

**SUSPENSION MANAGEMENT RECORD
MPS EMPLOYEES | POLICE STAFF | POLICE OFFICERS**

THIS DOCUMENT MUST BE USED IN CONJUNCTION WITH THE PROCEDURES PROVIDED IN THE MPS MANAGEMENT OF SUSPENSIONS POLICY

A. SECTION ONE | INITIAL REPORT | COMPLETED BY SUSPENDING OFFICER AND HR MANAGER

This section has to be completed and dispatched as soon as practicable but no later than 24-hours after the individual has been suspended: *by e-mail*: to the HR Directorate Employment Support Unit (ESU) on either:

- AWARE: Suspensions Support Unit - HR
- SuspSupportUnitHR4@met.pnn.police.uk

The ESU will then ensure that the following are provided with a copy, where appropriate:

- Directorate of Professional Standards (DPS);
- HR Practice Support Managers.

INFORMING HR MANAGER

The Suspending Officer must ensure that the HR Manager responsible for managing the suspension is contacted as soon as practicable on or after the day of suspension but no later than 24-hours after.

SUSPENDEE'S DETAILS			
First Name:		SURNAME:	
Warrant No. / Pay No:		Rank or Band:	
Borough/OCU/Unit:		Post:	
Preferred Phone No:		Alternative Phone No:	
E-Mail Address (<i>needed for Keeping In Touch material ~ see below</i>):			
Postal Address:	Line 1:	Line 2:	
Line 3:	Line 4:	Postcode:	
Self Classified ethnic background ¹			
Gender:	Male / Female / Unknown	Disabled:	Yes / No / Not Stated

¹ Self Defined Ethnicity Background: -

White – British	Any Other Black Background	Mixed – White & Asian
White – Irish	Indian	Mixed – Any Other Mixed Background
White – Other	Pakistani	Chinese
Black - Asian	Bangladeshi	Greek & Greek Cypriot
Black - British	Any Other Asian Background	Turkish & Turkish Cypriot
Black – Caribbean	Mixed – White & Black Caribbean	Any Other Group Not Stated
Black – African	Mixed – White & Black African	Not Stated

B. DETAILS OF FORMAL SUSPENSION PROCESS

Reason for Suspension (See Form 161 - Brief details only) *{Expand as appropriate}*

Date suspension confirmed by DPS or on-call ACPO Officer/HR Practice Support Manager	
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SUSPENDING OFFICER'S NOTES *(Expand as appropriate)*

(This area is left blank for the suspending officer's notes.)

Suspending Officer:	Date Suspended:
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*** Please delete as appropriate**

Does the suspendee wish to participate in the Keeping In Touch Scheme: **Yes / To be Advised / No***
 Keeping In Touch Scheme administered: **Centrally by ESU / Locally by (B)OCU/Unit**
Please ensure Annex A is completed by the suspendee and forwarded with Form 453SM ~ Section 1 to the Employment Support Unit as soon as practicable but no later than 24-hours after the suspension has taken place.

Has the suspendee been provided with a copy of the MPS Guidance for the Management Of Suspensions From Duty For Police Officers And Police Staff: **Yes / No***

Has the suspendee been informed of the role of the:
 Employment Support Unit: **Yes** HR Manager: **Yes / No*** Suspension Support Officer: **Yes / No***

Details of suspendee's representative (if applicable):	Contact No: E-Mail:
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HR MANAGERS ACTION:

Date Business Group Business Manager informed:	
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C. SUSPENSION SUPPORT OFFICER (SSO) DETAILS	
First Name:	Surname:
Warrant No. / Pay No:	Rank or Band:
Borough/OCU/Unit:	
Contact No:	Mobile Phone No: <i>(as appropriate)</i>

D. MEDIA INTEREST
Is the case likely to draw media attention: Yes / No
Has the guidance been followed: Yes / No

E. H & S RISK ASSESSMENT FOR SUSPENDEE
<p>Have the H & S risk assessment issues been considered and action taken, as appropriate prior to the suspension: Yes / No</p> <p>H & S risk assessment issues should be considered as soon as practicable, if an assessment has not been done as part of the suspension procedures. If the circumstances of the suspension change significantly then the assessment should be updated.</p> <p>A Return to Work Action Plan Assessment must also be completed as part of the return/reinstatement to work procedure. Guidance on the completion of the assessment is provided in Section 3.</p>

MetHR Updated: Yes / No.	If no please state reason.
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HR Manager:	Signature:
Date:	

SECTION TWO | DURING SUSPENSION | ACTIONS - CONTACTS - VISITS

1. It is important that reference is made to the MPS Policy and Guidance for the Management of Suspensions From Duty for Police Officers and Police Staff.
2. A corporate risk assessment of the SSO role is available on the H & S Corporate Risk Assessment Intranet site and must be considered prior to any elements of the SSO role being undertaken.
3. Once the case is resolved the completed Form 453SM must be retained by the HR Manager as part of the Suspension Management File. This should be kept separate from the personal file.
4. The Suspensions Support Officer and the HR Manager will be the main users of this section of the form and should operate as a team. It is essential that regular communication be maintained with each other, and the suspendee. Primarily the HR Manager will manage most aspects of the suspension, especially the risk assessment, but this will be done in close liaison with the SSO. The HR Manager must monitor the level of support provided to the suspendee, to ensure that any issues that may arise are dealt with promptly.
5. A record of **all** contacts, including those declined and home visits must be recorded on this form – including those by persons other than the SSO or HR Manager, where known and relevant.
6. If the suspendee is on bail any contact or visit must first be notified to the SSO or HR Manager, who will liaise with the Borough Commander/Head of Unit and other stakeholders, including the Investigating Officer to determine whether the visit is appropriate or not. Any decision or conditions placed on a visit must be fully documented below and the rationale clearly record.
7. A suspendee should normally be contacted:
 - Within the first 48 hours of suspension
 - Once every 7 days for first four weeks
 - Every 14 days thereafter
 - A home visit before the 28th day of suspension and thereafter as appropriate.
 If the suspendee declines contact or contact is not made for whatever reason this should be fully documented below.

KEY ACTION DATES	TARGET DATE	DATE COMPLETED
Initial contact by SSO or HR Manager within 48 hours of suspension		
1 st 7-day contact – Week 1		
2 nd 7-day contact – Week 2		
3 rd 7-day contact – Week 3		
4 th 7-day contact – Week 4		
Home visit before 28 th day		

LOG OF CONTACT AND SUPPORT PROVIDED

DATE	TYPE OF CONTACT	CONTACT PERSON	COMMENTS ACTIONS REFERRALS
It may be necessary to alter the level of risk assessment in response to a visit if circumstances have changed and some form of extra professional support is required.			

HOME VISIT REPORT

DETAILS OF VISIT	
Date & Time:	Person Visiting:
Summary (relevant background, current position and outline of any proposed action to be taken):	
Appropriate support issues to be considered:	
Additional comments (including those by the suspendee):	
Signed:	Rank/Band:

RETURN TO WORK ACTION PLAN ASSESSMENT
To be completed by HR Manager/Suspension Support officer
Assessment of Return to Work Issues:
Impact on Suspendee: <ul style="list-style-type: none"> <input type="checkbox"/> Consider Occupational Health needs <input type="checkbox"/> Consider H & S related Issues <input type="checkbox"/> Welfare Issues <input type="checkbox"/> Media Issues <input type="checkbox"/> Other factors, please specify
Comments:
Impact on Colleagues: <ul style="list-style-type: none"> <input type="checkbox"/> Consider Occupational Health needs <input type="checkbox"/> Consider H & S related Issues <input type="checkbox"/> Welfare Issues <input type="checkbox"/> Media Issues <input type="checkbox"/> Other factors, please specify
Comments:
Is an alternative posting to be considered <i>Yes / No</i>
Comments, including reasons:
Has a return to previous team been considered <i>Yes / No</i>
Comments, including reasons:
Has a return to previous post been considered <i>Yes / No</i>
Comments, including reasons:
Has the <i>Professional Standards – Service Confidence Standard Operating Procedures</i> been considered <div style="text-align: right;"><i>Yes / No / Not Applicable</i></div>
Comments, including reasons:

RETURN TO WORK ACTION PLAN ASSESSMENT

Community Impact Assessment Required *Yes / No*

Comments, including reasons:

Training needs considered and course requirements actioned *Yes / No*

Comments, including reasons:

Other Considerations: *please specify*

Assessment Completed By:

Name	
Signature	
Date	

Name	
Signature	
Date	

GUIDANCE TO MAKING A RETURN TO WORK ACTION PLAN ASSESSMENT

Introduction

The impletion of this assessment is the responsibility of the HR Manager – in liaison with the (B)OCU Commander/Head of Unit.

The Suspension Support officer (SSO) and the HR Manager will be responsible for the completion of Section 3 of this form.

For the purpose of this policy the term 'Suspendee' refers to MPS personnel who are either being:

- 'Reintegrated' back into the MPS following their suspension from duty; or
- 'Reinstated' back into the MPS following a successful appeal against 'Dismissal' or 'Requirement to Resign' from the Service.

Return to Work Action Plan Assessment

Being suspended from duty may have been a very traumatic experience for the suspendee. The circumstances surrounding each suspension will be different, and may alter over time. This will always have a bearing on how a case is managed and will help to guide the judgement and discretion of those tasked with implementing an appropriate level of support during both the suspension period and in facilitating a successful return to work.

The return to work action plan assessment concentrates on potential issues that may affect a suspendee and the circumstances of their return to work. It is intended to inform and assist the MPS in responding effectively when facilitating a successful return to work. In certain circumstances it may be appropriate to request the assistance of 'Occupational Health' or other 'Health and Safety' professional, each case should be assessed independently.

Training Issues to Consider

This will largely depend on the duration of the suspension, but has new legislation or relevant MPS policies and guidance been introduced that necessitate additional training? Are training dates available? Could alternative training options be considered?

RETURN TO WORK INTERVIEW

In all cases, the HR Manager should conduct the interview as soon as practicable after the suspendee returns to work.

Date resumed from suspension:		
Date of interview:		
The note of interview should specify support/help offered and/or action agreed and should include the following:		
<ul style="list-style-type: none">• Does the individual appears fit for work• Has a PDR Review been scheduled/taken place with the line manager leading to a structured action plan.• Has the position regarding pay, allowances and annual leave entitlements been clarified.• Any reason to suspect an underlying problem/welfare need• Whether there is any need to involve OH services• Detail any management action to be taken		
Name:	Warrant/Pay No:	Rank/Role:
Signed:		Date:
TO BE COMPLETED BY OFFICER BEING INTERVIEWED		
I consider that I am fit to return to work. I wish to make the following comments:		
Name:	Warrant/Pay No:	Rank/Role:
Signed:		Date:

This form must be stored by the HR Manager in the individual's Suspension Management File

The Management of 'Suspensions from Duty' for Police Officers and Police Staff

Keep In Touch Scheme Registration

Name

Rank/Band

Warrant/Pay No.

I do/do not/to be advised* wish to take part in the Keep in Touch Scheme during the period of my suspension (*delete as appropriate).

If the response to the above is 'To be Advised', please give details:

Please do not make contact with me on the following dates:
(e.g. religious festivals and other significant dates can be listed)

N.B. If you are unable or decide not to provide an e-mail contact address, please be aware that due to resource limitations and the availability of source material, such as paper copies of *The Job*, the ESU will only be able to send you weekly copies of the ESU Newsletter.

I agree to notify my Suspension Support Officer (SSO) of any change in personal circumstances and change of address, where relevant.

Signed	Date
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To be returned with Form 453SM ~ Section 1 to Employment Support Unit, 4th Floor North, Empress State Building.