



**THE POLICE AND CRIME COMMISSIONER FOR NORTH  
YORKSHIRE AND THE CHIEF CONSTABLE OF NORTH YORKSHIRE**

**Human Resource Management Sickness Absence including Medical  
Retirement**

**REVISED FINAL Internal audit report: 9.18/19**

**22 February 2019**

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<b>Debrief held</b>	12 October 2018	<b>Internal audit team</b>	Daniel Harris, Head of Internal Audit
<b>Draft report issued</b>	19 October 2018		Angela Ward, Senior Manager
<b>Responses received</b>	2 November 2018		Philip Church, Client Manager
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<b>Final report issued</b>	2 November 2018	<b>Client sponsor</b>	Chief Constable
<b>Revised final report issued</b>	22 February 2019		Interim Chief Executive Officer
			Head of Human Resources and Training Department
			HR Professional Support Manager
		<b>Distribution</b>	Chief Constable
			Interim Chief Executive Officer
			Head of Human Resources and Training Department,
			HR Professional Support Manager

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# 1 EXECUTIVE SUMMARY

## 1.1 Background

We undertook a review of sickness absence including ill health retirements as part of the 2018/19 internal audit plan. The objective of the review was to provide assurance that sickness absence and ill health retirement was managed in line with the agreed policies.

Sickness and absences are recorded across the Force and PCC using the organisations' central HR system, Origin. This system acts as a central point of recording and viewing information regarding all employees. Performance and sickness reports using Origin data presented to the August People Board, show the current position as:

		Police Officer	PCSO	Police Staff
<b>Absenteeism: Working days per FTE lost to sickness</b> July 2017 July 2018	All	1.03	0.62	0.59
		0.99	0.66	0.50
	Short Term	0.26	0.20	0.19
		0.28	0.28	0.22
	Long Term	0.77	0.43	0.40
		0.71	0.38	0.28

With regards to ill health retirements, there are differing processes for police staff and police officers. For police officers, the Police Negotiating Board (PNB) stipulates that the Force should not lose the skills and experience of officers who are still able to make a valuable contribution and officers should therefore not be retired on medical grounds unless it is necessary. The Home Office has produced guidance setting out the criteria for ill health retirement and where the responsibility should lie for final decisions on this. For police staff, guidance is in accordance with the requirements of the individual's pension scheme.

The decision for applying for ill health retirement is initiated by either the officer concerned or the Force Medical Advisor. Following consideration by the HR Professional Support Manager or the Deputy Chief Constable, as applicable, cases are referred to the Selected Medical Practitioner (SMP) or for police staff to an Independent Registered Medical Provider (IRMP) for an assessment to take place.

For officers, an assessment is carried out to establish the health condition of the individual against set criteria and establish that the officer can competently undertake the following tasks:

- Running, walking reasonable distances and standing for reasonable periods;
- Exercising reasonable force in restraint and retention in custody;
- Sitting for reasonable periods, writing, reading, using the phone and using (learning to use) IT;
- Understanding, retaining and explaining facts and procedures;
- Evaluating information and recording details; and
- Making decisions and reporting situations to others.

Following completion of the assessment, where it has been established that the individual is not fit to undertake these tasks, the officer is notified, and their file is sent to the Deputy Chief Constable for consideration on whether ill health retirement or retention is the most appropriate option, with final decisions taken by the Chief Constable. For police staff, the same process is followed but recommendation is made by the HR Consultant with final decisions taken by the Chief Constable or Interim Chief Executive Officer as applicable.

## 1.2 Conclusion

Our audit confirmed that there are appropriate controls in place to support absence management processes. However, we have identified **two medium** and **two low** priority management actions. The medium priority actions relate to undertaking return to work interviews and the timeliness of referrals to occupational health.

For ill health retirements we identified that the Force is utilising the Home Office guidance in its management of ill health retirements. However, we have identified **one medium** priority management action in relation to the timeliness of final decisions to medically retire staff and officers.

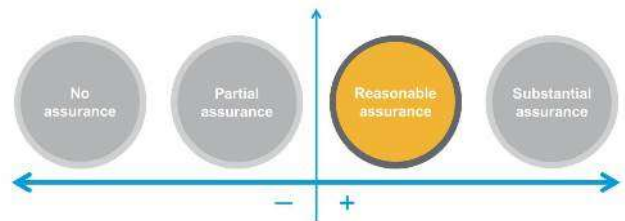
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### Internal audit opinion:

Taking account of the issues identified, the Police and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire can take **reasonable assurance** that the controls in place to manage this area are suitably designed and consistently applied.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area.

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## 1.3 Key findings

The key findings from this review are as follows:

We have agreed **two medium** and **two low** priority actions in relation to the design, application of and compliance with control framework relating to sickness absence. Details of the low action can be found in section two of this report.

- Our review of 40 sickness absences as at 2 October 2018 identified that in 22 cases it was not applicable for an occupational health referral to have taken place as the sickness was either short-term or was a condition where a referral to occupational health would not have been appropriate. Of the remaining 18 cases, in 15 cases there was evidence of an occupational health referral taking place and taking place in an appropriate timeframe with reasons for referral documented on Origin. In the remaining three cases, there was no evidence that an occupational health referral had been documented on Origin, despite them all being long-term absences where a referral should have been made.
- We reviewed 40 periods of absence as recorded on the Origin system during July 2018 in order to ascertain whether a return to work meeting had taken place. We found that for 38 periods of absence there was a return to work interview recorded on the Origin system, but for two individuals there was no return to work interview documented. Of the 38 return to work interviews recorded on Origin, they were recorded as being undertaken within five days on 22 occasions. For the remaining 16 return to work interviews, these were recorded on the Origin system as undertaken more than five days after the sickness absence had ended. In one instance the return to work interview was recorded on Origin 63 days after the absence had ended.

We also identified the following examples of sound design, compliance of and application of control framework in operation:

- We reviewed the staff intranet and confirmed that the most up to date policies and procedures were accessible by all employees.
- For the 40 absences we reviewed, there was evidence of regular and appropriate welfare contact between the individual and their line manager.
- For the 80 absences we reviewed, in all cases there was either a fit note or self-certification record within Origin to support the entire absence period of each individual.
- Sickness records are held securely within Origin which are only accessible by HR, the employees respective line manager and the individual. We reviewed the user profiles for the 39 HR members of staff who had access and confirmed that access to sickness records was appropriate.
- Regular reporting is made on absences to the People Board on a monthly basis.
- An HR Sickness Working Group is also in place which monitors trends in sickness absence. We obtained and reviewed the actions from the Group, which are distributed to the HR Team after every meeting.

We have agreed **one medium** priority action in relation to the design, application of and compliance with control framework relating to ill-health retirement.

- From the four IRMP and 20 SMP cases we reviewed, in all cases there was a retire/retain report that had a detailed description of the SMP/IRMP opinion. We analysed the time taken between the receipt of the SMP/IRMP report and the date of the actual termination of the individual's contract and found that on average the decision had been made within 81 days for IRMP cases and 84 days for SMP cases. Discussions with the HR Professional Support Manager confirmed that there is a statutory requirement to make a decision within 30 days of the receipt of the SMP/IRMP report and agreement with the individual. However, we found that whilst there is a 28 days response built into the process in order for the individual to respond, there was regularly a larger time delay due to ongoing discussions with officers or requests for further clarification. In one IRMP case, it took 201 days for the final decision to be made and we understand that this was due to the decision maker seeking clarity regarding the IRMP decision and the procedural entitlement to backdate full pay to when the individual was referred to the IRMP.

We also identified the following examples of sound design, compliance of and application of control framework in operation:

- Policies and procedures are available to staff through the staff intranet, and any updates to policies and procedures are captured within the 'new documents' section, of which staff are required to review. We reviewed the staff intranet and confirmed that the most up to date policies and procedures were accessible by all employees.
- We tested a sample of four police staff and 20 police officers and in all instances were able to confirm that a report had been produced by the Force Medical Advisor confirming that the individual was permanently disabled/medically unfit to work.
- For the four police staff and 20 police officers within our testing sample, in all cases there was a documented SMP/IRMP decision on file and a report from the SMP/IRMP stating that the individual was permanently disabled/medically unfit.

## 1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Area	Control design not effective*		Non compliance with controls*		Agreed actions		
	0	(10)	4	(10)	Low	Medium	High
Sickness absence	0	(10)	4	(10)	2	2	0
Medical retirement	0	(5)	1	(5)	0	1	0
<b>Total</b>					<b>2</b>	<b>3</b>	<b>0</b>

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

## 2 DETAILED FINDINGS

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
1	<p>There are several procedures and guidance in place to manage sickness absence including:</p> <ul style="list-style-type: none"> <li>• Police Staff Capability Procedure Attendance;</li> <li>• Management Guidance; and</li> <li>• Quick Reference Guide - Sickness Supervisor Quick Reference Guide – Sickness.</li> </ul>	Yes	No	<p>There is no overarching attendance management policy in place, instead all of the processes to be followed are detailed in the attendance management guidelines. The guidance is supported by two guides, one for individuals and another for supervisors and line managers and we confirmed that this information was available on the Force's intranet on the absence management subsite.</p> <p>The attendance management guidelines are dated May 2018. However, there is nothing within the guidelines to identify what happens in the event of non-compliance with the guidelines.</p>	Low	<p>Guidelines will be updated to include action to be taken in the event of non-compliance with the guidelines.</p> <p><b>Responsible Officer:</b></p> <p>HR Professional Support Manager</p>
				Risk Exposure	Root causes	

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management																								
				<p>There is a risk that individuals are not being held to account for compliance with the procedure.</p> <p>Lack of evidence of impact of non-compliance within the procedure.</p> <table border="1"> <thead> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>Unlikely</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>6:5</td> </tr> </tbody> </table>	Probability	Financial	Reputational	Operational	Legal	Rating	Unlikely	Negligible	Minor	Minor	Minor	6:5		<p><b>Implementation Date:</b></p> <p>January 2019</p>												
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2	<p>All individuals must notify the Force as soon as possible of their absence from work, unless there are exceptional circumstances that prevent them from doing so. If an individual is feeling unwell, and needs to go home, they must speak to their line manager or, if not available, another appropriate line manager before leaving work.</p> <p>Reasons for absence are documented on the Origin system.</p>	Yes	No	<p>For 40 sickness absences currently ongoing, we tested to ensure that their absence from work had been recorded on the Origin system as soon as possible after the actual start date of the individual's sickness.</p> <p>We found that for 24 absences, the sickness was added to the Origin system on the actual start date of that relevant sickness period. In two instances we found that the absence had been recorded before the actual sickness start date as these were pre-planned surgical procedures.</p> <p>For the remaining 14 records, seven sickness periods had been recorded the day after the actual sickness start date, whilst the remaining seven had been recorded between three days and 29 days after the sickness commenced.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">There is a risk that if individuals are not recorded as sick, there may be an inaccurate picture of sickness absence.</td> <td colspan="3">Sickness not being recorded in a timely manner.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Unlikely</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>6:5</td> </tr> </tbody> </table>	Risk Exposure			Root causes			There is a risk that if individuals are not recorded as sick, there may be an inaccurate picture of sickness absence.			Sickness not being recorded in a timely manner.			Probability	Financial	Reputational	Operational	Legal	Rating	Unlikely	Negligible	Minor	Minor	Minor	6:5	Low	<p>Individuals and line managers will be reminded of the importance of recording the sickness absence on the Origin system as soon as the absence commences.</p> <p><b>Responsible Officer:</b></p> <p>HR Professional Support Manager</p> <p><b>Implementation Date:</b></p> <p>November 2018</p>
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3	If it becomes clear that the reason for absence is wholly or in part due to psychological	Yes	No	Of the 40 sickness records we reviewed, in 22 cases it was not applicable for an occupational health referral to have taken place as the sickness was	Medium	Reminder will be issued to all line managers to																								



Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management																								
	<p>issues a referral should be made to the occupational health department at the earliest opportunity.</p> <p>The line manager has the opportunity to submit a management referral to refer an individual for a medical examination to the occupational health department, in relevant circumstances, dependant on the time period involved. The HR representative may be consulted if necessary. All occupational health referrals and reports are kept on personal files.</p>			<p>either short-term or was a condition where a referral to occupational health would not have been appropriate.</p> <p>Of the remaining 18 cases, in 15 cases there was evidence of an occupational health referral taking place and taking place in an appropriate timeframe with reasons for referral documented appropriately.</p> <p>In the remaining three cases, there was no evidence that an occupational health referral had been made documented on Origin, despite them all being long-term absences where a referral should have been made. Further investigation undertaken by HR confirmed that the three individuals had been referred to occupational health and the Origin had not been updated accordingly.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Individuals are not referred to occupational health in a timely manner leading to prolonged or extended periods of sickness.</td> <td colspan="3">Occupational health referrals are not being made in a timely manner.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Unlikely</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>6:5</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Individuals are not referred to occupational health in a timely manner leading to prolonged or extended periods of sickness.			Occupational health referrals are not being made in a timely manner.			Probability	Financial	Reputational	Operational	Legal	Rating	Unlikely	Negligible	Minor	Minor	Minor	6:5		<p>ensure referrals to occupational health are recorded on Origin.</p> <p><b>Responsible Officer:</b></p> <p>HR Professional Support Manager</p> <p><b>Implementation Date:</b></p> <p>November 2018</p>
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4	Upon return to work, a return to work meeting must be held between the individual and the line manager, and discussion details recorded on the Origin system. There is no set timeframe within the attendance management guidance as to when a return	Yes	No	<p>We reviewed 40 periods of absence as recorded on the Origin system during July in order to ascertain whether a return to work meeting had taken place. We found that for 38 periods of absence there was a return to work interview recorded on the Origin system, but for two individuals there was no return to work interview documented. Further investigation undertaken by HR confirmed that in one case the return to work interview had been undertaken but not recorded on Origin and in the remaining case sickness was closed incorrectly on Origin.</p> <p>Of the 38 return to work interviews recorded on Origin, they were recorded as being undertaken within five days on 22 occasions. For the remaining 16</p>	Medium	<p>Line managers will be reminded of the importance of undertaking return to work interviews.</p> <p><b>Responsible Officer:</b></p>																								

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	to work interview should take place.			<p>return to work interviews, these were recorded on the Origin system as undertaken more than five days after the sickness absence had ended. In one instance the return to work interview was recorded on Origin 63 days after the absence had ended.</p> <p>Whilst there is no documented timeframe within the guidance regarding when return to work interviews should take place, in order for the return to work interview to be useful it should be undertaken as soon as possible after the period of sickness ends.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Individuals are not provided with a return to work interview leading to prolonged or increased periods of sickness.</td> <td colspan="3">Return to work interviews are not undertaken.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Unlikely</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>6:5</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Individuals are not provided with a return to work interview leading to prolonged or increased periods of sickness.			Return to work interviews are not undertaken.			Probability	Financial	Reputational	Operational	Legal	Rating	Unlikely	Negligible	Minor	Minor	Minor	6:5		<p>HR Professional Support Manager</p> <p><b>Implementation Date:</b></p> <p>November 2018</p> <p>Attendance management guidance to be enhanced to include a recommended set timeframe in which the return to work interview will take place taking into account the shifts / working patterns of staff.</p> <p><b>Responsible Officer:</b></p> <p>HR Professional Support Manager</p> <p><b>Implementation Date:</b></p> <p>January 2019</p>
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Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
5	Once the IRMP/SMP have provided their report to HR and given an opinion as to whether then individual is permanently incapacitated/medically unfit, a report is prepared for the Chief Constable / Interim Chief Executive Officer in order that they can make a decision regarding retirement on the grounds of ill health. This includes information provided by the individual, information from local management and a recommendation from the Head of Human Resources and Training.	Yes	No	<p>From the four IRMP and 20 SMP cases we reviewed, in all cases there was a retire/retain report that had a detailed description of the SMP/IRMP opinion, Deputy Chief Constable (DCC) recommendation and a final sign off by the delegated authority. In one case due to the timings involved, the DCC recommendation was made by the then DCC who subsequently was the T/Chief Constable who made the final decision to sign off the ill-health retirement. However, the Federation was consulted during this and confirmed that they had no objections to this.</p> <p>We analysed the time taken between the receipt of the SMP/IRMP report and the date of the actual termination of the individual's contract and found that on average 81 days for IRMP cases and 84 days for SMP cases had elapsed.</p> <p>Discussions with the HR Professional Support Manager confirmed that there is a statutory requirement to make a decision within 30 days of the receipt of the SMP/IRMP report and agreement with the individual. However, we found that whilst there is a 28 days response built into the process in order for the individual to respond, there was regularly a larger time delay due to ongoing discussions with officers or requests for further clarification.</p> <p>We found that nationally, there is nothing within the police staff handbook with regards to the entitlement to receive backdated full pay if an individual is medically retired. This is included in the police pensions regulations 2016 but this only applies to police officers only and not staff.</p> <p>There is a staff retirement procedure, but this does not document entitlement to pay from the point at which they were referred for assessment for ill health retirement. The procedure is supported by guidance but again this doesn't document the entitlement to full sick pay from the point of referral. However, we reviewed the extension to sick pay entitlements procedure and found that this states that, staff pay will be restored to full pay for the period commencing from the date that the referral regarding permanent disablement to the IRMP is made.</p>	Medium	<p>Decision makers will be reminded of the requirement to make a decision within 30 days of the final SMP and IRMP report being received.</p> <p><b>Responsible Officer:</b></p> <p>Head of Human Resources and Training</p> <p><b>Implementation Date:</b></p> <p>November 2018</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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We reviewed the local government pension regulations and this does not contain any information relating to entitlement to full sick pay from the point of referral. We have reviewed four police staff as part of our sample and all had been paid full pay from the point of referral.

This delay in between SMP / IRMP receipt and final termination/decision and the lack of clarity with regards to entitlement to sick pay for staff from point of referral, poses a financial risk to the organisation.

Risk Exposure*			Root causes		
Decisions to ill health retire officers and staff are delayed leading to a financial cost to the organisation due to full pay being paid from the date of SMP / IRMP referral in line with the regulations.			Delay to final decisions to ill health retire individuals.		
Probability	Financial	Reputational	Operational	Legal	Rating
Unlikely	Negligible	Minor	Minor	Minor	6:5

# APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

## Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following areas:

### Objectives of the area under review

To ensure attendance management is in accordance with policy and procedures and that the monitoring of sickness absence, and the maintenance of associated records, is taking place in order that appropriate actions and support mechanisms are identified for members of the workforce where required in a timely manner.

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When planning the audit, the following areas for consideration and limitations were agreed:

#### Areas for consideration:

- Policies and procedures covering police officer and police staff attendance management and retirement are in place, approved and available to all members of the workforce.
- Through substantive testing we will confirm:
  - Individuals have notified the Force as soon as possible of their absence and this is recorded on Origin.
  - Sickness absence is supported by a doctor's note or self-certification where appropriate.
  - Sickness absence records are held in a confidential central location and access to this data is sufficiently restricted.
- Line manager has maintained regular contact with the individual and this contact is recorded, including conducting attendance support meetings, appropriate referrals and case reviews as and when required.
- Referral to occupational health is undertaken promptly.
- Supportive management actions (formal and informal) are undertaken where required.
- Return to work meetings are held and documented promptly.
- Pay deductions have been applied accordingly.
- Extension of sick pay entitlement has been fully documented and approved.

#### Ill health retirement

- Police staff / police officers considered for medical retirement due to ill health grounds meet the qualifying conditions.

- Suggestions of permanent incapacity are referred promptly by the Force Medical Advisor (FMA) to the Selected Medical Practitioner (SMP).
- Referrals made to the Independent Registered Medical Practitioner (IRMP) by either the relevant line manager, the Force Medical Advisor or individual police staff member are approved and undertaken in a timely manner.
- A20 Management Report detailing the police officer should be retired on medical grounds are considered and approved by senior delegated members at the organisations.
- Individuals who have been identified as unlikely of gainful employment with three years are reviewed at regular intervals.
- We will consider the timelines of the interaction between the organisations and officer throughout the process.

**Limitations to the scope of the audit assignment:**

- We will not consider the process when a police officer is put on limited duties.
- We will not review the appeals process, or decisions made not to refer SMP/IRMP following the outcome of a medical report.
- We will not provide an opinion on the content of the sickness policies and procedures.
- We will not give assurance over whether all sickness taken is valid.
- We will not comment on the appropriateness of any referrals to occupational health, only that the referral has been documented in line with policy and procedures.
- We will not confirm that payments for sickness absence have been made from the payroll, only that the information has been provided by human resources
- Any testing undertaken as part of this audit will be compliance based and sample testing only.
- Our work does not provide an absolute assurance that material errors, loss or fraud do not exist.

## APPENDIX B: FURTHER INFORMATION

### **Persons interviewed during the audit:**

- HR Professional Support Manager
- HR Consultant
- HR Administrator
- HR Advisor
- HR Systems Administrator

### **Documentation reviewed during the audit:**

- Attendance Management Guidance
- Quick Reference Guide - Sickness Supervisor
- Quick Reference Guide – Sickness
- Police Staff Capability Procedure
- Extension to Sick Pay Entitlements Procedure
- Police Staff Capability Procedure
- Police Pension Regulations
- Home Office Circular
- Staff Retirement Procedure
- Staff Retirement Guidance

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