

For Information	
Public/Non Public*	Public
Report to:	Strategic Resources and Performance Meeting
Date of Meeting:	7th September 2017
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Agenda Item:	4

*If Non Public, please state under which category number from the guidance in the space provided.

STAFF HEALTH AND WELLBEING

1. Purpose of the Report

- 1.1 The purpose of this report is to provide a summary of the work being undertaken in relation to 'Health and Wellbeing'.

2. Recommendations

- 2.1 It is recommended that the report is noted by members of the meeting.

3. Reasons for Recommendations

- 3.1 To provide the Strategic Resources and Performance meeting with a summary of the current position.

4. Summary of Key Points

4.0 Health and Wellbeing

4.1 Health and Wellbeing Report Overview

The Health and Wellbeing of all policing professionals is essential to the safe and effective operation of the police service and in assisting Nottinghamshire Police in achieving its vision and objectives.

The Force had taken action on previous staff surveys including the introduction of a People Board, now chaired by the DCC, which is a collection of people from around the force with the fundamental goal of making Nottinghamshire Police a better place to work and turning staff and officers ideas into action.

Recognising the need for momentum and to make wellbeing 'centre stage' in supporting efforts to improve workplace health, enhance productivity and to have a more sustainable and motivated workforce the Force, in April this year, appointed an

Operational and a HR lead with a specific focus on 'Wellbeing'. A Health and Wellbeing Working Group, which includes Trade Unions, Police Federation, Superintendents Association and other subject matter experts has subsequently been established and an action plan has also been put into place.

A strategic overview will be provided by the proposed Health and Wellbeing Programme Board, to be held quarterly, chaired by the DCC.

A Health and Wellbeing Strategy is under development and, together with an Internal Action Plan will be informed by audit and analysis of existing data, available tools and existing support to provide a benchmark to measure against going forwards. These include the analysis of sickness data [see Appendix 1]; additionally information such as the Superintendents Association Personal Resilience Survey 2016, conducted nationally, broken down into Nottinghamshire responses and the self-assessment of the Force against the Oscar Kilo National Wellbeing Framework for all UK police forces will be used to inform this work.

4.2 Health and Wellbeing Work to date

This section of the report details some of the work to date, and outlines the plans to take this forwards:

- A Health and Wellbeing Working Group was established with the purpose of improving the health and wellbeing of all staff and officers; draft Terms of Reference have been drawn up, currently awaiting sign off, the key objectives include:
 - Writing and overseeing the delivery of a 'Health and Wellbeing Strategy' for staff and Officers
 - Defining all the current areas of support and focus
 - Identifying blocks and barriers to improving staff and Officer health and wellbeing
 - Promoting a sense of mutual responsibility to improve and maintain health and wellbeing.
 - Defining measureable outcomes for staff health and wellbeing and establish an annual programme of work
 - Developing communications which ensures that staff and officers are aware of all opportunities to improve health

- The Health and Wellbeing group undertook an initial assessment of the workplace against Public Health England's national wellbeing framework. A Blue-Light Wellbeing framework recognising the unique issues and complex challenges faced by the emergency services was recently introduced, under the branding of 'Oscar Kilo' and work was undertaken then, by the group, to map across the assessment to this framework and to inform further action plans; the framework is based on the following areas –
 - Leadership
 - Absence Management
 - Creating the Environment
 - Mental Health
 - Protecting the Workforce
 - Personal Resilience

Nottinghamshire Police are the first force to have completed this self-assessment. The next step will be a peer review by another force, known to perform well in this area.

- A Health and Wellbeing site has been published on the Force Intranet containing information and signposting links to a range of support and help such as to the new National Wellbeing information site for the Police service – Oscar Kilo, the Occupational Health Unit for the East Midlands Forces website that provides information on health and fitness and many other links.
- A Health and Wellbeing Strategy is under development and will be informed by audit and analysis of existing data including [this is not an exhaustive list]
 - Current Sickness data
 - The last Staff Survey undertaken by Durham University
 - Basic demographic/equality information of Nottinghamshire Police Officers and Staff.
 - Review of the assessment from Oscar Kilo Wellbeing framework
 - RDIL balances
 - Grievances
 - Police Superintendents Association of England and Wales Personal Resilience Survey 2016
- A Wellbeing Action Plan has been put in place which will be further developed and informed by the assessment against the Blue-Light framework and data indicated above.
- ‘Enable’ has been launched [A Staff Support group that covers Disability and all Wellbeing issues].

4.2.1 **Mental Wellbeing**

Early assessment of both sickness data and from the work carried out in undertaking the review against the Wellbeing framework clearly showed the need to make the mental wellbeing of staff a key point of focus. Whilst work had already been done to support mental wellbeing, both ENABLE and the Health and Wellbeing Working group have made this area a priority, with a number of activities already initiated or under development; initiatives include:

- Mind, the Mental Health Charity has established a ‘Blue Light Programme’ for people within emergency services that aims to make sure anyone with a mental health problem has somewhere to turn for advice and support. One in four people in the UK will experience a mental health problem each year and independent research shows that people who work in the emergency services are more likely to experience a mental health problem than the general public.

The Chief Constable, DCC and PCC have all recently signed the MIND ‘Pledge’, to demonstrate the Forces commitment to challenge mental health stigma and promote positive wellbeing.

The pledge commitment is backed by an action plan, which details the tangible activity we aim to deliver. By pledging, our aim is that everyone will feel more able to speak openly about mental health and to seek support when they need it. It will help to improve mental health awareness, which will thus enable bigger

problems having a better chance of being prevented if people feel able to get support as soon as they need it. Information is available on the Force Intranet site; other information including a booklet on 'How to manage your mental wellbeing' is also available.

- A Mental Health Wellbeing and Awareness workshop for managers was held on 25th April 2017 this was very well received and requests made for follow up days.
- A Wellbeing 'Peer to Peer' support group was established with volunteers across the force. Training to increase awareness of mental health issues was provided to give the skills to support colleagues in the short term and to signpost them to structures and support that is already in place. Peer supporters are outside of rank or structure and will attempt to help those they support find the right vehicle to help. Employees are able to self refer, referral by a supervisor or work colleague [as long as an individual agrees]. There is an e mail box for referrals and also a list of contacts of all Peer to Peer volunteers listed on the Force Intranet site.
- CIC – our Employee Assistance Provider a confidential and free counselling and practical advice service is available to all employees and their immediate families, 24 hours a day.
- Additional Professional Support is available to those working in a stressful environment or who are exposed to distressing material in the course of their work. The goal is to provide help in processing the emotional impact of the work, identifying a support network and coping strategies and providing information for other help or treatment.
- Psychological Screening for all staff

On line screening for all staff to voluntarily check their own mental wellbeing. This is a free service offered by Social Support Systems, a company led by some members of the Fire Service. The screening will show up levels of anxiety and PTSD in individuals. Any concerns will be flagged up to the Force Mental Health lead so that this can be fed them into the current force support mechanisms.

- Mindfulness

'Mindfulness' is a technique which can help people manage their mental health or simply gain more enjoyment from life.

It can help to:

- increase awareness of thoughts and feelings and manage unhelpful thoughts
- develop more helpful responses to difficult feelings and events
- feel calmer and able to manage stress better
- manage some physical health problem, like chronic pain

Studies show that practicing mindfulness can help manage mild depression, anxiety and other common mental health problems. The National Institute of Health and Clinical Excellence (NICE) – [the organisation that produces guidelines on best practice in health care] recommends using mindfulness to treat mild depression and to help prevent further episodes of depression.

Scoping work is currently taking place regarding the possibility of introducing mindfulness training into the Force as a way of helping individuals manage their personal resilience and managing anxiety.

4.2.2 Examples of Other Wellbeing Initiatives

It is recognised that there are many other wellbeing initiatives but some may not be well known; part of the work of the newly established Health and Wellbeing Working group is to identify and sign post to these. Some of these include -

- Nottinghamshire Police joined officer and staff representatives from UNISON and GMB Trade Unions and the Nottinghamshire Police Federation recently to sign a seven-point pledge to say being assaulted is not part of the day job, will not be tolerated and that action will be taken against offenders.
- A menopause wellbeing event was held earlier this year which was very well received; more recently a menopause policy and risk assessment has been introduced.
- Within the last 12 months, Police Mutual came into Force as part of their *Be fit4life* programme to run health screening and information sessions at a number of locations. The Intranet has links to the Wellbeing site run by Police Mutual.
- Work is in progress to develop guidance for Managers and Staff on 'reasonable adjustments'.
- The Health and Wellbeing intranet site signposts staff to other wellbeing information on such topics and areas as physical wellbeing and fitness, healthy eating etc
- Risk assessment guidance is available for managers to prevent risks and improve workplace wellbeing.

4.3 Moving Forwards

The Health and Wellbeing group are developing a strategy with the objective to embed wellbeing into the Force DNA; based on the following principles –

- Senior Level Ownership
- The investigation, understanding and targeting of local needs and underlying influences
- Mapping all health and wellbeing services
- Involving staff in identifying and designing appropriate interventions
- Learning from good practice.

And that success can be measured and celebrated.

The delivery and strategic oversight will be provided by the Forces' 'Wellbeing Board', which will be chaired by the DCC.

5. Financial Implications and Budget Provision

5.1 Financial implications that are considered within the work are:

- Cost of sickness absence
- Cost of wellbeing initiatives

6. Human Resources Implications

6.1 The resource implications are outlined in the main part of this report.

7. Equality Implications

7.1 Potential disability related claims

8. Risk Management

8.1 Any risk management matters are outlined in the main part of the report and below in the appendices.

9. Policy Implications and links to the Police and Crime Plan Priorities

9.1 Improving police officer and police staff wellbeing is central to ensuring that we have a more sustainable and motivated workforce. This is clearly linked to the Police and Crime Plan priority, 'spending your money wisely'. Further improving the Force's efficiency and effectiveness through this work allows us to actively pursue all areas of policing and the Commissioner's seven priorities for tackling crime.

10. Changes in Legislation or other Legal Considerations

10.1 There are no changes in legislation or other legal considerations in relation to this report.

11. Details of outcome of consultation

11.1 The Force's Health and Wellbeing Group has been established, which involves Staff Associations and Trade Unions.

12. Appendices

12.1 Twelve month rolling sickness data as at the end of July 2017

12.1 Appendices

Appendix 1 - Sickness data

1. 12 month rolling sickness data (as at the end of July 2017)

Table 1 below summarises the rolling 12 month sickness data as at the end of July 2017 (latest available data).

Table 1 – 12 month rolling sickness

	Officers	Police Staff
UOC – Response	4.86%	2.80%
UOC – Strategic Partnerships	3.98%	3.12%
Contact Management	13.62%	5.39%
Corporate Services	12.22%	3.59%
I & I – Complex Crime	3.54%	4.17%
I & I – Organised Crime	8.88%	3.40%
I & I – Intelligence Command	6.05%	5.29%
I & I – Public Protection	6.93%	6.90%
EMCJS	9.35%	8.75%
EMOpSS	4.71%	0.65%
EMSOU	1.00%	2.43%
Force-wide	5.38%	4.63%

The Force wide total for July 2017 data represents a 9% increase for officers and a 16% decrease for police staff when compared to the July 2016 data (4.93% and 5.50% respectively).

Sickness rates have consistently been reported higher since the introduction of 'BOBO'. This may be due to more accurate recording or conversely individuals finding it easier to report sick via the BOBO system.

In respect of current MFSS Forces, table 2 below provides officer and police staff sickness rates and the 'ranking' using latest Iquanta sickness data.

Table 2 – MFSS Forces

	Officers		Police Staff	
	March 2017	March 2016	March 2017	March 2016
Cheshire	4.7% (23 rd)	4.6% (26 th)	4.9% (34 th)	3.8% (13 th)
Northamptonshire	5.0% (29 th)	3.9% (12 th)	4.6% (29 th)	4.3% (25 th)
Nottinghamshire	5.5% (39 th)	4.6% (27 th)	4.9% (33 rd)	5.1% (35 th)
National average	4.6%	4.4%	4.5%	4.4%

All three MFSS Forces mirrored the national increase for officers between 2016 and 2017. For police staff Nottinghamshire recorded a decrease.

2. Thematic areas where 12 month rolling sickness rates are greater than 5%

In areas where 12 month rolling sickness rates are 5% or greater:-

Contact Management – Officers and police staff

- Eight officers (CRIM) and two police staff on LTS as at the end of June
- Officer sickness increased from 12.46% to 13.62% between July 2016 and July 2017. There are nine officers are on 'adjusted duties' and five on 'recuperative duties'. In addition six officers in CRIM are progressing through the A20 (medical retirement) process. In addition there are a number of officers posted in CRIM with restrictions (medical, PSD).
- HR Consultant to arrange monthly review meetings with the CRIM Inspectors re officer sickness
- Police staff sickness decreased from 9.12% to 5.36% between July 2016 and July 2017. This has resulted from concentrated effort by management

Corporate Services – Officers

- As at the end of June two officers and one police staff were on LTS. Two cases related to a psychological condition and one for MSD. One of the individuals has recently left the Force through medical retirement
- Both the 12 monthly rolling average and the July monthly sickness reduced (to 12.22% and 6.49% respectively).

Organised Crime - Officers

- Two officers on LTS - meeting held between the DCI, DI and HR to review cases
- Active management of cases / short term triggers

Intelligence Command - Officers and police staff

- Three officers and three police staff on long term sickness (one Serious illness, three Psychological and two MSD)
- Officer sickness reduced to 6.05% as at the end of July 2017. Increase in police staff short term absence.

Public Protection (PP) - Officers and police staff

- Nine officers and one police staff on LTS - four relate to 'Psychological', three 'serious illness', two 'MSD' and 1 'other'
- New structure commenced in June 2017
- The 12 month rolling average sickness rate is reducing - between July 2016 and June 2017 Officers sickness reduced from 7.45% to 6.93% and police staff sickness reduced from 10.17% to 6.90%
- Professional support available
- Link from PP intranet site to health and well-being information

EMCJS - Officers and staff

- In Custody, one Officer and two Police Staff (Detention Officers) on long term sick. In prosecutions, one LTS member of police staff which is related to a serious illness. This individual is currently being progressed through a police staff medical retirement application
- An Inspector has recently been allocated to work with HR to ensure that line managers are supported to deal with an absence and ensuring the attendance management policy is applied correctly and formal meetings are held. Since this introduction, there has been an increase in Stage 1 meetings held
- Chief Inspector and HR discussing sickness on a monthly basis
- During 2017/18 the monthly sickness for both officers and police staff is below the 12 month rolling average. This has contributed to the reduction in sickness rates.

3. Monthly sickness rates 2017/18

The tables below summarise the monthly sickness rates during 2017/18 for police officers and police staff.

Table 3 – monthly sickness 2017/18 Police Officers

	Apr 17	May 17	June 17	July 17
Response	4.10%	4.20%	5.15%	4.85%
Strategic Partnerships	4.01%	4.30%	3.71%	4.67%
Contact Management	15.75%	14.10%	20.89%	14.36%
Corporate Services	6.94%	11.69%	6.71%	6.49%
Complex Crime	4.04%	2.31%	4.07%	6.49%
Organised Crime	4.45%	9.67%	10.66%	6.64%
Intelligence Command	4.12%	4.13%	5.22%	5.01%
Public Protection	6.19%	7.07%	8.33%	8.13%
EMCJS	8.60%	6.79%	3.17%	5.70%
EMOpSS	3.49%	3.39%	3.85%	3.65%
EMSOU	2.01%	1.13%	1.66%	0.59%
Force-wide	4.69%	4.87%	5.60%	5.13%

Table 4 – monthly sickness 2017/18 police staff

	Apr 17	May 17	June 17	July 17
Response	3.45%	0.15%	2.18%	6.18%
Strategic Partnerships	3.05%	3.60%	3.82%	2.73%
Contact Management	5.66%	4.47%	3.42%	4.47%
Corporate Services	3.35%	3.26%	3.02%	3.37%
Complex Crime	2.58%	14.45%	7.77%	2.32%
Organised Crime	5.35%	2.16%	2.91%	8.45%
Intelligence Command	5.99%	5.71%	4.29%	3.13%
Public Protection	3.72%	7.17%	7.49%	8.83%
EMCJS	5.44%	6.08%	5.31%	5.33%
EMOpSS	0	0.29%	0	1.12%
EMSOU	0	1.56%	0.50%	0.86%
Force-wide	4.16%	4.16%	3.66%	3.85%

4. Headcount

Police Officer headcount reduced by 5.9% and police staff by 6.4% from the end of June 2016 to the end of June 2017 (see table 5 below). Since the introduction of MFSS in April 2015, officer headcount has reduced by 13.9% and police staff by 21.7%. As fewer hours are available, this may have contributed to an increase in the sickness rates when compared to March 2015 '12 month rolling average' sickness data (police officers 3.58% and police staff 3.68%).

Table 5- Headcount summary

	1st April 2015	1st April 2016	30th June 2016	1st April 2017	30th June 2017
Officers	2148	2020	1965	1888	1850
Police Staff	1723	1455	1441	1352	1349
Total	3871	3475	3406	3240	3199

5. WINs (Written Improvement Notices)

Table 6 below summarises those currently in the 'attendance management process'.

Table 6 - Officers / Police staff in Attendance Management Process as at the end of July

Department	WIN		WIN		WIN		Total
	Stage 1		Stage 2		Stage 3		
	Staff	Officers	Staff	Officers	Staff	Officers	
I&IC	4	9		1			14
EMCJS	6		2				8
UOC	6	33					39
Enabling Services	6		1				7
Contact Mgt	22	2	8	3	1		36
EMSOU							0
EMOpSS		1					1
Total	44	45	11	4	1	0	105

6. I-Quanta sickness benchmarking

The latest Iquanta benchmarking data (initially received June 2017 and updated in July), relating to the year ending March 2017) identified a continuing increase in sickness across Forces.

Nationally (average of all Forces), with the exception of 2014, sickness rates for officers and police staff have recorded a year on year increase since 2012.

A summary of the end of financial year reporting periods for officers and police staff is as follows:-

Table 7 - Officers

	Nottinghamshire Officer sickness rate	Nottinghamshire rank	Average national officer sickness rate
March 2012	5.1%	41 st	3.6%
March 2013	4.7%	35 th	3.9%
March 2014	4.3%	33 rd	3.8%
March 2015	4.0%	16 th	4.1%
March 2016	4.6%	27 th	4.4%
March 2017	5.5%	39 th	4.6%

For MSG's, Nottinghamshire Police were 8th out of the eight forces for Officers, and 7th for Police Staff. For officers, there is a relatively small difference between the Forces ranked 4th, 5th, 6th and 7th (all 5.3%) and Nottinghamshire (5.5%).

Table 8 – Police Staff

	Nottinghamshire Police staff sickness rate	Nottinghamshire rank	Average national Police staff sickness rate
March 2012	4.3%	32 nd	3.9%
March 2013	4.2%	27 th	4.0%
March 2014	3.9%	26 th	3.8%
March 2015	3.9%	17 th	4.1%
March 2016	5.1%	35 th	4.4%
March 2017	4.9%	33 rd	4.5%

For police staff, sickness reduced to 4.9% and the Force ranking improved compared to 2016.

7. Reason for absence

A comparison of the reasons for absence as for police officers at the end of May 2016 and May 2017 is shown in Table 9 below

Table 9

Reason	May 16			May 17		
	Instances	Days	Average	Instances	Days	Average
Psychological	24	305	12.7	36	532	14.8
MSD	34	295	8.7	36	368	10.2
Respiratory	15	59	3.9	12	37	3.1
Digestive	24	60	2.5	14	30	2.1
Serious	14	221	15.8	11	165	15.0
Minor	37	213	5.8	34	157	4.6
Operation	1	19	19.0	0	0	0
Unknown	61	124	2.0	48	172	3.6
Total	210	1296	6.2	191	1461	7.6

8. Psychological absence

A summary of the reasons for psychological reasons for officers is below in Table 10.

Table 10

	May 2016		May 2017	
	Instances	Days	Instances	Days
Short term	3	6	5	14
Medium Term	12	148	7	71
Long term	9	151	24	447
Total	24	305	36	532

9. Psychological absences 2016 / 17 Police officers and police staff

A summary of the psychological related absences for police officers by thematic area is summarised in table 11 below.

Table 11

Area	Instances	Days	Average
Response	58	2613	45
Strategic Partnerships	15	197	13
Contact Management	15	378	25
Corporate Services	20	711	36
Complex Crime	6	320	53
Organised Crime	7	388	55
Intelligence Command	18	673	37
Public Protection	23	871	38
EMCJS	13	430	33
EMOpSS	9	290	32
EMSOU	1	22	22
Total	185	6893	37

A summary of the psychological related absences for police staff for 2016 / 17 is summarised in table 12 below.

Table 12

Area	Instances	Days	Average
Response	3	64	21
Strategic Partnerships	16	426	27
Contact Management	39	1004	26
Corporate Services	21	807	38
Complex Crime	0		
Organised Crime	2	30	15
Intelligence Command	17	675	40
Public Protection	6	202	34
EMCJS	30	980	33
EMOpSS	1	8	8
EMSOU	0		
Total	135	4196	31