events to the Incident Contact Centre:-

- A fatality, certain categories of specified injuries, dangerous occurrences and specified diseases;
- An employee who is absent from work for 7 or more consecutive days as a result of an accident at work;
- An employee who has been hospitalised for more than 24 hours as a result of an accident;
- Certain occupational diseases

3.3.8 Reporting of Sickness Absence Resulting from Injuries/Assaults

If the event results in sickness absence of any kind, staff are reminded of the need to inform the Department for Work and Pensions (formerly Department of Social Security).

In the event of sickness whilst on annual leave, if a doctor's certificate is provided, annual leave will be re credited for the relevant period

3.4 Record Keeping and Monitoring

Accurate, retrievable and well-presented information is a pre-requisite of effective attendance management. If the organisation is to ensure the health and wellbeing of its employees then timely management information will be required on a regular basis to enable prompt action to be taken where necessary.

In addition to basic records of absence it is advisable for details of all discussions and agreements associated with an individual's absence to be documented and retained. In most cases the weekly contact form, available in e-sickness, will suffice. However, where an individual hits the Force trigger levels and additional support is needed this will be supplemented by the completion of a Supportive Management Action form. All forms can be located on the Intranet.

The reporting basis of all management information in relation to sickness absence will be the e-sickness system which will automatically populate relevant information onto individuals DPR records; therefore both the individual and line manager should regularly check DPR records for accuracy. This will enable accurate identification of patterns, frequency of absence and also longer-term absences.

The accuracy of recording is essential as records will provide the Force with the opportunity to:-

- Enable cases to be dealt with openly, consistently and fairly;
- Provide accurate and collatable figures for the production of absence statistics;
- Provide facts and cost of absence;
- Detect patterns of absence;
- Identify areas requiring additional Force support;
- Ensure the correct payment of occupational sick pay;
- Provide evidence in cases of formal action.

The Human Resources Business Support Teams will provide regular reports to Command areas/Departments giving an overview of sickness. The production of these reports should in no way be seen as removing the responsibility of line management to effectively manage and monitor sickness at a local level.

The HR Performance Analyst will also prepare statistical management reports on a quarterly basis. These statistics will benchmark absence patterns between Commands/Departments. The HR Performance Analyst will also produce ad-hoc statistics relating to absence that can be used by managers or the Force as a whole to assist with promoting health and wellbeing.

The individual absence records form part of an employee's record of employment and are also used for appropriate management purposes including references. Employees may access their individual sickness record if they so wish by using +DPR.

In all cases absence should be recorded in hours not days to ensure accuracy of records and compliance with national recording requirements.

3.5 Return to Work Discussion

The return to work discussion is a critical element of the Force's strategy to promote health and wellbeing. All employees, regardless of their length of sickness absence, must have a return to work discussion, which should take place on the day of the individual's return or as soon as possible thereafter. This section of the document sets out detailed guidance on how to carry out a return to work discussion. Additional line management support is also available in the e-sickness system.

Return to work discussions that have been properly conducted demonstrate a genuine concern for the employee's health and wellbeing, confirming appreciation for their work, acknowledging their contribution to the work of the team and that the organisation is pleased they are now well enough to work. The purpose of the return to work discussion is to listen to what the employee has to say about their sickness and to identify any areas where additional support may be required.

Properly managed the return to work discussion will help line managers to identify and manage, in a supportive manner, patterns of short-term illness, underlying causes and facilitate early referral of a potential health problem that may prevent future long-term absence. Whilst not being the primary purpose, it is also acknowledged that the return to work discussion may deter some employees from taking time off when they are not genuinely ill. For example, some individuals may inadvertently use sickness for short term emergency caring responsibilities, which should be dealt with under relevant procedures such as dependents leave. Full details of the Force's available leave options can be located on the intranet.

Before holding the return to work discussion the manager should review the past sickness record of the individual concerned. If the person has had four or more absences in the past 12 months, has a Bradford Factor Score in excess of the trigger level (currently 192 points) or has been continually absent for longer than 28 calendar days then this should act as a trigger to prompt a more in-depth discussion. This is referred to as either Supportive Management Action or Informal Action. The Bradford Factor is calculated by the numbers of times absence multiplied by itself, times the number of working days lost. At this stage the manager should be clarifying their understanding of the reasons for absence, checking that reasonable support has been provided and considering the appropriateness of progressing the case either via the Police Officer Unsatisfactory Attendance Procedure or Attendance Support Procedure for Police Staff. The relevant HR Business Support Team must always be consulted prior to the use of formal action under either procedure. These procedures provide a consistent and fair approach for dealing with individual cases. The procedures should not be confused with disciplinary action, which would only be relevant if the manager believes that the sickness is not genuine.

It should be noted that it is not necessary for someone to reach a sickness trigger level before consideration is given to using Supportive Management/Informal Action. Essentially, all staff are in their respective procedures at all times since the initial stage simply highlights normal supportive management action. Equally, reaching a trigger level is not an automatic reason for progressing a case into the formal stages of the procedures.

The Police Officer Unsatisfactory Attendance Procedure – Supplementary Line Management Standards and Guidance and Attendance Support Procedure for Police Staff are relevant for use where there is a concern that the individual's performance or the performance of their work area is being adversely affected by their level of absence. It therefore follows that the procedures are relevant for use in cases of genuine illness. It should be remembered that both procedures are

Not Protectively Marked

designed to support the individual and provide a valuable and consistent framework for determining when and how to progress cases.

Guidance in relation to the management of staff with disabilities and the definitions of reasonable adjustments is available to line managers in the Management of Staff with Disabilities Policy.

The return to work discussion is not an onerous requirement but must be undertaken after every period of absence. What is discussed will obviously vary depending on the nature and duration of the sickness. Matters to raise and consider could include:-

- Giving advice and support to the individual;
- Confirming the individual is fit to return to work i.e. what does it say on the 'fit note';
- Confirming the reasons for the absence;
- Finding out the likelihood of any recurrence;
- Establishing whether there is any underlying personal or work related issues;
- Determining whether there is a link between periods of absence;
- Updating the employee on progress at work;
- Informing them of any change in the patterns of work that have been necessary during the absence;
- Identifying any training needs;
- Issues or concerns raised by the individual, eg. outstanding annual leave.

The following points should also be taken into consideration:-

- Select the discussion venue carefully so that it affords privacy and freedom from interruption;
- Line managers must acquaint themselves with the employee's sickness absence record details prior to the discussion;
- Begin the discussion by welcoming the employee back and enquire how they are feeling on returning to work after the illness;
- A sympathetic approach to this interview can reveal underlying problems that might not be apparent;
- Assumptions should not be made about the nature of an employee's sickness nor their ability to return to full duties. Confirm the reasons for the absence; discuss apparent problems and consider any help that may be required. Where relevant this should include creation or review of a specific risk assessment;
- Information may come to the line manager's attention during the interview that may encourage the line manager to consider a medical referral, a referral to Welfare and/or the Force Employee Assistance Programme provider;
- Discuss the impact of the absence on the workload of others (if relevant);
- The return to work discussion can also be an opportunity to highlight issues regarding the impact that ill-health is having on the individual's performance and the capability issues that this may raise;
- Where the employee is serving a probationary period it is important that sickness is closely monitored as part of the probationary review process.

To demonstrate the importance that is attached to this procedure, on the occasion of an individual having a third period of absence within a six month period, following the normal return to work discussion with the line manager an interview will be conducted by the 2nd line manager. On the fourth absence within 12 months, again, following the normal return to work

discussion with the line manager, an interview will be conducted by the Commander/Head of Department.

Guidance on the areas which are likely to be relevant in the interviews to be performed by the second line manager and the Commander/Head of Department is provided below. Naturally, these may be adjusted dependent on individual circumstances. Matters to raise and consider could include:-

- The impact of frequent absence upon the Command Area
- Explanation re personal expectation in terms of good attendance in the Section/Command and that frequent absence could potentially affect the delivery of policing priorities.
- Explore why the individual has not been providing a reliable and regular service.
- Highlight that there should not be confusion between illness which prevents the performance of the individual in their normal role with an inability to perform any work for the Force
- Discuss any further support or underlying cause of the frequent absences that may not have been disclosed to the line manager/second line manager.

3.6 Managing Short-Term Sickness Absence

Line managers are responsible for the management of short-term sickness absence. This is defined as continual absence for a period of 28 calendar days or less. The structured and timely management of short-term sickness absence is essential to support the employee during the absence and facilitate a timely return to duty. Early proactive intervention by the line manager is a vital element of promoting health and wellbeing since it provides the best possible opportunity of demonstrating to staff that they are a valued member of the team and enables managers to provide timely support thus potentially preventing further repeated short term absence or the development of long term absence. An e-learning guide on managing recurrent short-term sickness is available on the Force Intranet.

3.6.1 Contact During Short-Term Sickness Absence

The line manager must make contact with the employee at the earliest opportunity and complete the sickness details section within the e-sickness system. This enables the line manager to document the nature of illness, likely duration and offer appropriate advice and support. The opportunity should also be taken to identify if there are any appointments, commitments or outstanding work that need to be dealt with during the person's absence.

Line managers must maintain weekly contact with the employee for the duration of their sickness absence. This contact will normally be achieved by telephoning the employee at agreed times. However, it may be appropriate in certain circumstances for the individual to make the initial contact.

A weekly contact form will be automatically generated by the e-sickness system until the individual returns. Line managers are required to act upon all follow up actions resulting from the contact.

The line manager may become aware of issues that are impacting upon the individual's attendance or identifies support or action that the Force needs to take in order to facilitate the persons return. In such cases the manager should assess the reasonableness of the course of action required and promptly deal with the matter if relevant.

In most instances personal visits will not be necessary during a period of short-term sickness absence and initial contact by the line manager supported by weekly telephone contact thereafter will be sufficient. However, circumstances can arise where the line manager or the relevant Commander/Department Manager considers that the need for early proactive intervention merits a personal visit.

All contact should be handled in a sensitive, tactful manner taking account of individual circumstances. It should be seen to be supportive of the individual during the absence whilst facilitating a timely return to work.

3.7 Managing Long-Term Sickness Absence

Long-term sickness absence is defined as continual absence for a period of more than 28 calendar days, supported by medical statements. Such long-term absence is likely to place particular strains on resources and other staff as well as the individual concerned. It is therefore essential that a structured and timely process is followed in all cases for the benefit of all concerned. One of the difficulties in managing long term sickness is to ensure that the individual employee continues to feel that they are a valued member of the organisation and does not develop a sense of isolation. It is also important that those staff remaining at work feel confident that the organisation is taking reasonable steps to facilitate the absent employee's return.

Prior to the case becoming one of long-term sickness absence, the Human Resources Business Support Team will contact the line manager to request an update so that consideration can be given to referring the individual to Occupational Health. However, all long term cases will not be automatically referred. Referrals will generally only occur where there are significant concerns or prior to formal action being considered. In certain instances, specific case reviews may be arranged.

3.7.1 Regular Contact during Long-Term Sickness Absence

The maintenance of regular contact with the employee is essential to:-

- Ensure that any support needs can be identified;
- Identify when a return to work can be expected;
- Convey the value that the organisation places on the employee, encouraging a positive attitude to a return to work;
- Give time to discuss and organise any necessary special arrangements to facilitate a return to work;
- Give an opportunity to keep the employee in touch with developments at work and in the Force generally;
- Advise the employee of significant issues affecting them, e.g. early advice about their entitlement to sick pay;
- Provide the opportunity for the employee to raise any issues or concerns.

Not Protectively Marked

This document ensures that the employee should be in receipt of appropriate support when facing a period of long term sickness absence. It is, however, important that the employee co-operates fully to facilitate this process and proactively updates their manager and notifies them if they feel that any additional help is required. It is not acceptable for a member of staff to avoid contact with the Force and they should ensure that all reasonable steps are taken to facilitate their return to work. All contact should be handled in a sensitive, tactful manner, taking account of individual circumstances. In exceptional cases it may not be appropriate to follow the procedure in detail, e.g. a potentially terminal illness.

Line managers will normally make contact by telephone at weekly intervals. However, where it becomes long term, they should meet with an individual at a mutually agreeable venue, time and location on a monthly basis. All contact made by line managers should be recorded on the weekly contact form. At this stage, the weekly contact forms will be utilised to provide an ongoing record of the sickness absence and to form the basis of discussion between the relevant line manager and Human Resources Business Support Team

Exceptionally, an alternative manager to the line manager may be nominated by the Command Team/Departmental Head to maintain regular contact with a member of staff. An example of such circumstances would include a pending grievance/discipline issue where the line manager's involvement may make contact inadvisable

3.7.2 Case Conferences

Early proactive intervention is a vital element of promoting health and wellbeing. It provides the best possible opportunity to demonstrate to each member of staff that they are a valued member of the team and enables managers to provide timely support, thus potentially preventing further protracted absence.

Case conferences will take place for absences likely to exceed 28 days or more. The conference will be an opportunity to discuss any health issues or other associated matters the individual may have and the impact of these issues on their attendance.

A case conference approach will provide Supportive Management Action (SMA) for individuals who are identified by their line manager as likely to be absent from work for 28 days or more. The case conference will be planned to occur before the 28 days point is reached. However, should an individual report sick with a work related matter, a case conference will be held as soon as practicable. This is to enable the speedy assimilation of all the issues to determine the best way forward to support the individual and signpost the interested parties towards the most appropriate policy and procedures.

The purpose of the case conference will be to explore with the individual when they will be fit to return to their role, what support they may require from the Force to achieve this, or, whether a return to some other form of work can be achieved if a return to full duties is delayed. An individualised support package can then be prepared by the line manager taking into account the circumstances of the case. This may include, for example, a referral to Occupational Health.

If there is concern that an individual is not taking personal responsibility to assist with their return to work or poor attendance issues, these matters can be addressed or challenged at this time.

In cases where it appears that an individual has reported sick as a result of dissatisfaction with a management decision that affects them, e.g. a posting or the raising of a performance or

misconduct issue, this will be a key consideration at the case conference and may result in a challenge via the Occupational Health Unit to any fit note issued by the GP.

Case conferences will be attended by the individual, the line manager, welfare and a representative from a staff association / UNISON / work colleague if required by the individual. A member of the HR Business Support Team will chair the event.

Should an individual not be able to attend a case conference due to their incapacity; a nominated representative could attend in their absence or the individual could submit a written statement to be taken into consideration. The case conference will take place in their absence and a subsequent face to face meeting with their line manager will cover the issues to ensure that processes are undertaken.

3.7.3 Personal Meetings

In addition to the normal mutually agreed personal visits undertaken by line managers, there are certain key points within the management of long-term sickness absence that require additional input where appropriate.

3.7.4 At 28 days

In cases where an individual is not able to attend a case conference, the relevant Command Team/Departmental Head will ensure that a personal visit is carried out by an appropriate manager who will then be appointed to undertake the day-to-day management of the case.

This personal contact is of particular importance as it provides the opportunity to ensure that a structured plan for managing the absence takes account of the interests of the employee, service delivery requirements and the application of a consistent, structured and proactive approach. To assist in the process, the appointed manager must liaise with the relevant Human Resources Business Support Team to discuss the most appropriate way forward.

During this visit, the appointed manager should ensure that the employee understands the process for managing long-term absence and the level of contact expected. A fuller understanding of the process and what is expected should help to facilitate the future management of the long-term absence.

The individual will be invited to nominate a social contact colleague to maintain regular informal contact with them throughout their period of sickness. This contact is not a substitute for regular contact with the manager, nor should they be used as a 'go-between'.

3.7.5 End of Third Month (and every subsequent quarter)

At the end of the third month of absence (and every subsequent quarter) the appointed manager will undertake a further personal meeting. However, this does not preclude a line manager from undertaking interim home visits.

The information from this meeting should again be discussed with the relevant Human Resources Business Support Team to ensure that all appropriate steps are being taken to manage the case.

3.7.6 Social Contact Colleague

The role of social contact colleague is a voluntary role which aims to provide additional contact to members of staff who are on long-term sick leave. Normally any member of staff who is sick for more than 28 calendar days will be invited to nominate a social contact colleague to undertake this role and, except in unusual cases, this will not be the line manager. The roles are very different and should be treated as such. However, circumstances may dictate this person is nominated sooner. A social contact colleague can be of any rank or grade, but they must be willing to undertake the role and the nomination must be acceptable to the relevant Command Team/Departmental Head.

The purpose of the role is to provide an informal link and social contact, which will help to further reduce any sense of isolation, which can quickly be felt by staff when they are away from work for a prolonged period. This link will be maintained through telephone or personal contact and possibly home visits, which must be authorised by the individual's line manager.

3.7.7 Resumption of Duty from Long Term Sickness Absence

Following a period of long term sickness absence it is not unusual for an employee to experience anxieties about returning to their workplace and coping with the demands of work. Prior to the individual's return, the appointed manager should consider whether it is appropriate to agree any special arrangements/support that will be provided to facilitate a smooth return for the employee.

Any special arrangements/support put in place by the appointed manager should be restricted to short term measures that fall outside the definition of recuperative or restrictive duties as set out below. Examples of relevant interventions would be setting aside time to provide the returning employee with a detailed briefing on their return to work, additional monitoring of workloads or providing access to training to enable skills/knowledge to be updated.

3.7.8 Recuperative Duties

In certain cases the individual's GP may recommend, using the 'fit note' that an employee be given the opportunity to carry out less demanding duties for a limited period of time. Such cases are termed recuperative duties and are aimed at assisting the employee's rehabilitation and ultimate return to their substantive role and full responsibilities. A period of recuperative duties should normally last up to six months, although it is recognised that, in exceptional circumstances, it may be appropriate to extend the recuperation period up to a further six months (12 months in total).

Recuperative duties are NOT available as of right; each case will be considered by the Force on its merits. The Human Resources Business Support Team in consultation with the relevant line manager will consider the organisational benefit of allowing a period of recuperative duties. Issues that may be considered could include:-

- Individual skill sets;
- Suitable available opportunities;
- Appropriateness of workplace adaptations or adjustments;
- Likelihood of a full return to the individual's substantive role;
- Cost to the organisation;
- Impact on the Command area/Department/Force.
- Requirements of the Equality Act 2010

Recuperative duties can only to be agreed for a maximum period of three months at any one time. A detailed return to work programme, based upon additional advice from Occupational Health will be necessary where recuperative duties exceeds 28 days or where there are specific concerns relating to the individual role. At the end of each three-month period there must be a review by the line manager in conjunction with the relevant Human Resources Business Support Team. For a further three months to be granted there must be a clear indication of continued organisational benefit.

It is inevitable that in some cases recuperative duties will be found to have been unsuccessful in achieving an acceptable return to full duties within a reasonable time-frame. In such cases a referral may be made to Occupational Health for consideration of all available options including the following:-

- To return the individual to sick leave;
- A move to restricted duties;
- Consideration of long-term future.

Whilst working on recuperative duties an individual will retain their right to their full pay regardless of any restrictions in terms of duties and number of hours worked. However, in most cases, there will be an expectation for the individual to build up to their allocated substantive hours in a reasonable period of time.

3.7.9 Limited/Adjusted Duties

In certain cases Occupational Health may indicate that an officer is unlikely to return to their substantive role for a period of in excess of one year or indeed may be permanently unable to return to this position. In such circumstances the organisation will consider the option of adjusted duties either on a temporary or permanent basis. It is fully appreciated that some individuals may not wish to pursue this option and as an alternative may wish to seek medical retirement.

Other considerations for officers to be placed on adjusted duties include:-

- Officer fails to recover to full duties following a period of recuperation;
- Failure to pass fitness test or personal safety training brings to light an underlying medical condition that makes adjusted duties appropriate;
- Officers H1 retained (SMP) advised of permanency but the Force has retained the officer.
- Medical review for some other reason.

3.7.10 Placing an officer on adjusted duties represents an intention to retain an officer in the force in a substantive policing role that matches their individual capabilities, on the understanding that this may necessitate long term or permanent workplace adjustments.

3.7.11 Adjusted duties are NOT available as of right, each case will be considered by the force on its individual merits. The line manager, in conjunction with the relevant Command Team/Departmental Head and Human Resources Business Support Team will consider the organisational benefit of allowing adjusted duties. For an officer to be placed on adjusted duties, he/she must:-

Not Protectively Marked

- Have returned to, or be attending work on a regular basis;
- Be working the full number of hours for which he/she is paid (in either a full time or part time role).

3.7.12 The following considerations will take place in the priority order shown unless agreed with the Business Support Team Manager:-

- Consideration of reasonable adjustments to enable the officer to carry out all aspects of their existing role;
- Redeployment to existing or impending officer vacancy of the same rank; status;
- Redeployment to occupied officer role of the same rank;
- Redeployment to vacant police staff role on officer terms and conditions;

3.7.13 Other key considerations in decisions around the posting of officers on adjusted duties into appropriate roles include:-

- Whether it is reasonable for the force to make those adjustments. This would include consideration of operational resilience issues alongside the capabilities of the individual such as; health and safety risk assessment, cost, impact of adjustments on colleagues and team performance;
- The context of the totality of the police officer workforce, the number of vacancies available and the needs of disabled officers and officers returning from maternity leave;
- A trial period (determined by the force) to assess whether the officer can fulfil the role with reasonable adjustments.

3.7.14 Following this, officers may, as a reasonable adjustment be posted to a role which they are medically capable of performing, but for which they do not have all the necessary skills or experience. In these circumstances, a reasonable period of retraining will be required.

3.7.15 The process for the effective management of officers on adjusted duties is outlined in the Police Officers Limited Duties policy located on the Force Document Library.

3.8 Police Staff Re-Deployment

For Police Staff where restricted duties are not encompassed by varying the duties or hours of the employee's substantive post and, instead there is to be consideration of a move to an alternative police staff position within the organisation, support in attempting to find an alternative position will be provided for a maximum period of three months at any one time. This section should be read alongside the Management of Staff with Disabilities Procedure P05:2005 to be found in the Force Policies and Procedure Library.

At the end of each three-month period there must be a review by the Line manager in conjunction with the relevant Human Resources Business Support Team. For a further three months support to be granted there must be a clear indication of continued organisational benefit

3.8.1 Notification of Vacancies

The Force will send out a personal copy of current job vacancies to the individual or make the information available to them electronically.

3.8.2 Applying for Posts

When applying for posts, special provision will be made to allow the individual applying for a job at the same or lower grade/rank to be given first opportunity to be considered for the vacancy. In such cases the person will still need to meet the relevant criteria for the post to be successful in an appointment but they will be interviewed prior to any consideration of other applicants.

It should be noted that prior consideration will also be offered to other staff seeking a move under other relevant policies such as Management of Change.

For higher graded ranks/posts special provision will be made to guarantee the member of staff an interview subject to them meeting the necessary criteria that are identified for the post in question but the interview will be held in competition with others.

Assessment of the individual's suitability for a post will be against the criteria for the post in accordance with normal recruitment procedure. However, consideration will also be given to retraining if appropriate. The extent to which training can be taken into account will depend on a number of factors, including length of training and impact on operations in the short term.

Where an individual is successful in securing an alternative role they will receive the appropriate new salary and enhancements i.e. no pay protection. For the avoidance of any doubt this refers to all potential support including salary, allowances, travel and leave.

3.8.3 Trial Period

If the member of police staff successfully secures a post in the organisation they will be provided with a trial period. The trial period is to allow time for the employee to decide whether they feel the post is a suitable alternative to the one they previously occupied and for management to decide whether or not they feel the employee is suited to the post.

A trial period will normally be for a minimum of one month and will start from the day the employee commences work in the new role. The trial period may be extended beyond the minimum of one month for example, for the purposes of retraining.

During the trial period the employee will be seconded to the new job under their existing contract so the Force will not make an appointment to their substantive role during this period. Under this arrangement acting up allowances will be paid in appropriate circumstances.

Where it has been agreed retraining is necessary, a structured training programme should be identified for the duration of the trial period.

During the trial period progress reviews should take place on a regular basis and the focus of the reviews should be to iron out any potential problems and for both sides to discuss how the trial is working.

If during or at the end of the trial period the employee finds the post unsuitable or the manager feels they are unsuitable for the post, the employee will return to sick leave. In cases where the employee finds the post unsuitable this will be conditional upon the organisation accepting that there are suitable grounds for rejecting the position.

3.9 Occupational Health Referrals

Occupational Health provides professional independent medical support to the organisation and its employees.

There may be a variety of reasons why it is felt appropriate to seek an opinion from Occupational Health for example, where there are significant concerns in a particular case or to access an appropriate specialist medical view. Occupational Health provides a valuable link between the Force, the individual and their General Practitioner which is essential for the provision of a quality medical support service.

Line managers have the responsibility for managing both long and short-term sickness absence. If at any time a manager believes that referral to Occupational Health may be of assistance this must be discussed with the relevant Human Resources Business Support Team. The purpose of such referrals is to obtain advice both for the organisation and the employee that will assist in maintaining an appropriate level of attendance. It is to be noted that a referral to Occupational Health can be considered at any time regardless of whether the individual is absent or attending work.

Consideration should be made to recommending a referral in the following circumstances:-

Psychological related absence

In these cases individuals will be subject to the Force's Stress Management Procedures which is likely to result in an automatic referral. Thereafter, the following normal referral regime will apply.

During absence

Less than 28 day's absence – only in exceptional circumstances. For example where significant concerns exist about an individual's health;

After 28 days absence – no referral is necessary if, at the Supportive Management/Informal Action stage, there is a good flow of information between the member of staff and their line manager (which will include the GP's views);

Six weeks before the end of an action plan review - if concerns still exist and the predicted absence is likely to continue beyond the 3 month review period then an Occupational Health report will be needed prior to any review meeting;

Returning to work on anything other than full duties

On receipt of a 'fit note' – only where the time-scale exceeds 28 days or where there are specific concerns relating to an individual role or person.

Medical reviews

Not Protectively Marked

It is acknowledged that medical review appointments, particularly with regard to management referrals, will occasionally need to take place, however, there must be clear benefits to Dorset Police in obtaining further independent Occupational Health advice. For example, a further medical opinion may be appropriate where there is a significant development or concern in a particular case where, organisationally, a long term prognosis may be required.

Other potential reasons

Injury on duty – referrals will be necessary where the injury results in sickness over 3 days;

Reoccurrence of absence due to injury on duty – this is only necessary if the individual was not previously referred for the original injury;

Following a significant new medical event or diagnosis – where an individual is subject to health monitoring and suffers, for example, from a heart attack or stroke or is newly diagnosed with epilepsy or diabetes then a referral would be appropriate.

Equality Act

Occupational Health are able to determine an individual's protection under the Equality Act 2010 and recommend potential reasonable adjustments.

It is recognised that some employees can feel threatened by a referral. In order to allay such fears and to ensure they fully understand the reasons for the referral, all referrals must be discussed with the employee by an appropriate manager and before they are advised of the appointment. It must be explained to them that Occupational Health will be assessing their fitness to work and that this specialist advice is an important aspect of being able to manage their case appropriately. To ensure that no misunderstanding occurs, the Human Resources Business Support Team will forward a copy of the completed referral form to the individual concerned together with GP consent forms.

Following the consultation the Occupational Health Unit will provide a management report giving clear, objective information in answer to the specific questions posed on the referral form to enable informed decisions to be made. This report will be forwarded to the:-

- Human Resources Business Support Team;
- Individual;
- Line manager;
- Force Welfare Officer (where it is psychological related).

Occupational Health will discuss the content of the report with the employee at their consultation. The employee will be required to sign a consent form agreeing to the release of the report. If the individual wishes to receive a copy of their full medical file they should contact the Occupational Health Unit direct.

Occupational Health may also seek consent from the individual to obtain further medical information from relevant health professionals. It is not anticipated that any such consent would be unreasonably withheld, but were this to occur the Force Medical Officer would report accordingly.

When sending written medical documents, they should be sealed in an envelope, addressed to a person designated to deal with the matter and endorsed 'RESTRICTED MEDICAL'.

3.10 Additional Employee Support

Dorset Police is committed to maintaining a healthy workforce and wishes to promote activities, policies and support that facilitate achievement of this aim. It is recognised that employee health and wellbeing is beneficial to both the individual and the organisation as a whole and therefore a proactive approach will be taken to providing employee support mechanisms.

3.10.1 Promotion of Healthy Life Style

Fitness facilities are available at various locations across the Force and trained staff are available to offer advice and assistance to staff in terms of fitness programmes and the use of specialist equipment

The Force has introduced and will continue to seek to develop policies aimed at supporting a healthy life style. Examples of current policies include alcohol and drug misuse and no smoking.

The Force will also continue to develop health initiatives with its main partners for example night workers health assessments, health road shows etc.

3.10.2 Sick Pay

Police officer regulations and police staff contracts of employment set out the provisions in terms of sick pay. Specific Force procedures exist to deal with cases where extensions to sick pay are requested and these can be accessed via the following link: - [Half Pay Intranet Page](#).

3.10.3 Human Resources Business Support Teams

The Human Resources Business Support Team co-ordinates all medical issues, including ill health retirements, management of sickness absence, fitness for role and health promotion. The function provides a one-stop shop facility in respect of all health, safety and wellbeing issues. The Business Partner dedicated to health & safety, reports to the HR Specialist, Health and Safety.

3.10.4 Welfare Support

The Force provides comprehensive welfare support to its entire staff. In the majority of cases involving non-work related issues the Force Employee Assistance Programme (EAP) is the relevant first contact. If, however, the issue is work related then the initial contact should be made with the Force Welfare and Counselling Unit.

The Force EAP is a 24/7 helpline and provides confidential support and advice to all members of staff and their immediate families, including the provision of free counselling.

The Force Welfare and Counselling Unit is available to all members of staff and officers and can be accessed via self-referral. In addition to providing support to individual officers, the Welfare and Counselling Unit is also available to provide specialist support, assistance and guidance to Commanders/Departmental Heads where necessary. Whilst much of the work of Welfare is

reactive, the Unit is also available to assist in providing proactive solutions where operational managers or the organisation have identified potential difficulties which could impact upon the health and wellbeing of employees.

3.10.5 NHS Medical Appointments

Staff requiring time off for NHS medical appointments should wherever possible book appointments out of duty time. Where appointments during duty time are unavoidable every effort should be made to cause minimum disruption to the working day. In this instance appointments will normally be classed as duty time provided arrangements have been made with the line manager giving as much notice of the absence as possible.

3.10.6 Time Off For IVF treatment

It is recognised by the Force that some individuals experience difficulty conceiving which can be a cause of stress. Individuals undergoing fertility treatment are therefore entitled to a maximum of 5 days paid leave in any 12 month period to undergo treatment. Officers and staff are reminded to consider the operational impact when planning paid leave and should fully discuss the situation with line managers in advance of planning treatment.

This entitlement is not extended to respective partners. Nevertheless, supervisors are strongly encouraged to facilitate time off etc for staff supporting their partners in such cases.

Once the 5 days paid leave has been taken line managers should consider other options for example swapping shifts or taking annual leave. In some circumstances unpaid leave may be taken with the agreement of line management.

Employees should give their line manager as much notice as possible prior to any leave application for IVF treatment. Time off for fertility treatment will be recorded as 'special leave' on the Force computer system.

3.11 Health & Safety

Dorset Police is committed to ensuring the health and safety of its entire staff. The Human Resources Business Support Teams are available to the Force to provide advice and assistance. Appropriate reporting mechanisms and policies are in place to support the maintenance of an appropriate working environment, details of which can be obtained from the HR Intranet pages.

A series of committees actively consider health and safety issues on a regular basis, these include:-

- Health, Safety and Wellbeing Group;
- Officer-Staff Safety Group;
- Risk Management Group.

As part of its active promotion of health and safety, the Force provides dedicated training opportunities aimed at promoting awareness and providing the necessary skills and knowledge to protect individuals. Induction training includes health and safety as part of the programme followed by all staff and specialist training such as control and restraint which is made available for relevant post holders.

The Force provides its employees with access to safety equipment deemed to be appropriate and necessary for the employee's role, e.g. body armour, where identified in the role risk assessment.

3.12 Health Monitoring

The Force Health Monitoring policy puts into place arrangements to protect and promote the health of specific high-risk staff groups. The policy ensures that there is a proactive approach to dealing with potential adverse health risks at an early stage thus preventing possible future harm. This will include both physical and psychological checks. Provisions under this policy include for example: specialist medical examinations, structured support, or audiometry testing for staff in particular identified roles. Details of the policy can be found in the Force Policy and Procedure Library.

3.13 Disability

Dorset Police is a committed equal opportunities employer and recognises the value of a diverse workforce. In respect of disabled employees and potential employees the Force will endeavour to provide support and assistance to help overcome any work related limitations or difficulties associated with a disability.

Whilst it is necessary for the organisation to consider the reasonableness of any adaptations or assistance that may be required, the overriding philosophy will be to review available options before coming to a conclusion as to what can or cannot be done in any individual case.

As part of its ongoing support and commitment, Dorset Police has supported the creation of a Disability Support Network which is open to all employees with a disability or associated with someone with a disability. To ensure that the organisation remains cognisant to the needs of these employees a representative of the Network sits as a full member of the Employee Relations and Diversity Board.

In order to provide appropriate support to disabled employees, there is an onus on such staff to formally make the organisation aware of the nature of their disability and any requirements that they consider to be relevant. Such information is to be provided to the relevant Human Resources Business Support Team.

Disability related leave is recorded separately to sickness absence. Whilst the Force is entitled to expect good attendance from its disabled staff, it is recognised that on occasion it may be necessary for an individual to take time off work in respect of their disability and that such time should not be recorded as sickness absence. If a manager becomes concerned about the level of disability related leave being taken they should seek advice from the Human Resources Business Support Team before commencing normal attendance procedures.

3.14 Work Life Balance

Dorset Police endeavours to offer proactive support to maximise work life balance. This may include part-time work, maternity/paternity leave, flexitime, etc. Full details may be obtained from the Human Resource Business Support Teams.

3.15 Staff Associations/UNISON

The three staff association/trade unions, namely the Superintendents Association, Police Federation and UNISON are all supportive of Dorset Police policies that seek to give support to staff in areas of health and wellbeing.

They all have a role to play together with the Force to develop policies for their respective members, including this document, and also in assisting those members during the course of absence from work whether for sickness or other reasons.

Individuals are encouraged to make contact with their respective association/trade union whenever they require assistance in respect of any issue connected to their health and wellbeing.

Confidentiality is considered paramount by all of the above who will be as supportive and informative in addressing individual needs where appropriate.

3.16 Limitations on Support

Whilst the Force's primary aim is to provide appropriate support and assistance to employees there will obviously be certain limitations that need to apply. Ultimately the organisation will need to be assured that the steps it is taking are of benefit to the Force.

Members of staff must also fully appreciate that they have a contribution to make through their own actions and lifestyle to promote their health and wellbeing.

At all times staff are expected to fully co-operate with the organisation in terms of ensuring their return to work. A failure to work with the organisation will be taken into account when considering what action to take in individual cases.

An employee neglecting his/her health by failing to carry out the reasonable instructions of a medical practitioner nominated by the Force or whilst on sick leave conducting themselves in a manner that is likely to delay a return to duty, may be dealt with under the relevant disciplinary/misconduct procedure.

3.17 Stress Management

Separate stress management procedures exist which can be accessed via the following link:- [Stress Care and Advice Intranet Page](#)

3.18 III Health Retirement

Whilst the emphasis of this document is to provide the mechanism to support and encourage healthy lifestyles and good attendance throughout the Force, it has to be recognised there are occasions when, due to the nature of the condition, it is appropriate to retire a police officer or member of staff on ill-health grounds.

These processes are governed by the Police Pensions Regulations and the Local Government Pension Scheme. The Police Officer Ill Health Management Procedure on the Force Document Library sets out more detail for police officers

The Police Staff Redundancy and Early Termination of Employment Policy sets out the position with regards to police staff. Copies of these are available in the Human Resources Department or the Staff Association/Trade Union.

Occupational Health's role is to provide an assessment of the individual's state of health for the purpose of informing the process. Occupational Health does not have the power to agree a medical retirement; this is the responsibility of Dorset Police. Under both the Police Pension Regulations and the Local Government Pension Scheme an application can be made by an individual for an injury award/ allowance in appropriate circumstances.

3.19 Supportive Options for Time Off

Sickness absence must only be recorded when there is a genuine reason; for example taking time off to care for others or to deal with some other personal/domestic crisis, should not be record as sickness.

Up to 5 days compassionate leave may be granted by Commanders/Departmental Heads when a member of staff is facing a personal emergency. Examples of which include death or serious life threatening illness of a family member, housing emergencies such as serious flooding/fire. More leave may be granted, but only in exceptional circumstances. However, if additional compassionate leave is required, consideration should be given to other options e.g. flexi-time/time on card, utilisation of annual leave, temporary shift changes, consideration of unpaid leave or a temporary reduction of hours.

In all cases compassionate leave must be recorded on the computerised personnel system.

If the above is not applicable, it may be appropriate to allow a reasonable amount of unpaid time off to deal with unforeseen matters and emergencies involving a dependent, normally one or two days. The [Time off for Dependent's Policy](#) provides further guidance.

4 Consultation and Authorisation

4.1 Consultation

Version No:	Name	Signature	Date
Police & Crime Commissioner			
Police Federation			
Superintendents Association			
UNISON			
Other Relevant Partners (if applicable)			

4.2 Authorisation of this version

Version No: 2.9	Name	Signature	Date
Prepared:	Teri Roberts	<i>Teri Roberts - 7403</i>	14.01.19
Quality assured:			
Authorised:			
Approved:			

5 Version Control

5.1 Review

Date of next scheduled review	Date: 1 YEAR FROM PUBLICATION
-------------------------------	-------------------------------

5.2 Version History

Version	Date	Reason for Change	Created / Amended by
1.0		Initial Document	
1.1	Nov 05	Impact Assessment	R Anderson
2.0	Mar 06	Reformatting	S Pemberton
2.1	July 10	HR Restructure. Job title changes only and fit for purpose review and minor amendments only.	Mr I Coombs
2.2	7/11/13	Change in Bradford Factor Trigger Level	Mrs L Tong

Not Protectively Marked

Version	Date	Reason for Change	Created / Amended by
2.3	21/02/2014	Fit for purpose review Minor amendments update Divisions to Command Areas Health and Safety 'Reporting of injuries, assaults and near misses (e-A25 process) updated. Information re supportive options for time off included at paragraph 3.19.	Mrs L Tong
2.4	22/10/14	Changes to Bradford Factor Trigger Level	Mrs L Tong
2.5	4/11/14	This policy has been reviewed in preparation for NICHE implementation (April 2014), no changes necessary	Policy Co-ordinator
2.6	8/1/15	Changes made following changes to sickness management procedures and the introduction of the Limited Duties Policy following changes to Police Regulations. Additional information included in paragraph 3.19, Supportive Options for Time Off.	Mrs L Tong
2.7	29/3/16	Minor amendment to Paragraph 3.10.6 – Time off for IVF Treatment to remind officers and staff to consider the operational impact when planning paid leave and should fully discuss the situation with line managers in advance of planning treatment.	Mrs L Tong
2.8	07/09/2017	Minor amendment to terminology at 3.13 from disability related absence to disability related leave to reflect the correct terminology as contained within the Management of Staff with Disabilities Policy, following this being queried by a member of staff	Mrs K Duke-Glover
2.9	14.01.19	Front page updated with statement to reflect harmonisation process. Removal of reference to Management of Change Policy.	Teri Roberts (7403)

5.3 Related Forms

Force Ref. No.	Title / Name	Version No.	Review Date

5.4 Document History

Present Portfolio Holder	Director of Human Resources
Present Document Owner	Director of Human Resources
Present Owning Department	Human Resources
Details only required for version 1.0 and any major amendment i.e. 2.0 or 3.0:	
Name of Board:	Strategic People Board
Date Approved:	5 th May 2016
Chief Officer Approving:	Chair of Board

Template version January 2016