

**ORIGINATOR: CHIEF CONSTABLE**

**PAPER NO:**

**AP19/05**

**SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL -  
8 MARCH 2019**

**SUBJECT: SICKNESS AND LIMITED DUTIES**

**SUMMARY:**

This report provides an update as to how sickness is managed within the constabulary. It focuses upon the constabulary's key comparators, a breakdown of sickness by reason, an analysis of limited duties, and workplace health initiatives.

**RECOMMENDATION:**

The Accountability and Performance Panel are asked to note the contents of this report.

## **DETAIL OF THE SUBMISSION**

### **INTRODUCTION**

During the most recent inspection report into efficiency, effectiveness and leadership, Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) identified that Suffolk Constabulary is "good at understanding and promoting the wellbeing of its workforce". In addition, the inspectorate acknowledged that "the force has continued to improve the services it provides", and that it uses a "proactive and targeted approach based on evidence of what works."

The following report presents some detail around the current position, outlining the significant investment made in supporting staff back to work, and the established systems which have been put in place to maintain the well-being and effectiveness of the workforce.

The area that Suffolk shows as an outlier is the recuperative and adjusted duties. These figures are often taken out of context and are believed to show a significant proportion of staff unable to perform their duties. This report will show this is not the case. Indeed, of those categorised by the revised new categories, 41 of the 76 officers are fit for full shifts and duties with the exception of driving. Our approach that more effectively manages recuperative duties is a significant contributory factor that has led to Suffolk's long-term sickness being significantly less than the national average.

In essence, Suffolk Constabulary invests heavily to ensure health and wellbeing issues are both identified and addressed at the earliest opportunity therefore minimising the human impact upon the individual members of staff and also the organisational impact in terms of effectiveness and efficiency.

#### **1. KEY ISSUES FOR CONSIDERATION:**

##### **National Comparators - Sickness**

The constabulary monitors sickness absence in comparison with its Most Similar Group (MSG), regionally and nationally. The comparison for both police officers and police staff over the previous five years is shown, expressed in the percentage of working hours lost to sickness absence at Appendix A:

The tables in Appendix A show that sickness has increased within the organisation over the last 5 years. The figures, however, also show that in comparison with the constabulary's MSG, the region and nationally, the constabulary has remained broadly in line with these comparators for both police officers and police staff.

Police officer sickness in 2017/18 is a slight outlier to this, but projections show that sickness in this current financial year (2018/19) will be lower and therefore in line with the MSG, regional and national picture. Sickness as at 31<sup>st</sup> of December 2018 is 1.16% lower than at the same point in the previous financial year.

In terms of the figures compiled by the Home Office with regard to sickness, Suffolk has consistently reported low numbers of police officers on long term sick leave as at 31 March, as the table below demonstrates:

**Table 1: Numbers of police officers on long term sick leave**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Proportion of Officers on long term sick leave (Suffolk)</b>	0.8%	1.0%	1.0%	1.2%	1.1%
<b>Proportion of Officers on long term sick leave (National)</b>	1.4%	1.7%	1.9%	1.9%	1.9%

### **Breakdown of Sickness**

Analysis shows that over the past three financial years, the number of hours lost to sickness related to mental health related reasons has increased both in real terms and as a proportion of sickness. In 2015/16, 20.87% of working hours lost to sickness were attributed to “Psychological Disorders”<sup>1</sup> whilst in 2017/18 this had increased to 26.51%. From April to December 2018 this stands at 31.24%. A full breakdown is shown at Appendix B for 2015/16, 2016/17, 2017/18 and the partial 2018/19 financial year.

This is consistent with sickness trends nationally. The Health and Well-Being At Work survey produced by the Chartered Institute of Personnel and Development (CIPD), shows that the “proportion of organisations including mental ill health among their most common causes of absence has increased compared with 2016”<sup>2</sup>. The CIPD also note that this trend is more pronounced within the public sector than the private or non-profit sectors.

In the summer of 2017, JPAD completed a strategic profile into absence and sickness within Norfolk and Suffolk Constabularies. A key finding from this was that whilst the number of occurrences of sickness had decreased, the total hours of sickness had increased. This was seen across a number of absence types, but was found to be most prevalent in psychological disorders. This work and research has informed the Workplace Health, Safety and Wellbeing Strategy which has been in place for two years, and helped to drive various initiatives detailed in the Wellbeing Initiatives section.

### **Limited Duties Breakdown**

There are two broad categories of Limited Duties; recuperative duties, and adjusted duties.

<sup>1</sup> The constabulary uses the “Dorset 12” categorisation system for sickness The full list is 1) Headache and Migraine, 2) Ear and Eye, 3) Respiratory, 4) Cardiac Circulatory or Metabolic, 5) Digestive Disorders, 6) Genito-Urinary or Gynaecological, 7) Musculo-skeletal, 8) Skin, 9) Infectious diseases, 10) Nervous System Disorders, 11) Psychological Disorders and 12) Miscellaneous.

<sup>2</sup> Health and Wellbeing at Work p. 31

## Recuperative Duties

Recuperative duties are defined as “duties falling short of full deployment, undertaken by a police officer following injury, accident or medical incident, during which the officer adapts to and prepares for a return to full duties and the full hours for which they are paid, and is assessed to determine whether he or she is capable of making such a return.”

A period of recuperative duties should normally last for up to six months although, in exceptional cases, this may be extended to twelve months.

The Home Office statistics show that Suffolk Constabulary as at 31 March 2018 had a greater than average proportion of police officers on recuperative duties. A comparison is shown below with the constabulary’s most similar group of forces:

**Table 2: Percentage of police officers on recuperative duties compared with the constabulary’s most similar group of forces**

<b>Force</b>	<b>Proportion of Officers on Recuperative Duties</b>
Suffolk	6.9%
Norfolk	5.3%
Devon and Cornwall	5.0%
Warwickshire	4.9%
North Yorkshire	4.9%
Wiltshire	4.2%
West Mercia	4.2%
North Wales	2.1%

There are a number of factors related to the high proportion of officers who are on recuperative duties. Firstly, recuperative duties are used by the constabulary as a way of reintroducing officers back to work from sickness, and ensuring that they return to full duties as soon as they are able. Table 1 within this report shows that the constabulary’s number of officers on long term sickness has consistently remained lower than the national average, and this is certainly a contributory factor. Secondly, the constabulary has become smarter at working to accommodate restrictions to allow individuals to return to work following sickness absence sooner, but also to complete more meaningful duties. This has been facilitated by the introduction of the new Limited Duties Policy and a focus on what officers can do whilst on recuperative duties rather than what they are unable to do which has led to smarter working between HR and the Resource Management Unit.

## Adjusted Duties

Adjusted duties are defined as “duties falling short of full deployment, in respect of which workplace adjustments (including reasonable adjustments under the Equality Act 2010) have been made to overcome barriers to working.”

Officers will normally only fall within this category when they have been in a recuperative phase for a period of 12 months or where workplace health advice suggests that the restrictions will be prolonged or permanent.

The Home Office statistics show that Suffolk Constabulary as at 3 March 2018 had a lower than average proportion of police officers on adjusted duties than the national average (3.5%). A comparison is shown below with the constabulary's most similar group of forces:

**Table 3: Percentage of police officers on adjusted duties compared with the constabulary's most similar group of forces**

<b>Force</b>	<b>Proportion of Officers on Adjusted Duties</b>
Suffolk	2.7%
Norfolk	1.5%
Devon and Cornwall	2.2%
Warwickshire	1.2%
North Yorkshire	1.6%
Wiltshire	5.3%
West Mercia	2.2%
North Wales	4.7%

Overall it should be noted that most officers who are categorised as limited duties are still effective in their roles. As at the end of January 2019, the FTE of officers who are considered non-effective for workforce planning is 17.86, meaning that only 1.6% of the constabulary's officers are considered non-effective. Appendix C shows the various categories of Limited Duties and the nature of the duties. Of those categorised by the new categories, 41 of the 76 are fit for full shifts and duties with the exception of driving. Those individuals categorised under the previous policy are listed, but these are currently being re-categorised using the new Limited Duties meetings which are chaired by the Head of HR and attended by a Department Head, HR Advisor, and representatives from Workplace Health and Workforce Planning.

## **2. WELLBEING INITIATIVES**

The constabulary continues to put a number of wellbeing initiatives in place for officers and staff to improve their mental and physical health. Details of what is provided by the department for officers and staff are below:

### **Employee Assistance Programme (EAP)**

The EAP service offers 24 hours a day, 365 days a year access to telephone counselling, information services and short term face to face counselling with a professional counsellor, close to home or work. The EAP freephone number is available for help with a wide range of problems. Officers and staff can access qualified counsellors face to face, by telephone and online as well as specialist debt counsellors, qualified solicitors and financial specialists.

During Quarter 3 of 2018, there were 72 calls made to the EAP, resulting in 19 incidences of counselling. For both Norfolk and Suffolk, mental health remains the most common primary presenting issue for calls to the EAP for both Norfolk and Suffolk. For work related issues, the main reason is work related stress relating to an individual's role, and for personal issues the primary reason is mental health.

### **Management Referrals**

Management Referrals remain an established route for officers and staff to access services from the Workplace Health, Safety and Wellbeing department. During the 2018 calendar year, the department received 467 referrals from line managers across Suffolk Constabulary. The vast majority of these were related to musculo-skeletal injuries or psychological disorders, which is expected given the predominant reasons for sickness within the constabulary.

### **Wellbeing Champions**

Across Suffolk Constabulary, there are 73 Wellbeing Champions. Wellbeing Champions are an extension of the wellbeing service with the aim of bringing the wellbeing focus into every team/department. The champions highlight, encourage, promote and inspire all aspects of wellbeing, and promote the messages and strategy of Workplace Health, Safety and Wellbeing to the widest possible audience.

### **Fast Track Physiotherapy**

Fast track physiotherapy is provided by the constabulary to support officers and staff to return to full duties promptly following an injury. It is designed to fast track waiting lists for NHS physiotherapy treatment. Over the calendar year 97 officers and staff have taken advantage of this and potentially reduced the time that they were not fit for work.

### **Wellbeing Self-Assessment**

Every department completes an assessment on an annual basis to measure wellbeing within their teams. A management report is produced and presented to senior managers along with an action plan to improve areas of development. These plans will be monitored as part of the Workplace Health Strategy Group.

### **Wellbeing Masterclasses**

The Workplace Health, Safety and Wellbeing team offer ongoing masterclasses in areas highlighted through data from self-referrals and the Wellbeing Self-Assessment. Topics currently being offered are Menopause, Menopause for Managers, Stress, Sleep, Financial Wellbeing, and Gut Health. During Quarter 4 of 2018, 52 Suffolk Constabulary officers and staff attended a masterclass.

### **Stress Risk Assessments**

Officers and staff are able to access a stress risk assessment tool which is designed in two parts: firstly for the individual to reflect on what is causing them stress in the workplace, and secondly, how other factors in their lives may be impacting upon them. The second part is targeted towards the individual's manager to create an action plan aimed at reducing aspects of the individual's stress.

### **Selected Contact Officers (SCOs)**

Working in conjunction with the Professional Standards Department, the SCOs are trained to support people under a high level conduct investigation. The SCOs are an access to work for those that may feel isolated if absent from work during an investigation. The SCO can make regular telephone or face to face contact with the individual, attend any meetings with them as peer support and be a friendly face on return to work or during a difficult time.

## **Specialist Trauma Service**

The constabulary are working with Walnut Tree Health and Wellbeing to provide specialist trauma services including assessment, diagnosis and treatment for anyone who has suffered an out of the ordinary traumatic experience resulting in complex mental health needs. Referrals to Walnut Tree are made through the Force Medical Advisor.

### **3. FINANCIAL IMPLICATIONS:**

There are no financial implications associated with this report.

### **4. OTHER IMPLICATIONS AND RISKS:**

There are no further implications and risks associated with this report.

### **5. SUMMARY**

Suffolk Constabulary regards the health and wellbeing of the workforce as fundamental in delivering an effective and efficient service to the communities of Suffolk. For this reason great strides have been taken to ensure that individuals are supported both in the maintenance of their wellbeing and in their recovery from sickness.

Individual sickness management plans focus on each separate and individual need to ensure appropriateness and relevance in their return to work: this can often mean that staff have returned to work to near complete duties, but are still recorded as 'recuperative duties' due to minor and temporary limitations relevant to their operational function. Not all forces record restrictions in the same manner which can make comparisons with some forces difficult.

Suffolk Constabulary will continue to support its workforce through the implementation of the Norfolk and Suffolk Police absence management action plan (Appendix D) and is committed to ensuring the safety, health and wellbeing for all staff.

## **Appendix A**

### **1. Percentage of working hours lost to sickness absence – police officers**

<b>Police Officer</b>	<b>Suffolk</b>	<b>MSG</b>	<b>Region</b>	<b>National</b>
<b>2013/2014</b>	3.5%	4.0%	4.0%	3.8%
<b>2014/2015</b>	4.0%	4.4%	4.2%	4.1%
<b>2015/2016</b>	4.0%	4.4%	4.4%	4.4%
<b>2016/2017</b>	4.5%	4.7%	4.4%	4.5%
<b>2017/2018</b>	5.1%	4.9%	4.5%	4.6%

### **2. Percentage of working hours lost to sickness absence – police staff**

<b>Police Staff</b>	<b>Suffolk</b>	<b>MSG</b>	<b>Region</b>	<b>National</b>
<b>2013/2014</b>	3.5%	4.0%	4.0%	3.8%
<b>2014/2015</b>	4.0%	4.4%	4.2%	4.1%
<b>2015/2016</b>	4.0%	4.4%	4.4%	4.4%
<b>2016/2017</b>	4.5%	4.7%	4.4%	4.5%
<b>2017/2018</b>	4.7%	4.9%	4.5%	4.6%



**Appendix B: Breakdown of sickness over the last three years**

<b>2015-2016</b>	<b>Sickness absence by category (officers and staff)</b>
1) Headache and Migraine	2.77%
2) Ear and Eye	1.33%
3) Respiratory	17.55%
4) Cardiac or Circulatory or Metabolic	2.78%
5) Digestive Disorders	9.21%
6) Genito-Urinary or Gynaecological	2.44%
7) Musculo-skeletal	15.55%
8) Skin	0.88%
9) Infectious Diseases	0.09%
10) Nervous System Disorders	2.18%
<b>11) Psychological Disorders</b>	<b>20.87%</b>
12) Miscellaneous	16.79%
Unknown	7.55%

<b>2016-2017</b>	
1) Headache and Migraine	3.57%
2) Ear and Eye	1.11%
3) Respiratory	15.54%
4) Cardiac or Circulatory or Metabolic	2.43%
5) Digestive Disorders	10.94%
6) Genito-Urinary or Gynaecological	2.32%
7) Musculo-skeletal	16.23%
8) Skin	0.58%
9) Infectious Diseases	0.19%
10) Nervous System Disorders	2.37%
<b>11) Psychological Disorders</b>	<b>25.70%</b>
12) Miscellaneous	18.93%

<b>2017-2018</b>	
1) Headache and Migraine	3.50%
2) Ear and Eye	1.63%
3) Respiratory	14.55%
4) Cardiac or Circulatory or Metabolic	1.10%
5) Digestive Disorders	9.65%
6) Genito-Urinary or	3.29%

Gynaecological	
7) Musculo-skeletal	13.93%
8) Skin	0.24%
9) Infectious Diseases	0.04%
10) Nervous System Disorders	5.72%
11) Psychological Disorders	26.51%
12) Miscellaneous	14.46%
Unknown	5.36%

<b>April 2018 – December 2018</b>	
1) Headache and Migraine	2.41%
2) Ear and Eye	1.19%
3) Respiratory	9.51%
4) Cardiac or Circulatory or Metabolic	2.37%
5) Digestive Disorders	9.54%
6) Genito-Urinary or Gynaecological	3.02%
7) Musculo-skeletal	16.64%
8) Skin	2.60%
9) Infectious Diseases	0.83%
10) Nervous System Disorders	1.84%
11) Psychological Disorders	31.24%
12) Miscellaneous	18.06%
Unknown	0.75%

### **Appendix C: Limited Duties – category clarification**

Table 1 shows a breakdown of those who are on limited duties and have been categorised as per the new categories outlined within the new limited duties policy which was published in the latter part of 2018. All new cases are categorised according to the new categories, with existing cases being picked up and re-categorised at limited duties meetings. This is an ongoing process.

Of those listed below, 41 of the total number of officers on limited duties are categorised as E, which means that officers categorised as this are fit for control and restraint and full shifts but not fit for any driving. The total number of those categorised under the new policy is 76.

In addition as at 31 January 2019, 21 awaited categorisation.

<b>Category</b>	<b>Description</b>	<b>Recuperative Duties</b>	<b>Adjusted Duties</b>	<b>Total Limited Duties</b>
<b>B</b>	Fit for Control and restraint Fit for Response Driving Unable to work full shifts	12	2	14
<b>C</b>	Fit for Control and restraint Unfit for Response Driving Fit for full shifts	5	0	5
<b>D</b>	Fit for Control and restraint Unfit for Response Driving Unfit for full shifts	5	0	5
<b>E</b>	Fit for Control and restraint Unfit for any driving Fit for full shifts	33	8	41
<b>F</b>	Fit for Control and restraint Unfit for any driving Unfit for full shifts	0	0	0
<b>G</b>	Unfit for Control and restraint Fit for Response Driving Fit for full shifts	0	0	0
<b>H</b>	Unfit for Control and restraint Fit for response driving Unfit for full shifts	1	0	1
<b>I</b>	Unfit for Control and Restraint Unfit for response driving	4	0	4

	Fit for other driving Fit for full shifts			
<b>J</b>	Unfit for Control and Restraint Unfit for Response Driving Fit to drive other vehicles Unfit for full shifts	4	0	4
<b>K</b>	Unfit for Control and Restraint Unfit for any driving Fit for full shifts	1	0	1
<b>L</b>	Unfit for control and restraint Unfit for any driving Unfit for full shifts	1	0	1
<b>M</b>	Unfit for any post that involves public contact Back-office role only	0	0	0
Awaiting Categorisation		21		21

## Appendix D: Norfolk and Suffolk Police absence management action plan

	Action:	Responsible:	Date:	Update 2017:	Update 2019:
1	Creation of Absence Management Group, chaired by DHR to report into Organisational Board – purpose is to review all absence data, trends and profiles, plus returns from EAP and progress of the Absence Management Action Plan and Workplace Health, Safety and Wellbeing Strategy and Plan on a monthly basis.	Head of HR	By April 2017	<b>Complete</b> – meetings commenced 12 <sup>th</sup> April 2017 and are scheduled monthly	This has now been disbanded, as the work is carried forward by HR Business Partners and HR Advisors working closely with management and senior management teams within departments and commands
2	Creation of a Wellbeing Group, chaired by Head of Occupational Health, to report into the Absence Management Group – attended by Practitioners and Wellbeing Champions.	Workplace Health, Safety and Wellbeing Manager	By April 2017	<b>Complete</b> – meetings commenced April 2017 and are scheduled monthly	<b>These meetings still continue and help shape Wellbeing Initiatives</b>
3	Creation of Wellbeing Champions and a Forum for information exchange, to report into the Wellbeing Group.	Workplace Health, Safety and Wellbeing Manager	By April 2017	<b>Complete</b> - Wellbeing champions are being recruited and first meeting scheduled for September 2017	<b>There are 73 Wellbeing Champions across Suffolk Constabulary</b>
4	Develop a Workplace Health, Safety and Wellbeing Strategy and Action Plan	Workplace Health, Safety and Wellbeing Manager	By May 2017	<b>Complete</b> - Strategy and action plan went live on 2 <sup>nd</sup> May 2017. Updated Action Plan attached and monitored monthly at Absence Management Group	<b>Strategy is monitored by Wellbeing Group</b>
5	Develop local (Command and Department) Absence Management Strategies and Action Plans based on local data and understanding of local issues	HR Business Partners / HoD	Linked to HR Reorganisation	HRBPs capacity will be increased to complete this (set as a PDR objective); new structure 'go-live' approx. 4 <sup>th</sup> September 2017	These have been completed in areas of need by HR Business Partners and do form part of local people plans
6	Creation and implementation of Operational HR – 7.80FTE HR Advisor roles created (6.00FTE permanent and 1.80FTE temporary) to	Director of HR/Head of HR	Linked to HR Reorganisation	HR Advisors appointed; new structure 'go-live' approx. 4 <sup>th</sup> September 2017	This structure has been implemented and embedded

provide casework support and proactive monitoring

## 1. People Data:

	Action:	Responsible:	Date:	Update: 2017	Update 2019:
1	Completion of Absence Strategic Profile – building on work undertaken and reports produced locally in HR by James Madsen	(JPAD)	August 2017	<b>Complete</b> – Organisational Board 7 <sup>th</sup> August 2017.	<b>This work was completed and has helped inform wellbeing initiatives over the past 18 months.</b>
2	Appointment of Management Information Officer whose role will be to manipulate ERP data and populate local and organisational people data packs for monthly reporting. Link to appointment of HR Systems Officer to ensure accurate absence reporting and monitoring	Director of HR		Management Information Officer appointed; temporary HR Systems Officer being recruited; new structure 'go-live' approx. 4 <sup>th</sup> September 2017.	Organisational data packs are shared with senior managers, whilst local data packs are also discussed with HR Advisors
	Production of Daily Sickness Reports available to Depts.	Management Information Team	Test Phase From January 2017  Launch Date TBC	Crown unable to provide a report, Chris Hardy MI Officer has developed a daily report for all open ended sickness and has been running it daily for 6 months and so far seems stable. Issue with a number of fixes that need to be made as currently if there is any pre-planned absence e.g. annual leave in the system it closes sickness absence. Crown aware and aware this needs to be fixed. Main data 'open ended absence' available to HR – also gives each individuals entire sickness history. Then splits into Dept. Folders with a reduced report and will need	These are used internally by HR to assist with managing planned absence.

				access permissions for each folder. Once HRA are in place need to agree who/how we utilise and share data.	
3	Provision of monthly Command / Department Reports – drill down into trends, teams and districts and individual cases, including progression of cases through the stages of the attendance policy.	Management Information Team/HR Advisors	October 2017 for all Depts.	Reporting is happening in a number of areas through the work of HRBPs and ERA's – with the new structure consistent reports should be sent out monthly populated by the Management Information Team. Template created and being tested in terms of population from ERP by Management Information Officers.	This work is completed by the Management Information Team, and distributed to HR Advisors who provide sickness trend summaries to chief officers and other SMTs.
4	Provide a Strategic Monthly People Data Pack (in a dashboard style) to Norfolk and Suffolk Chief Officer Command/Performance Meetings and Organisational Board	Management Information Team	September 2017	Template created and being tested in terms of population from ERP by Management Information Officers. To be shared with DCCs by 17 <sup>th</sup> September.	This forms part of the monthly corporate data pack
5	Capability of HR reporting on Return to Work or ASM completion rates to be investigated – linked to development of ERP and replacement of EnACT	Management Information Team	Initial view by September 2017	Work has taken place to review and report on completion rates and quality over a defined period to feed into the strategic review of absence undertaken locally by HR. This was hugely time consuming and resource intensive and not sustainable. Other options	ASM Compliance is now included within the corporate and local data packs

				being considered and reported to September Absence Management Group.	
--	--	--	--	--	--

## 2. Health and Wellbeing Activities:

	Action:	Responsible:	Date:	Update: 2017	Update 2019:
1	Delivery of the Workplace Health, Safety and Wellbeing Action Plan – all actions monitored on that plan.	Workplace Health, Safety and Wellbeing Manager	Ongoing Reviewed Monthly	<b>Complete</b> - Plan complete and being monitored.	

## 3. Policy, Process and Line Management Development:

	Action:	Responsible:	Date:	Update: 2017	Update 2019:
1	Launch an updated Absence Management Policy – with accompanying procedure, FAQ, templates and line manager training – ‘marketing campaign’ to be created – whole organisational focus on absence and the support available – a wellbeing conference? HRA to run absence surgeries and case reviews – push to come from Senior Officers and Senior Police Staff	Policy, Reward and Employee Relations Manager	TBC – aim November 2017	Policy reviewed – paragraphs highlighted for further discussion at focus groups Focus groups to be set up for week commencing 28 Aug with managers - upon receipt of names, managers will be asked to review current policy and to come prepared with suggestions, questions etc. Currently have 7 managers who want to be a part of the focus group. We have asked them to review current policy and to make notes as to what is working, what is not and what we want from an absence management policy Email to HRBP's to ask their superintendents to ask for manager names who will attend the focus groups HRBP's providing SMT dates so	Policy is still under review



				Amanda can attend these to talk them through the focus group process for this policy	
	Delivery of Absence Masterclasses	HRBPs	Ongoing	Continue to be delivered through Best I Can Be quarterly programme of events and bespoke delivery for Dept. Meetings / training events – To be refreshed through 2.	These continue to be delivered by HRBPs through the Best I Can Be series of workshops
2	Create credit card sized 'prompts' for managers to carry around – what to consider when someone goes sick – RTW most important for short-term, Workplace Health Referral most important for long-term	N/A	TBC – aim November 2017	Was tasked to Casework Manager – who has now left organisation. Will be picked up by Amanda Killick and factored into launch of new policy	These have been discontinued
3	Improved 'half pay' reporting	Head of HR	Ongoing	Cannot be managed via ERP – manual solution required. New spreadsheet created with automatic formulas, completed testing and seems to be working well, Single Point of Contact in Service Desk also helping to improve the process	Half pay has been managed by the HR Operations Team to increase the continuity of service offered. This process, however, continues to be monitored.
4	Leadership Development – Best I Can Be (Sergeant and equivalent, Inspector and equivalent Programme) plus Senior Leadership Development – strong links between leadership and wellbeing and engagement – theme to run through all leadership development as well as taught modules on skills required to manage absence	Workplace Health, Safety and Wellbeing Manager	Ongoing	Masterclasses are part of Best I Can Be – along with input from Workplace Health at an early stage. Senior Leadership programme in development in conjunction with Nottingham University  Best I Can Be Quarterly Programme focusing on how to	A wide range of Masterclasses are offered as per this paper

			build relationships and developing management skills, in particular communication skills	
--	--	--	--	--

<b>ORIGINATOR CHECKLIST (MUST BE COMPLETED)</b>	<b>PLEASE STATE 'YES' OR 'NO'</b>
Has legal advice been sought on this submission?	No
Has the PCC's Chief Finance Officer been consulted?	No
Have equality, diversity and human rights implications been considered including equality analysis, as appropriate?	Yes
Have human resource implications been considered?	Yes
Is the recommendation consistent with the objectives in the Police and Crime Plan?	N/A
Has consultation been undertaken with people or agencies likely to be affected by the recommendation?	N/A
Has communications advice been sought on areas of likely media interest and how they might be managed?	No
Have all relevant ethical factors been taken into consideration in developing this submission?	Yes

In relation to the above, please ensure that all relevant issues have been highlighted in the 'other implications and risks' section of the submission.