

HUMAN RESOURCES COMMITTEE – 18 FEBRUARY 2010

POLICE STAFF SICKNESS UPDATE

REPORT BY THE CHIEF CONSTABLE

PURPOSE OF THE REPORT

To update members on measures to address current Police Staff sickness levels.

1. INTRODUCTION

1.1 Sickness trends are regularly monitored as part of the standing HR quarterly performance reviews. Data for the first quarter of 2009/10 identified that, whilst police officer levels had decreased, police staff sickness in both that quarter and against the same period in the previous year had increased. As a consequence, a 'problem profile' of police staff sickness was developed which resulted in the following conclusions:

- There had been an increase in both occurrences and total days sick for long term sickness
- The increase in numbers was not due to any seasonal factors
- Increases were across a number of Divisions and included different sickness categories
- There were no patterns of increased sickness levels associated with gender or age
- There were no errors identified in sickness recording
- The management of long term sickness was being addressed consistently by the Business Support Teams

1.2 With no clear rationale for the increase in police staff sickness during a period that had seen reducing police officer sickness, a Strategic Sickness Working Group was formed under the chairmanship of the Director of Human Resources. The aim of this group was to review ongoing trends and to explore potential new initiatives aimed at reducing overall sickness levels but with a specific focus on police staff sickness. This group initially focused on individual teams and line managers with higher than average Bradford Factor levels. Direct assistance was then immediately provided to relevant managers to help with the support of staff in those areas.

2. CURRENT POLICE STAFF SICKNESS LEVELS

2.1 Data for the second quarter of 2009/10 identified that, whilst overall police officer sickness levels had continued to decrease still further, police staff sickness had increased again. More specifically, the increase had shifted from long-term to short-term sickness. As a consequence, the Strategic Sickness Working Group met again to consider the following issues:

- Current policy and process for managing short term sickness
- The use of the e-sickness system as an effective management tool
- The role of the HR Business Support Teams
- The role of first-line supervisors in managing sickness
- Senior management buy-in
- Specific functions with attendance issues
- Organisational cultural factors
- The effectiveness of early intervention initiatives
- The need for additional training of line managers
- The development of additional performance measures

2.2 A detailed report was submitted to the Force Executive Board in December 2009 outlining the Force's position in these areas together with recommendations for a 12 point action plan which was subsequently agreed by Chief Officers. A copy of the full report is attached at Appendix A. However, key new work strands will include:

- Formal Command Team reviews of poor performing line managers
- The further development of e-sickness to provide on-line advice for managing short term sickness
- Engagement questionnaires/stress audits and focus group work in teams identified as having high levels of sickness absence
- Mandatory case conferences for all work related stress
- Trial mandatory referrals to the muscular pain helpline
- New monthly divisional sickness data which will allow the Business Support Teams to identify emerging problem areas earlier

2.3 In addition to mandatory referrals to the muscular pain helpline, 'injury on duty' sickness data has now been added to the HR Quarterly Performance Review. This will be further developed to inform targeted initiatives aimed at reducing musculoskeletal absence rates. Progress against the 12 point action plan will be reviewed by the Strategic Sickness Working Group in April 2010. An update on progress will be provided at the Committee's next meeting in May.

3. SUMMARY

3.1 In order to reduce sickness absence it is imperative that the Force continues to apply the consistent corporate standards it has now put in place and reinforce that each individual supervisor must take responsibility for managing their own team having regard to these standards. In addition, the Force will need to continue it's development of new techniques such as e-sickness recording that enable further improvements to be made.

4. RECOMMENDATION

4.1 Members are asked to note this report.

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Chief Constable

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POLICE STAFF SICKNESS

REPORT BY IAN COOMBS, ABSENCE MANAGEMENT AND WELLBEING POLICY STRATEGY AND AUDIT OFFICER – DECEMBER 2009

PURPOSE OF THE REPORT

To update Chief Officers on measures to address current Police Staff sickness levels.

1. INTRODUCTION

- 1.1 Sickness trends are regularly monitored as part of the standing HR quarterly performance reviews.
- 1.2 Data for the first quarter of 2009-10 identified that, whilst police officer levels had decreased, police staff sickness in both that quarter and against the same period the previous year had increased. As a consequence, a 'problem profile' of police staff sickness was developed. Briefly, this resulted in the following conclusions:-
 - There had been an increase in both occurrences and total days sick for long term sickness;
 - The increase in figures was not due to any seasonal factors;
 - Increases were across a number of Divisions and included different sickness categories;
 - There were no patterns of increased sickness levels associated with gender or age;
 - There were no errors identified in sickness recording and;
 - The management of long term sickness was being addressed consistently by the Business Support Teams.
- 1.3 With no clear rationale for the increase in police staff sickness during a period that had seen reducing police officer sickness a Strategic Sickness Working Group was formed under the chairmanship of the Director of HR. The aim of this group was to review ongoing trends and to explore potential new initiatives aimed at reducing overall sickness levels, but with a specific focus on police staff sickness. This group initially focussed on individual teams and line managers with higher than average Bradford Factor levels. Direct assistance was then immediately provided to relevant managers to help with the support of staff in those areas.

2. CURRENT POLICE STAFF SICKNESS LEVELS

- 2.1 Data for the second quarter of 2009-10 have identified that, whilst overall police officer sickness levels have continued to decrease still further, police staff sickness has increased again. More specifically, the increase had shifted from long term to short term sickness. As a consequence, the Strategic Sickness Working Group met again to consider the following issues:-
 - Current policy and process for managing short term sickness;
 - The use of the e-sickness system as an effective management tool;
 - The role of the HR Business Support Teams;
 - The role of first line supervisors in managing sickness;
 - Senior management buy-in;
 - Specific functions with attendance issues;
 - Organisational cultural factors;
 - The effectiveness of early intervention initiatives;
 - The need for additional training of line managers and;
 - The development of additional performance measures.
- 2.2 Under existing policy first line supervisors are required to conduct 'Return to Work' interviews following every period of sickness. Anecdotally and for a number of different

reasons, this appears not to happen in a consistent manner. Timely and well structured interviews are recognised by leading professionals as one of the most effective ways in managing short term sickness.

- 2.3 When an individual hits the Bradford Factor trigger levels (or is absent for more than 28 calendar days) the HR Business Support Teams routinely request that first line supervisors carry out supportive management action under the Force's Police (Performance) Regulations or Police Staff Capability procedures. Evidence indicates that a significant number of these first line supervisors need to be contacted on more than one occasion before such steps are taken. Therefore, in some cases individuals are not being spoken to until they are well above the agreed trigger level. It is fair to say that progress is being made in this area with significantly more staff now receiving support, but more needs to be done by managers if further improvements are to be made.
- 2.4 The HR Business Support Teams provide ongoing support to supervisors when dealing with cases of absence. Specifically, the teams are providing detailed specialist help and advice with the formal stages of the process. Evidence indicates that Senior Management, particularly at Command level, support this new consistent approach to sickness management, recognising the impact of sickness absence on local resourcing.
- 2.4 The e-sickness system ensures data is recorded more accurately than ever before, which as a consequence may account for some of the increases that have been seen in police staff sickness. However, the system is an extremely valuable tool in the management of sickness, providing automated emails throughout the period of sickness for first line supervisors. More specifically, an email is generated at the point of initial sickness and continues on a weekly basis until the individual returns and the return to work interview is completed. Evidence indicates that the e-sickness system has been well received and further enhancements are scheduled to improve the level of targeted support that can be automatically offered to managers.
- 2.5 The HR Business Support Teams inherited a significant number of long term sickness cases and initially their work has been focused on bringing the management of these cases into a consistent format and providing appropriate support to ensure successful resolution. The focus of the teams will now move on to addressing those functions who are carrying disproportionately high levels of short term sickness absence.
- 2.6 Higher levels of sickness absence amongst police staff in comparison to police officers have been a common factor in a number of Forces suggesting that 'cultural issues' may be an additional factor. Initial anecdotal feedback suggests that officers are less likely to take short term sickness due to the direct and immediate impact it has on their team. It has also been commented that Police Officer supervisors tend to take a more pragmatic approach when individuals report feeling unwell when at work. Before any conclusions can be reached about the impact of 'culture' further structured analysis will be needed. Detailed employee engagement surveys would help provide the statistical data to support this analysis and could form a focus for use of the 'Gallup 12' process.
- 2.7 The Force has a number of key early intervention initiatives related to sickness absence such as 'the Force stress initiative' and 'the back and muscular pain helpline'. Whilst compliant with recognised 'best practice' the impact of such schemes is difficult to assess, particularly where access remains voluntary and it takes time for staff to recognise the value of the help on offer and for this to work its way through in consistently lower sickness absence.
- 2.8 It is commonly recognised that whatever initiatives are developed by an organisation it is first line managers that are key in tackling sickness absence, particularly short-term absence. The policy leads for Absence, Health & Safety, and the Welfare Team, provide input to the Core Leadership Development Programme to ensure appropriate focus on the issue. This is supported locally by tailored ad hoc training from the Business Support Teams.

- 2.9 The Force has access to comprehensive performance data on sickness absence on a quarterly basis. Additional performance measures can be provided as necessary, indeed new data sets highlighting musculoskeletal trends have recently been added to the main performance pack to ensure effective scrutiny of this factor. Live sickness data, held in share-point, also provides useful management information in areas such as Bradford Factor Scores allowing management and Business Support Teams to identify new cases and monitor local trends. The e-sickness system also adds to the Force's capability to identify trend data across the Force area.

3. RECOMMENDATIONS

- 3.1 In order to improve sickness absence it is imperative that the Force continues to apply the consistent corporate standards it has now put in place and reinforce that each individual supervisor must take responsibility for managing their own team to these standards. In addition, the Force will need to continue its development of new techniques such as e-sickness that enable further improvements to be made. FEB are asked to note and commit to these over-riding imperatives and endorse the following 12 point action plan:-

12 point action plan

- (1) A force-wide communication from the Chief Constable regarding the importance of good sickness management and attendance;
- (2) Divisional Command Teams to reinforce line supervisor sickness management responsibilities;
- (3) HR Business Support Teams to report formally to the relevant Command Team in detail all Bradford Factor cases above 1200 points and all long term sick cases that have reached the 56 day point. In preparing such reports the Business Support Teams will be required to specify whether the manager/supervisor has followed Force Policy without repeated prompting. Where there are clear failings in how the manager/supervisor as dealt with the case the relevant Command Team will initiate a formal action plan;
- (4) The further development of the e-sickness system to automate the initiation of targeted management support/advice when an individual hits trigger levels;
- (5) Development of the return to work page/questions within e-sickness to link in with supportive management action procedures;
- (6) Development of an e-learning package within the existing e-sickness system to provides additional direction and support for supervisors/managers in relation to short-term sickness.
- (7) Initiate employee engagement questionnaires/stress audits and focus group work in teams identified as having high levels of sickness absence;
- (8) Consider in more depth the practicalities and costs of introducing attitude/psychometric testing of all initial recruitment;
- (9) HR Business Support Teams to carry out a comprehensive programme of training in absence management for managers within their divisions, making use of divisional training days where relevant.
- (10) Introduce mandatory case conferences for all work related stress cases;

- (11) Trial mandatory referrals to the back and muscular pain helpline for a six month period so that every new case receives early professional advice;
- (12) Introduce new monthly sickness data to compliment existing quarterly HR performance arrangements and live sickness data. Additionally, develop the e-sickness system to provide further monitoring measures particularly in the area of return to work interviews.

Mr Ian COOMBS
Absence Management and Wellbeing Policy Strategy and Audit Officer

1st December 2009

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