

RSM Tenon

Leicestershire Police Authority

Business Continuity - Absence Management

Internal Audit Report (15.09/10)
8 February 2010

FINAL

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The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regard to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

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1 Executive Summary

1.1 Introduction

An audit of Business Continuity - Absence Management was undertaken as part of the approved internal audit periodic plan for 2009/10.

The Force has been actively working to reduce the level of sickness for both police officers and staff and have taken action and identify new areas and objectives towards reducing sickness absence through the Sickness Absence Working Group.

The Force introduced the Single Reporting Line in January 2009 and employees are required to report all sickness through this system. This line is monitored by a dedicated person during normal working hours and via the Call Management Centre out of hours. The sickness is notified to the relevant Line Manager and details recorded on the NSPIS HR system records. A similar system operates for notification of return to work. All staff are to have a Return to Work Interview with their Line Manager.

The level of sickness is monitored at the local level by senior management teams and reported to the Force via the Performance Delivery Group (PDG) and the HR Committee of the Police Authority.

The Occupational Health Unit are actively involved in giving advice on health and wellbeing and are a key link to managing sickness and provide support to employees to facilitate a prompt return to work.

At the recent PDG meeting in November 2009 it was reported that sickness figures for September 2009 had met the monthly targets for both police officers and police staff.

The level of sickness attributed to colds/ cough and flu/like symptoms is being monitored on a daily basis at present so to ensure the Force continues to be well prepared in event the risk of Pandemic Flu materialises.

The specific risk considered as part of this audit was:

- Availability of Force staffing resources are dramatically reduced resulting in inability to deliver core policing services.

This risk relates to the objective of failure to maintain adequate level of officers/ staffing to provide frontline services, achievement of which is measured using the following outcome:

- Absence levels.

The HR Committee of the Police Authority meeting of 27 August 2009 received an update report on sickness to June 2009. The following information was reported:

- Although there was a rise in Police Officer sickness in June the levels were still well below the cumulative target for the year at that time. (They achieved 1.3 days Cumulative Days Lost per Police Officer, against Monthly Target against a target set of 1.9)
- Officer short term sickness was at its lowest for 24 months and medium term sickness was also low but had been rising slightly in the preceding two months.
- Long term sickness had been rising over the past, but had risen sharply in June to its highest point in the last 12 months.
- 64% of irregular attendees are now being monitored within attendance management procedures. Four officers and 13 staff were being managed through the formal attendance procedures.
- In the same period to June 2009 the target for staff achieved a 1.8 Cumulative Days Lost per Police Staff, against the same monthly target of 1.9 days.

The outcomes above support the Force's arrangement to effectively monitor and manage sickness levels to keep sickness levels within the targets set.

1.2 Scope of the review

The objective of our audit was to evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively. When planning the audit, the following controls for review and limitations were agreed:

Control activities relied upon:

- Robust Sickness Management including documented sickness management policy and procedures.

Limitations to the scope of the audit:

- Review of procedures in place at the time of the review and compliance with those procedures. Testing undertaken will be on a sample basis only. We will not include within our audit sickness payments made to employees.
- Our work will not provide any medical or other opinion as to the appropriateness of the absence or the actions taken, only whether the procedures have been complied with.
- In addition, our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist

The approach taken for this audit was systematic audit and included the following:

- Establishing the risks affecting the achievement of your corporate objectives
- Reviewing the adequacy and application of the controls in place to mitigate the risk.

1.3 Conclusion

Taking account of the issues identified, in our opinion the Authority can take substantial assurance that the controls upon which the organisation relies to manage this risk, as currently laid down and operated, are effective.

This assurance level has been formulated on the basis of conclusions drawn on the individual elements of effectiveness, design and application of controls in place:

	SUBSTANTIAL	ADEQUATE	LIMITED
EFFECTIVENESS OF CONTROL FRAMEWORK	X		
DESIGN OF CONTROL FRAMEWORK	X		
APPLICATION OF AND COMPLIANCE WITH CONTROL FRAMEWORK	X		
OVERALL OPINION	X		

The above conclusions feeding into the overall assurance level are based on the evidence obtained during the review. There were no fundamental or significant issues arising from this review. Through the review we raised 5 'merits attention' recommendations and these are covered in the main report at section 3.

1.4 Recommendations Summary

The following tables highlight the number and categories of recommendations made, showing which have been brought forward from previous audits. The Action Plan at Section 2 details the specific recommendations made as well as agreed management actions to implement them.

Recommendations made during this audit:

Risk	FUNDAMENTAL	SIGNIFICANT	MERITS ATTENTION
AVAILABILITY OF FORCE STAFFING RESOURCES ARE DRAMATICALLY REDUCED RESULTING IN INABILITY TO DELIVER CORE POLICING SERVICES	0	0	5

Recommendations implemented since the previous audit in this area:

DATE OF PREVIOUS AUDIT: MARCH 2009

RECOMMENDATION CATEGORIES	FUNDAMENTAL	SIGNIFICANT	MERITS ATTENTION
NUMBER OF RECOMMENDATIONS MADE DURING PREVIOUS AUDIT	0	0	1
NUMBER OF RECOMMENDATIONS IMPLEMENTED	0	0	1 'PARTLY'
RECOMMENDATIONS NOT YET FULLY IMPLEMENTED:	0	0	1 'PARTLY'

From the previous follow up review completed in March 2009 we left one overall recommendation covering three areas for improvement which were added to the HR Management Action Plan. In this review we were advised that the trigger reports are being run as requested. However, we raised an issue that the control is not clearly maintained to evidence this. This is covered in the main report and a new recommendation left.

An area for improvement was to determine if there was potential to procure a new DMS system. We were advised this is scheduled for next summer, although this could be subject to further delay due to the need to prioritise system requirements connected with efficiency savings expected from 2010 going forward. However, they do now have systems in place to produce the absence data which prompted the recommendation previously.

We also had an area for improvement to establish a timeframe to ensure that all return to work interviews were completed within a timely manner. The Director of HR advised this has been an oversight and they will take appropriate action to implement this. We have included a recommendation within the main report to follow this through to implementation.

1.5 Additional Feedback

GOOD PRACTICE IDENTIFIED DURING THE AUDIT

The Force have the option to determine whether there is a cost benefit for referring cases for private treatment to facilitate an earlier return to work. This may also represent good value for money.

The OCHU website offers good advice / tips related to good health and wellbeing and provides details of activities which are available locally to encourage employees to get involved in using the facilities available.

We have not included comparative data in this instance due to the specific nature and sector covered in this review.

The Force has been actively working to reduce the level of sickness since we last completed a review on this subject. We were advised they are more pro-active in managing longer term sickness including capability and recuperative duties, as well as closer monitoring of general sickness both locally and at a management level. These actions are seen as contributing to the reduction in sickness levels across the Force as a whole.

2 Action Plan

The priority of the recommendations made is as follows:

FUNDAMENTAL	SIGNIFICANT	MERITS ATTENTION
ACTION IS IMPERATIVE TO ENSURE THAT THE OBJECTIVE FOR THE AREA UNDER REVIEW IS MET	REQUIRES ACTION TO AVOID EXPOSURE TO SIGNIFICANT RISK IN ACHIEVING THE OBJECTIVE FOR THE AREA UNDER REVIEW.	ACTION IS ADVISED TO ENHANCE CONTROL OR IMPROVE OPERATIONAL EFFICIENCY

REF	RECOMMENDATION	CATEGORISATION	ACCEPTED Y/N	MANAGEMENT COMMENT	IMPLEMENTATION DATE	MANAGER RESPONSIBLE
1	Ensure that the requirements to be followed in the Attendance Policy, Managing health at Work and procedures for the Single Reporting Line are updated as soon as practically possible and communicated.	Merits Attention	Y	Agreed	September 2010	Steve Smith – HR Business Solutions
5	A suitable timeframe for completion of return to work interviews should be established, communicated and followed.	Merits Attention	Y	Agreed	September 2010	Steve Smith – HR Business Solutions
9a	Retain the monthly HR sickness reports to evidence the controls in place and would suggest these are retained for a rolling year.	Merits Attention	Y	Agreed	Implemented	Ali Coulton – HR Workforce Planning
9b	Ensure the 'trigger' reports produced by HR Practitioners are retained on computer records to evidence that the required controls have been actioned.	Merits Attention	Y	Agreed	September 2010	Steve Smith – HR Business Solutions
11	Progress plans to introduce benchmarking with other similar Forces in the future.	Merits Attention	Y	Agreed	End 2010	Ali Naylor – HR Director

3 Findings and Recommendations

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
	RISK: AVAILABILITY OF FORCE STAFFING RESOURCES ARE DRAMATICALLY REDUCED RESULTING IN INABILITY TO DELIVER CORE POLICING SERVICES				
1	<p>There are established procedures which have been communicated to all personnel on what they need to do to inform of absences from work. Details are set out on the information cards which were issued to all personnel when the system went live and for all new staff as/ when they join the Force. New employees are provided with this information at the start of employment.</p> <p>The Force has an Attendance Management Policy and this sets out the key aims, principles and monitoring controls connected with absences.</p> <p>Details of associated requirements are also set out in the Managing Health at Work procedures and guidance and flow charts are set out for ease of reference.</p>	Yes	<p>The Attendance Management Policy sets out the aims and principles on attendance management. Staff have been provided with a phone line card and this includes basic information on reporting sickness absences through the single reporting line.</p> <p>The telephone system has a set series of questions to be answered both for reporting on going off and returning from sick leave. We were advised that the Attendance Management Policy has been in place since April 2006 and is presently being reviewed / updated.</p> <p>There is also a Managing Health at Work procedures document which sets out the various procedures to be followed ranging from the responsibilities of individuals and those of their Line Manager's from reporting initial sickness through to managing return to work.</p> <p>Details of referrals to OCHU, setting up action plans, managing long term sickness and procedures linked to recuperative and restricted duties and disability are also covered. However, this document is also subject to update and review at this time.</p> <p>In our initial discussions with Business Solutions staff we were advised that the procedures for logging calls for the single reporting line are in need of update to reflect a number of minor changes which have been made since the line was initially implemented. It is important to ensure all</p>	Ensure that the requirements to be followed in the Attendance Policy, Managing health at Work and procedures for the Single Reporting Line are updated as soon as practically possible and communicated.	Merits Attention

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
			policies, guidance and procedures are kept up to date to ensure they accurately reflect requirements, so staff do follow the correct procedures to reduce the risk of non-compliance.		
2	<p>All staff and officers are required to report any sickness promptly via the single reporting line.</p> <p>This system was introduced in January 2009 and is monitored by HR between 9.00am and 5.00pm weekdays and outside these times the Call Management Centre deal with the calls.</p> <p>The Line is checked frequently during working hours and the details are notified to the relevant Line Manager and details are entered onto the NSPIS HR system records. The same process applies to calls received on returning to work.</p>	Yes	<p>Through a walk-through of the system in place we confirmed the controls were clearly documented. We were advised that a designated member of the team is responsible for monitoring the voicemails received and for recording the details directly to the NSPIS HR system regularly through each working day.</p> <p>Once completed emails are sent to the both the individual's work email and their designated line manager.</p> <p>The type of sickness for each individual is to be coded under twelve overall headings and detail codes within each of the headings.</p>		
3	Self certification is required in the event of absences between 4 and 7 days.	Yes	Through sample testing of 20 absences recorded in the current financial year to date we confirmed that the required self certification documents were traced to the system records.		
4	Medical certificates are required to be submitted for periods of sickness in excess of 7 working days and should be continuous until the employee returns to work.	Yes	<p>From the original sample of 20 sickness reports tested we noted that in nine cases these were for periods of sickness over the seven day limit for self certification.</p> <p>In all nine cases we confirmed the required</p>		

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
	<p>The Line Manager is responsible for ensuring these are received and passed to HR to be scanned onto the individual's personal file records.</p>		<p>medical certificates were produced and were traced to the NSPIS HR system records and were consecutive for the period of absence.</p>		
5	<p>Line Managers are required to complete a return to work interview after each period of sickness to discuss the reasons for absence and the responsibilities in relation to improving attendance and to explore where assistance can be offered.</p> <p>There is no set timeframe to complete the interviews.</p>	Yes	<p>From a sample of 20 employees with periods of sickness this year to date we confirmed that in all but one case the return to work interviews had been completed and noted that the employee had resigned and left the Force and did not actually return to work following sickness. We did however confirm that the correct follow up and monitoring process had been followed in this particular case.)</p> <p>The Return to Work forms were held on the system records, with one exception. In this case the NSPIS HR system was updated to show the return to work had been completed but the paperwork was had not been scanned on the computer system, although the system did show it had been logged as received.</p> <p>The HR Admin. Team Leader has re-checked their records and we confirmed a hard copy is held on the paper file in this instance. We understand this was due to an incompatibility problem within the computer system at the time they were just moving over to the electronic process.</p> <p>Through our testing we found that the return to work interviews were completed, though the timeframe ranged from the first day of return to work and up to 11 working days, not including weekends. The percentage split on</p>	<p>A suitable timeframe for completion of return to work interviews should be established, communicated and followed.</p>	Merits Attention

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
			<p>the outcomes for completion of the interviews is set out below:</p> <ul style="list-style-type: none"> • On day of return : 20% • Within one working day: 20% • Within 2 working days: 20% • Within 3 working days: 20% • Within 5 working days: 5% • Within 6 working days: 5% • Within 11 working days: 5% • In one case this was not applicable (5%), as the employee left and did not return to work. <p>Overall 80% of the sample were completed within 3 working days of returning to work.</p> <p>We were advised there is not a specific timescale set to complete the interviews, but in our discussions with the HR Director she does consider they should set a timeframe, although this will need to be discussed by management to ensure that they take adequate account of operational issues, shift patterns etc., in making this decision.</p> <p>It is good practice to ensure that a time limit is set to ensure the interviews are completed in a prompt and timely manner particularly as where they are delayed management may not be made aware of potential workplace related issues including health and safety matters, which do need to be risk assessed and addressed promptly. This issue was raised in our previous review, although the recommendation was not followed through to</p>		

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
			<p>implementation.</p> <p>The completion of return to work interviews are subject to ongoing monitoring at the senior management team meetings held across the Force and through the HR Apex meetings.</p> <p>We were advised that HR have recently undertaken an audit review, based on dip sampling, to ascertain the quality / satisfaction in relation to completion of the documentation of return to work interviews across the Force this year. The outcomes have been reported back to management.</p> <p>The process highlighted varying outcomes of the process from excellent down to poor completion and lack of attention to detail. As a result of this outcome management have made the decision to continue to dip sample the quality on a monthly basis and plan to arrange additional training to improve the quality of completed documentation throughout the Force.</p>		
6	<p>Where sickness exceeds 20 days, or earlier if considered necessary, the employee should be referred to Occupational Health, and or the Counselling Unit. Line Managers should forward details for the referral to their respective HR Department who will liaise with them to allocate an appropriate appointment for the employee, although some exceptions are considered depending on the reasons for the sickness e.g. broken limbs</p>	Yes	<p>We confirmed the controls are clearly set out in the procedures in place. In discussions with one of the HR Practitioner's we confirmed the processes followed.</p> <p>The Line Manager's are responsible for monitoring absences and to complete the referral documentation where they have absences of over 20 days.</p> <p>They also have a control in place that the HR Practitioner produces the 'trigger' reports which identify these cases and if not already actioned they will prompt the line managers to do so.</p>		

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
	etc.		The completed referral forms are passed to Occupational Health and they will advise of appointment arranged. In some cases referrals may be made earlier than the 20 days depending on the reason for absence. An example of such instances may be where they recommend or receive a request for counselling.		
7	<p>The Force OCHU deal with the referrals from HR where employees are still absent after 20 days of sickness.</p> <p>They review the cases and arrange the appointments which may be referred to a doctor, nurse or counsellor depending on the circumstances of each case.</p> <p>They also have a website and they offer a broad range of practical help and support to employees including tips on maintaining good health and wellbeing, highlighting associated events, providing seasonal health advice and links to general good health.</p>	Yes	<p>We confirmed there is a documented flow chart which outlines the process to be followed in event of sickness over 20 days. Once the referral documentation is completed and passed to OCHU to be actioned. These appointments are confidential though once the appointments are completed a level of feedback on the assessment / review is reported back to HR and to advise on the outcomes of the review to answer the queries raised in the referral.</p> <p>Depending on the individual cases further appointments may be agreed to monitor progress towards a return to work.</p> <p>From our previous sample two cases had been referred to OCHU. In one case a referral for counselling was made within one week of sickness and in the other case the follow up procedures were completed over the course of the illness, though had then resigned.</p> <p>In event that an employee is likely to be absent for a long time awaiting treatment the OCHU have the facility to cost out the treatment required. Once the calculation is completed they will discuss the cases to determine whether to put a business case forward to have the treatment done privately</p>		

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			<p>to get employees back into the workplace sooner.</p> <p>In discussions with Occupational Health Nurse Manager she confirmed that OCHU are very pro-active in promoting good health and through their website and provide a broad range of information, covering topical an seasonal issues/tips and ideas on health promotion and include information/guidance various issues including the topic examples listed below:</p> <ul style="list-style-type: none"> ▪ Healthy eating ▪ Maintaining good standards of hygiene ▪ Reducing the risk of Swine Flu / Flu ▪ Healthy menus ▪ Reducing stress Tips / advice on weight loss ▪ Giving up smoking ▪ Mental health issues ▪ Activities to maintain a healthy lifestyle and keeping fit. <p>We were advised the items have been well received and will continue to be developed going forward.</p>		
8	<p>There are mechanisms in place to monitor the number of periods of sickness, such as:</p> <ul style="list-style-type: none"> ▪ Coverage within return to work interviews. ▪ Monitoring via the HR Practitioners 'trigger' reports, which are passed 	Yes	<p>We confirmed the mechanisms for identification of the number of periods of sickness are highlighted within the forms produced for the process and confirmed that the number of instances is shown on the return to work documentation. The process requires the Line Manager to cover the previous sickness levels as part of the discussion upon completing the return to</p>		

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	<p>to Heads of Department/ Inspectors at BCU's for monitoring.</p> <ul style="list-style-type: none"> ▪ Monitored through local senior management meetings. ▪ Monitoring via the HR Apex Group and Performance Delivery Group. 		<p>work interview. The outcomes are to be recorded on the forms for the reference.</p> <p>The HR Practitioner's monitor this activity and where they have concerns / issues they will follow the matter up with the relevant Line Manager.</p> <p>The HR Practitioners also run the run the various 'trigger' reports as required and these are reviewed by HR and forwarded to the local departmental senior managers/ Inspectors for review and associated issues form part of the regular senior management discussions on sickness issues at their local senior management team meetings.</p> <p>The HR APEX Group also review data produced monthly, which identifies cases where there have been three or more instances of sickness and more than nine cumulative days in a 12 month rolling period for all Departments/ BCU's across the Force.</p>		
9	<p>Monthly reports are produced by HR Business Solutions to identify cases where the sickness records are ongoing. This report is used to ensure the system sickness records are up to date prior to producing the monthly sickness data reports and towards completion of the Home Office returns. The reports are not kept once the checks have been completed. There are set controls in place that the 'trigger' reports are to be run and communicated to management on a regular</p>	No	<p>Through discussions with two of the Performance Analysts in HR and Performance Management they advised that they review the data outputs for any anomalies and accuracy prior to producing the data for the various reporting mechanisms in place.</p> <p>In addition to these checks the HR Advisor in Business Solutions produces a monthly report from NSPIS HR to check all ongoing sickness and follows up any queries and anomalies prior to notification to Performance Management that the details are all up to date. We were advised this report is not kept once the checks are completed.</p>	<p>Retain the monthly HR sickness reports to evidence the controls in place and would suggest these are retained for a rolling year.</p> <p>Ensure the 'trigger' reports produced by HR Practitioners are retained on computer records to evidence that the required controls have been actioned.</p>	<p>Merits Attention</p> <p>Merits Attention</p>

	CONTROLS (ACTUAL AND/OR MISSING)	ADEQUATE DESIGN(YES/NO)	TEST RESULT / IMPLICATIONS	RECOMMENDATION	CATEGORISATION
	basis.		<p>It is good practice to retain these reports to evidence the checks completed and provide to a clear audit trail in event of query. Mechanisms in place for ensuring the data records is accurate also include the following:</p> <ul style="list-style-type: none"> ▪ Employees are encouraged to check / confirm their own records are accurate ▪ Line Managers have to check/ refer to the records when they update the records ▪ The Return to Work interviews include review of the records on the system <p>There are also additional controls within the NSPIS HR system that it provides an audit trail of who entered the data and the date and time it was updated on the records.</p> <p>In our walk-through testing with one of the HR Practitioners we were unable to confirm the 'trigger' reports had all been produced as the files were not all retained on the computer records.</p> <p>We would recommend that this is evidenced so to provide the assurances that the 'trigger' reports are being run in line with the required controls and that they are being communicated back to management.</p>		
10	The Force's Performance Development Group (PDG) s attended by ACPO senior management and they discuss progress against the Performance Indicators which include details on the various aspects covered in connection	Yes	<p>Through discussions with the Temporary Deputy Chief Constable (TDCC) we are advised that he attends the PDG meetings which are generally held on a monthly basis.</p> <p>Through a review of the data reported at the meeting of 16 November 2009 the Group received various data reports relating to</p>		

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	with sickness monitoring.		<p>sickness and absence management.</p> <p>The TDCC confirmed that as part of the monitoring process they do hold the Commanders/ Heads of Department to account on matters relating to the outcomes being reported upon and where they consider it necessary they will request further information / action to be undertaken and this will be followed up.</p> <p>Area and departmental Senior management Teams meet monthly and sickness is a standing item on their agendas. These meetings provide management with up to date information on the status of sickness locally which may be discussed in detail to address issues arising.</p> <p>Performance Information on sickness levels is also available on the force-wide Management Information Gateway (MIG).</p> <p>There is also a Sickness Absence Working Group that meets every 8 weeks and this is chaired by the Head of HR Operations. The various sections in HR meet with the aim to promote a healthy workforce and reduce the number of days lost to sickness. The key objectives include progression against the action plans in line with the three year absence strategy and to appraise and update meetings on ongoing sickness trends and issues.</p> <p>We confirmed that associated issues and updates on actions were covered in their meeting held on the 20th October.</p> <p>The Force also meet with the Federation and Unison at the Joint Absence Management Group on a quarterly basis. They also</p>		

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			receive updates on sickness data reported in Force and they discussed emerging and ongoing sickness related issues and actions points are recorded and followed up. This provides the opportunity for the officers and staff to be represented at Force level.		
11	The Police Authority is provided with updates on sickness levels and associated issues through the HR Committee on a quarterly basis.	Yes	<p>The Police Authority receives reports within the HR Business Plan updates on a quarterly basis.</p> <p>At the meeting held on the 27th August 2009 we confirmed that the meeting included an update on the core objectives and statistical data on officer and staff sickness levels to June 2009 and details of progress to identifying new areas and objectives for reducing sickness.</p> <p>We also confirmed the Director of HR also has a one to one meeting with the nominated HR Lead of the Police Authority every couple of months where they may focus on specific issues and cover a number of issues in greater detail.</p> <p>In discussion with the HR Director we were advised they plan to introduce benchmarking on sickness data against other similar forces in the future though this is current work in progress. It is good practice to do so to provide the Authority with some comparative data on how well the Force is performing against other similar Forces, as well as for requirements which will be required by the HMIC going forward.</p>	Progress plans to introduce benchmarking with other similar Forces in the future.	Merits Attention
12	The Force has in place a Business Continuity Strategy and the objectives of this include a requirement to ensure	Yes	In discussions with the Business Continuity and Risk Manager we are advised that they have been undertaking reviews of the arrangements to ensure that the BCU's and		

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	<p>that resources and activities are focussed towards delivery of critical functions during any major disruption to service provision.</p> <p>The Force Risk Management Group (FRMG) is responsible for overseeing the delivery of Business Continuity Management (BCM) and to support departments and BCU's in their development and maintenance of the BC plans.</p> <p>The Force have been actively monitoring sickness levels on a daily basis for sickness reported and linked to coughs, colds and flu-like symptoms which is linked to one of the strategic risks facing the organisation for a 'National Flu Pandemic'.</p>		<p>Departments across the Force are in a position to maintain their core business in event the Swine Flu pandemic were to materialise.</p> <p>We are advised that some Departments and the North BCU have completed their reviews and that a report is due to be submitted to the Force Risk Management Group in January 2010 on the outcomes from these reviews.</p> <p>The Force also current produce daily figures which show the level of sickness reported linked to colds,/ flu type symptoms (or potential swine flu), as part of the identify developing trends as part of the monitoring to ensure they are in a position to take appropriate action in event of sudden increases in these figures.</p>		