

## **GUIDANCE ON ATTENDANCE MANAGEMENT**

### **INTRODUCTION**

1. The police service is committed to promoting a good attendance culture and a supportive working environment within police forces. This guidance on attendance management is issued by the Home Office with the full support of the Police Advisory Board for England and Wales.
2. The purpose of this guidance is to highlight the key principles that should guide police forces in developing good attendance management policies and practices.
3. While the guidance is not statutory, it is relevant to the application of the Police (Performance) Regulations 2008. There is a clear expectation that forces will have in place an attendance policy that meets the standards set out in this guidance. Failure to have or to follow such a policy could be taken into account when decisions are being made, or appeals decided under the Unsatisfactory Performance Procedures (UPPs).
4. This guidance has been developed in conjunction with the police staff associations.
5. The Police (Performance) Regulations 2008 define unsatisfactory attendance as 'the inability or failure of a police officer to perform the duties of the role or rank he [she] is currently undertaking to a satisfactory standard or level'. In this context, this would be due to absence during agreed hours of duty.
6. In the case of lateness, there will be a need to establish the reasons for the behaviour. Consideration should be given to whether the matter is properly dealt with under the attendance management policy or as an issue of personal misconduct.

### **SCOPE**

7. This guidance covers an attendance management policy as it relates to police officers, including Special Constables. Arrangements are underway to develop a parallel document in relation to police staff. However, while acknowledging the differing employment status of officers and staff, the principles of effective attendance management set out here are generally applicable to both officers and staff, and forces may choose to develop a single policy to cover both officers and staff.

## KEY PRINCIPLES

- All forces should have a clear policy on attendance management that is well-publicised and accessible to all.
- There should be ownership of the policy at the Chief Officer level.
- The policy should be developed in consultation with staff associations, force medical advisors, occupational health practitioners and health and safety advisors.
- To maximise the likelihood of success, forces must adopt a positive, supportive and transparent approach to attendance management that does not unlawfully discriminate. Policies should be reviewed at stipulated regular intervals, the review to include an equality impact assessment.
- Forces must place appropriate emphasis on the prevention of accidents and factors that cause or contribute to ill-health and take all reasonably practicable steps to safeguard the health, safety and welfare of all their officers.
- All officers have a duty to have due regard to health, safety and welfare and to co-operate with their force arrangements in order to safeguard themselves and others<sup>1</sup>.
- There must be clear and effective communication in relation to attendance management, both generally and in individual cases.
- Any decision to use the Unsatisfactory Performance Procedures (UPPs) to deal with poor attendance should be taken only after all supportive approaches have been offered in line with force policy.
- Where the UPPs are invoked, the primary aim is to improve attendance. However, one available outcome of the UPPs is termination of service.

## POLICY

---

### <sup>1</sup> **General duties of employees at work**

It shall be the duty of every employee while at work-

- (a) to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and
- (b) as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with.<sup>1</sup>

Health and Safety at Work Act 1974 (as amended by the Police (Health and Safety) Act 1997), Section 7

8. Each Force must ensure it has in place formal policies and procedures setting out its approach to the management of attendance. These should be endorsed by Chief Officers. The policy should have clear aims and objectives. It is essential that these are communicated to all managers, officers and their representatives and steps taken to ensure that they are familiar with, and fully understand their responsibilities. Officers should have ready access to the policy and procedures.
9. The Chief Officer should appoint a named individual at a senior level who takes the lead on attendance issues.
10. Staff associations have a key role in the development and review of attendance management policies and procedures.
11. The policy should set out clearly the Force's expectations in respect of attendance management. Effective policies have the following features:
  - The policy and procedures should be monitored for effectiveness, and include a stated process and period for review. Publication of regular management reports on attendance management may assist in keeping attendance management in focus.
  - The policy demonstrates senior management's commitment to care for officer health, safety and welfare and to comply with all relevant legislation, using all available data to promote improvement and learning.
  - Support for officers to improve their attendance and assist those who are on sick leave to return to work.
  - Clarity on how information will be captured and recorded, locally and on a force wide basis; this should include the stated recording method. Given many Forces now operate a variety of shift patterns, the recording of absence in hours, as directed by the current Home Office Guidance on Statutory Performance Indicators<sup>2</sup>, is critical in order that accurate comparisons can be made between Forces.
  - Whole organisation ownership, demonstrating effective communication and consultation process with the workforce
  - Transparent and non discriminatory application at all levels in the organisation and for all officers, whilst taking individual circumstances and requirements into account.
12. There will be clarity regarding roles and responsibilities of individual officers, line managers, human resource managers, occupational

---

<sup>2</sup> [http://police.homeoffice.gov.uk/news-and-publications/publication/performance-and-measurement/SPI\\_Technical\\_Guidelines\\_204.pdf?version=1](http://police.homeoffice.gov.uk/news-and-publications/publication/performance-and-measurement/SPI_Technical_Guidelines_204.pdf?version=1)

health practitioners, health and safety advisors and force medical advisors.

13. Forces must clearly set out the relationship of the attendance management policy with other Force policies which may have a link to health-related issues. These could include substance misuse; health promotion; Risk Assessment Based Medical Examination (RABME)<sup>3</sup>; Fairness at Work; dispute resolution; disability; maternity; and workplace stress policies and policies on work-life balance.

## **THE PROCEDURE**

14. The procedure describes how the objectives of the policy will be achieved in practice, by setting the framework for management action to maintain and where appropriate, to improve attendance levels.

15. An attendance management procedure should seek to ensure the following outcomes:

- The promotion of a healthy and safe working environment
- Consistent and transparent application to all officers, regardless of grade or rank, taking into account individual circumstances and requirements.
- Levels of sickness absence are accurately recorded in line with Home Office guidance on a regular basis, with regular monitoring reports to be used locally and nationally.
- Communication by forces to all officers on the organisation's objectives around attendance management.
- Managers at all levels are fully aware of their responsibilities
- Defined levels of occupational health and other welfare support to be provided.

An effective procedure should contain the following features:

- Clear processes for reporting periods of sickness absence, and reasons for absence, both at the start of the period of sickness and at defined periods thereafter.
- Clear process for either self-certification or the provision of medical certificate(s)
- Clear process for how lateness should be dealt with

---

<sup>3</sup> <http://www.npia.police.uk/en/9170.htm>

- Clear processes for reporting and recording injuries incurred on duty
- Clear process for maintaining contact during periods of absence.
- Clear process for conducting return to work interviews and the development of rehabilitation and/or action plans to improve attendance
- Guidance on records to be kept regarding interviews and rehabilitation and/or action plans
- Guidance on the use of recuperative or restricted duties to encourage early and safe structured return to work
- Guidance on the recording of absence and action to be taken under special circumstances, eg where absence is maternity or disability related<sup>4</sup>. Where absence is disability related separate records should be kept.
- Whether, and if so, how, sickness absence will be a factor used in selection for training opportunities/postings/promotion. Where sickness absence is a factor, forces should ensure that this is compliant with other relevant force policies on issues such as disability and equality.

## **MANAGING PROCESSES**

16. Forces should take a proactive and supportive approach to managing absence, identifying and tackling any barriers to good attendance.

### **Short term absence**

17. Every instance of sickness absence should be considered in line with force procedures. Managers should seek to ascertain any underlying causes of absence, and take appropriate action to prevent absence from escalating further. Using every instance of sickness absence as an opportunity to review the health of the officer concerned is important and such review may prevent the sickness becoming more prolonged. Each review will also be an opportunity to consider whether there are any patterns of absence that give rise to any concern.

### **Long-term absence**

18. Long term absence is defined as absence lasting 28 calendar days or more. Once an individual is absent from work for around 28 calendar days, regardless of their medical condition, their return to work can

---

<sup>4</sup> <http://police.homeoffice.gov.uk/news-and-publications/publication/human-resources/disability-in-the-police-service/?view=Standard&pubID=479855>

become more problematic, and there is a distancing from the workplace and work colleagues. It is of the utmost importance that clear arrangements are in place to maintain contact from an early stage in any absence.

### **Maintaining Contact**

19. It is important that there are clear, locally published arrangements in place to maintain contact with officers who are absent for extended periods. Such arrangements should set out the purpose for the contact. This is likely to include ensuring medical certificates are regularly supplied and access to internal services such as counselling and rehabilitation are offered.
20. Line managers should maintain or facilitate regular contact with all officers absent on locally defined periods of sickness or long term absence throughout the period of absence and maintain a contact log.
21. Any arrangements should specify the nominated person who is responsible for ensuring contact is maintained.
22. Depending on the reason for absence and whether the officer is at home or in hospital, sensitivity will be required in ensuring that the appropriate level of contact is maintained. Phone calls, letters or regular Force newsletters could all be used. A balance needs to be struck between too much or too little contact as too much could be regarded as intrusive and bordering on harassment, whereas too little could be interpreted as not caring.
23. In rare cases it may be appropriate to have a person who is not in the officer's line management chain as the point of contact. For example, this could arise where the reported cause of the absence is due to management issues. Any Force procedure should ensure there is guidance on this point. Local arrangements should however make clear that the officer has a responsibility to provide the necessary medical certification and information on progress. The officer should also facilitate contact and co-operate with the advice and services provided by occupational health.

### **Facilitating Return to Work**

24. Effective and sensitive management can be effective in facilitating the earliest possible safe return to work, especially in cases of extended sickness absence. Management, in consultation with occupational health, should make the officer's medical practitioners aware that the return to work can be phased, either by reducing hours at the start of the return or adjusting some of the tasks of the role to ensure no undue risk is placed on the officer concerned. Managers should ensure an appropriate 'risk assessment' is undertaken in such cases. Managers can be active in their support and encouragement for an early, safe return to work.
25. It is very likely that in these cases occupational health would have been involved at an earlier stage and their advice to managers is important. There may be some locally funded spend-to-save schemes which could facilitate private health care if undue NHS waiting times are being encountered. The role of occupational health in supporting the management of sickness absence is specifically reflected in the Strategy for a Healthy Police Service<sup>5</sup>.
26. The offer of a discussion with the officer and his or her representative may assist in the return to work. Police officers are key in understanding their condition and how their role may be temporarily adjusted to facilitate a return to work.

### **Payment during sickness absence**

27. It will be important at the appropriate time to inform the officer of the effect of Regulation 28 of the Police Regulations 2003 and its implications for sick pay. This will be particularly important when the officer concerned is approaching the time when his or her pay may be reduced or removed, to ensure there is clarity regarding this point and where appropriate, application for discretion to extend the period for which a specific rate of pay is payable is made in good time<sup>6</sup>.

### **Return to work interviews.**

28. Return to work interviews, conducted effectively, play a fundamental role in ensuring attendance is carefully and fairly managed. Such interviews should be conducted following a return to work after every period of unscheduled absence, even if the absence has been very short.<sup>7</sup>
29. Return to work interviews should apply to all officers regardless of rank, and should be viewed by both the officer and the manager as positive.

---

<sup>5</sup> [http://www.acpo.police.uk/asp/policies/Data/strategy\\_for\\_a\\_healthy\\_police\\_service\\_website.doc](http://www.acpo.police.uk/asp/policies/Data/strategy_for_a_healthy_police_service_website.doc)

<sup>6</sup> PNB Circular 2005/1 at [http://www.ome.uk.com/downloads/Circulars\\_2005.doc](http://www.ome.uk.com/downloads/Circulars_2005.doc)

However there should be reference to the officer's overall sickness record, where this is appropriate, so there can be an open discussion regarding any patterns of absence or other issues affecting his or her ability to attend regularly, or a need for further intervention or support.

30. The return to work interview should:

- Ensure that all documentation (such as medical certificates or self-certification) has been completed.
- Discuss the reasons for absence in a non-confrontational way and whether the officer is able to undertake the full range of duties applicable to his or her role or develop a plan for recuperative duties. Where there is any doubt, the matter should be referred to occupational health for advice.
- Consider whether, if appropriate, an adjustment could be made to an officer's working environment to enable him or her to return to work.
- Provide the opportunity for the officer to indicate any areas of concern that may have contributed to his or her period of absence.
- Where appropriate, update the officer on any matters of significance that have occurred in his or her period of absence; this should cover both his or her own work, and that of the team.
- Be conducted sensitively and in a manner that enables any particular circumstances to be dealt with.

31. Records of return to work interviews must be securely stored in line with general policies on officer data and in accordance with the Data Protection Act 1998.

32. A return to work interview may raise the question as to whether the principles governing the treatment of disabled officers may need to be considered. Detailed guidance on managing disability can be obtained from the Home Office publication *Disability in the Police Service*<sup>8</sup>

## **Disability**

33. The decision as to whether or not an officer is disabled under the Disability Discrimination Act 1995 (as amended) (DDA) is ultimately a matter for an Employment Tribunal to decide. However, whether an officer definitely falls within the scope of the DDA should not be the overriding principle in the process of deciding whether to make reasonable adjustments. If a Force considers that an officer may be

---

<sup>8</sup> [www.police.homeoffice.gov.uk/news-and-publications/publication/human-resources/disability-in-the-police-service /](http://www.police.homeoffice.gov.uk/news-and-publications/publication/human-resources/disability-in-the-police-service/)

covered by the DDA, then it is good practice to treat him or her as such.

### **Recuperative duties**

34. A phased return to work using recuperative duty arrangements can aid an early return to work. Recuperative duties should be used when there is the expectation that an officer will return to full duties upon his or her recovery. They are appropriate as a time-limited measure based on individual circumstances to enable officers to re-integrate into the workforce following a period of sick leave or injury. Any change to tasks should be temporary and a measured increase to return to normal hours and tasks should be actively managed and achieved in the shortest possible time.

### **Restricted duties**

35. Where the condition is likely to be permanent, a return to work on the basis of restricted duties should be considered. Restricted duties are used in order to retain the skills and expertise of police officers and prevent unnecessary and costly early retirement. Police officers who are performing restricted duties are working full hours, as the restriction is predominantly based upon the type of work an officer can perform rather than the hours worked. This work should utilise their police skills and experience.

### **Ill-health retirement**

36. There will be occasions where the medical condition causing the absence will be very serious and potentially with a permanent effect. In such cases the issues of whether the officer is 'permanently disabled' within the definition used in ill-health retirement guidance, will need to be considered<sup>9</sup>.

### **Unsatisfactory Performance Procedures**

37. Where supportive approaches have failed to improve attendance to acceptable levels, and ill-health retirement is inappropriate, it may be necessary to use the Unsatisfactory Performance Procedures (see Chapter 3).

## **ALLOCATING RESPONSIBILITIES**

38. Chief Officers have responsibilities under the Health and Safety at Work etc Act 1974<sup>10</sup> and related legislation to protect officers whilst at work. If they are vulnerable to risk particularly if they have an illness, injury or disability, Then human resources, health and safety

---

<sup>9</sup> <http://police.homeoffice.gov.uk/human-resources/police-pensions/2006-pension/ill-health-benefits/>

<sup>10</sup> as amended by the Police (Health and Safety) Act 1997

practitioners and occupational health and welfare are the competent advisors.

39. It is the role of HR professionals to support sickness absence policies by providing advice and guidance to the line managers responsible for implementing the policies. This will include the provision of advice which takes into account the requirements of the Disability Discrimination Act 1995 (as amended) and HSE's Stress Management Guidance<sup>11</sup>.
40. Occupational health practitioners should play a major role in evaluating reasons for absence, conducting health assessments, advising HR professionals and line managers in planning returns to work, and promoting good health.
41. All managers have a significant role to play by demonstrating their commitment to managing absence and making it a service priority.
42. The development of good practice in managing attendance is encouraged. The NPIA will be developing a database of good practice, which will be made available to forces.
43. The Strategy for a Healthy Police Service details the specific responsibilities of the various parties who contribute to a healthier police service.

### **Role of Occupational Health**

44. Occupational health has a role both in giving advice to managers to assist in taking managerial decisions and in supporting officers who seek their advice and assistance. Forces and Police Authorities should ensure that sufficient resources are available to provide a defined level of occupational health service.
45. Occupational health is responsible for providing advice on clinical issues affecting officers in the workplace, where this may be affecting performance or attendance. Where the force is required to conduct a risk assessment, officers can be required to co-operate with occupational health and/or health and safety advisors as part of the risk assessment process.
46. The Force should clearly define for all officers, the role and range of services they can expect from the occupational health service. It is vital that officers have confidence in the service and that managers are clear regarding the professional confidentiality requirements of occupational health practitioners.

---

<sup>11</sup> <http://www.hse.gov.uk/stress/standards/standards.htm>

47. Advice given to managers should be in a form which enables the manager to make a decision regarding the officer. Managers are responsible for making decisions regarding the officer informed by professional advice, including that provided by occupational health. A manager who has concerns about an officer's health and the effect it may have on his or her ability to attend regularly and perform his or her normal tasks, may refer the officer to occupational health.
48. A manager should set out clearly the questions he or she wants occupational health to advise on, and should provide occupational health with information about the role the officer performs to enable the advice to be relevant. The following issues are examples of medical advice that may be requested. In addition managers should state the reasons for referrals and any management issues:
- Is the officer fully fit for work in the particular role or are they subject to temporary or permanent limitations?
  - Are there any adjustments required and, if so, what is the nature of any adjustments that can be recommended to enable the officer to carry out his or her role?
  - Are there any issues affecting the workplace that are impacting on the officer's performance?
  - Is the condition one which could recur, and which may in the future affect effective attendance and performance?
  - How does the medical condition directly affect the role undertaken, i.e. what parts of the role can be undertaken and which cannot?
  - Does the impairment affect day-to-day activity?
  - Could the officer return to work on recuperative duties as a step to returning to full duties and if so what functional activities could be performed?
  - Is the condition such that a return on a restricted duty basis is an option and if so what functional activities are capable of being performed regularly?
  - Is there any equipment that could assist in a safe return to work?
  - Is time needed to undertake treatment/rehabilitation?
  - Does the officer's condition fall within the scope of the DDA?
  - How long is the condition likely to last before a return to full duties?

- Advice as to whether the condition is likely to require consideration of 'permanent disability' as defined in pension arrangements. If so, procedures covering pensions should be followed<sup>12</sup>.

49. Information given to managers by occupational health will not give the medical diagnosis as this is protected by medical confidentiality, but the impact of the condition on the officer's performance, capability and attendance will be identified, together with relevant timescales.

## **Health and Safety**

50. The legal responsibility for assurance of proactive preventative measures rests with the Chief Officer and the Police Authority. As part of the requirement to provide a safe and healthy environment for all officers, each Force will have to assess how it will meet those responsibilities. This should include an assessment of a range of proactive preventative measures to reduce the incidence of both physical and psychological ill-health where work may be a factor, for example, access to private health care may be an option available where NHS waiting lists are lengthy.

51. Such measures should be designed to support and promote an environment where safe systems of work are a natural feature. The introduction of a Risk Assessed Based Medical Examination (RABME) process may provide a useful structured approach, identifying posts where there may be higher risks to physical or psychological wellbeing, together with appropriate measures to reduce or mitigate such risks. Analysis of the major causes of absence should guide the delivery of service provision.

## **TRAINING AND COMMUNICATION**

52. All managers who are required to participate in any aspect of attendance management must have clarity about their responsibilities and have confidence in handling attendance management issues. In addition to providing ready access to the policies and procedures, attention should be given to ensuring there is competence in the necessary skills required to conduct all aspects of the process, for example conducting a return to work interview in a non-confrontational way and formulating risk assessment and rehabilitation plans.

53. All new officers should receive information regarding their individual responsibilities in the attendance management process as part of their induction.

54. The organisation should provide accessible regular updates when changes are introduced, and provide opportunity for clarification, while

---

<sup>12</sup><http://www.knowledgenetwork.gov.uk/HO/circular.nsf/79755433dd36a66980256d4f004d1514/27e87af1b5edbb3880256cfa003fd9d3?OpenDocument>

officers should take responsibility for familiarising themselves with information provided.

55. There should be appropriate training and available information in place to ensure that:

- All parties are familiar with and understand the force's attendance management policy and procedure, and where it can be located.
- All managers and officers understand the arrangements, including timescales for reporting sickness absence
- All managers and officers understand their responsibilities in relation to achieving and maintaining good attendance

### **MONITORING INDIVIDUAL PROGRESS**

56. It is the responsibility of all managers, using the Force's attendance management arrangements and taking advice as necessary, to monitor their officers' attendance records.

57. Monitoring and recording absence accurately is essential if absence is to be managed effectively and fairly. Managers should keep a record of every absence of each officer reporting to them. Accurate records are the only way to identify when and where problems are occurring; they also provide a historical record for determining patterns of absence for individual officers and departments.

58. It is the responsibility of all officers to ensure that, in the case of sickness absence they comply with the reporting requirements of the attendance management procedures.

59. Nominated staff should be responsible for recording data at the start and end of periods of absence, in addition to the reasons for absence.

60. Managers should also keep written records of any action (or non action) taken in relation to their officers.

### **Reviews**

61. Every instance of sickness absence is an opportunity for managers to take a proactive approach to examining the causes of absence and provide appropriate support.

62. Forces may also set locally defined and published review points, to assist managers in identifying patterns of absence and taking appropriate action.

63. Reviews are intended to act as a gateway to further management support or action, to ensure that officers are accessing all the

necessary support to improve their attendance. This could include referral to occupational health, consideration of flexible working arrangements, and/or the involvement of a more senior manager.

64. Such reviews can provide a framework for consistent application of management intervention, but there is a need to ensure that these are not used rigidly without taking into account individual circumstances. Line managers should have the confidence and training to use their discretion in applying the policy<sup>13</sup>. While review points may be of assistance in identifying patterns or unusually high levels of absence, managers should not wait until a review point is reached before any action is taken. Similarly, based on their knowledge of a case, managers may choose not to take action, even where a review point has been reached.
65. The use of reviews should be non-discriminatory, regularly assessed, and subject to a full equality impact assessment.

## **AUDIT AND REVIEW**

66. To be sure that an attendance management procedure is effective in achieving its stated objectives, there is a need to ensure that there is a robust and accurate information collection process, which provides realistic and simple information to enable managers to manage attendance in a timely and fair manner.
67. Monitoring information should be used as a positive tool to identify areas of concern and offer the opportunity for targeted improvement action where necessary. Monitoring information should form a regular input to Chief Officer Review meetings and should also be scrutinised by the appropriate consultative committee. Care should always be taken to ensure that information that is made generally available does not identify individual officers and where significant factors are identified, review whether there are underlying issues that should be addressed.
68. Forces should introduce a structured monitoring regime to:
- Measure the overall performance of the Force in terms of absolute levels of sickness absence for all groups of officers. This can identify trends and indicate whether in overall terms the attendance management policy/procedures are effective in reducing absence and maintaining levels of attendance.
  - Identify whether the Force is performing against national set targets and whether there is an improvement against the Force's previous levels.

---

<sup>13</sup> <http://www.hse.gov.uk/research/rrhtm/rr582.htm>

- Identify areas of low levels of absence which may indicate areas of good practice which could be shared.
- Identify areas where there is a high level of absence, which may indicate inadequate management attention to the active management of absence, or roles which may be particularly hazardous.
- Identify where the Force appears to have predominantly short or long term absences and whether there are patterns of absence.
- Measure the levels of sickness absence of different groups (e.g. gender, ethnicity, age, full or part time) in order to identify whether the Force's procedure impact disproportionately on any group. The information should be factored into regular equality impact assessments of the policy.
- Allow managers to see how their section is performing alongside other available workforce information.

69. The Home Office has developed a standard method of recording sickness absence, including definitions and criteria. This requires absence to be recorded in hours. These should always be used as it is necessary to supply the Home Office, quarterly, with information so it can prepare service wide monitoring information. Police Authorities will also find the information useful when considering Force performance. Consideration should be given to benchmarking with other forces to assess relative performance. Forces may also find it helpful to consider the cost to the organisation of sickness absence.

70. In the collection of all data, Forces must comply with their statutory requirements under the Data Protection Act 1998