

Meeting	Police and Crime Panel
Date	19 March 2020
Report Title	Absence Management
Report presented by	Angus Macpherson, Police and Crime Commissioner
Author	Kieran Kilgallen, Chief Executive

PURPOSE OF REPORT

1. This product provides a summary of the activity in place to manage and reduce sickness.

INTRODUCTION AND BACKGROUND INFORMATION

2. Sickness management continues to be a key activity for Wiltshire Police, which is overseen by the PCC on a monthly basis. The performance of sickness has been reported to the Police and Crime Panel since its inception, providing insight into the number of days lost and various trends.
3. There were on average 15.9 days lost per person in the 12 months to December 2019, with the forecast demonstrating an increasing trend. Forcewide sickness has increased by 16.7%, with 4644 more sickness days within 2019 when compared with 2018. January to December 2019 saw a total of 32481 working sickness days lost in comparison to 27837 for 2018.
4. The increase in sickness days lost is driven by police officer sickness (21%). A total of 2858 more sickness days were lost in 2019 compared to the previous year. Police staff sickness has seen an increase of 12% (1786 days).
5. Broken down by sickness reasons, 'psychological disorders' and 'miscellaneous reasons' account for the largest proportions across the force. Psychological disorders accounted for 37% (11988 days lost) of sickness which is an increase on last year's volume of 8867 days. Miscellaneous reasons are the second biggest absence reason, with 23% (7435 days lost), which is an increase from the previous year where 5984 sickness days were lost. Miscellaneous reasons include some of the following reasons: absences for operations, cancer treatment and appointments.
6. The comparison to other Forces show that while increases are being experienced within sickness levels, the Wiltshire position nationally is not an outlier, with Wiltshire being on the national average for Police Officer "hours lost" (20th out of 43) and below average for Police Staff (14th out of 43).
7. As previous reported to the Panel, comparisons to other Forces can be problematic as this is recorded one a year centrally. In addition to this, the way that this information is recorded, the quality and the culture of a Force in relation to sickness are all unknown, which makes interpreting sickness comparison slightly challenging.
8. The Force recognised that the levels of sickness has been high and the Force has set up a sickness improvement group which focusses on delivering an improvement plan. The improvement of sickness can be a long-term challenge which often requires continued and co-ordinated effort across the organisation to improve.

9. The improvement plan includes many activities such as developing a communication strategy, toolkits and education for the workforce. The progress of this plan will be outlined in more detail throughout this report. The group meets monthly and reports to the Strategic People Board chaired by the Director of People and Change.
10. It is expected that the improvement group will start to generate improvements in this area, and regular updates will be received from the Force on a regular basis through the PCC's monitoring board.

DATA CAPTURE

11. The Force uses QlikSense to display all information on sickness. The current app is able to display the breakdowns by location, department, role, sickness reason and length amongst other factors. This is used by HR advisors when assessing sickness trends and supporting local teams.

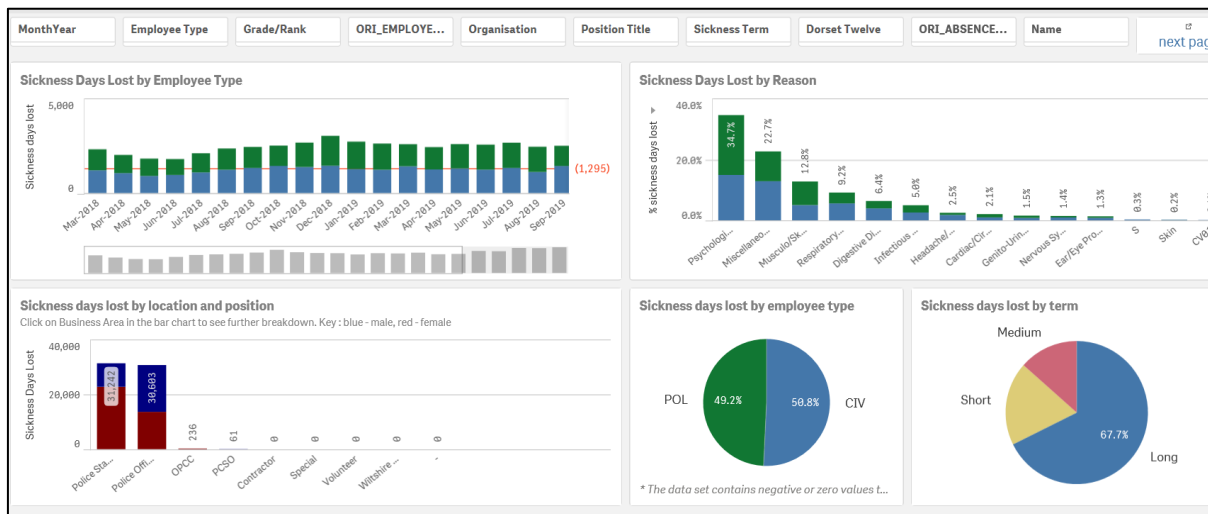


Figure one: QlikSense sickness application

12. Locally line managers use a system called 'Origin' to track sickness and record interactions and progress. This system is has a number of improvements which are required and can often cause issues with data quality. This will at times result in line managers not updating the system and sometimes the wrong line managers being assigned, therefore resulting in people being classified as absent whereas actually they have returned to work. This means that a large proportion of existing sickness on the system could be administrative error in not closing previous sickness. The HR team work closely with local departments to reduce this however due to the volume of sickness occurrences, this continues to be a challenge.
13. Although QlikSense is a valuable tool, it is only as good as the information which links into it. This is due to be improved through the new Enterprise Resource Planning (ERP) system in 2020/21, which the PCC has signed off.

EXISTING ACTIONS IN PLACE

14. To address the high levels of sickness, there are many actions and procedures which are already in place within Wiltshire Police which are implemented and the PCC holds the Chief Constable to account for:
15. **Return to work procedures:** A standard process across the organisation takes place for when staff return to work after a period of illness.

16. **Absence monitoring tools:** The Bradford Score method is one of the recognised diagnostic tools used to trigger a management review of an individual's sickness history. The Bradford Score is a numerical weighting produced on the basis of a calculation of instances and duration of absence over a 12 month period. It is based on the position that more frequent absences from the workplace are more detrimental to an organisation, and encourages staff to return to work when fully recovered.
17. A recent benchmark to all 42 Forces revealed that out of the six that responded, two use Bradford Scores. All use some form of trigger to understand and highlight sickness.
18. **Line management advice and guidance:** wide selection of guidance documents and overviews to support line managers across the Force and OPCC.

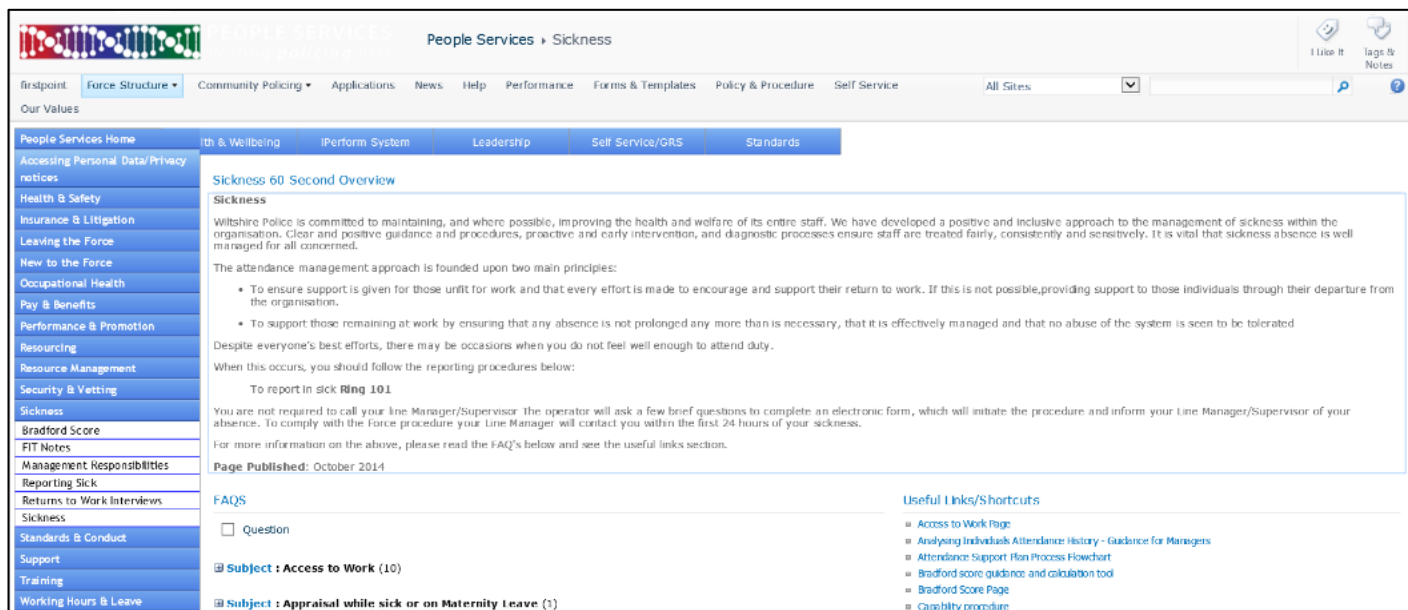


Figure two: Intranet guidance for managing sickness

19. **Occupational Health services:** an advisory service, whose role is to provide impartial advice regarding medical fitness for work to line managers who are responsible for the management and monitoring of sickness absence and staff.
20. **Support during sickness:** Sickness is managed locally by line managers and supported by the professional guidance of HR advisors. During a period of sickness, a case conference will be called in the attempt to discuss the situation and seek a suitable co-ordinated way forward.
21. **Confidential Care by CiC:** This is an independent, free and completely confidential advice service, run by CiC, offering assistance ranging from managing challenges at work to relationship difficulties at home, and from legal problems to family dilemmas.
22. **Chaplaincy:** The chaplaincy to Wiltshire Police offers a service, which is available to the Force and all within the Force whether they are individuals and groups of any or no faith/religious tradition.
23. **Unsatisfactory Performance and Attendance Procedures (UPP):** Where all attempts to encourage good attendance have failed to meet acceptable standards or there are serious concerns about the individual's attendance record, the manager may initiate the formal process that may eventually result in the individual's exit from the organisation.

IMPROVEMENT PLAN

24. In the previous report on CPT Resource Measures in December 2019, the improvement plan was outlined which includes a number of actions aimed to improve sickness across the Force. The PCC has been briefed on the progress against the plan and holds the Force to account for delivery. This plan, along with consistent and robust governance, leadership and improved analysis products will likely see sickness improve. The below content provides an overview of activity.
- 23.1. **Communications:** An internal communications plan has been completed outlining keep messages and reminders for supporting and managing sickness.
- 23.2. **Sickness Task Force:** A small group takes a monthly focus on specific areas, reviewing support and intervention and raises any concerns to the monthly People Intelligence Board.
- 23.3. **Early Intervention:** The HR team take existing early intervention activities one step further by reviewing cases at 1 and 6 weeks to assess actions.
- 23.4. **Short Guided Management Questionnaire:** Providing the line manager with a short set of questions in order to best support return to duty.
- 23.5. **Immediate Referrals to OHU for all Stress/Depression/Anxiety related absences**
- 23.6. **Tighten Recruitment Procedures:** For internal applicants with high sickness scores, they will be reviewed and overseen by a senior HR manager as part of the recruitment process. For external applicants, where an issue of previous history exists or OHU identify a concern, a senior HR practitioner will review the file and determine whether to proceed with the offer.
- 23.7. **Implement a pre-placement screening:** The process for all applicants within the parameter of legislation (Equality Act 2010) will identify where individuals require support and/or reasonable adjustments.
- 23.8. **Recuperative Duties:** Review all officers who are on recuperative duties
- 23.9. **Adjusted Officers:** undertake a review of all adjusted officers to ascertain if onward referral to the Selected Medical Practitioner (SMP) is appropriate.
- 23.10. **Review the protocol regarding the right to self-certificate:** If there continues to be a trend of regular short term sickness absence, the Force will review the right to self-certify.
- 23.11. **Maintain annual review of appropriate recognition mechanisms:** For those who manage sickness well, the Force will recognise this behaviour through the reward and recognition panel.
- 23.12. **Manager/Supervisor performance measurement:** All leaders will be performance managed on how they manage the performance and sickness of their staff.
- 23.13. **Structured sickness management workshops:** The Force will run local workshops (within Hubs/Departments) to encourage robust management and embed learning.
- 23.14. **Provide easy to use crib sheets for line managers:** These are currently being created to

provide an easy to use guidance sheet in support of managing sickness.

23.15. **Promote EAP (Employee Assistance Programme):** which provides telephone and face to face support for issues such as stress, relationship counselling, debt & finance counselling, Peer support, chaplaincy etc.

23.16. **Through analysis:** Information access is now much improved and the organisation can identify departments/teams that have high sickness volumes and report findings to the People Intelligence Board for further discussion.

23.17. **Conduct a Peer Review:** This provides an opportunity to identify areas of policy/procedure which would benefit from changes and understanding of where we are doing well.

STAFFING IMPLICATIONS

24. There are no staffing implications. Any staffing implications are contained within this report.

FINANCIAL IMPLICATIONS

25. There are no financial implications.

LEGAL IMPLICATIONS

26. There are no legal implications.

SUSTAINABILITY

27. Sustainability implications are implied in this report and covered within the resourcing paper.

DIVERSITY

28. There are no diversity implications.

CONTRIBUTION TO THE POLICE AND CRIME PLAN 2017 - 2021

29. Effective use of resources contributes to all four priority areas of the Police and Crime Plan 2017-2021:

- Priority One - Prevent crime and keep people safe
- Priority Two - Protect the most vulnerable people in society
- Priority Three - Put victims, witnesses and communities at the heart of everything we do
- Priority Four - Secure a quality police service that is trusted and efficient.

RECOMMENDATIONS

30. Members note this report and the extensive work taking place to manage and reduce sickness.