NAO
NATIONAL AUDIT OFFICE

Report by the
Comptroller and Auditor General

Metropolitan Police

The Management of Sickness Absence in the Metropolitan Police Service

HC 413 Session 1997-98
16 December 1997

This report has been prepared under Section 6 of the National Audit Act 1983 for presentation to the House of Commons in accordance with Section 9 of the Act.

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Comptroller and Auditor General

National Audit Office
5 December 1997

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Contents

Executive summary

1 This report examines sickness absence in the Metropolitan Police Service focusing on:

- the levels of sickness absence, trends in the incidence of sickness and comparisons with those found nationally, in provincial police forces, and in other comparable occupations;
- whether the Metropolitan Police Service follows best practice in its management of sickness absence;
- whether the Metropolitan Police Service has taken effective action to reduce the cost of long-term sickness and help officers back to work.

2 The report also draws on information from a concurrent review by Her Majesty's Inspectorate of Constabulary of the management of sickness absence in a number of provincial police forces.

On the levels and trends of sickness absence in the Metropolitan Police Service

3 At the start of the examination, we found inconsistencies between different sickness records held at local level within Metropolitan Police operational divisions, and between local records and those held centrally for the force as a whole. The Metropolitan Police Service was not satisfied with the quality of the sickness data, and took steps, in consultation with our study team, to improve the quality and reliability of the data and to introduce systems to reduce the likelihood of future inaccuracies.

4 Her Majesty's Inspector of Constabulary found similar problems with the accuracy of sickness data in other police forces. Whilst the Metropolitan Police database may still contain some minor inaccuracies, as a result of the improvements it now forms a sound basis for future research on the causes and patterns of sickness absence and for the development and monitoring of strategies to reduce sickness absence.

5 In 1996-97, 396,000 working days were lost through sickness absence amongst Metropolitan Police officers. On average, officers took 14.4 working days off sick. Some 200,000 working days were lost through sickness absence among the force's civil staff. On average, civil staff took 12.1 working days off sick. Within this figure, traffic wardens took 20.4 days and the remainder of civil staff took 11.3 days.

6 Self-certified absences, which are absences of one week or less, have fallen since 1994-95 among both police officers and civil staff. At the same time long-term absences among officers, particularly absences over six months, have risen with the result that overall officer sickness absence has been increasing. Increases in stress and spinal problems account for a large proportion of the rise in long-term sickness of officers.

7 Among police officers, uniformed staff have higher absence rates than detective staff, and constables have the highest rates of sickness absence of all ranks. Levels of short-term sickness vary only slightly between the 62 Metropolitan Police operational divisions, but a number of divisions have a relatively high number of officers on long-term sick leave.

8 Comparisons with sickness levels found in different organisations have to be treated with caution because of inconsistencies in the way different organisations define sickness absence and collect data. It is also important to take account of specific occupational factors. In particular, police officers face the risk of physical injury or psychological trauma. On the other hand they are selected for their physical fitness, and retire earlier than most occupational groups.

9 We found that Metropolitan Police officers' average annual sickness absence is slightly above the average for all police forces operating in metropolitan districts, and is higher than the average for all police officers in England and Wales by 1.2 days a year per officer. Metropolitan Police officers were taking about the same number of days' sick leave as London Fire Brigade operational staff and two days more than Prison Service uniformed staff.

10 Metropolitan Police civil staff took nearly four days more sick leave than the national average according to the Confederation of British Industry's 1996 annual survey, although their average level of sickness absence is similar to that of the civil service and is lower than that of civil staff in the majority of other police forces in England and Wales.

11 We estimate that sickness absence costs the Metropolitan Police Service some £88 million per year. This does not take account of staff time involved in managing sickness or the extra overtime that has to be worked. Every reduction of a day in the average sickness absence taken by staff would allow some £6.3 million more of policing effort.

On the management of sickness absence

12 The Metropolitan Police Service has recently taken a number of initiatives to tackle sickness absence. Measures include the issue of an organisation-wide sickness absence policy; clearer responsibilities at divisional level for the management of sickness; and the appointment of professional personnel staff to guide local managers in tackling personnel matters including sickness absence. These initiatives may have played a role in reducing the number of spells of short-term absence amongst police officers and civil staff since 1995.

13 Because of the poor quality of sickness data in the past, the Metropolitan Police Service has not established indicators and performance targets. We identified wide differences in practice at divisions in the production and use of sickness information. Clearer procedures for reporting sickness and a new computerised personnel system have improved accuracy of reporting. However, whilst the system supports some monitoring, most divisions were having to compile some of the management reports they needed manually. Few divisions compared their sickness rates with rates in other divisions or with the average for the whole force, or distinguished between short and long-term sickness.

14 Most of the local divisions we visited had developed procedures for reviewing sick staff in a way which helped to demonstrate concern about employees' health and that their presence and contribution was missed. They usually required officers injured on duty or recuperating after hospitalisation to be visited at home. However, we found that manager to employee contacts envisaged by guidance did not always take place. The requirement to interview all members of staff on their return to work following sickness absence is difficult to monitor because there is frequently no record that the interview took place.

15 The Metropolitan Police Service recognises good attendance in staff performance and promotability assessments. It does not routinely use other means of encouraging attendance such as bonuses or letters of appreciation.

16 The Metropolitan Police Service generally follows good practice in addressing recruits' fitness for the job, and in the physical testing of applicants. Training of line managers in the practical issues and specific skills needed to manage sickness is generally delivered at local level at the discretion of individual personnel units. At the time of this examination one of the five areas had begun to provide such training centrally for all its divisions. Others are now taking steps to ensure that appropriate training is provided to all staff with management responsibility.

17 Police officers' terms and conditions of employment and disciplinary procedures are governed by statutory regulations prepared by the Home Office. These do not allow officers with less than 30 years' service to be discharged on the grounds of a poor sickness record unless there is an underlying medical condition, in which case medical retirement provisions are available. Outright abuse of sick leave provision is difficult to prove in any organisation. In the police service separate regulations cover sickness absence, ill-health retirement and disciplinary procedures. The Metropolitan Police Service considers these regulations are not always compatible when seeking to manage the three issues concurrently, fairly and to avoid abuse.

18 There are a number of sanctions available within current regulations to deal with suspected abuse including withdrawal of employment for staff on probation; withdrawal of the right of police staff to self-certify their periods of sickness; the appointment of independent medical examiners; and, for civil staff, the use of inefficiency procedures which may ultimately lead to dismissal. The Metropolitan Police Service was using the probation conditions, but not sufficiently systematically. Withdrawal of self-certification rights and the appointment of an independent medical examiner for police officers were being used only occasionally and are not available to managers of civil staff under current terms of employment. Poor sickness records were sometimes a factor in dismissals of civil staff.

On action to reduce the cost of long-term sickness and help officers back to work

19 While the increasing adoption of good practices in sickness management appears to have had a favourable impact on levels of short-term sickness absence, the long-term absence of Metropolitan Police Service officers is continuing to rise. The underlying causes of this increase are not easy to identify and the increase is less easily addressed using standard management techniques. The main

conditions suffered by officers absent for extended periods of sick leave comprise stress-related illness and musculo-skeletal disorders for which it can be difficult to determine a clear prognosis.

20 There has been a rise in early retirements on medical grounds within the Metropolitan Police Service in the last two years which is against the recent trend in police forces nationally. Early retirement on medical grounds is financially advantageous to police officers and correspondingly costly to the force. There is a risk that medical retirement arrangements may be influencing officers' attitudes to the acceptability of taking long-term sick leave, and that this could therefore be a factor behind the rise. At the time of our examination, the Metropolitan Police Service was carrying out an internal scrutiny of medical retirements which is due to report shortly.

The pay régime

21 In 1995 the Home Office introduced new national police regulations which envisaged police officers moving onto half pay following six months' sickness absence in any twelve month period, and nil pay after twelve months' continuous absence (Regulation 46). Recognising the special nature of police work, the new regulations allow the chief officer of each force discretion to extend the periods of full pay or half pay. The aim of these changes was to bring officers' sick pay arrangements more closely into line with those of other public sector employees, and to give chief officers additional powers to deal with abuse of sick pay.

22 Her Majesty's Inspectorate of Constabulary has found that chief officers of some provincial police forces limit the use of discretion to extend pay to officers injured in the execution of their duty. The Commissioner of Police of the Metropolis has chosen to use his discretion more widely, for example for officers who are awaiting operations or other medical treatment. In practice, this has resulted in most - around 90 per cent - of the 1,000 officers affected to date by the new regulation continuing on full pay throughout their absence. Only 12 per cent of these officers were long-term sick because of an injury on duty. In contrast, over 90 per cent of civil staff on long-term sickness absence are placed on reduced or nil pay. In the light of evidence emerging from the Metropolitan Police Service's own examination and this National Audit Office study, the Commissioner has decided to review his approach to Regulation 46 cases in consultation with the relevant staff associations.

23 The introduction of the new regulations may initially have led to a temporary fall in the number of police officers absent for more than six months which occurred in late 1995 and early 1996, but numbers have since risen and are now higher than at any point during the three year period studied. As at 31 March 1997, 302 police officers, or 1.1 per cent of the force, had been absent for more than six months in the previous year and were still receiving full pay.

Recuperative duties

24 Less onerous duties can help to ease officers back into work. Such recuperative duties are intended to be of a temporary nature, for officers with prospects of a full recovery.

25 Some police forces require questions on recuperative duty to be put to an officer at each home visit and the results recorded on a standard form. Line managers in the Metropolitan Police Service are expected to discuss the likely length of an absence with staff, but are not expected to exert pressure about a likely return date. Even so, there has been a large increase in officers starting recuperative duties since the introduction of the new regulations on sick pay described in paragraph 21. The rise has brought about a large increase in workload for management and occupational health staff in reviewing officers' progress. In recent years, nearly 90 per cent of officers undertaking the duties have eventually returned to full duty. However, a substantial minority whose duties ended in 1996-97 had spent extended periods on recuperative duty.

Occupational health services

26 By integrating the specialities of occupational medicine, health and safety and welfare, occupational health services can play an important role in tackling sickness absence and rehabilitating staff to get them back to work. Over the last five years the Metropolitan Police Service has made considerable progress in building up such a service. However, recently the Metropolitan Police Service has been unable to recruit additional medical staff, and the ratio of medical staff to employees is still below that recommended by the Association of Chief Police Officers. Sessional doctors are being employed to help to reduce waiting lists.

27 The average waiting time for an appointment with an occupational physician rose from three weeks in mid-1996 to ten weeks by April 1997, partly as a result of the Occupational Health Directorate taking on responsibility for civil staff for the first time, and because the numbers of staff on recuperative duties and long-term sick leave were increasing. From mid-1997, line managers and

occupational health advisers began to vet requests for appointments more strictly and set up specialist clinics to deal with common complaints. As a result, the waiting time for a first appointment had fallen to two weeks by September 1997.

28 Lack of reliable data on the extent and causes of sickness absence has hampered the Occupational Health Directorate in planning its work and in measuring its performance and effectiveness. With action in hand to improve the reliability of the data available for these purposes, the Directorate has begun to develop performance measures for efficiency and, to a more limited extent, effectiveness. The Directorate is planning to start a clinical audit programme from 1998.

Recommendations

The Metropolitan Police Service should:

- sustain the recent improvements made in the reliability of sickness data;
- use the data to analyse patterns and causes of sickness so that management effort can be better targeted;
- once data on local trends in sickness absence are sufficiently reliable, improve the transparency and accountability of Metropolitan Police Service performance by establishing clear measures and targets for reducing sickness absence;
- ensure that mechanisms are available to spread best practice in the management of sickness absence systematically between divisions, especially in the reviewing and reporting of sickness to local management and in staff training;
- ensure that the position of officers on long-term recuperative duties is subject to regular and meaningful review;
- ensure that occupational physician appointments are targeted towards those cases where a return to work is likely;

- consider as a matter of priority whether, in operating the discretion provided for under the regulations for officers' sick pay, there is scope for reducing the high proportion of officers on long-term sick leave who remain on full pay;

- examine the extent to which existing medical retirement and disciplinary arrangements are influencing police officers' attitudes to the acceptability of taking long-term sick leave.

Part 1: Introduction

1.1 Most employees are likely to suffer genuine illness or incapacity from time to time. Police officers face the additional strains of an onerous and occasionally dangerous job. They are called upon to deal with violent situations, and must face the risk of physical injury or psychological trauma at some point in their careers. Many civil staff working for the police also carry out stressful tasks and some, such as traffic wardens, police station receptionists and civil gaolers, are at risk of assault while on duty.

1.2 Figure 1 shows the geographical organisation of the Metropolitan Police Service, which employs some 27,000 officers and 16,000 civil staff to fulfil its role of policing the Greater London area. It spends around £1.6 billion each year on the salary and pension costs of these employees, some 79 per cent of the Metropolitan Police's total expenditure. Staff are the force's most important asset. It is important that they are fit and motivated, and that as few staff as possible are absent from the workplace because of sickness.

1.3 Police officers' terms and conditions of employment are governed by statutory instruments (Police Regulations) prepared by the Home Office. These define the actions which can be taken by police forces, including the Metropolitan Police, when individual officers' sickness records become a matter of concern. Civil staff terms of employment are based on those for the civil service.

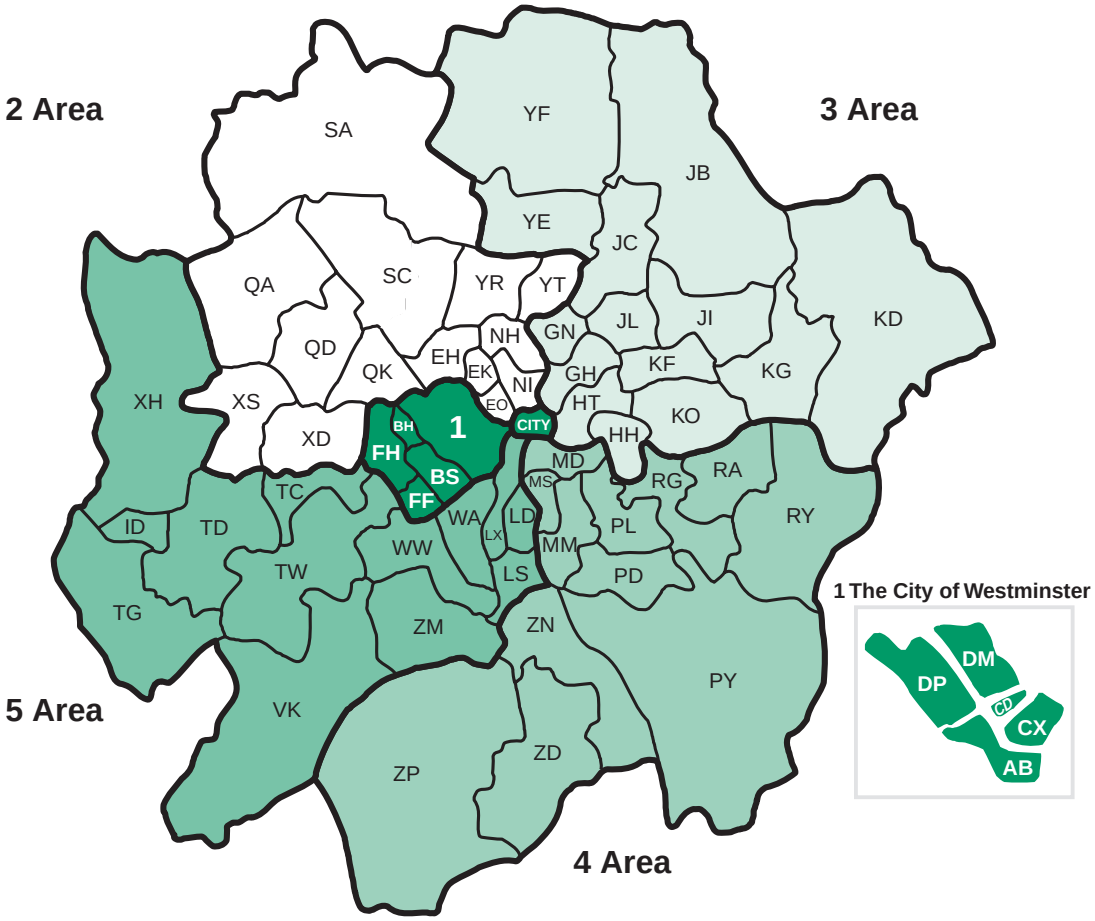
1.4 High levels of sickness absence in the police service tend to reduce efficiency and increase the need for overtime. They may also lead to declining morale and put strain on operational resources, causing teams to be short-handed and reducing the numbers of "feet on the beat". The cost of sickness absence in the police, and its potential impact upon the public, make the control of absence an important part of effective police management.

1.5 We have examined and reported on sickness absence issues in other parts of the public sector in recent years including in the Inland Revenue and Her Majesty's Land Registry (HC676, Session 1992-93; HC94, Session 1995-96).

1.6 Levels of police sickness absence have been a matter of concern for some years. In 1991 the Home Affairs Select Committee examined police sickness nationally and expressed concern that the police should employ adequate tools of management to ensure that they could properly assess the incidence of sickness, its principal causes and the most efficacious way of reducing it. More recently in

Figure 1

The Metropolitan Police District (areas and divisions)



1 Area (Central)	
Charing Cross	CX
West End Central	CD
Belgravia	AB
Hammersmith	FH
Fulham	FF
Notting Hill	BH
Brompton	BS
Paddington	DP
Marylebone	DM

2 Area (North West)	
Barnet & Hertsmere	SA
Colindale	SC
Harrow	QA
Wembley	QD
Kilburn	QK
Ealing	XD
Southall	XS
Tottenham	YT
Hornsey	YR
Islington	NI
Holloway	NH
Kentish Town	EK
Holborn	EO
Hampstead	EH

3 Area (North East)	
Enfield	YF
Edmonton	YE
Chingford	JC
Leyton	JL
Ilford	JI
Barkingside	JB
Stoke Newington	GH
Shoreditch & Hackney	GD
Limehouse	HH
Forest Gate	KF
Plaistow	KO
Havering	KD
Dagenham	KG
Whitechapel	HT

4 Area (South East)	
Peckham	MM
Walworth	MS
Southwark	MD
Catford	PD
Lewisham	PL
Greenwich	RG
Plumstead	RA
Bexleyheath	RY
Epsom & Sutton	ZP
Croydon	ZD
South Norwood	ZN
Bromley & Orpington	PY

5 Area (South West)	
Brixton	LD
Streatham	LS
Merton	ZM
Kingston	VK
Twickenham	TW
Hounslow	TD
Chiswick	TC
Spelthorne	TG
Heathrow	ID
Hillingdon	XH
Vauxhall	LX
Battersea	WA
Wandsworth	WW

Note: The Metropolitan Police Service is responsible for the policing of the London boroughs and parts of Essex, Hertfordshire and Surrey. It is organised into 62 operational command units (OCUs), known as "divisions", of differing size and character, which cover the whole geographical area for which the service is responsible. Divisions are grouped into five Areas, each headed by an Assistant Commissioner. Various support and specialist units are based at New Scotland Yard or at satellite offices around the Greater London Area.

Source: Metropolitan Police Service

1996, Her Majesty's Chief Inspector of Constabulary expressed concern at the frequently high levels of sickness absence in police forces in the UK, despite efforts to improve the management of ill-health. Scope remained for more detailed analysis of sickness trends in order to provide a clearer insight into the nature of the problem. The Chief Inspector noted that a high level of sickness absence could be a reflection of low staff morale, and that forces sometimes underestimated the effect of sickness absence in draining resources away from operational tasks.

1.7 In recent years, the Metropolitan Police Service has undertaken a number of internal reviews of sickness absence. These include:

- a senior management review of the management and administration of police officer sickness absence (February 1991);
- an internal audit of the recording, reporting and monitoring of civil staff sickness absence (June 1994);
- a review of sickness absence monitoring and management (June 1995);
- a thematic inspection by the Metropolitan Police Service Inspectorate of procedures for the monitoring and control of sickness absence (March 1996); and
- a review of sickness absence reporting and recording practices (June 1996).

We took account of these reviews in undertaking this examination.

1.8 In recent years a number of forces, including the Metropolitan Police Service, have expressed concern at the increasing number of ill-health medical retirements and their affordability. In some forces the number of medical retirements now exceeds normal retirements.

Scope of this examination

1.9 We examined the steps taken by the Metropolitan Police Service to minimise sickness absence among its staff, in particular:

- the nature and incidence of sickness absence;
- whether the Metropolitan Police Service's management of sickness absence conforms with good practice; and
- whether the Metropolitan Police Service has addressed appropriately the special management issues associated with long-term sickness.

1.10 A high proportion of officers who are absent for a long period are eventually medically retired. The issue of medical retirements is currently the subject of a major review by the Home Office and a separate internal review within the Metropolitan Police Service. Our examination concentrated on the question of sickness management among serving police officers and civil staff.

Methodology

1.11 The examination comprised:

- visits to 34 Metropolitan Police divisions, covering frontline operations and specialist or support branches; 20 of these divisions were visited in the first phase of the study to examine the accuracy of a range of individual sickness absence records; 14 were visited in the second phase to assess how cases of frequent or long-term sickness absence were handled;
- examination at each of the 20 divisions of the documentation for all sickness absences falling within September 1996, amounting to 1,361 sickness absence records in total;
- examination at each of the 14 divisions of a sample of the personal files of staff who had incurred more than 20 days or five spells or more of sickness absence in the previous year, amounting to 280 cases in total;
- analysis of sickness absence data for the Metropolitan Police Service as a whole;

- visits to the Prison Service and the London Fire and Civil Defence Authority, to gather comparative data on sickness levels;

- research of best practice in sickness management and assessment of its relevance to the Metropolitan Police Service; and

- seeking advice from a former head of occupational health of a large retail company on medical issues and on the role and management of occupational health.

1.12 Concurrently with our examination, Her Majesty's Inspectorate of Constabulary undertook a review of sickness management in 13 provincial police forces. We compared findings with the Inspectorate as the respective investigations progressed. This report contains statistical information on sickness absence levels among provincial forces collected annually by the Inspectorate as well as material collected by the inspectors in the course of their review.

Part 2: The extent, nature and incidence of sickness absence

2.1 A first step for any organisation in tackling sickness absence is to establish accurate information on the levels and patterns of sickness. This information can then be used to consider how sickness rates compare with other organisations, to set targets and monitor their achievement, and to identify ways in which levels of sickness absence can be reduced.

2.2 This part of the report sets out the steps we took with the Metropolitan Police Service to establish reliable information on sickness absence and uses it to consider :

- whether levels of sickness absence are growing;
- whether sickness levels are in line with those found nationally, in other relevant occupations and in provincial police forces; and
- the factors behind sickness absence.

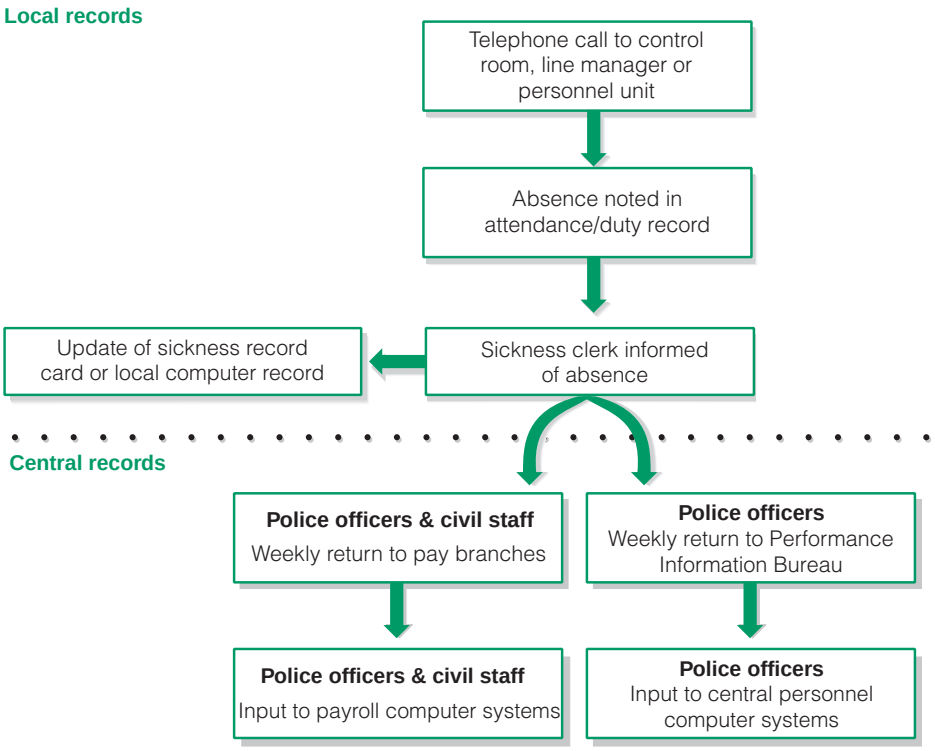
Establishing accurate information on sickness absence

2.3 Establishing reliable information on sickness absence levels depends on systematic and timely local reporting and recording of absence by individual staff and the accurate transmission and collation of these data centrally.

2.4 In the Metropolitan Police Service staff absence is first recorded in attendance or duty state registers held locally within the divisions. Local personnel staff also complete staff sickness records for pay and personnel purposes. In addition to records held locally, the Metropolitan Police Service collects information on the force as a whole in two separate databases, one for civil staff and one for police officers. The information on these databases is updated weekly using manual returns compiled locally. The Metropolitan Police Service uses information held on the databases to produce annual returns on sickness for Her Majesty's Inspectorate of Constabulary and for the Report of the Commissioner of Police of the Metropolis. Figure 2 shows the typical reporting and recording procedures for sickness absence in the Metropolitan Police Service.

Figure 2

Typical sickness absence reporting and recording procedures for police and civil staff



Source: National Audit Office

2.5 In order to test the accuracy of Metropolitan Police sickness data, we compared periods of sickness absence recorded in attendance registers with local sickness records at a sample of local offices. We also compared these records with the information held on the central databases. This review revealed inconsistencies between different local records in 11 per cent of cases (4 per cent for civil staff) and between central and local records in 13 per cent of cases (12 per cent for civil staff) (Figure 3).

Results of examination of local and central sickness records

Figure 3

	Records examined	Attendance register inconsistent with sickness record	Central record inconsistent with local record	Central record missing
Police staff	840	96 (11%)	113 (13%)	112 (13%)*
Civil staff	520	21 (4%)	62 (12%)	33 (6%)

Note: *The police results include one division which had failed to complete input forms for police officers during 1996. Excluding these, central records for police staff were missing in 48 instances, or six per cent of the total.

Source: National Audit Office

There were inconsistencies between different local records of sickness absence and between those local records and central records.

2.6 The most common discrepancy concerned the date recorded for an officer's return to work, particularly where the period of sickness ended on a scheduled rest day. Some officers were recorded as absent on the central database long after they had returned to work or retired.

2.7 In the light of the results of our examination of local and central sickness records, the Metropolitan Police Service took steps to review open periods of sickness and to record accurate closure dates on the database. As a result of this exercise, 11 per cent of sickness absence was removed from the police officer database in 1996-97.

2.8 Local sickness clerks told us that line managers are still sometimes failing to notify them of an individual's return to work, and so the sickness database is continuing to be affected by this type of error. Her Majesty's Inspectorate of Constabulary found similar problems in other police forces and estimated that the resulting level of over-reporting was around 5 per cent. Local procedures to ensure that the beginning and end dates of sickness absence are accurately recorded are considered in Part 3 of this Report (paragraphs 3.10-3.13). The data used in this report take account of the Metropolitan Police Service's review and correction, as appropriate, of closure dates.

2.9 Prior to 1996-97, published figures on Metropolitan Police sickness included only the working days lost of staff who were recorded as having returned to work during the period concerned. This approach excluded the growing number of working days lost by officers on long-term sick leave and officers who had returned to work during the period but whose database record had not been

updated at the time the figures were produced. We assessed the extent of this understatement at around one third of the actual level of sickness. The data in this report include the working days lost of all staff, including those staff still absent at the end of the year.

2.10 We analysed police officer sickness absences for the six years from 1 April 1991 to 31 March 1997. Changes in the structure of pay records for civil staff limited the availability of sickness data to the four years from 1 April 1993.

Trends in sickness absence

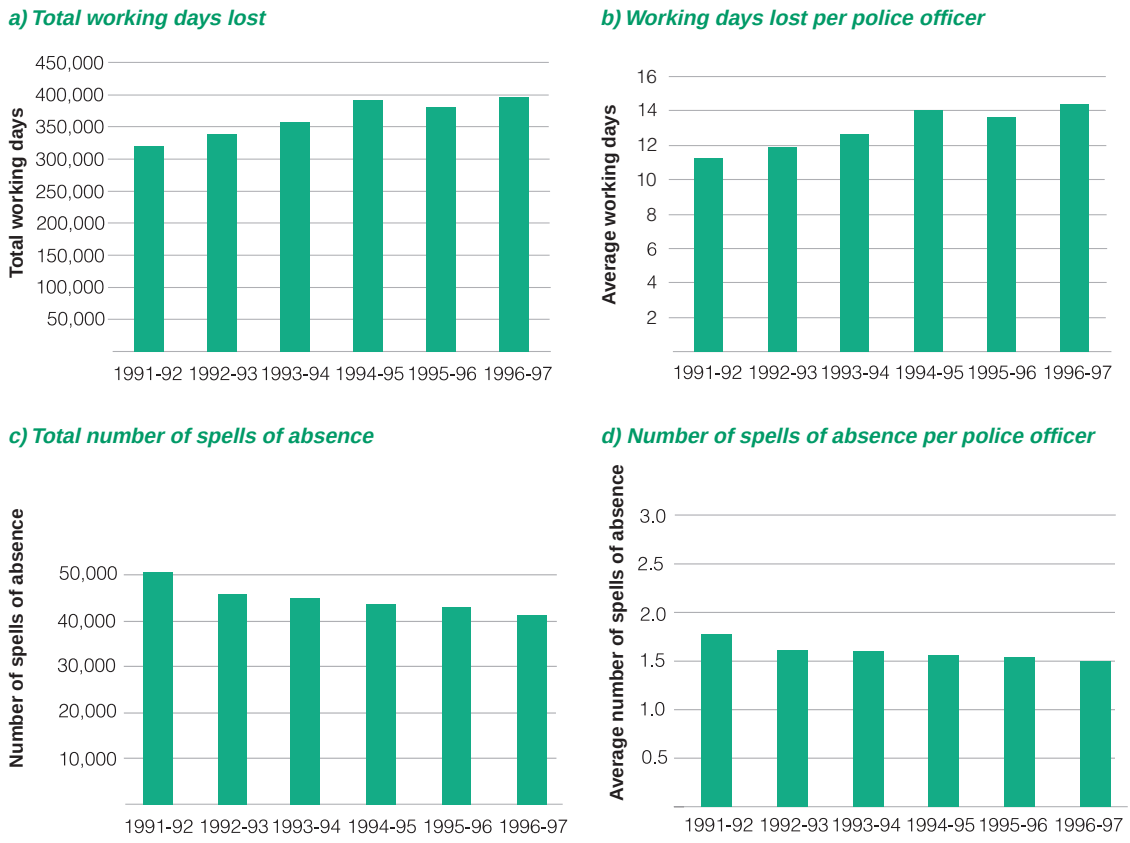
Police officers

2.11 As at 31 March 1997 the Metropolitan Police Service employed some 27,000 police officers. The number of working days lost through sickness absence amongst these officers has risen by around a quarter from 320,356 to 396,768 over the last six years (Figure 4), though a small part of this rise may be accounted for by better reporting and recording of sickness. About 1,520 police officers are absent from work due to illness or injury each working day. On average police officers took 14.4 working days off sick in 1996-97 compared to 11.3 in 1991-92. The total number of spells of sickness absence amongst police officers as well as the average number of spells of absence per police officer has fallen in recent years. However, this fall is concentrated in the number of short spells of absence. The number of working days lost due to long-term absence has risen: absences of more than six months accounted for 53,281 working days in 1991-92 and 103,107 in 1996-97.

2.12 The cost to the Metropolitan Police Service of current levels of police officer sickness absence is estimated at £72 million which takes no account of the staff time involved in managing sickness or extra overtime. This figure is derived by calculating the total number of working days lost by Metropolitan Police Service officers as a proportion of available working time each year, and applying this to the annual pay and notional pension bill. Every day's reduction in the average level of police officer sickness absence would save the Metropolitan Police Service some £5 million.

Figure 4

Police officers - the number of working days lost to sickness absence and the related number of spells of absence, 1991-92 to 1996-97



Source: Metropolitan Police Service police officer personnel database

Among police officers, the average amount of sick leave per officer rose between 1991-92 and 1996-97, although this may be partly due to improved reporting and recording of absence. In the same period, the total number of spells of absence and average number of spells of absence per officer fell each year.

Civil staff

2.13 As at 31 March 1997 the Metropolitan Police Service employed some 16,000 civil staff. Most of these staff provide clerical support to the police. Civil staff include some 1,400 traffic wardens.

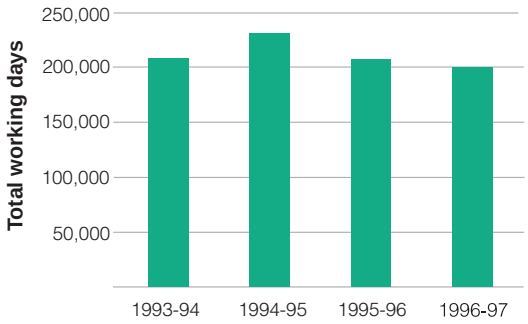
2.14 The number of working days lost through civil staff sickness absence peaked in 1994-95, when it stood at 231,481 days, falling to 200,394 in 1996-97 (Figure 5). Similarly, the average sickness absence per employee has also fallen from 13.9 days to 12.1. Within this total, there are significant variations between

different types of civil staff. On average civil staff other than traffic wardens took 11.3 days off sick in 1996-97, three days less than police officers. However traffic wardens took 20.4 days on average, six days more than police officers.

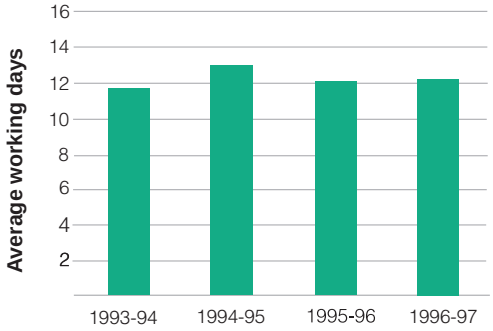
Figure 5

Civil staff - the number of working days lost to sickness absence and the related number of spells of absence, 1993-94 to 1996-97

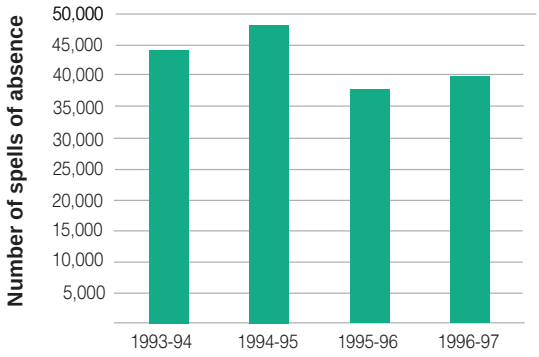
a) Total working days lost



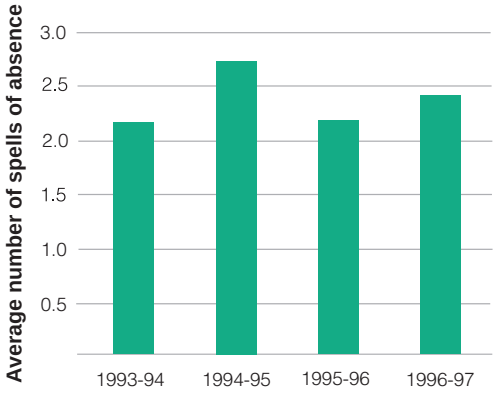
b) Working days lost per member of civil staff



c) Total number of spells of absence



d) Number of spells of absence per member of civil staff



Source: Metropolitan Police Service civil staff pay database

Since 1994-95 the total number of days lost to civil staff sickness absence and the average sick leave taken by each member of civil staff have fallen. There is no clear trend in the number of spells of absence.

2.15 On average 770 civil staff (or five per cent of total civil staff strength) are absent due to sickness each working day. The cost to the Metropolitan Police Service of current levels of civil staff sickness absence is estimated at £16 million. This takes no account of the staff time involved in managing sickness absence or extra overtime. The figure was derived in the manner set out for police officers in paragraph 2.12. Every day's reduction in the average level of civil staff sickness absence would save the Metropolitan Police Service some £1.3 million.

Comparisons with other organisations

2.16 We examined statistics available on national sickness absence levels and those available for other relevant organisations to place the levels found in the Metropolitan Police Service in context (Figures 6 to 8). Caution must be exercised in drawing conclusions from these comparisons as sickness data for other organisations have not been subject to independent scrutiny. National data compiled by the Confederation of British Industry are provided by organisations on a voluntary basis and the response rate is generally low.

Police officers

2.17 The national average rate of sickness absence according to a 1996 survey conducted by the Confederation of British Industry is 8.4 working days. This is six days less than police officers in the Metropolitan Police Service in 1996-97. The survey also provided data on the sickness levels of industrial workers in London. Metropolitan Police officers took on average 0.6 days more sickness absence. The most directly comparable organisations to the police in terms of their tasks and the risk of injury are the prison and fire services. Metropolitan Police officers took on average 0.2 more days than London Fire Brigade operational staff and 1.9 more days than Prison Service uniformed staff. The Metropolitan Police Service believes that such differences reflect a wide range of factors, including differences in roles, the reliability of reporting arrangements, geographical and social factors, rank and grading and the levels of medical retirements.

2.18 The most appropriate benchmark for the Metropolitan Police Service is other police forces. Unfortunately, comparisons between police forces are problematic due to the variable quality of sickness recording. In early 1997 Her Majesty's Inspectorate of Constabulary carried out a review of sickness in 13 forces and found that there were inconsistencies in the way different forces collected and calculated sickness absence. The historical data available in two forces were unusable and in many of the other 11 forces there were over and understatements similar to those we found in the Metropolitan Police statistics before they were reviewed and corrected (paragraphs 2.5 to 2.8).

Figure 6

Average working days lost by Metropolitan Police Service officers compared with levels nationally and with those of other comparable occupations

Notes: 1. Data for calendar year 1996
2. Data for financial year 1996-97

Care should be taken when making comparisons. Differences such as shift lengths, the number of working days per year and the use of calendar years as opposed to financial years can mean that the bases are not directly comparable.

Sources:
The Confederation of British Industry: "Managing absence – in sickness and in health". This is a bi-annual survey of sickness absence in around 2,650 organisations, of which 691 responded in 1996. The survey breaks down the data by occupational group as well as region. The information collected is not audited but the results are broadly consistent with those produced in studies by the Industrial Society and the Central Statistical Office.

London Fire Brigade, Personnel Unit. The London Fire Brigade has now implemented absence control procedures to reduce the amount of sickness absence.

Prison Service - Personnel Business Link Unit

Metropolitan Police Service police officer personnel database

Average sickness absence levels among Metropolitan Police officers are higher than those of the general working population and also higher than those in other comparable occupations.

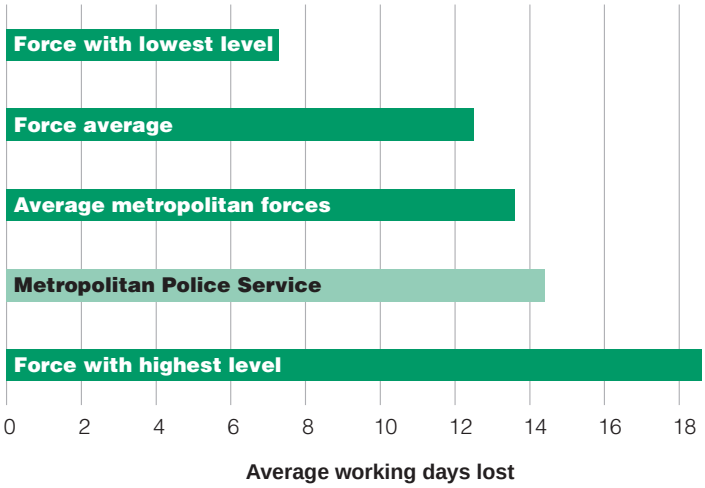
2.19 Figure 7 shows the most recent data provided to the Inspectorate. Levels of sickness absence for Metropolitan Police officers are slightly higher than the average for police forces nationally and for forces in other metropolitan areas.

Civil staff

2.20 The average level of sickness absence amongst Metropolitan Police civil staff is higher than the national average reported by the Confederation of British Industry (Figure 8). It is also higher than the average for London non-industrial workers and slightly higher than that for the civil service. But it is lower than the average sickness absence for both civil staff (including traffic wardens) working for all police forces nationally and those working in other metropolitan forces.

Figure 7

Average working days lost by police officers in the Metropolitan Police Service compared with police officers in other forces, in England and Wales 1996-97



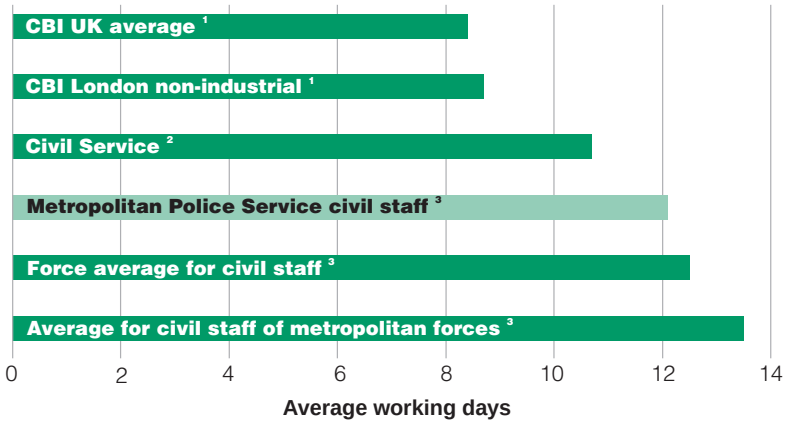
Note: There are seven metropolitan police forces: the Metropolitan Police Service, Merseyside, Greater Manchester, West Midlands, South Yorkshire, West Yorkshire, and Northumbria. The published averages have been adjusted to reflect the latest Metropolitan Police Service data.

Sources: Her Majesty's Inspectorate of Constabulary
Metropolitan Police Service police officer personnel database

On average, Metropolitan Police officers have higher levels of sickness absence than officers from other forces in England and Wales and those in other metropolitan forces.

Figure 8

Average working days lost by civil staff in the Metropolitan Police Service compared with levels nationally and in other relevant occupations



Notes:
1. Data for calendar year 1996
2. Data for calendar year 1995
3. Data for financial year 1996-97

Sources:
Confederation of British Industry: "Managing absence"
Occupational Health and Safety Agency: "Sickness absence in the Civil Service"
Metropolitan Police Service civil staff pay database
Her Majesty's Inspectorate of Constabulary

Care should be taken when making comparisons. Differences such as shift lengths, the number of working days per year and the use of calendar years as opposed to financial years can mean that the bases are not directly comparable.

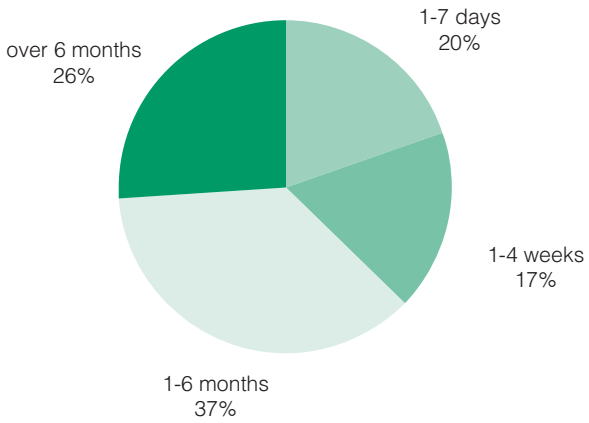
On average, Metropolitan Police civil staff have higher levels of sickness absence than the general working population, but only slightly higher levels than civil servants. However, they take less sick leave than the average for civil staff in other police forces in England and Wales.

Duration and incidence

2.21 Analysis of sickness absence among police officers shows that a relatively large amount of working days are lost to longer spells of absence (Figure 9). Spells of less than four weeks account for only 37 per cent of the total time lost. 26 per cent of the total time lost is due to spells of over six months.

Figure 9

Police officers – proportion of working days lost by length of absence, 1996-97



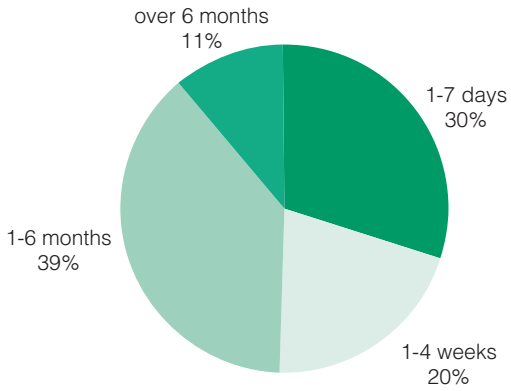
Source:
Metropolitan Police Service police officer personnel database

The majority of police officer time lost to sickness absence arises from spells of more than one month. Over a quarter of the working days lost occur through spells lasting more than six months.

2.22 Sickness absence among civil staff occurs more commonly in relatively short spells (Figure 10). Half of working days lost by civil staff are attributable to spells of less than a month. Only 11 per cent of working days lost are due to spells of over six months compared to the 26 per cent for police officers.

Civil staff - proportion of working days lost by length of absence, 1996-97

Figure 10



Source: Metropolitan Police Service civil staff pay database

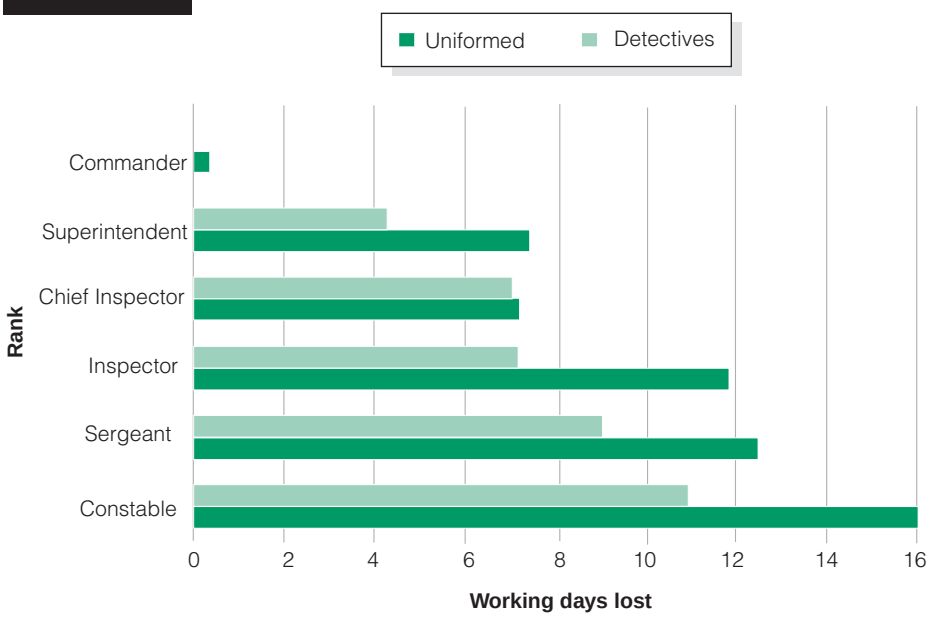
Civil staff sickness absence tends to occur in relatively short spells. Only 11 per cent of civil sickness absence arises from spells of over six months.

2.23 Analysis of police officer sickness absence by rank shows that uniformed constables have the highest absence rates. Uniformed staff in general have higher absence rates than detective staff of equivalent rank (Figure 11). Detective officers not only have a lower injury risk, but also generally work in smaller teams and are more likely to have a personal role in on-going investigations for which another officer could not readily substitute. Detective officers are less likely to work a 24-hour shift system, which can be physically demanding.

2.24 We examined rates of sickness absence for officers in each of the 62 Metropolitan Police divisions. Short-term sickness absence of seven days or less is relatively low, and there is no apparent association between prevailing rates of short-term and long-term sickness absence within divisions (Figure 12). Levels of long-term absence are more variable. However the average sickness level of 70 per cent of divisions was within three days of the force average. This suggests that the problem of sickness absence may not be attributable to poor local management in a small number of poorly performing divisions, but has general application across the Metropolitan Police Service.

Figure 11

Average working days lost by rank among detectives and uniformed officers, 1996-97

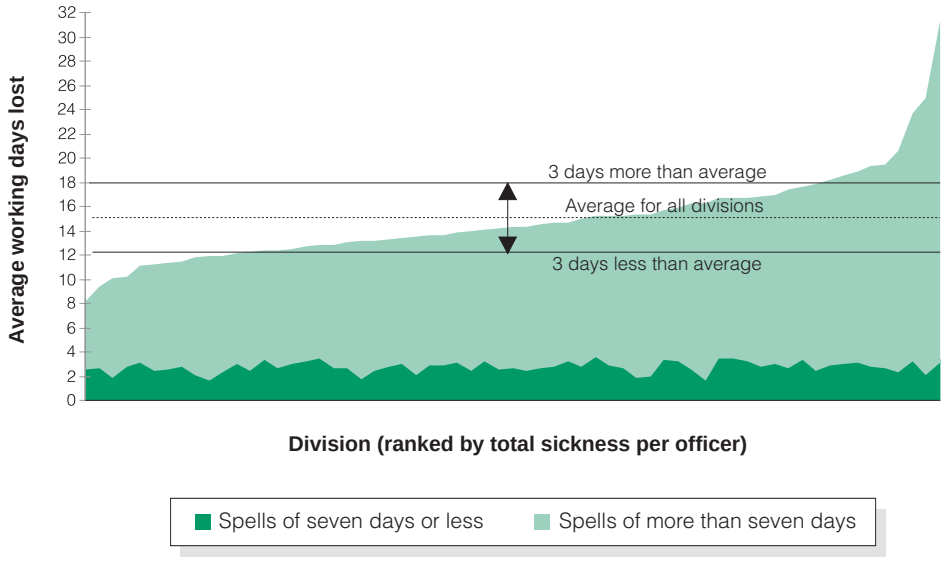


Source: Metropolitan Police Service police officer personnel database

On average, senior ranking police officers take less sickness absence than junior ranking officers. When compared rank by rank, detectives take lower levels of sick leave than uniformed staff.

Figure 12

Police officers - the number of working days lost through spells of short-term and long-term sickness absence by Metropolitan Police division, 1996-97



Note: This analysis excludes officers at central and area offices

Source: Metropolitan Police Service police personnel database

70 per cent of divisions had an average police officer sickness absence level within three days of the average. There is no direct association between the average amount of short-term and long-term sickness absence in each division.

Part 3: Managing sickness absence

3.1 We reviewed existing literature on good practice in sickness absence management and distilled eleven general principles (Figure 13). This part of the report considers how sickness absence is managed in the Metropolitan Police Service in the light of these principles.

Principles of good sickness management

Figure 13

Secure senior management commitment to reducing sickness absence

1. Establish a clear policy for sickness absence so that everyone in the organisation knows what is expected of them
2. Establish corporate objectives, performance measures and targets

Ensure managers review sickness absence

3. Establish clear reporting and recording arrangements for sickness absence
4. Continuously review absence records

Supervise staff sickness effectively

5. Make regular contact with absent staff
6. Carry out return to work interviews in all cases to establish underlying reasons for absence

Take action to encourage attendance

7. Recognise good attendance
8. Take sanctions against staff suspected of inappropriately taking excessive sick leave

Arrange effective recruitment and training

9. Review sickness absence records from previous employers
10. Ensure that staff are physically suited to the intended task
11. Provide appropriate training in sickness management for all management grades

Sources:
1. Confederation of British Industry: "Managing absence - in sickness and in health" (1996)
2. Home Office Police Research Group guide - "Managing absence from work; an open learning package for police supervisors" (1993)
3. National Audit Office - "The management of sickness absence in Her Majesty's Land Registry" (HC 94 Session 1995-96) and "The management of sickness absence in the Inland Revenue" (HC 676 Session 1992-93)
4. Audit Commission - "Managing sickness absence in London" (1990)
5. The Industrial Society "Managing Attendance" (1994)
6. Incomes Data Service Ltd. "Absence and Sick Pay Policies" (1994)

Secure senior management commitment to reducing sickness absence

Good practice 1

Establish a clear policy for sickness absence so that everyone in the organisation knows what is expected of them

3.2 In response to growing concern over levels of sickness absence, the Metropolitan Police Service launched a project in 1995 to review the way sickness absence was being managed. The Personnel Department, supported by a working party comprising representatives of all five Metropolitan Police operational Areas, the staff associations and trade unions, concluded that, although procedures for managing sickness absence within the Metropolitan Police Service were basically sound, managers needed to be more proactive in tackling sickness absence.

3.3 As a result of the project, the Metropolitan Police Service issued a statement of policy to all employees in October 1996 (Figure 14).

Figure 14

Metropolitan Police Service policy statement on sickness absence

In cases where any member of the Service is unable to attend work for reasons of illness or injury, it is the policy of the Metropolitan Police Service to:

- treat the individual concerned with sympathy and understanding;
- treat all matters relating to ill-health or injury to individuals with a high degree of confidentiality;
- examine the reasons for every absence;
- seek independent medical advice in appropriate cases, through the Directorate of Occupational Health;
- maintain accurate records of absences attributable to illness or injury;
- monitor trends, patterns and reasons for absence at all levels of the organisation;
- treat as serious misconduct any abuse of the sickness absence procedures;
- take poor attendance records into account when assessing performance.

Source: Metropolitan Police Service

3.4 Individual members of staff, line managers, personnel and occupational health and welfare staff all have a role to play in tackling sickness absence. To be effective, respective roles need to be clear. The Metropolitan Police Service sickness absence working party found that the responsibilities of line managers in

particular were not easy to identify and that information about their role in minimising sickness absence was widely dispersed. To rectify this, the review team has produced a directory of roles and responsibilities covering individual members of staff, line managers, heads of operational units, branches and central and local personnel functions.

3.5 A programme for devolving personnel management since September 1995 places emphasis on the responsibilities of local line managers; and divisions have been expected to develop written local procedures for the management of sickness absence. Written procedures had recently been developed in all the divisions we visited and there was a good general level of awareness of the need to manage sickness absence and how to go about it in most of the divisions.

3.6 Before 1996 there was little professional personnel support in divisions. Since then professionally qualified personnel managers have been appointed, often with experience of the private sector. They have an important role in monitoring sickness levels and in helping line managers to deal with problems appropriately. In most of the divisions visited the personnel manager had been made a member of the senior management team. Where personnel managers were members of the senior management team, their status was helpful in enabling the role to be accepted.

Good practice 2

Establish corporate objectives, performance measures and targets

3.7 Establishing corporate objectives, performance indicators and targets for absence rates enables line managers to be made responsible and accountable for controlling the incidence of sickness absence. It is also a visible demonstration of senior management commitment to managing sickness. The Home Office has suggested that within a police force the task of setting targets should normally fall to the chief constable and his senior management team, who should vary targets from time to time to reflect local or changing circumstances.

3.8 The Metropolitan Police personnel department suggested in 1995 that the aim was to "reduce absence and achieve improvements in attendance thus contributing to a consistently high quality of service delivery by police officers and civil staff, at the lowest cost to the organisation", but the Metropolitan Police has not yet incorporated this formally into its corporate objectives. The Metropolitan Police Service publishes results on the average working days lost through sickness per police officer and per member of civil staff in its annual report. However, because of doubts over the reliability of sickness data, it has not yet set targets for reducing sickness absence either for the whole organisation or for individual areas

or divisions. The Metropolitan Police Service believes that more work is needed to establish local patterns and trends in sickness absence and to identify appropriate levels of management accountability before meaningful targets can be set.

3.9 Her Majesty's Inspectorate of Constabulary told us that, in part for similar reasons, only three out of the 13 police forces inspected as part of the Inspectorate's review had set corporate targets for reducing sickness absence levels. Of these, Merseyside Police, whose sickness levels for both civil and police staff were the highest in England and Wales, had set an ambitious target to reduce levels to the average for metropolitan forces.

Ensure managers review sickness absence

Good practice 3

Establish clear reporting and recording arrangements for sickness absence

3.10 It is common practice to require employees to report sickness absence direct to their line managers, who in many organisations are based near or with their staff and have the greatest need to know if one of their team is absent. In police forces this is not so straightforward, particularly for uniformed staff. Many uniformed officers will not necessarily see their line manager at the start of a shift, and it is the duty planning officer, who may not be their line manager, who needs to know of absences quickly.

3.11 The Metropolitan Police's 1995 review (paragraph 3.2) found that local systems for reporting sickness absence were breaking down and recommended that divisions establish a central reporting point to which both police and civil staff would report sickness absences and subsequent returns to duty. The central point would then be responsible for informing the relevant line manager, the local sickness reporting clerk and, where appropriate, the duty planning officer.

3.12 The majority of the divisions we visited had introduced formal procedures on how and when staff should report sick. However, only one third of the divisions had introduced a single reporting point for all staff. An arrangement that appeared to work successfully in some divisions required all staff to report sickness absence to a clerk situated within the duties office (where the daily tasks of operational staff are recorded) who then recorded the absence and informed the relevant line manager. Night shift officers were required to leave a message with the divisional control room which is staffed on a 24-hour basis.

3.13 Whilst the initial failure to attend work was normally well documented, personnel staff were not always being informed immediately of an individual's return to work or retirement. This was one of the factors contributing to an 11 per cent over-recording of sickness absence in 1996-97 (paragraph 2.7). Over-recording was a lesser problem in those divisions which operated monthly reviews of individuals' sickness absence, since any large errors were generally detected by the reviews.

Good practice 4

Continuously review absence records

3.14 Routine monitoring of absence enables managers to identify any patterns of sickness and whether problems exist which require action. Metropolitan Police policy requires line managers and personnel managers to review sickness levels on a regular basis. The type and frequency of monitoring and analysis is left for local units to decide.

3.15 Before 1995 local personnel records were kept manually and management reports also had to be produced manually. The Metropolitan Police Service is introducing a computerised Personnel Information Management System (PIMS), which is currently available to all operational divisions but is yet to be provided to some parts of Areas and Headquarters. Local personnel staff considered that computerisation had provided significant benefits, including faster retrieval of information on individual staff sickness records and some basic routine reports on sickness rates. The system is capable of providing more sophisticated management reports, such as details of all staff within a division who have taken more than a specified number of days of sickness absence. However, not all divisions visited had the appropriate computing expertise to extract accurate reports. PIMS will be networked throughout the Metropolitan Police Service by March 1999 and will have the facility for remote interrogation. It will also enable management reports to be produced on a consistent basis for each division and Area.

3.16 Because of the limitations of the information currently available from PIMS, most of the divisions relied on manual collation of data to provide reports on sickness absence. All divisions visited had instituted some form of reporting but there was no consistency in the form this took. In many divisions, recent sickness absence rates were reported to senior management in monthly management reports. Few divisions compared sickness absence rates with rates in other divisions or within the Metropolitan Police Service as a whole, or distinguished

between self and medically certified absences, and between long-term and short-term illness and injury on duty. Only two divisions analysed sickness absence by team, and showed its cost.

Supervise staff sickness effectively

Good practice 5

Make regular contact with absent staff

3.17 Close and regular contacts by managers with absent staff demonstrate concern about employees' health and that their presence and contribution is missed. Early contacts are normally by telephone. Where an officer has been injured or, for any other reason, is unlikely to return to work for some time, an early home visit may be justified.

3.18 One civil branch visited required staff to contact their line managers daily during the first week of an absence, and weekly thereafter. Most of the divisions had policies requiring officers injured while on duty or recuperating after hospitalisation to be visited at home. However we found that manager to employee contacts did not always take place. Of ten police officers and nine civil staff members interviewed who had recently been on sick leave for three weeks or more, only three officers and four of the civil staff had been contacted by a manager during their period of absence.

3.19 In recording the results of home visits and other contacts, a balance must be struck between the need to preserve confidentiality and the need to ensure that, in cases of long-term or frequent sick absence, senior managers and personnel staff have ready access to key information and details of actions previously undertaken. In our examination of a sample of case files we found that significant contacts with absent staff (those that revealed new information relevant to the management of the absence), especially those by telephone, had not been routinely documented on personal files during 1996. While a number of the divisions had introduced specially designed forms to improve documentation towards the end of the period, these were not always up to date or available on the file. The lack of documentation makes it difficult for personnel managers to assess whether local policies on contacts with absent staff are being followed consistently by line managers.

Good practice 6

Carry out return to work interviews in all cases to establish underlying reasons for absence

3.20 By interviewing staff on their return to work, managers can demonstrate concern about an employee's health, confirm that the individual is fit for full duties and ensure that the absence has been properly certified. In appropriate cases, a meeting also provides an opportunity to review the recent patterns of absence and to determine whether a referral to personnel, occupational health or welfare is needed.

3.21 The 1995 review (paragraph 3.2) recommended that line managers interview all members of staff on return to work, and record the fact that the interview has taken place. In our sample of cases of sickness absence during 1996, documentation of return to work interviews was patchy. No division had formally evidenced all interviews throughout 1996, although some had evidenced interviews for most major absences. The best interview records included details such as previous periods of sickness absence, shifts missed and contacts made by management during the spell of absence.

Take action to encourage attendance

Good practice 7

Recognise good attendance

3.22 Recognition for good attendance can encourage staff to take less sickness absence. A growing number of organisations use financial incentives. Over one third of respondents to a recent Confederation of British Industry survey paid attendance bonuses during 1996, double the rate reported in the previous survey in 1994. However, two thirds of these respondents assessed the policy as having a low impact on sickness absence.

3.23 The Metropolitan Police Service does not pay good attendance bonuses. In general officers and civil staff we interviewed felt that such a system would be unfair to staff off sick with genuine illnesses. The Metropolitan Police Service does recognise good attendance in the assessment of performance and for promotion. A review of a sample of performance and promotion files found that attendance information had been placed on file in most cases. The majority of officers interviewed were aware that attendance could be commented upon in their annual appraisal, and that the appraisal would in turn form part of any assessment for promotion or a posting. Some forces have a formal limit on the number of days'

sick leave taken by candidates for promotion and postings. Merseyside Police has set a limit of 13 days a year averaged over the previous three years. The force intends to review this target in line with future metropolitan police force averages. Injuries on duty are excluded except where management are concerned that there is a pattern of such absences.

3.24 Two Metropolitan Police divisions had set up trials whereby commanders had sent personal letters of commendation to officers and staff with 100 per cent attendance records. However this had not proved popular because of the widespread view that it was unfair to officers who had been absent due to injury on duty.

Good practice 8

Take sanctions against staff suspected of inappropriately taking excessive sick leave

3.25 Outright abuse of sick leave provisions is difficult to prove in any organisation. Medical certificates rely on the judgement of a general practitioner who has to decide whether a certificate is justified, often on the basis of only a brief consultation and who may be reluctant to offend a patient. The severity of many illnesses cannot easily be independently verified. Nevertheless, where abuse is suspected or proved, it is important that management takes action.

3.26 Employees of the Metropolitan Police Service are contractually entitled to full pay for at least six months, and can self certify (i.e. there is no request for a doctor's certificate) any continuous absence of up to seven days. Effective sanctions against abuse of sick leave provisions are limited but include withdrawal of employment from staff who are on probation, withdrawal of self-certification rights (currently applied to officers only) and disciplinary procedures, which may ultimately lead to dismissal.

Probation

3.27 New entrants to the Metropolitan Police during an initial two year probation period (one year for civil staff) can have their employment terminated if their sickness record is unsatisfactory (Appendix A). Probation reports for civil staff require details of sickness absences to be noted, but on police officer probation reports sickness is only the subject of general comment. Our examination of the files of staff with more than 20 days' sickness or five absences during 1996 included a small number of probationer cases. In some cases an

unsatisfactory sickness record had been taken into account in extending the probation period. However, we also found cases where above average sickness was not commented upon in the reports of successful probationers.

Self-certification

3.28 Under police regulations, police officers must provide a medical certificate for all absences. However, the police authority can allow officers to self-certify periods of absence of less than eight calendar days. In the Metropolitan Police Service, this privilege can be withdrawn by an officer's line manager. Metropolitan Police policy is to reimburse officers for the cost of the medical certificates. There were no cases in our sample of management withdrawing self-certification rights during 1996, although we noted occasional examples on the same files of the sanction being used in previous years. We did find that one officer had taken the initiative to provide certificates at his own expense following management concern at the frequency of his absences.

3.29 The present terms of employment of civil staff prevent Metropolitan Police managers withdrawing self-certification rights. It is reasonable for an employer to ask an employee to seek medical advice where their self-certified sickness record gives cause for concern. Some organisations also require such individuals to consult the company doctor for each absence. Although staff cannot be forced to co-operate, failure to do so is considered in some organisations to be a relevant factor in any subsequent disciplinary action.

Disciplinary procedures and dismissal

3.30 Metropolitan Police civil staff who are judged to be taking excessive amounts of sick leave can be dismissed following a four-stage disciplinary procedure. Such staff are given pay in lieu of notice depending on their length of service, but for pension purposes they are treated as if they had resigned. In practice, few established staff are dismissed on the basis of a poor sickness record alone, although it does sometimes provide grounds for dismissal when associated with poor performance.

3.31 Police officers' terms and conditions of employment and disciplinary procedures are governed by police regulations prepared by the Home Office. These do not allow officers with less than 30 years' service to be discharged on the grounds of a poor sickness record unless there is an underlying medical condition, in which case medical retirement provisions are available. Separate regulations cover sickness absence, ill-health retirement and disciplinary procedures. The

Metropolitan Police Service considers that these regulations are not always compatible when seeking to manage the three issues concurrently, fairly and to avoid abuse.

3.32 Where there are doubts as to whether an illness is real or sufficient to justify continued absence from work, officers may be required to see an occupational physician. If the physician believes the officer is fit for duty, police regulations allow for the appointment of an independent doctor, subject to agreement with the police officer's general practitioner (Appendix A). Where the independent doctor also considers that the officer is fit, or where the officer does not agree to the second opinion, the officer can be considered to be absent from duty. Our sample included no cases where this procedure had been used, but the Metropolitan Police Service believes the availability of a third professional opinion to be a considerable asset in dealing with complex cases.

Arrange effective recruitment and training

Good practice 9

Review sickness absence records from previous employers

3.33 It is Metropolitan Police policy to check each applicant's previous sickness record when recruiting new staff. This policy was being operated satisfactorily in all the divisions visited. In addition, attendance records have become an increasingly important factor when staff transfer or are promoted between different Metropolitan Police divisions or specialist branches.

Good practice 10

Ensure that staff are physically suited to the intended task

3.34 Police work imposes considerable physical demands. Recruits are assessed as physically capable of undertaking the activities commonly required of them using tests developed in 1995 in conjunction with Loughborough University. Specific fitness tests have also been developed for the selection of officers for specialist posts (e.g. doghandlers). The tests are job-related and assess individuals against predetermined standards. A number of other forces have approached the Metropolitan Police wishing to use the tests for their own officer recruitment.

Good practice 11

Provide appropriate training in sickness management for all management grades

3.35 The Metropolitan Police Service's standard training in the management of sickness absence is limited to procedural issues, and is provided only as part of courses for newly promoted Sergeants and Executive Officers, which are generally the posts in which employees exercise management responsibilities for the first time. In addition, the Metropolitan Police Service has recently embarked upon an extensive programme of awareness and risk assessment training in Health and Safety issues and provides a distance learning pack to all new recruits. The force's Occupational Health Directorate provides advice and support on health awareness, healthy lifestyles and a limited amount of well person screening.

3.36 Managing staff absence, like other line management functions, requires specific personnel skills. In the Metropolitan Police the practical management of sickness absence is left to training at local level on the grounds that local needs vary. At the time of our visits one of the Metropolitan Police Areas had organised a series of seminars for all of its divisions to help line managers focus upon their responsibilities. The participants had found the seminars helpful for discussing real difficulties which they had encountered, and a second Area had begun planning a similar series of seminars for its divisions.

Part 4: Long-term sickness absence

4.1 Part 2 of this report showed that long-term sickness is a particular problem among officers of the Metropolitan Police Service (Figure 9). This part of the report considers the special management issues this poses. It examines:

- the causes of long-term sickness;
- whether the Metropolitan Police Service has made appropriate use of professional, including clinical, expertise to support the long-term sick;
- whether the Metropolitan Police Service has made appropriate use of recuperative duties to help officers back to work; and
- whether the Metropolitan Police Service has taken appropriate steps to reduce the cost of long-term sickness.

Causes of long-term sickness

4.2 Identifying the causes of long-term sickness is complicated by the poor quality of the data available in the Metropolitan Police Service on causes of sickness. The data was known to contain inaccuracies and, until mid-1997, the causes of absence were recorded against numerous categories which had been developed piecemeal over a number of years, and contained potential duplications and imprecisions. The Metropolitan Police Service considered that little benefit could be gained from detailed analysis of this data.

4.3 The Metropolitan Police Service has now developed, but not yet implemented, a simplified classification of 21 common causes of absence, which should facilitate more accurate input and enable analysis of trends in illness and injury among Metropolitan Police staff. However, the categories are not compatible with the Home Office model, which is based on guidance from the World Health Organisation and whose use is supported by Her Majesty's Inspectorate of Constabulary. As a result, it will not be possible to compare directly these sickness absence data with data from other police forces in England and Wales. The Metropolitan Police Service considers that the World Health Organisation system is inappropriate because the wide range of categories require clerical staff inputting the data to have extensive medical knowledge.

4.4 In order to comply with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995)*, the Metropolitan Police Service has required reports to the Occupational Health Directorate to include details of accidents and injuries since May 1996. Data will be available in a consistent format but has not yet been analysed.

4.5 We analysed existing police officer data to determine broad patterns and trends in causes of sickness absence (Figure 15). In 1996-97 the five largest causes of working days lost from sickness absence were colds and influenza, spinal and neck injuries (not associated with an injury on duty), other musculo-skeletal conditions, injuries on duty and stress (including depression, neurotic disorders and similar conditions). The four largest causes of spells of absence of more than six months were spinal and neck injuries (not associated with an injury on duty), other musculo-skeletal conditions, stress and injuries on duty. Stress accounted for 11 per cent of working days lost from all sickness absence and 19 per cent of working days lost from spells of absence of six months or more.

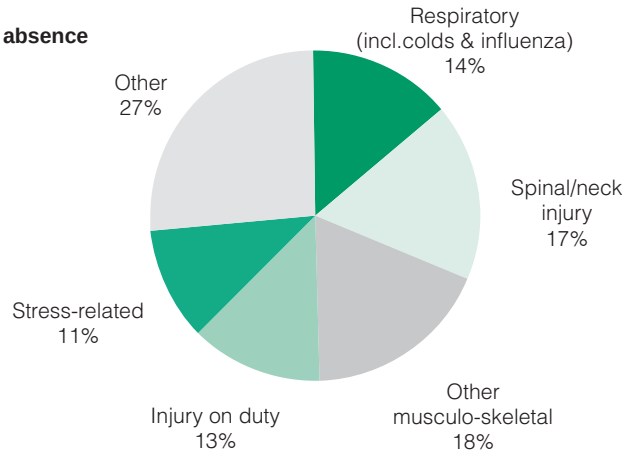
4.6 The number of working days lost due to officers sustaining an injury on duty has fallen. In 1991-92 it represented around 23 per cent of all sickness absence but in 1996-97 accounted for only 13 per cent. Over the same period, however, the number of days lost as a result of stress, depression or similar conditions has more than doubled (Figure 16). Part of this increase may be because stress-related conditions are more commonly diagnosed and have become more socially acceptable as a stated cause of absence.

4.7 The Metropolitan Police Service considers that certain parts of the force, such as Domestic Violence Units and Child Protection Teams, are particularly badly affected by stress, although they have not analysed the sickness records of members of these units to confirm this. A programme of stress management workshops for such staff is planned for 1997-98. An occupational health working group is undertaking research to assess the extent and source of the problem of stress, and the means available to address it. In the meantime, line managers in mainstream divisions have been provided with a stress awareness package on how to identify sufferers of stress and to help them by providing support and effective leadership. Occupational health advisers have been active in drawing local management attention to the kinds of organisational issues which can sometimes underlie cases of stress.

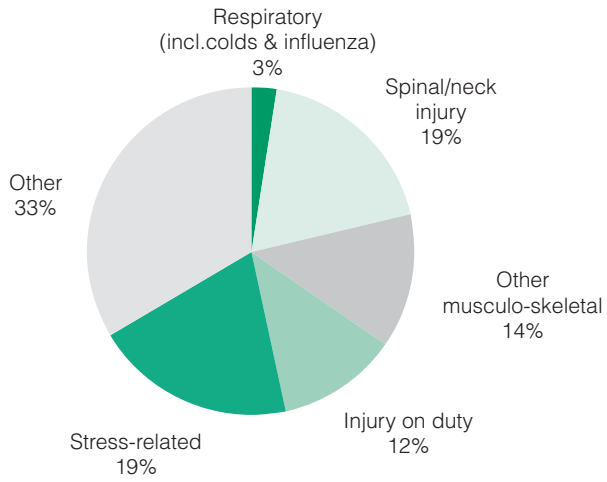
Causes of Metropolitan Police officer sickness absence - all absence and absences of six months or more, 1996-97

Figure 15

a) All sickness absence



b) Sickness absence of six months or more



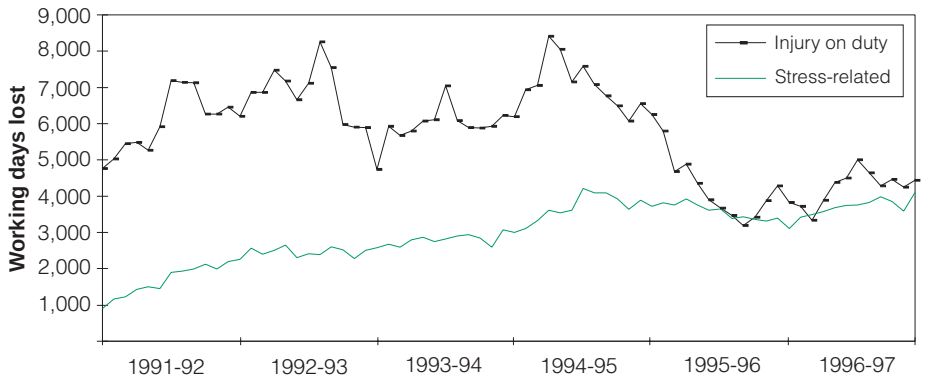
Note: Injury on duty usually only includes absences immediately following an incident and excludes absences arising from later treatment or recurrence.

The most common causes of sickness absence are colds/influenza, spinal/neck injuries and other musculo-skeletal conditions. These, along with stress and injury on duty, account for nearly three quarters of all time lost. The most common causes of sickness absence of six months or more are spinal/neck injuries and stress. These, along with injury on duty and other musculo-skeletal injuries, account for almost two thirds of all time lost to absences of six months or more.

Source:
Metropolitan Police Service
police officer personnel database

Figure 16

The number of police officer working days lost due to injury on duty and stress-related illnesses, 1991-92 to 1996-97



Note: Any injury incurred by an officer between leaving and returning home, or at other times when the officer would not have received the injury had he or she not been known to be a police officer, is recorded as an injury on duty.

Source: Metropolitan Police Service police officer personnel database

The number of working days lost due to injury on duty fell by almost a third between 1991-92 and 1996-97. In the same period, the number of working days lost due to stress-related illness more than doubled.

Occupational health support

4.8 By integrating the specialities of occupational medicine, health and safety, and welfare, occupational health services can play an important role in helping organisations to tackle sickness absence and get the long-term sick back to work. Figure 17 shows the potential range of activities of an occupational health department in connection with sickness absence.

4.9 The Metropolitan Police Service spends some £3.2 million on occupational health services. The Directorate of Occupational Health has some 100 staff, of whom around 60 are health professionals including occupational physicians, health advisers (nurses), welfare counsellors, safety advisers and physiotherapists. The numbers, qualifications and roles of these professionals are shown in
Figure 18.

4.10 The Association of Chief Police Officers recommends that forces should have access to one full-time equivalent trained occupational physician per 5,000 staff and one full-time equivalent trained occupational health adviser per 2,000 staff. In the Metropolitan Police Service the ratios are one to 14,500 (including physicians employed on a per session basis) and one to 3,000 respectively and do

Role of Occupational Health Directorate in sickness absence

Figure 17

- examining staff and advising on their fitness to return to work
- initiating rehabilitation programmes
- advising managers of the best way for partially fit staff to work on a part-time or recuperative basis
- advising managers on how much information relating to sickness absence they can reasonably expect their staff to provide
- ensuring that data on police sickness are input accurately to enable useful clinical analysis
- supporting management and employees in the prevention of ill-health and in the provision of programmes to promote good health
- advising on working conditions which are likely to have an adverse effect on health
- providing support to individuals following sickness absence, accidents and work-related ill-health
- counselling staff
- advising on eligibility for medical retirement

Source: Directorate of Occupational Health and Metropolitan Police Service Special Notice, October 1996

not therefore meet the Association's guidelines. Her Majesty's Inspectorate of Constabulary found that only a few of the 13 forces inspected as part of its review had achieved the recommended ratio for both occupational physicians and occupational health advisers.

4.11 The Metropolitan Police occupational physicians dealt with over 3,000 individual officers in 1995-96, and almost 5,000 officers and civil staff in 1996-97. The average waiting time for an appointment increased from three weeks in mid-1996 to ten weeks by April 1997. The increase arose largely as a result of the Directorate taking on responsibility for civil staff in September 1996, along with a new requirement to authorise periods of recuperative duties every two months rather than every three months. Medical appointments were not being prioritised according to the needs of line management, although officers who were approaching the point at which their pay might be reduced were treated as a priority.

4.12 The Director of Occupational Health responded to these pressures by encouraging occupational health advisers and qualified nurses to deal with cases at Area level where possible, and to use more discretion in referring cases to occupational physicians. Since April 1997, a new system for prioritising

Figure 18

Occupational health professionals in the Metropolitan Police Service

Specialist	Number as at 30 September 1997	Qualification	What they do
Occupational physicians	2 full-time 3 part-time	Qualified doctors with further qualification and training in occupational medicine	Provide medical advice on individual staff and occupational health issues
Occupational health managers	3	Registered nurses with a post registration qualification in occupational health	Manage and coordinate the work of all nursing and welfare staff
Occupational health advisers	14	Registered nurses with a post-registration qualification in occupational health	Provide guidance on clinical issues and health and safety legislation, and refer appropriate cases to occupational physicians
Welfare counsellors and financial counsellors	22	Qualified to diploma level in counselling	Give general welfare advice and conduct structured counselling programmes including on personal finance issues
Safety adviser	1	Fellow of the Institute of Occupational Safety and Health	Advise on relevant issues under the Police (Health and Safety) Act 1997
Physiotherapists	3 full-time 3 part-time	Qualified in physiotherapy	Provide advice and treatment to staff with musculo-skeletal conditions
Nursing staff	7	General nursing qualifications	Provide in-patient nursing support to ill or injured staff
Rehabilitation manager	1	Qualified physiotherapist	Provide expert guidance, management and rehabilitation services
Rehabilitation instructors	3	Qualified in sports injuries and exercise therapy	Provide rehabilitation therapy for injured staff
Rehabilitation consultant	1 part-time	Qualified doctor with further specialist qualification and training (to consultant level) in rehabilitation	Provide expert advice and medical intervention in complex cases

Source: National Audit Office

appointments has improved efficiency by ensuring that similar conditions are taken in specialist clinics. More effective use is made of consulting time by allowing 15 minute appointments for case reviews and 30 minute appointments for new cases. As a result, since September 1997 officers requiring their first medical appointment can expect to see an occupational physician within two weeks. A small number of appointments are reserved to allow high priority cases to be seen at short notice.

4.13 In early 1997, the Metropolitan Police Service planned to recruit two extra full-time occupational physicians which would allow one occupational physician to be allocated to each of the Metropolitan Police's five areas and one to the central departments. However the Metropolitan Police Service was unable to attract suitable candidates, and the medical staff was reduced when one of the existing occupational physicians resigned. In July 1997 the Directorate began to employ occupational physicians on a sessional basis. The shortage of full-time occupational physicians may mean that resources are not available to carry out preventative tasks and to develop performance measures and clinical audit. The organisational structure of the Occupational Health Directorate is currently under review.

4.14 Many of the injuries sustained by police officers during the course of their duties are musculo-skeletal. Physiotherapy is important in treating officers with these injuries and returning them to the state of health required for physically demanding police tasks. Between 1991 and 1997 the number of physiotherapists employed by the Metropolitan Police Service increased from one to six (including three on a part-time and fee-per-session basis). The Metropolitan Police Service now also employs a part-time consultant in rehabilitation who is able to carry out medical procedures in addition to those which physiotherapists can provide. As a result of these changes, the waiting time for a physiotherapy appointment is only two to three weeks. The Directorate of Occupational Health has submitted plans to develop specialised rehabilitation and physiotherapy facilities at the Metropolitan Police training centre in Hendon.

4.15 Service level agreements have been drawn up specifying the service to be provided by the Occupational Health Directorate to divisions and units in the Metropolitan Police Service. These cover the number of days' support each can expect in areas such as stress counselling and lifestyle screening. They do not however specify the level and timeliness of support for the management of sickness absence cases.

4.16 Until 1996, Metropolitan Police Service policy was for occupational health advisers to seek contact with all staff who had been on sick leave for a continuous period of 21 days, and to intervene immediately in cases of serious injury. This policy required considerable resources, and encouraged automatic intervention in cases where Occupational Health could make no effective input. In mid-1996 the Metropolitan Police Service carried out a pilot scheme whereby Occupational Health intervention was at the discretion of local management, in line with the general principle of delegating the responsibility for managing sickness absence to line managers. The scheme was judged a success and from early 1997 was adopted across the Service.

4.17 Figure 19 illustrates the importance of the role of line managers in alerting Occupational Health to the need to intervene in appropriate cases. Although occupational health advisers spend more than half of their available time supporting sickness management, only one division visited had established regular liaison meetings with their occupational health adviser to review officers on long-term sick leave.

Example of the importance of liaison between line management and occupational health

Figure 19

Incident

PC Smith has been a police officer for 14 years, the last five of which have been in the Traffic Division. Six months ago PC Smith was driving with his colleague PC Jones as an operator. On accepting a call to a road accident, PC Smith had to swerve suddenly to avoid an elderly pedestrian crossing the road. As a result the police car mounted the nearside kerb and hit a wall. PC Jones was seriously injured and taken by ambulance to hospital. He received extensive care and support from the hospital team and returned to full fitness and traffic duties three months later.

Consequences

PC Smith appeared at the time to be shocked but unhurt. A week after the accident, however, PC Smith had not returned to work and his Inspector contacted him at home. He was apparently suffering from neck pain and was planning to see his General Practitioner the following week. A month later PC Smith told his manager he was waiting for physiotherapy.

At this stage PC Smith expressed to a colleague his anxieties about returning to a driving role and the fact that he had been having nightmares since the accident.

After remaining off sick for a further three months PC Smith applied for a transfer to street duties.

Operational impact

Short-term: PC Smith's shift had to have their duties altered to cover for him and extra overtime was incurred.

Longer-term: Experienced manpower resource was lost to the Traffic Division.

How management might have responded better

The length of this sickness absence and the ill health might have been minimised or avoided if:

- contact by the line manager had been made significantly earlier;
- the case had been referred earlier to an appropriate occupational health specialist who could have speeded up the process of medical and psychological assessment and earlier physiotherapy and rehabilitation;
- appropriate on-going support had been provided including reintroduction to driving duties;
- there had been a greater awareness amongst all staff of traumatic reactions and the benefits of earlier intervention.

Source: Adapted from various sickness absence guides for police managers

4.18 We found that liaison between local management and occupational health services on individuals who are long-term sick was on occasion being hampered by poor communication between line managers and medical staff. Line managers considered that occupational physicians did not provide them with sufficient information to allow informed decisions to be made. The Director of Occupational Health recognises that there can be a conflict between the professional requirement for patient confidentiality and matters directly concerned with the individual's continued employment, such as likely length of absence, skills loss, suitability for recuperative duties, and whether medical retirement should be considered, all of which should be communicated to line managers.

4.19 Since our visits, the Metropolitan Police Service has introduced a standard form for reporting the findings of occupational physicians to line management. This requires details of the decisions made, and includes a date for the next appointment, if applicable. Copies of the form are provided to the individual, the personnel manager and the occupational health adviser.

4.20 Occupational physicians told us that line managers often provided insufficient background on individuals referred to them for an opinion. For example, some line managers were reluctant to put in writing their views on an officer's ability to perform duties, since they feared that this might prejudge a medical opinion. Occupational physicians are trained to form their own view on the balance of information before them. By keeping information back, line managers were limiting the occupational physician's ability to come to a fully informed judgement. The Occupational Health Directorate is now developing a standard referral form, which will place responsibility on the line manager, in conjunction with the occupational health adviser, for explaining the person's condition and how it prevents them from carrying out their duties. This should provide useful information to occupational physicians to enable them to make best use of their time during medical appointments.

4.21 Efforts to identify key health priorities for Metropolitan Police staff, and to plan the activities and to measure performance of the Occupational Health Directorate, have been limited by the lack of reliable data on the nature and extent of ill-health in the Metropolitan Police Service. Such data would provide a baseline from which to measure, in broad terms, the Directorate's effectiveness in achieving beneficial changes in the health of Metropolitan Police staff. Following a review in 1996 of support services across the Metropolitan Police Service, the Directorate has begun to develop performance measures. These will initially be based upon efficiency indicators such as throughput of cases and waiting times. In May 1997, the Directorate made a start on the measurement of effectiveness by

gathering data to help assess the success of physiotherapy in returning officers to full or recuperative duties. It has also recently improved the recording of data on injury on duty (paragraph 4.4).

4.22 In the National Health Service, clinical staff are expected to undertake clinical audit which is a process by which doctors, nurses and other health care professionals systematically review, and where necessary make changes to, the care and treatment they provide for patients. The primary objective of clinical audit is to improve the quality and outcome of patient care. The Director of Occupational Health is planning to introduce a clinical audit programme during 1998.

Use of recuperative duties

4.23 Recuperative duties can range from work on essential police tasks (for example staffing crime desks), thereby releasing a fully fit officer for active duties, to jobs which are suitable for civil staff. They may involve restrictions on the types of duty undertaken, reduced working hours, or both. With extensive civilianisation in police forces, and many civil staff posts requiring specialist knowledge and skills, there is now a limited number of civil staff posts which some forces would consider appropriate for recuperative duties for police officers.

4.24 Her Majesty's Inspectorate of Constabulary found that one police force it inspected considered that officers who had been sick for more than six months could be potential candidates for medical retirement. At the other extreme, one force considered that the high cost of medical retirements made them a last resort, and was increasing the number of short-term contract civil staff in order to allow a wider range of recuperative duties to be potentially available for officers. In the Metropolitan Police Service, we found a wide range of attitudes towards the value of recuperative duties. Some divisional commanders believed that increased civilianisation had severely limited the opportunities for officers to return to work when not fully fit. Others considered that all officers could be found some productive task and were willing to provide employment for recuperating officers from neighbouring divisions.

4.25 Line managers in the Metropolitan Police Service are expected to discuss the likely length of an absence with sick staff, but they are not expected to exert pressure about a likely return date. This view is not taken by all police forces. One force requires questions on recuperative duty to be put to an officer at each home

visit and the results recorded on a standard form. Where the manager believes that the employee's symptoms are not severe they are expected to consider referring the member of staff for a medical examination by an occupational physician.

4.26 In the Metropolitan Police Service, officers who express a wish to return to work on recuperative duties are referred to an occupational health adviser for approval, who may pass more complex cases to one of the doctors in the Directorate of Occupational Health. As the duties are a temporary arrangement intended to help officers through a period of convalescence before returning to full police work, the occupational physician is expected to limit recommendations for recuperative duties to officers considered to be capable of recovering to full fitness within a limited period. Officers who are unable to perform certain tasks (e.g. driving) are given a skill loss category which restricts the range of duties to which they can be assigned by local managers.

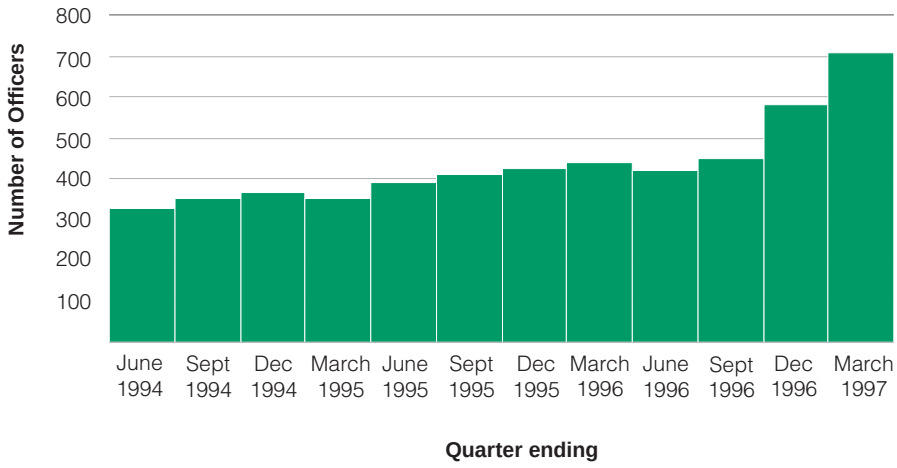
4.27 A number of personnel officers considered that the risk of being placed on half pay since 1 September 1995 (Paragraphs 4.30 - 4.39) had encouraged many officers to apply to take up recuperative duties after a period of long-term sick leave, in order to avoid the risk of having pay withdrawn. Figure 20 shows that the number of officers on recuperative duties rose from 322 to 705 in the three years to March 1997. In the first two and a half years to September 1996 the rise was gradual. In the six months to March 1997 there was a more rapid rise in the number of officers on recuperative duty, largely due to an increase in new starts in the autumn and winter of 1996.

4.28 Officers on recuperative duties are reviewed by an occupational physician or by an occupational health adviser at regular intervals, of up to three months, to assess their progress. Where it becomes clear that an officer is unlikely to achieve a full recovery, the occupational physician may recommend medical retirement. Of the 834 recuperative duty cases which have ended since 1 April 1994, 88 per cent have ended in a return to full duties, and 12 per cent in retirement.

4.29 For recuperative duties to achieve their aim (a full return to work) it is important that officers do not remain on the duties for excessive periods. Figure 21 shows that a large number of officers leaving recuperative duties, either to full duty or retirement, do so after six months or less. However, a substantial minority have been on recuperative duties for between six months and two years or more.

Figure 20

The number of Metropolitan Police officers on recuperative duties between 30 June 1994 and 31 March 1997

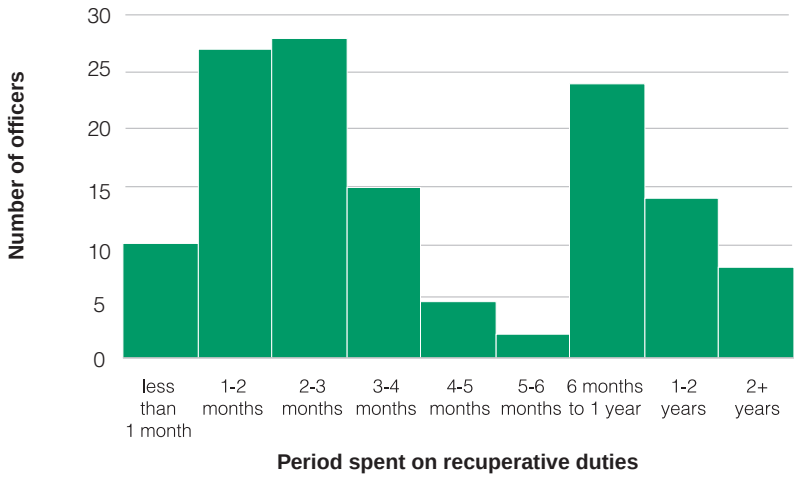


Source: Metropolitan Police Service police officer personnel database

The number of officers on recuperative duties more than doubled between April 1994 and March 1997 to over 700.

Figure 21

The amount of time spent on recuperative duties among officers whose recuperative duties ended in 1996-97



Source: Metropolitan Police Service police officer personnel database

A large proportion of officers leave recuperative duties within six months. However, a substantial minority have been on recuperative duty for between six months and two years or more.

Action to reduce the cost of long-term sickness

4.30 Both Metropolitan Police officers and civil staff are entitled to paid sick leave (Figure 22). Civil staff have identical terms to civil servants and are usually placed on half pay after six months' absence and no pay after twelve months.

Figure 22

Terms and conditions of Metropolitan Police Service staff : pay on long-term sickness absence

	Civil staff	Police officers	
		before 1 September 1995	since 1 September 1995
Full pay	0-6 months (1)	Indefinite	0-6 months
Half pay	6-12 months (1)	Not applicable	6-12 months (2)
No pay	Indefinite (3)	Not applicable	Indefinite (2) (3)
Discretion allowed	Industrial injury up to 12 months on full pay at discretion of Higher Executive Officer in pay branch. Thereafter at pension rate.	Not applicable	Unlimited at discretion of Commissioner

Notes:
1. Limited to 1 year's sick pay in any 4 year period
2. Officers on half pay or no pay continue to receive London weighting and rent allowance (if payable)
3. No further pensionable service accrues after 12 months' continuous sick leave

Source: National Audit Office

A new regulation on sick pay for police officers, introduced in September 1995, brought the sick pay arrangements of police officers more closely into line with other public sector employees.

4.31 Before 1 September 1995 under national police regulations sick or injured police officers were entitled to remain on full pay and relevant allowances until return to duty or retirement. Following the 1993 Sheehy report, which examined the rank structure, remuneration and conditions of service of the police, the Home Office introduced amended regulations which envisaged officers moving onto half pay following six months' absence in any twelve month period, and nil pay after 12 months' continuous absence. The relevant extracts from Regulation 46 are reproduced at Appendix A. The aims of the changes were to:

- bring officers' sick pay arrangements more closely into line with those of other public sector employees;

- encourage officers to give more attention to their health and fitness;

- give chief officers additional powers to deal with abuse of sick pay.

Regulation 46 allows the chief officer in each force (for the Metropolitan Police this is the Commissioner of Police of the Metropolis) discretion to extend the periods of full pay or half pay. There is no Home Office guidance on the range of circumstances where this discretion should be applied. Her Majesty's Inspectorate of Constabulary found wide variations between forces in applying Regulation 46: some forces limited the discretion to officers injured on duty while one reduced pay only where there was contributory negligence, with the result that few officers suffered a reduction in pay.

4.32 In his 1995-96 annual report, the Commissioner noted that he had not sought this particular amendment to police regulations, and that his particular concern would be not to undermine the confidence of his officers, 11,676 of whom had received injuries in the course of duty during the previous year. Guidance to officers stressed that every case would be considered on its merits, without prejudice to the particular circumstances of any other case, and would be reviewed from time to time. Discretion was likely to be exercised in favour of officers injured in the execution of their duty. Other instances in which, save in exceptional circumstances, officers could expect to have their sick pay extended were:

- an industrial injury or disease, including exposure to a biological agent whilst on duty;

- delays in obtaining a necessary operation due to National Health Service waiting lists.

However, the discretion would not be used for officers who refused to co-operate with their treatment and whose actions delayed the process of recovery, or where there was evidence of default or neglect on the officer's part.

4.33 The Metropolitan Police Service's approach to operating Regulation 46 results in every case being considered for a decision on the exercise of discretion, rather than such consideration being exceptional or to be applied only in certain types of case. There is a substantial and rising caseload, with each case requiring attention from local management, Occupational Health, Area management and the Commissioner. Cases have to be re-examined periodically to check whether grounds for discretion still exist. Individual officers normally make

submissions through their local Police Federation representative, and they can make personal representations to their Assistant Commissioner against a recommendation to reduce pay before the Commissioner takes his decision.

4.34 The procedures are generally commenced once an officer has reached 120 days' sickness in the previous 12 months. This results in a number of officers being granted a temporary extension to allow the completion of the procedures, and had led one of the divisions we visited to commence the procedure at 80 days. The Home Office has proposed amendments to the current regulations to allow the Commissioner to delegate responsibility for decisions on extension of sick pay to Assistant Commissioners, some of whom are responsible for a larger number of officers than many provincial forces.

4.35 Since 1 September 1995 more than 1,000 Metropolitan Police officers have potentially been affected by the new regulations. In more than 90 per cent of cases, the Commissioner has exercised his discretion to provide for extended periods of full pay. Only 71 officers have at some time been placed on reduced pay. As at 31 March 1997 some 312 officers (one per cent of the force) had been absent for six months or more within the previous 12 months. Of these, 302 were still receiving full pay. A large proportion of the cases in which discretion is exercised are not cases of injury on duty: only 12 per cent of the 312 cases were recorded as absence due to an injury on duty.

4.36 The Metropolitan Police Service does not maintain statistics on the reasons for extensions of full pay being granted or denied, because the wide range of factors behind each decision would make such statistics difficult to collect or interpret. This was confirmed by our examination of a sample of 280 files. In all cases where officers had been absent for more than six months, the period of full pay had been extended. (Examples of case histories are given in Figure 23). Except in cases of injury on duty, it was not always possible to deduce the reasons for the extension. In many of the cases other than injury on duty, extensions appeared to have been given because officers were awaiting some form of National Health Service or private medical treatment.

4.37 We also examined 20 personal files where full pay had not been extended. Some of the officers had not taken the opportunity to make a submission on their case and a number of others had acted in a manner which could have damaged their case for the discretion to be exercised, including:

- running a private business whilst claiming sick pay;
- gross negligence resulting in personal injury;

Case histories: police officers sick for more than six months who had been granted an extension to full pay

Figure 23

An officer was very seriously hurt whilst off duty in a motor vehicle accident but the officer expressed a wish eventually to return to full police duties. The Chief Medical Officer warned that unless the officer made regular progress towards full recovery he would have to recommend medical retirement.

An officer was off sick with stress and depression due to matrimonial difficulties. The divisional commander commented that the officer's particularly stressful role must have contributed to his condition.

An officer received serious injuries in the line of duty. The officer received stress counselling and support from colleagues and senior officers, but became depressed and felt unable to return to work when recovered from the physical injury. The officer eventually returned to recuperative duties.

An officer off sick with stress was unhelpful and hostile to management's attempts to persuade him to return to work. Whilst sick the officer received a conviction for driving a motor vehicle with excess alcohol. The Metropolitan Police Service considered dismissing the officer for this offence but the officer was admitted to hospital and the Metropolitan Police Service concluded that he should remain on full sick pay.

An officer suffered whiplash injuries in a road traffic accident whilst travelling to work. The divisional commander argued that the officer was actively seeking treatment and the stress of being placed on half pay might hinder recovery.

Source: National Audit Office examination of personal files

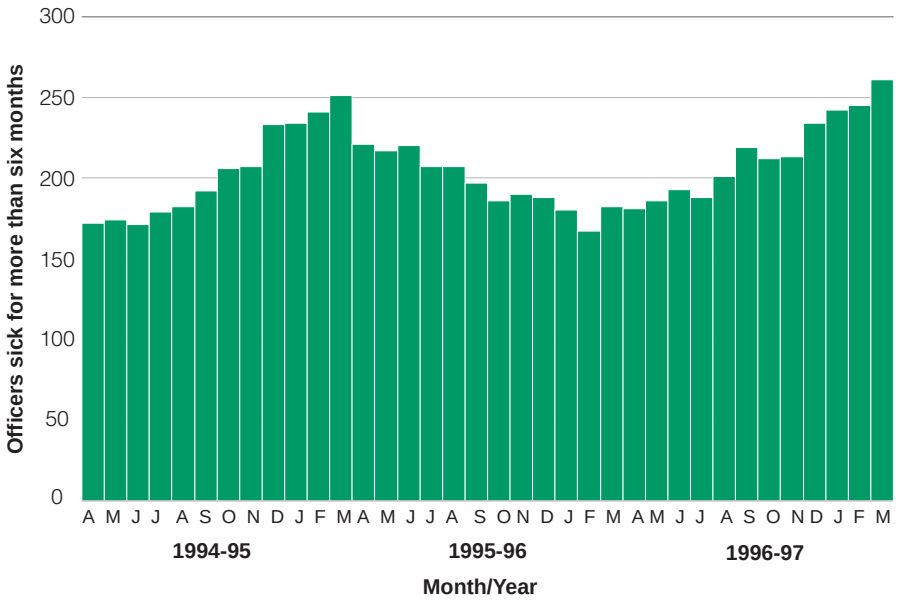
The above officers were granted an extension of full pay beyond six months, subject to periodic review. Each case was unique and the above examples are not intended to be representative.

- making unfounded allegations against colleagues or management;
- refusing to undertake medical treatment or to take prescribed medication;
- taking excessive levels of sick leave in recent years (over 1,000 days in one case).

4.38 We examined Metropolitan Police sickness data to determine whether an impact of Regulation 46 on the number of officers on long-term sickness absence could be demonstrated. Figure 24 shows that the number of officers on long-term sick leave fell in the six months leading up to the introduction of Regulation 46 in September 1995, and this reduced level was maintained until spring 1996. However, there has since been a substantial increase in the number of officers continuously sick for more than six months from 181 officers in April 1996 to 261 at April 1997.

Figure 24

The number of Metropolitan Police officers on continuous sick leave of more than six months, April 1994 to March 1997



Source: Metropolitan Police Service police officer personnel database

Changes to police officer sick pay regulations may have contributed to a reduction in the number of officers continuously sick for more than six months between mid-1995 and early 1996. Since then the numbers have risen again.

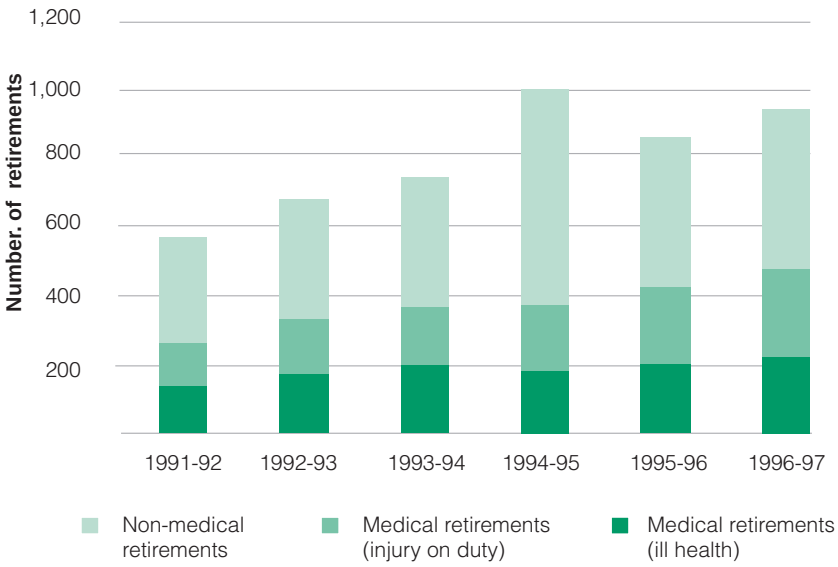
4.39 In the light of evidence emerging from the Metropolitan Police Service's own examination and this National Audit Office study, the Commissioner has decided to review his approach to Regulation 46 cases in consultation with the relevant staff associations.

4.40 A large number of police officers who are sick for long periods are eventually medically retired. Police work is physically and psychologically demanding, and it is to be expected that the proportion of officers being granted retirement on grounds of ill-health might be higher than for most professions. Even so, Her Majesty's Inspectorate of Constabulary found that in most forces the level of medical retirements had fallen since 1994. Medical retirements amongst Metropolitan Police officers have, however, been increasing (Figure 25). A Metropolitan Police internal review was launched in May 1997 to examine procedures for controlling medical retirements, and is collecting comparative information from other forces. The results of the review are expected to be reported shortly.

4.41 In the police service, early retirement on medical grounds is financially advantageous to officers and correspondingly costly to the force. The arrangements provide incentives to officers to take long-term sick leave. There is therefore a risk that the medical retirement arrangements may be influencing

Police officer retirements, 1991-92 to 1996-97

Figure 25



Source: Metropolitan Police Service Annual Reports

Police officer medical retirements have almost doubled between 1991-92 and 1996-97. Over the same period the proportion of medical retirements has increased from 45 per cent to over 50 per cent of all retirements.

police officers' attitudes to the acceptability of taking long-term sick leave and therefore be a factor behind its rise. This possibility deserves further examination, and the links between the rises in long-term sickness and medical retirements should be considered in the context of the Metropolitan Police Service's current review of medical retirements.

Appendix A
Relevant extracts from the Police Regulations (S.I. 1995/215)

Probationary service in the rank of constable

14.-(2) A member of a police force to whom this regulation applies shall, unless paragraph (3) applies to his case, be on probation for the first 2 years of his service … or for such longer period as the chief officer of police determines in the circumstances of a particular case:

Provided that where, in the opinion of the chief officer of police, the said period of probation was seriously interrupted by a period of absence from duty by reason of injury or illness, the chief officer of police may at his discretion extend the period of probation for such longer period not exceeding 12 months as he determines in the circumstances of that particular case.

(5) In its application to the metropolitan police force this regulation shall have effect as if "chief officer" included an assistant commissioner of police.

Discharge of probationer

15.-(1) Subject to the provisions of this regulation, during his period of probation in the force the services of a constable may be dispensed with at any time if the chief officer of police considers that he is not fitted, physically or mentally, to perform the duties of his office, or that he is not likely to become an efficient or well conducted constable.

(5) In its application to the metropolitan police force this regulation shall have effect as if "chief officer" included an assistant commissioner of police.

Contents of personal records

17.-(1) The chief officer of police shall cause a personal record of each member of the police force to be kept.

(2) The personal record shall contain-

(g) a record of his service in the police force including particulars of all promotions, postings, removals, injuries received, periods of illness, commendations, rewards, punishments other than cautions, and the date of his ceasing to be a member of the police force with the reason, cause or manner thereof:

Provided that-

(i) a punishment of a fine or of a reprimand shall be expunged after 3 years free from punishment other than a caution;

(ii) any other punishment shall be expunged after 5 years free from punishment other than a caution,

but in the case of a period free from punishment other than a caution which expired before 1st January 1989 only if the member so requests.

Sick leave

35.-(1) A member of a police force shall not be entitled to be absent from duty on account of injury or illness unless a registered medical practitioner has certified him to be unfit for duty:

Provided that-

(a) with the consent of the police authority, a member may be so absent without such certificate of unfitness where the period of unfitness for duty does not exceed 7 days, including any day on which, even if he were fit to do so, he would not have been required to perform police duty;

(b) if, notwithstanding such certificate of unfitness for duty, a registered medical practitioner appointed or approved by the police authority has examined the member and considers him to be fit for duty, the police authority shall, if the medical practitioner who issued the certificate of unfitness for duty agrees, within 28 days of the difference of opinion coming to their attention arrange for a third registered medical practitioner to examine the member … and if the third registered medical practitioner certifies the member to be fit for duty, or if the medical practitioner who issued the certificate of unfitness for duty does not agree to such further examination, the member shall no longer be entitled to be absent from duty.

Pay during sick leave

46.-(1) Subject to paragraphs (2) and (3), if on any relevant day a member of a police force has, during the period of 12 months ending with that day been on sick leave for 183 days, he ceases for the time being to be entitled to full pay, and becomes entitled to half pay, while on sick leave.

(2) Subject to paragraph (3), if on any relevant day a member of a police force has been on sick leave for the whole of the period of 12 months ending with that day, he ceases for the time being to be entitled to any pay while on sick leave.

(3) The chief officer of police may in a particular case determine that for a specified period-

(a) a member who is entitled to half pay while on sick leave is to receive full pay, or

(b) a member who is not entitled to any pay while on sick leave is to receive either full pay or half pay,

and may from time to time determine to extend the period.

(4) For the purposes of this regulation a relevant day is a day after 30th August 1995 on which a member is on sick leave, and in this regulation-

(a) references to a member's being on sick leave are references to his being absent from duty while entitled to be so, or with the consent of the police authority, under regulation 35.

Deductions from pay of social security benefits and statutory sick pay

47.-(1) There shall be deducted from the pay of a member of a police force-

(a) the amount of any sickness benefit, invalidity pension or invalidity allowance to which he is entitled under the Social Security Contributions and Benefits Act 1992, and

(b) any statutory sick pay to which he is entitled under the Social Security Contributions and Benefits Act 1992,

and for the purposes of sub-paragraph (a) above any increase for adult and child dependants shall be treated as forming part of the benefit or allowance to which it relates.

(2) For the purposes of this regulation, a policewoman who as a married woman or widow has elected to pay contributions under section 19 of the Social Security Contributions and Benefits Act 1992 at the reduced rate, shall be deemed to be entitled to any social security benefits mentioned in paragraph (1) to which she would have been entitled had she not elected to contribute at the reduced rate.