

Ill Health Dismissals(IHD) Further information requested.

Number of IHD' s

17/18 - 20 dismissals (no appeals)
16/17 - 24 dismissals (no appeals)
15/16 - 24 dismissals (no appeals)

Note: Number of live IHD cases – 62

Other police forces rarely use Ill health dismissals as the pension arrangements are very different and to dismiss for ill health would impact on the force budget for pensions. They are more likely to accommodate staff in roles.

Top 5 Reasons for IHD

Most recent sickness for the people who left due to IHD with the top 5 reasons for absence is as per below.

Row Labels	2015 - 2016	2016 - 2017	2017 - 2018	Grand Total
Stress	6	8	3	17
Miscellaneous	4		3	7
Depression/Anxiety	1	4	1	6
Operation	2	2	2	6
Back Complaint	3	2	1	6

Most common is mental health issues (PTSD becoming more common).

Employee Type

	2015 - 2016	2016 - 2017	2017 - 2018	Grand Total
PCSO		1	1	2
Police Officer	22	21	18	61
Police Staff	2	2	1	5
Grand Total	24	24	20	68

Gender Spilt

	2015 - 2016	2016 - 2017	2017 - 2018	Grand Total
Female	6	8	3	17
Male	18	16	17	51
Grand Total	24	24	20	68

26 Ill Health Procedure (applies to police officers and police staff, including police community support officers and seconded employees)

26.1 Introduction

26.1.1 This procedure is designed to sensitively manage situations where there is concern that the individual may not be able to perform their substantive duties/current role either on a permanent basis or in the foreseeable future without reasonable adjustment.

26.1.2 For the purpose of this procedure the most common circumstances considered are long term prognosis when someone is absent due to an underlying medical condition (including disability related absences), and when there is concern that the individual may not be able to perform their substantive duties either on a permanent basis or in the foreseeable future.

26.1.3 The ill health procedure (IHP) is formal management action and should be considered in conjunction with redeployment options, based on the employee's individual circumstances.

26.1.4 The decision to consider the employee's sickness absence level or ill health under this procedure should be made in consultation with HR, supported by the medical advice available at the time.

26.1.5 If the decision is made to consider an employee's situation under the IHP, the employee must be advised that they are now being considered under the IHP, especially where the employee was previously being considered under the sickness absence formal procedure. The employee must also be sensitively advised that IHP could ultimately result in the end of their employment where all other reasonable options fail.

26.1.6 The outcome of the meeting and all decisions should be confirmed to the employee in writing.

26.2 Engaging with the IHP

26.1.2 Employees are reminded of the Attendance Expectation requirement to engage with the ill health procedure. Depending on the circumstances of the case and with the employee's agreement, timescales throughout the procedure may be revised.

26.3 Ill health and Pensions

26.3.1 As part of the process employees must be advised that a decision to end employment is separate and independent from any decision RPMI pension committee may make regarding access to ill health benefits. The decision on this rests solely with the RPMI pension committee.

26.3.2 To facilitate a decision, BTP will process an application on the employee's behalf, advising the employee of the broad actions required.

26.4 Redeployment

26.4.1 Redeployment involves transferring an individual to fill an existing vacancy where a suitable alternative position is available (taking into account the essential criteria and skills required for the post), to enable the individual to continue in employment with BTP.

26.4.2 Redeployment should be considered at any point during the management of long term sickness absence or ill health.

26.4.3 Although attempts to identify a suitable role for the individual will be made, BTP cannot create a role for the individual and suitable alternative positions may not always exist.

26.5. Right to be accompanied – the employee’s companion

26.5.1 Throughout the IHP an employee has the right to be accompanied by a trade union representative, staff association representative or workplace colleague. There is no right to be accompanied by a legally qualified representative or anyone acting in a legal capacity.

26.6 IHP Panel

26.6.1 For all IHP meetings the rank/grade of the Chair at all meetings must be at least one higher than the individual being taken through the process. The Chair for IHP step 2 will be at least one rank/grade higher than the Chair at step 1.

26.6.2 At steps 1 and 2 consideration of the employee’s circumstances will be made by a two person panel which must include a HR representative. The IHP Step 3 panel will consist of three people – a chief superintendent/delegated authority or police staff equivalent acting as Chair, an impartial member at the minimum rank of Superintendent /delegated authority or police staff equivalent, and the HR manager.

26.6.3 If the employee has an objection to a panel member, the employee will need notify the panel HR representative, no later than 3 working days before any meeting under this procedure. If the objection is considered reasonable, the meeting will proceed with another appointed panel member.

27 IHP Process

27.1 There are 3 steps to the IHP process, each of which involves a meeting with possible outcomes:
Step 1 – First Review meeting

Step 2 – Second Review meeting

Step 3 – Ill Health Hearing

27.1.2 The expectation is that between each stage there will be a reasonable amount of time to allow for consideration of possible options. The time can be expedited depending on the circumstances and with the employee’s consent.

27.1.3 Depending on the circumstances of the case and with the agreement of the employee, the IHP process may be shortened, e.g. step one and two are combined into a single meeting. Any deviation from the three separate steps will be with the consent of the employee and taking account of the relevant medical advice.

27.1.4 A note will be taken of meetings under this procedure, with notes made available to the employee and if they wish, their companion.

27.1.5 The employee will receive a written invite to all meetings. The invite will advise of the right to be accompanied.

27.2 IHP Step 1

27.2.1 IHP Step 1 Meeting

During the meeting the Chair will:

- Outline the IHP and steps including the possibility that at the end of the IHP process their employment may be brought to an end due to their ill health
- Discuss the specific circumstances - medical prognosis confirming restrictions, steps taken to date to support the employee and manage the situation
- Determine whether further medical evidence from occupational health will prove useful and, if so, adjourn the meeting until further medical evidence is available
- Discuss proposals for redeployment/reasonable adjustments/adjusted duties to the substantive role/other roles

The outcome of the meeting and all decisions should be confirmed to the employee in writing.

27.2.2 Following the Step 1 Meeting Possible actions include:

- Source further medical evidence and re-arrange the meeting
- For police staff (including PCSO's) arrange a trial period for redeployment into another role depending on the training requirement of the new role
- For police officers adjust the role and arrange a reasonable trial period
- Referral to IHP Stage 2 if required following a review of reasonable adjustments/adjusted duties. There should be at least 10 working days between IHP meeting 1 and 2

27.3 IHP Step 2

27.3.1 IHP Step 2 Meeting

During the meeting the Chair will:

- Confirm the IHP process steps including the possibility that at the end of the IHP process the employment may be brought to an end due to their ill health
- Discuss the specific circumstances - medical prognosis confirming restrictions, steps taken to date to support the employee and manage the situation
- Determine whether from occupational health advice further medical evidence will prove useful
- Discuss proposals for reasonable adjustments/adjusted duties to the substantive role.
- Confirm whether it is now viewed as appropriate to refer the employee to a Step 3 – Ill health Hearing

During the meeting the Chair will:

- Outline action to date under the IHP including taken to date to support the employee and manage the situation
- Discuss the prognosis from medical evidence available
- Discuss whether further reasonable adjustments/adjusted duties are appropriate

The outcome of the meeting and all decisions should be confirmed to the employee in writing, including adjourning the meeting to a later date.

27.4 IHP Step 3

27.4.1 IHP Step 3 – Ill Health Hearing

The Chair of the meeting will write to the employee confirming the hearing. The letter will advise:

- the date of the hearing
- panel members
- the right to be accompanied
- how to notify the chair of non-acceptance, any mitigations and additional information
- right to be provided with additional information not already provided

The Chair of the panel may choose to call upon the chair of the IHP step 2 meeting, to provide further information.

During the hearing the Chair will:

- Reconfirm the reasons why the hearing is taking place
- Provide the employee/representative/work colleague with the opportunity to make representation
- Decide whether to: End employment on the grounds of ill health. Decisions to end employment will be in accordance with the terms and conditions of employment notice provisions and confirmed to the employee within 10 working days of the meeting. Employees will be able to choose between pay in lieu of notice or to remain in employment until the end of the notice period

Where further information is required the Hearing could be adjourned until a later date

27.5 Right of Appeal

The employee has the right to appeal the IHP step 3 outcome.

An employee must appeal in writing to the Head of People & Development (or delegated authority) within ten working days of receiving the written decision.

- The grounds for appeal are: A breach of procedure or other unfairness which could have affected the hearing decision or Evidence has come to light that could not reasonably have been considered at the IHP Step 3 hearing
- The appeal will be Chaired by the Assistant Chief Constable/police staff equivalent or delegated authority, supported by a HR representative
- The employee will be invited to attend the appeal meeting and has the right to be accompanied.

- The appeal is not a re-hearing of the original meeting, rather it is to consider the grounds for appeal, review whether the procedure was followed correctly, review the decision and determine whether on the basis of the evidence presented the decision was fair and consider any new evidence that was not available at the original meeting
- The Chair will determine whether to uphold or dismiss the appeal. The decision will be confirmed in writing to the employee within 10 working days of the meeting.
- The decision of the appeal is final.

Report to: Performance and Delivery - Out of Committee
Agenda item:
Date: 18 April 2018
Subject: Ill Health Process
Sponsor: Kerry McCafferty, Head of People & Development
For: Information

1. PURPOSE OF PAPER

1.1 To outline the ill health process following queries at the last Performance & Delivery Committee meeting.

2. BACKGROUND

2.1 At the meeting there was a discussion related to ill health dismissal and the appropriate terminology and process followed. It was agreed to clarify in a note out of committee.

2.2 The Force Sickness Absence SOP covers the arrangements to apply in the case of ill health leading to dismissal. It is designed to sensitively manage situations where there is concern that the individual may not be able to perform their substantive duties/current role either on a permanent basis or in the foreseeable future without reasonable adjustment. The ill health procedure (IHP) has 3 steps, each of which involves a meeting with possible outcomes:

- Step 1 – First Review meeting
- Step 2 – Second Review meeting
- Step 3 – Ill Health Hearing

2.3 Each step has a panel chaired at an appropriate level, and the final stage has a right of appeal to the outcome.

2.4 For information the total number of concluded ill-health dismissals for 2017/18 is outlined in the table below:-



Division	Total
A	2
B	6
C	10
D	2
Total	20

2.5 In employment terms there are five acceptable reasons for dismissal:

- A reason related to an employee's conduct
- A reason related to an employee's capability or qualifications for the job
- Because of redundancy
- Because a statutory duty or restriction prohibits the employment from being continued; or
- Some other substantial reason (SOSR) of a kind which justifies the dismissal

2.6 We are clear that technically a dismissal on the grounds of ill health falls under the wider term of a dismissal for the reasons of 'capability'. Many staff would see a dismissal for 'capability' as unpalatable unless it is related to "poor performance", therefore many organisations refer to a dismissal on the grounds of ill health.

2.7 It is important however that formal correspondence relating to the dismissal is clear. We are aware that many BTP Officers believe that the ending of the contract this way is 'ill health retirement', and this is not the case; it is a 'ill health dismissal' whether or not the officer or staff member is subsequently successful in obtaining "retired" status and access to their pension (early or otherwise). In the ill health process employees are advised that a decision to end employment is separate and independent from any decision RPMI pension committee may make regarding access to ill health pension benefits.

2.8 However, we do understand the point that is raised about the terminology we use and it is important that we are sensitive to the issue, particularly at what can be a difficult time.



We also need to protect the organisation in terms of potential misunderstanding and the risk of potential claims being brought by officers and staff.

3. RECOMMENDATIONS

- 3.1 Taking everything into account in 2016 it was agreed that the dismissal letters will be worded to state ““your employment has been brought to an end due to your ill health”. This avoids any mention of dismissal or retirement.
- 3.2 The employment references we give to future employers do not state a reason for leaving so there is no reference to ill health, dismissal or retirement in that correspondence.
- 3.3 For the avoidance of doubt the Ill health dismissal cases are not managed under poor performance and are not UPP cases.