

## Occupational Health Strategy – Action Plan

No.	Key Action	Key Tasks	Lead	Timescale	Performance Measure
1.	Co-ordination of activity by line-managers, personnel managers and OH staff in order to improve sickness management absence.	Provide training to line managers and all personnel managers in sickness absence management and disseminate good practice identified from workshops and hotspotting process.	Practice Manager (supported by Team Managers)	Commence April 2003 and roll-out over 12 month period	Train 95% of all Personnel Managers and line managers at 15 OCUs.
2.	Develop healthy life-style programme for officers	<ol style="list-style-type: none"> <li>1. Undertake 5 major health promotion seminars throughout the MPS during 2003/4, offering pro-active health advice on life-style options with a focus on specific health issues.</li> <li>2. Re-launch “healthy for life” programme aimed at business unit level, to incorporate individual fitness testing and health assessment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Senior OH Physician (supported by Team Managers)</li> <li>2. Team Managers</li> </ol>	<ol style="list-style-type: none"> <li>1. Completion before 31.3.04</li> <li>2. On-going during 2003/4</li> </ol>	<ol style="list-style-type: none"> <li>1. Completion of 5 seminars and measurement of client feedback</li> <li>2. Completion of one assessment visit to a business unit per month.</li> </ol>

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3.	Development of generic medical pre-selection process for officers working in psychologically demanding roles, e.g. Child Protection Teams. See also item 9.	Identification of staff in vulnerable posts and provision of support mechanism at pre-selection, during and post operational stages, including development of generic risk assessment tool at pre-selection stage.	Senior OH Physician (supported by Team Manager, Central Team)	Completion of package by 30.9.03	Package available by 1.10.03
4.	Consider extension of private healthcare (spend-to-save scheme) to cover additional interventions	Undertake fresh evaluation of spend-to-save to scheme to (i) confirm financial benefits; (ii) confirm success in returning officers to full duties; and (iii) subject to positive outcomes at (i) and (ii) consider additional interventions based on availability of resources and areas of maximum benefit following analysis of sickness data.	Senior Physician (supported by Support Manager)	Completion by 30.9.03	Evaluation report published by 30.9.03
5	Consider new forms of medical and non medical interventions together with other funding initiatives	Explore both reactive and proactive options for improving officers' health and well-being, including options for training, marketing and improving awareness of health issues in the workforce	Practice Manager (supported by Senior Physician, Team Managers and Head of Profession, Nursing)	Completion by 31.12.03	Report published by 31.12.03

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6	Review management information	<ol style="list-style-type: none"> <li>1. Review management information and produce first report under new system.</li> <li>2. Use revised management information to measure demand against resource availability; forecast future demand and assess resource needs, taking into account projected increase in officer numbers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quality Assurance Officer</li> <li>2. Team Managers (supported by Practice Manager and Quality Assurance Officer)</li> </ol>	<ol style="list-style-type: none"> <li>1. 10.6.03</li> <li>2. 2. 1.10.03</li> </ol>	<ol style="list-style-type: none"> <li>1. Product from new process available by 10.6.03</li> <li>2. Published report to Director People Development 1.10.03</li> </ol>
7	Maximise operational input from staff suffering from a disability or illness	Produce and implement new policy on recuperative and restricted duties with the aim of maximising the use of policing skills by those officers unable to fulfil full operational duty due to illness or disability; ensure revised policy meets all DDA requirements. NB. Linked to recommendations within Inspectorate report on ill-health issues.	Practice Manager	Completion by 1.10.03	Revised policy implemented by 1.10.03

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8	Reduce ill-health retirements	Implement new ill-health retirement process for police officers and market the cultural impact of the changes to all officers, i.e. the presumption that officers, unless exceptional circumstances exist, will be found meaningful work to maximise their policing skills irrespective of illness or disability	Head of Medical Retirement Secretariat	New process to be implemented by 1.7.03	Implementation of new process by 1.7.03
9	Implement Stress Management Strategy. See also item 3.	<p>The stress audit is complete.</p> <ol style="list-style-type: none"> <li>1. Outcomes to be grouped under generic headings and action plans developed both to address existing problems and to prevent/minimise future stress related issues.</li> <li>2. Stress Strategy to be published.</li> <li>3. Evaluation of strategy to be undertaken 12 months after implementation.</li> </ol> <p>This work to be linked to item 3.</p>	Senior Physician (all actions)	<ol style="list-style-type: none"> <li>1. 30.5.03</li> <li>2. 30.6.03</li> <li>3. 30.6.04</li> </ol>	Products available by due dates.

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10.	Develop comprehensive customer feedback mechanisms to evaluate quality of service delivery to clients and customers. (Customers are defined as business groups).	<ol style="list-style-type: none"> <li>1. Identify main service delivery areas</li> <li>2. Develop specific questionnaires on areas of activity to be assessed in consultation with Performance Information Bureau (PIB)</li> <li>3. Feedback returns to be analysed by PIB and report produced on findings.</li> <li>4. Action plan to be developed from PIB report</li> </ol>	<ol style="list-style-type: none"> <li>1. Practice Manager</li> <li>2. Practice Manager/PIB</li> <li>3. PIB</li> <li>4. Practice Manager</li> </ol>	<ol style="list-style-type: none"> <li>1. 30.4.03</li> <li>2. 15.5.03</li> <li>3. 30.10.03</li> <li>4. 1.12.03</li> </ol>	All products available by due date.
11.	Develop bespoke package for addressing Traffic Warden sickness absence	<p>Currently on-going:</p> <ol style="list-style-type: none"> <li>1. All activity in respect of traffic warden units, irrespective of location or business group, being dealt with by dedicated team.</li> <li>2. Additional sessional medical officer employed with specific remit to reduce traffic warden absence</li> </ol>	<ol style="list-style-type: none"> <li>1. Practice Manager</li> <li>2. Practice Manager/Senior physician</li> </ol>	<ol style="list-style-type: none"> <li>1. In place and on-going</li> <li>2. In place and on-going</li> </ol>	30% reduction in days per officers lost to sickness in 2003/4 compared to performance figure as at 31.3.03.

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12	Development of training packages, suitable for local delivery for officers working in "health risk" areas, such as those involved in searching HIV and hepatitis infected prisoners.	Identification of "at risk" areas. Review of current arrangements. Production of new material in format suitable for local delivery to a consistent standard.	Head of Profession, Nursing	Package currently being developed for control of infectious diseases	Completion of package by 1.6.03
13	Development of contingency plans to counter potential health risks from a terrorist threat	To be dealt with under the CBRN (Chemical, Biological, Radioactive and Nuclear) umbrella and in collaboration with operational units	Senior Physician	On-going	On-going