



NSW Police Force

Review of Injury Management Practices – June 2011

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EXECUTIVE SUMMARY

The Ministry for Police and Emergency Services, on behalf of the Minister for Police and Emergency Services and the Deputy Commissioner Corporate Services, provided tasking for a strategic review of the New South Wales Police Force injury management systems. The tasks given were:

- Review injury management practices,
- Benchmark them against other police jurisdictions,
- Examine and recommend adoption of best practice, and
- Act as an advocate for New South Wales Police Force practice.

One month was given for the completion of this report.

Methodology:

Informing this report is:

- Interviews with various persons involved in injury management processes within the New South Wales Police Force, including interviews with the insurer, Employers Mutual Limited (EML),
- Data willingly provided and analysed by many sections of the organisation for which the authors are very grateful, and
- Anonymous surveys of injured workers, Commanders, Human Resource Duty Officers, Managers, Injury Management Advisors (IMA's) and Senior Injury Management Advisors (SIMA's).

Findings:

- The New South Wales Police Force has excellent injury management practices which are subject to continuous improvement and which return most injured officers to pre-injury duties,
- Although reported injuries and illnesses are increasing, with corresponding significant increases in costs, without the dedicated work of many people the situation could be far worse,

- The New South Wales Police Force practices are extremely thorough when compared to other police jurisdictions and may generally be considered current best practice for Australian jurisdictions,
- There are some recommendations for systems improvement but, in the main, these possible improvements have already been identified by various Commands, especially the Workforce Safety Command within Corporate Human Resources,
- The information contained within this report should assist any person to act as an advocate for the New South Wales Police Force injury management practices of which the organisation should be very proud.

There are two main areas to be addressed, which the authors believe will significantly increase the effectiveness of injury management practices. The first is to re-negotiate the *Crown Employees (Police Officers Death and Disability) Award 2005*, with an aim to lessen the financial attractiveness of lump sum Award payments for officers who discharge from the Police Force. This incentive is assisted by the workers compensation ‘top-up’ arrangements within the *Crown Employees (Police Officer – 2009) Award*. The second, and this is strongly advised by every survey the review conducted, is to significantly increase training and development of those officers who are most crucial to the success of the injury management systems – Commanders, Inspectors, and Supervisors. A great deal of excellent work has already been done in this regard with various world-class leadership and other developmental programs. However more needs to be done to remove what is most evident in the readings of the extensive surveys completed, which is the mechanistic and adversarial approach by many to injury management. Training and development needs to take place not only in regards to systems and processes, but also in relation to leadership. The New South Wales Police Force needs a paradigm shift away from a mechanistic and adversarial approach, to one of supportive and collaborative leadership, underpinned through the development of strong emotional intelligence, which is especially relevant when dealing with psychological injuries.

The review provides a number of recommendations, none of which should be read in isolation. This review report seeks to outline the urgent nature of further action to truly achieve what the Police Commissioner describes as an, *“Improved climate and culture within the organisation in relation to injury prevention and management”*

(Source: Commissioners letter to the PANSW, 3 November 2009).

Recommendations:

- That *the combination* of workers compensation top-up arrangements and Death and Disability benefits be reviewed as a matter of urgency to remove the significant financial disincentive for officers to return to work.
- That the New South Wales Police Force significantly increases training in injury management systems and processes for supervisors, Inspectors and Commanders and others associated with managing injured officers.
- That the New South Wales Police Force significantly increases leadership development for all ranks, which includes a focus upon the five aspects of emotional intelligence.
- That the New South Wales Police Force adopts a common theme and approach to leadership training, reflecting the leadership doctrine of the organisation and providing *progressive* leadership development as an officer passes from rank to rank.
- That all recommendations for improvement to the systems and processes of injury management, as outlined throughout this report, become part of the considerations of the strategic committee initiated between the New South Wales Police and Employers Mutual Limited which has developed a Police Strategic Plan for injury management improvement.
- That the Police Strategic Plan continues to receive strategic and tactical support from the New South Wales Police Force, and is the subject of close performance management. This is a most important initiative.

Workforce Safety Command Additional Recommendations

Suggestion	Comment
<p>More flexible deployment of PRD officers, and 'Suitable Duties Officers Explanation: This has been trialled at Newcastle, Lake Illawarra and Wollongong. Where a "team" is established of injured officers to support operational police. The team rotates between taking witness statements, station duties, etc with the aim of freeing operational police to focus upon first response. This support team is therefore keeping in contact with their team and completing a proportion of their normal duties, rather than being isolated. There has been some negative attention to the officers in these teams with the officers being called "Gimp Squad" etc so the marketing and management of these teams is crucial.</p>	<p>This is a second body of work that has been tasked to the review team, following the completion of this report. No further action for this report.</p>
<p>EML Pilot programs with psychological injuries Explanation: EML are very proactive and supportive to trial various programs to assist in the return to work of injured officers. We should continue to work closely to establish key projects and key areas within the NSWPF to avail ourselves of these services. Eg, run a parallel return to work program for officers with psychological injuries who also see Drs who typically do not support wellness and return to work. Perhaps if an officer was engaged in a positive program they may respond better.</p>	<p>The review recommends this initiative is supported. As EML are partners in the Police Strategic Plan described above, it is considered more appropriate that any initiatives in this regard be dealt with through that high level committee. No further action for this report.</p>
<p>HR Support team with Injury Management, Psychologist, and Equity resources (Roving Team) Explanation: Similar to the previous HR Support Team, however have a more longitudinal support to Commands by including people from various units within HR to support and mentor commands in managing HR issues. For example, equity unit, injury management advisor, Wellcheck psychologist etc. This would require additional resources.</p>	<p>Supported. This is a very positive initiative and the review recommends Workforce Safety prepare a business case for this Unit for consideration, in the first instance, by the Deputy Commissioner Corporate Services.</p>

<p>Development of a job analysis tool for psychological injuries Explanation: Use this as a tool to demonstrate all the various pathways to return to work for an injured officer. Identify that, according to proper diagnosis, an individualised return to work plan should encompass exposure back into the workplace.</p>	<p>Supported. This again is a very positive initiative recommended by Workforce Safety. It is recommended Workforce Safety prepare a plan for the development and implementation of this tool for consideration in the first instance by the Deputy Commissioner Corporate Services.</p>
<p>Career counselling for officers prior to medical discharge</p>	<p>Supported. This practice is adopted interstate and with 70% of ongoing workers compensation costs attributable to officers being unable to find employment post-discharge (Source: EML/PWC), this is a very positive recommendation.</p>
<p>Increase in number of Injury Management Advisors to manage increasing caseloads</p>	<p>This review has found that a greater involvement of many Commanders and other officers who may directly impact upon the rehabilitation and return to work of officers is extremely important. The focus should be, in the first instance, in training and developing officers to be more and better involved in injury management processes and thereby assist Injury Management Advisors.</p>
<p>Removal of Independent Medical Expert Panel and the introduction of a more regimented approach to ceasing top-up pay eg. At 52 weeks through a medical assessment process</p>	<p>Supported. The combination of workers compensation, workers compensation top-up and Death and Disability entitlements provides a financial disincentive for officers to return to work. Amendments to top-up, provided at Clause 9 of the <i>Crown Employees (Police Officer – 2009) Award</i> could be negotiated within the current Award negotiations.</p>
<p>Amendments to Death and Disability to remove the incentive to leave the New South Wales Police Force</p>	<p>Supported. Addressed earlier in this report.</p>
<p>Availability of the Police Medical Officer to conduct Independent Medical Examinations</p>	<p>Supported. Other States have adopted the Police Medical Officer as final arbiter for return to work decisions.</p>
<p>Improved education for Commanders, Human Resource Duty Officers, including their ability to communicate with Nominated Treating Doctors & Improve Commanders/Duty Officers awareness generally by tailoring courses such as Safety Science</p>	<p>Supported. Addressed earlier in this report regarding significant expansion in training and development.</p>

Interstate policies which should influence New South Wales Police Force approaches to injury management

<p>Queensland</p>	<p>Police officers trained and accredited at the local level as rehabilitation and return to work co-ordinators. These highly skilled officers assist Injury Management Co-ordinators.</p> <p>Common case management database for the whole organisation. (Note: Workforce Safety has advised funding has been received for the development and implementation of a new online injury management system called OLIMS. It is due to go live in New South Wales in December, 2011).</p> <p>Ability for Workcover to suspend entitlements when they consider officer unreasonably fails to participate in rehabilitation. (Stronger focus upon enforcement of officer's obligations).</p>
<p>Victoria</p>	<p>Strong focus upon enforcement of employee obligations. Management or disciplinary action if officer fails to comply.</p> <p>Mandatory for suitable duties to be provided by Commanders. (No such thing as 'no suitable duties').</p>
<p>Western Australia</p>	<p>Strong focus upon educating employees of their legislative responsibilities. (Focus upon compliance).</p> <p>Easy to follow flow-charts prepared and available for all areas of injury management including:</p> <ul style="list-style-type: none"> • Employee responsibilities • Manager/supervisor responsibilities • Work related illness and injury • Manager/supervisor responsibilities
<p>Tasmania</p>	<p>A strong focus upon retraining and job placement (internally and externally).</p>

PART ONE: The Situation

SNAPSHOT – Monday 9 May 2011

Total police rostered for shifts, A, B, & C: 1262

Total police rostered on duty (including above): 7298

Total police on sick leave: 1264

Source: IBR

The New South Wales Police Force is expending enormous resources to deal with its injury management issues. In 2004 the Force highlighted an increase in police separations, with a significant swing to medical retirement, was one of the major cost drivers of the organisation (Source: ERC: Cost Drivers within the New South Wales Police Budget, June, 2004). This situation has not changed. This review has found that those tasked with implementing the injury management practices are, in the main, extremely dedicated and committed to the welfare of sick and injured officers. There is no doubt the main focus of injury management is to return officers to work, hopefully to their full-time, pre-injury duties. This is sometimes at odds with those in senior positions tasked with providing front-line services, who often would like to see a long term sick officer 'move on' much quicker in order that they can be replaced with an uninjured officer who can contribute to meeting the ever growing demands placed upon Commands. Many senior and experienced officers involved in the surveys of this review have expressed just such an opinion. Many have stated they believe the Force now has an entitlement culture and not a service culture, and this is exacerbated by the generous disengagement schemes for sick and injured officers. Many accuse officers of abusing their entitlements. Regardless of these opinions, what is clear from this review is that the New South Wales Police Force has excellent systems in place to deal with workplace injuries and illnesses. Most officers who report off sick are returned to pre-injury duties.

What is missing is a comprehensive training scheme for the *systems and processes* of injury management and an expanded leadership development program to develop the leaders we need across the whole organisation to exhibit the emotional maturity required to deal with disaffected, stressed, sick and injured officers.

Further training is one of the major recommendations of this report. It is critical that we remove the adversarial nature of much of the injury management system. Thoughts of trying to 'drag people back to work who don't want to come' should be removed. We should focus on a person's ability, not their disability. 'Stress' or PTSD is a major part of our working landscape. Stress can only be made worse in an adversarial system. The other major recommendation is dealing with the disincentive for officers to return to work, principally through the application of workers compensation, workers compensation top-up, and the Death and Disability scheme.

In 1988 the New South Wales government closed the Police Superannuation Scheme to new members, and police officers who were members of this scheme came to be known as 'pre '88' officers. The Police Superannuation Scheme was replaced by the State Authorities Superannuation Scheme which itself was closed in 1992. Officers then joined First State Super which, together with workers compensation entitlements, also covers other public sector employees within the State. These members have become known as 'post '88' officers. The differences in entitlements for a pre '88 officer to a post '88 officer led to a feeling of lack of equity, with post '88 officers considered at a disadvantage. In 2005, the New South Wales Government introduced a compulsory Death and Disability scheme which was designed to provide post '88 officers with additional insurance protection. The Death and Disability scheme, which is delivered by way of the *Crown Employees (Death and Disability) Award 2005*, provides lump sum payments for death or total disability and for partially and permanently disabled officers who are unable to be placed in suitable duties within the workplace.

Commensurate with the introduction of the Death and Disability Award, sick leave increased and continues to increase at an alarming rate. An early reason given was that there were a number of post '88 officers who were sick and injured but 'held on' pending the introduction of a suitable compensation scheme. Claims history no longer supports this view. A study of officers medically discharged between 1 January 2009 and 18 March 2011 reveals most reported injuries have occurred well post 2005. Analysis of hours lost from 2004 indicates a decreasing rate for 'pre '88' officers (obviously because, as time moves on, there are less and less of these

officers) and a steadily rising rate for ‘post ’88’ officers covered by workers compensation legislation and the Death and Disability Award.

Fig 1: Distribution of sick leave (hrs) by category (Hurt on Duty – Pre 88) by month 2004 – 2011 (Source: IBR).

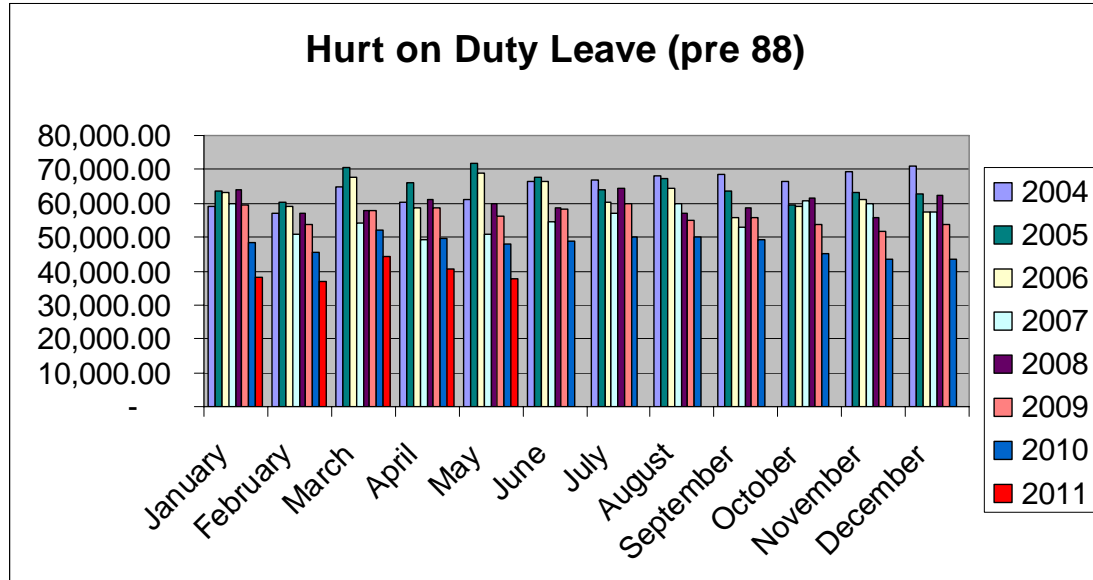


Fig 2: Distribution of sick leave (hrs) by category (Workers Compensation – Post 88) by month 2004 – 2011 (Source: IBR).

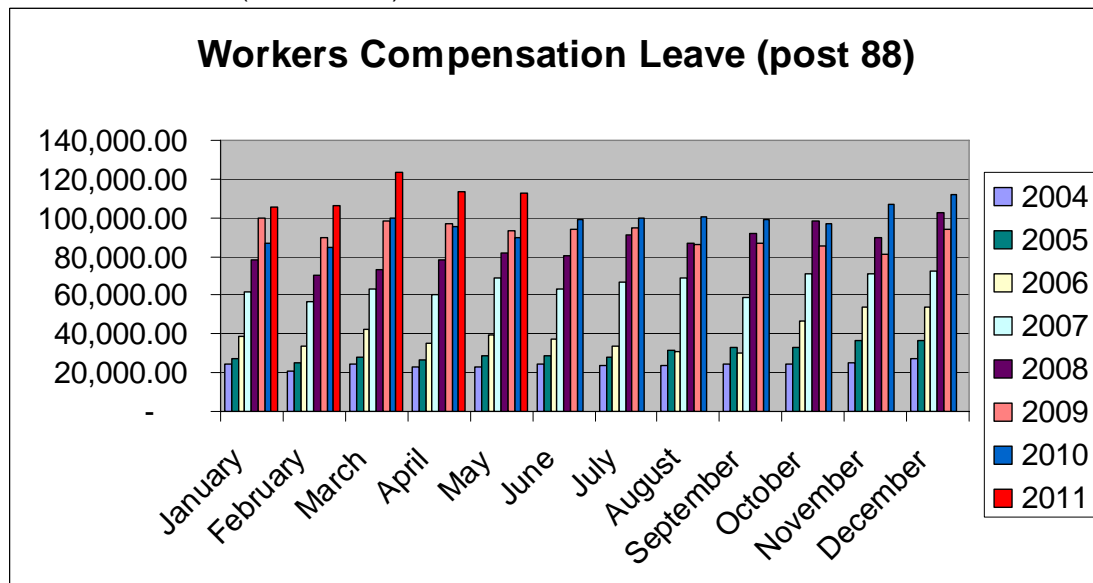
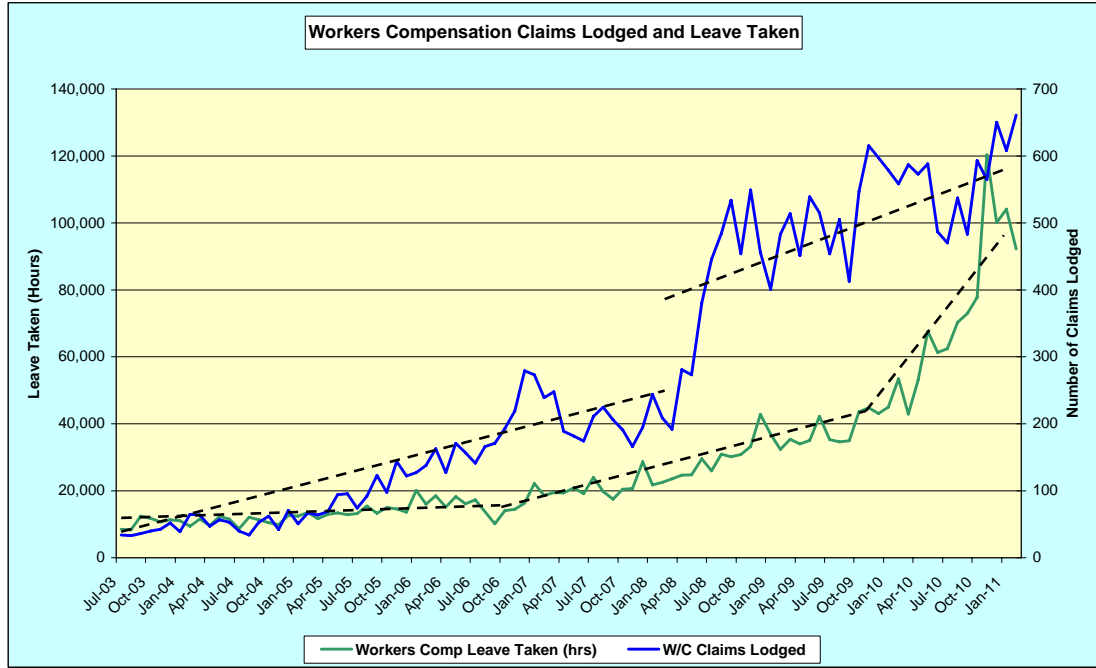


Fig 3: Workers compensation leave taken (hrs) and claims lodged (Source: ICS)



Post '88 officers leaving

Accompanying the dramatic increase in hours lost due to workers compensation claims, is a significant increase in the number of post '88 officers discharging from the Police Force on medical grounds. An analysis of officers who have left since 1 January 2009 gives a clear picture of the demographics of those being medically discharged and the medical reasons for discharge; physical or psychological.

Fig 4: All separations from the NSWPF by reason for period 1.1.09 – 18-05.09 (Source: IBR).

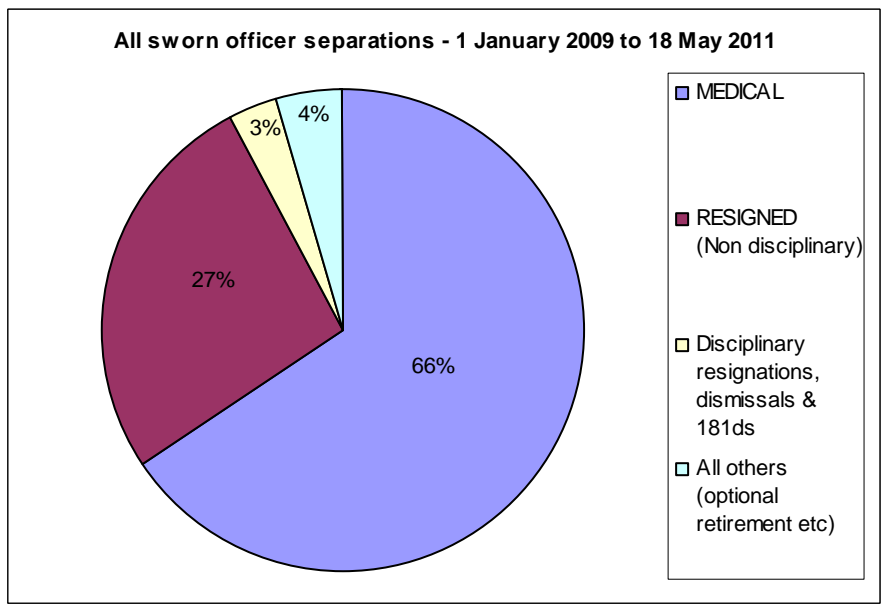


Fig 5: Age at time of discharge (post 88 discharge with claims lodged only) (Source: IBR).

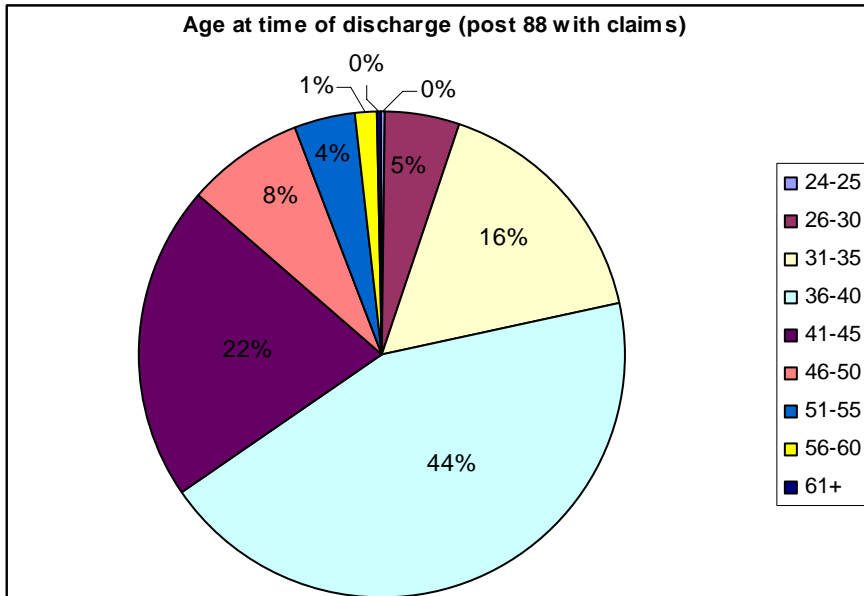


Fig 6: Length of service at time of discharge (post 88 discharges with claims lodged only) (Source: IBR).

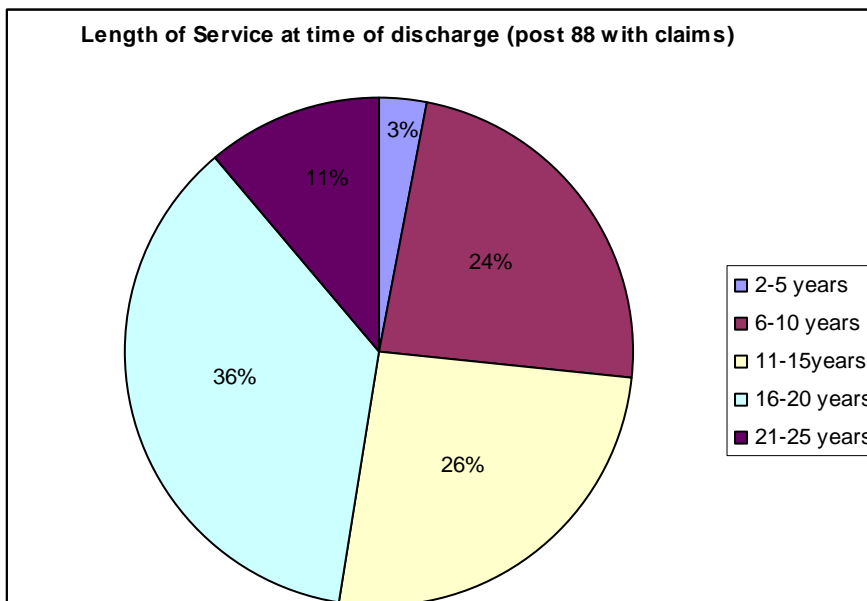
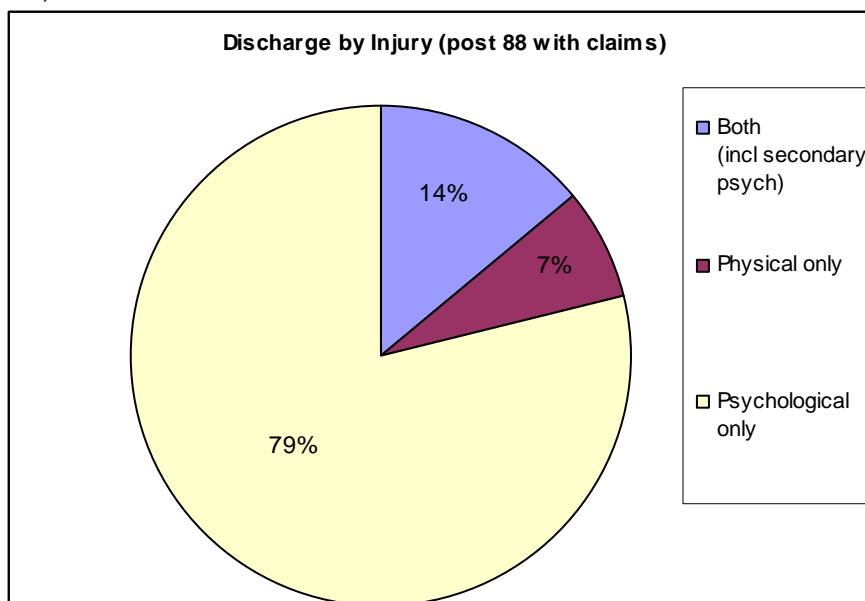


Fig 7: Discharge by nature of injury claimed (post 88 discharges with claims lodged only)
(Source: IBR).



Medical discharges are spread throughout the organisation and are a growing problem for all Commands. Because of the alarming rate of increase in workers compensation and Death and Disability claims for post'88 officers, this report focuses mostly upon that demographic. Below is a breakdown of all officers (both pre and post '88) who have disengaged from the Police Force for medical reasons for the period 1 January 2009 to 18 May 2011.

Authorised strength medically discharged 1.1.09-18.5.09 – pre and post

	AUTHORISED	DISCHARGED	% OF AUTHORISED
Corporate Services	326	32	9.82%
Business and Technology Services	10	3	30.00%
Corporate Services	2	0	0.00%
Education and Training	242	15	6.20%
Finance & Business Services	3	0	0.00%
Human Resources	18	7	38.89%
Office of the General Counsel	9	2	22.22%
Performance Improvement & Planning	20	3	15.00%
Public Affairs	18	2	11.11%
Shared Services	4	0	0.00%
Field Operations	12,779	1004	7.86%
Airport Policing	0	0	0.00%
Central Metro	2,681	134	5.00%
Field Operations	3	2	66.67%
Major Events and Incidents Group	244	11	4.51%
North West Metro	2,375	135	5.68%
Northern	2,163	394	18.22%
South West Metro	2,351	93	3.96%
Southern	1,616	141	8.73%
Traffic Services	154	1	0.65%
Western	1,192	93	7.80%
Operations Response Unit	7	0	0.00%
Operations Response Unit	7	0	0.00%
Protocol	2	0	0.00%
Awards Unit	0	0	0.00%
Protocol	2	0	0.00%
Specialist Operations	2688	210	7.81%
Counter Terrorism & Special Tactics Command	381	24	6.30%
Forensic Services Group	343	40	11.66%
Operational Communications & Info Group	250	45	18.00%
Police Prosecutions Command	276	17	6.16%
Professional Standards Command	155	13	8.39%
Special Services Group	416	24	5.77%
Specialist Operations	3	1	33.33%
State Crime Command	864	46	5.32%

Workers Compensation

SNAPSHOT

Quarterly Workers Compensation Payments as of June, 2005: \$5m

Quarterly Workers Compensation Payments as of March, 2011: \$18.3m

Source: PWC – These figures only relate to weekly benefits under the Workers Compensation Act (Total incapacity – S36 & S37, Partial incapacity – S40, Partial incapacity and not working – S38)

For post '88 officers, the New South Wales Police Force has three main arrangements to compensate them in the case of work related deaths and injuries. These are workers compensation, workers compensation top-up, and the Death and Disability scheme.

Workers compensation arrangements are provided for all police officers who joined the Force on or after 1 April 1988. Whilst an officer is off on work-related sick leave they will receive workers compensation benefits at the full amount of their salary for the first 26 weeks of their absence. Workers compensation will then default to a statutory rate. However, by virtue of clause 9 of the *Crown Employees (Police Officer-2009) Award*, workers compensation is 'topped up' to an officer's ordinary rate of pay. This arrangement remains in place as long as the officer is on work related sick leave and remains a member of the organisation. The full text of this clause is shown below:

9. Top-Up Supplementation of Workers' Compensation

9.1 This clause shall apply to officers who commenced employment with New South Wales Police Force on or after 1 April 1988 and who are in receipt of workers compensation payments pursuant to the *Workers Compensation Act 1987* with respect to any injury or illness arising out of or in the course of their employment as a police officer.

9.2 New South Wales Police Force shall pay to any officer, as defined in sub-clause 9.1, the difference between the statutory amount of any workers compensation payments received by the officer and the ordinary rate of pay of the officer.

9.3 New South Wales Police Force is not obliged to make payments under sub-clause 9.2 if:

9.3.1 the officer has been in receipt of workers compensation payments for in excess of 26 weeks; and

9.3.2 New South Wales Police Force has complied with its obligations in relation to the establishment of and compliance with injury management plans and the provision of suitable work under the workers compensation system; and,

9.3.3 subject to 14 days written notice, either:

(a) The officer does not participate in the establishment of, or comply with an injury management plan and/or a return to work plan; or

(b) The following circumstance arises:

(i) The injury management plan and/or return to work plan is considered inadequate, inconsistent or unreasonable by a member of the independent medical expert panel, constituted jointly by the Commissioner and the Association, following enquiries with the nominated treating doctor (or treating specialist) about the officers fitness for pre-injury duties and hours, the likelihood and timeframe for recovery, or the officers fitness for other jobs/duties; and

(ii) an officer does not participate in the establishment of, or comply with an injury management plan and/or a return to work plan as developed by the member of the independent medical expert panel.

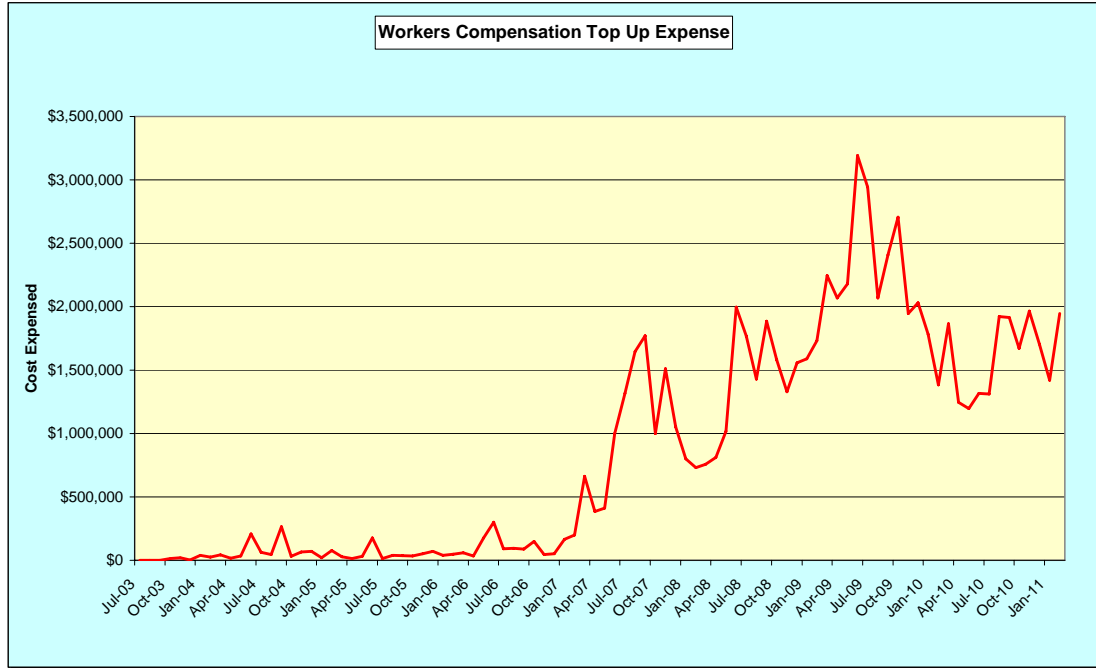
9.4 The officer's entitlement to sick leave shall not be affected by this clause.

9.5 The provisions of this clause shall only apply whilst ever an officer remains as an employee of New South Wales Police Force.

The conditions under which top-up pay may be terminated were introduced into the Award in 2009. The rationale was to place a financial penalty upon those officers who unreasonably did not comply with attempts to have them rehabilitated and returned to the workplace. This review has found that many officers believe the 'top-up' of workers compensation pay contributes to a disincentive for injured police officers to return to work. At the time of writing this report, only two officers have had their pay cut and one further officer is under consideration (Source: Injury Management). It may therefore be surmised that the additional components of this clause have not contributed to lessening the disincentive to return to work.

Top-up payments are a significant and growing cost.

Fig 8: Workers compensation top-up expenses (Source: ICS)



In addition to workers compensation and workers compensation top-up payments, in June 2005 the Death and Disability Award was introduced. There has been an increase in workers compensation claims following the introduction of the Award with a corresponding significant increase in workers compensation costs to the Police Force. Workers compensation payments are made to post '88 officers when they are off sick with a work related injury **and after they are discharged** when they are unable to work or are unable to find full-time work.

Fig 9: Overview of police workers' compensation premium experience. (Source: PWC)

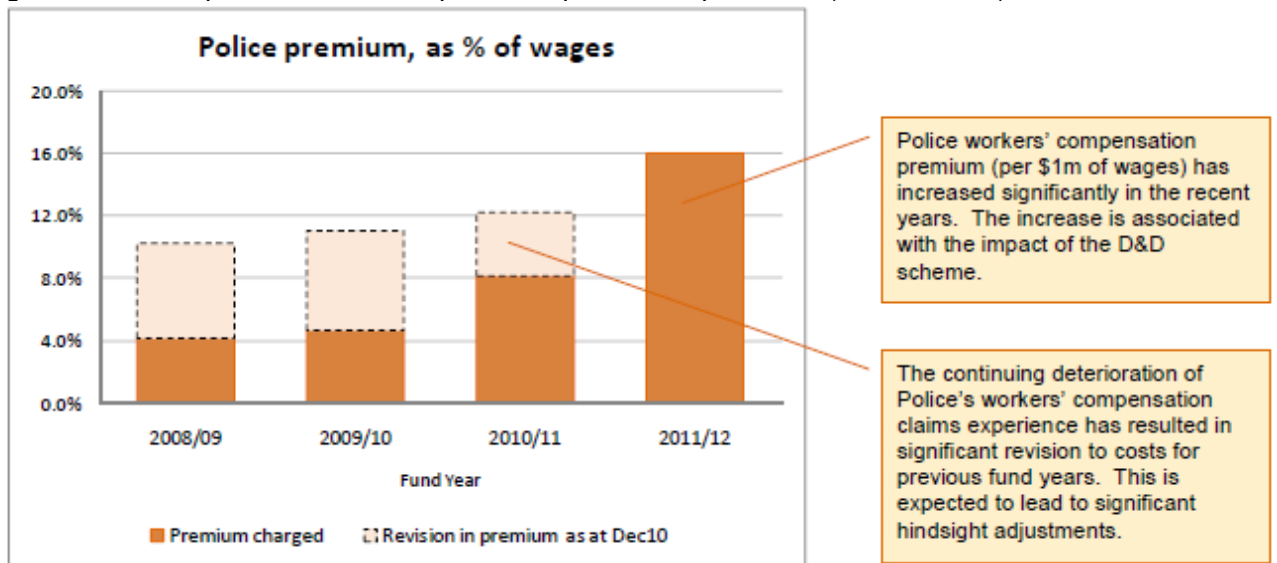
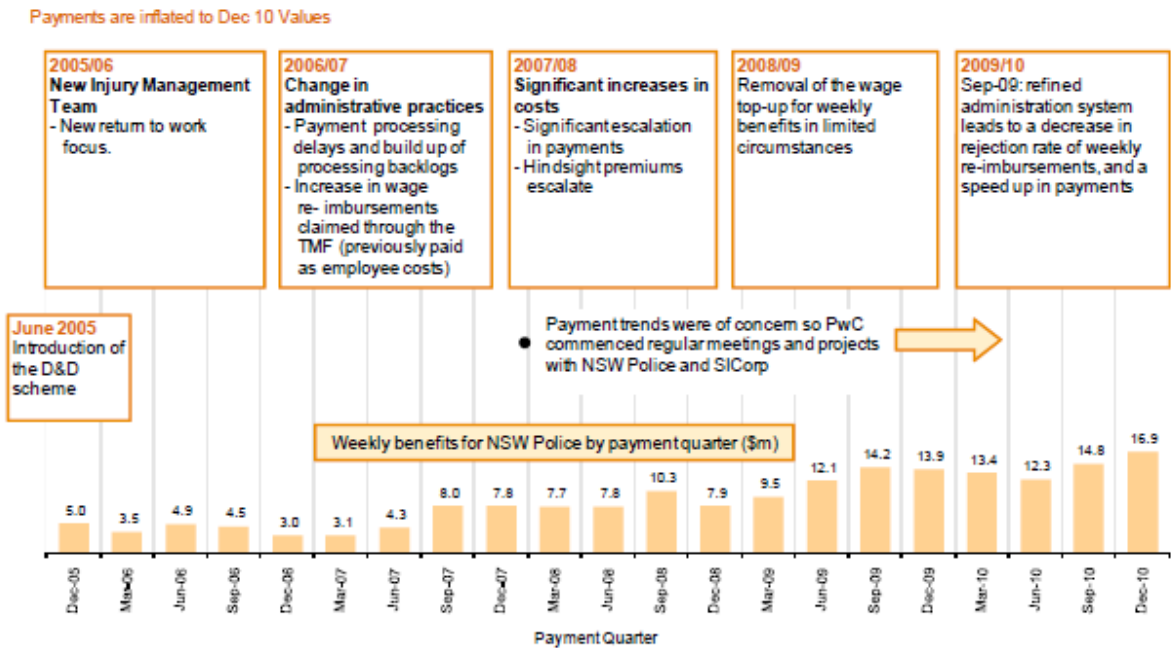


Fig 10: Weekly benefits for NSW Police Force by payments quarter (\$m) (Source: PWC)



The Death and Disability Scheme

SNAPSHOT 1 January 2009 – 18 May 2011

No of post '88 officers who disengaged with D & D benefits: 699

Average payout: \$462,848

Total D & D payments for period: exceeding \$300m

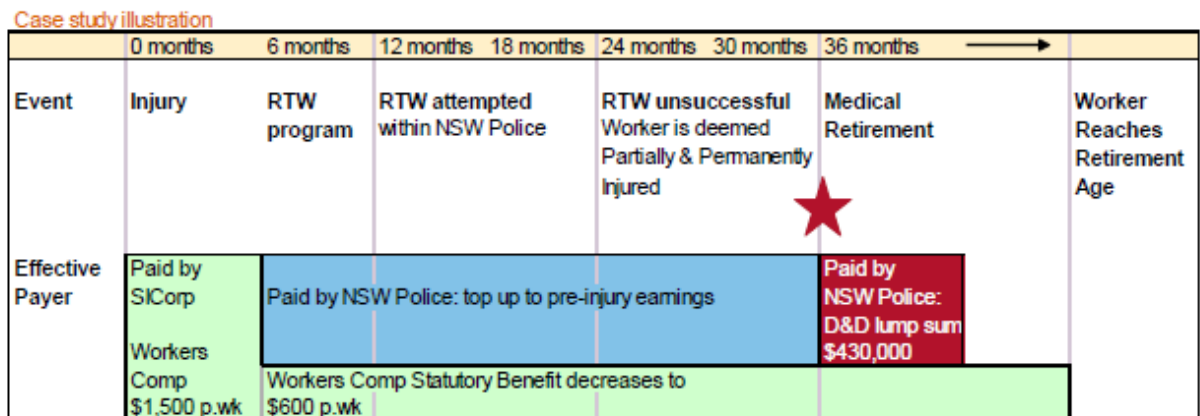
Source: SAP

In addition to workers compensation and workers compensation top-up, officers who medically discharge are entitled to a lump sum payment under the Death and Disability Award.

To illustrate the workers compensation, workers compensation top up and Death and Disability arrangements, the following is a case study of :

- A 40 year old male police officer,
- with one spouse and two dependent children,
- who had a pre-injury earnings capacity of \$80,000 p.a., and
- whose post-discharge earning capacity is two days per week until retirement age.

Fig 11: Case study D&D scheme and top-up award arrangements for police officers (Source: PWC).



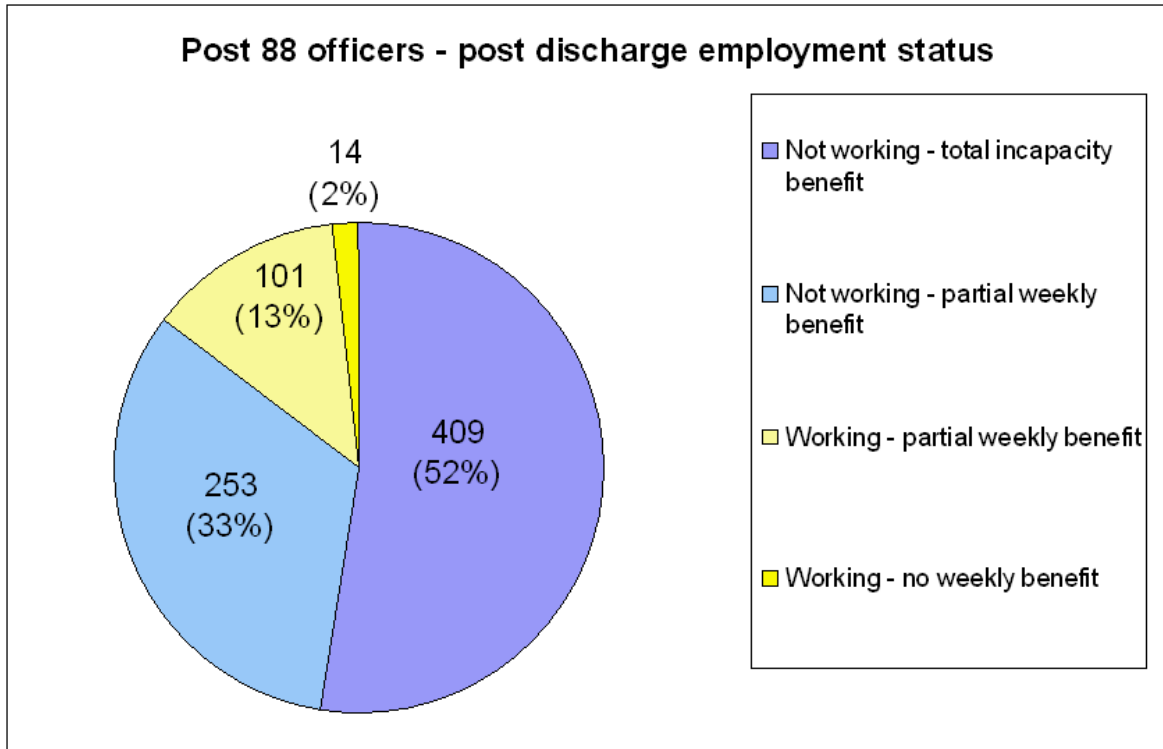
Note that this case study is for illustration only.

The costs of the Death and Disability scheme are also growing, commensurate with the significant increase in medical discharges of post '88 officers with a D & D claim.

Fig 12: Benefit structure costs of the Death and Disability scheme (Source: KPMG).

	Financial Year Ending 30 June					
	2005 & earlier	2006	2007	2008	2009	2010
Cost of benefit payments (\$m)	87.675	56.190	68.671	83.207	68.499	119.527
Less Police Officer Contributions (\$m)		-12.144	-12.431	-14.466	-16.014	-17.391
Net cost to NSW government (\$m)		44.046	56.239	68.740	52.485	102.136
As a % Award Police Salaries		6.0%	7.5%	7.9%	5.5%	9.9%

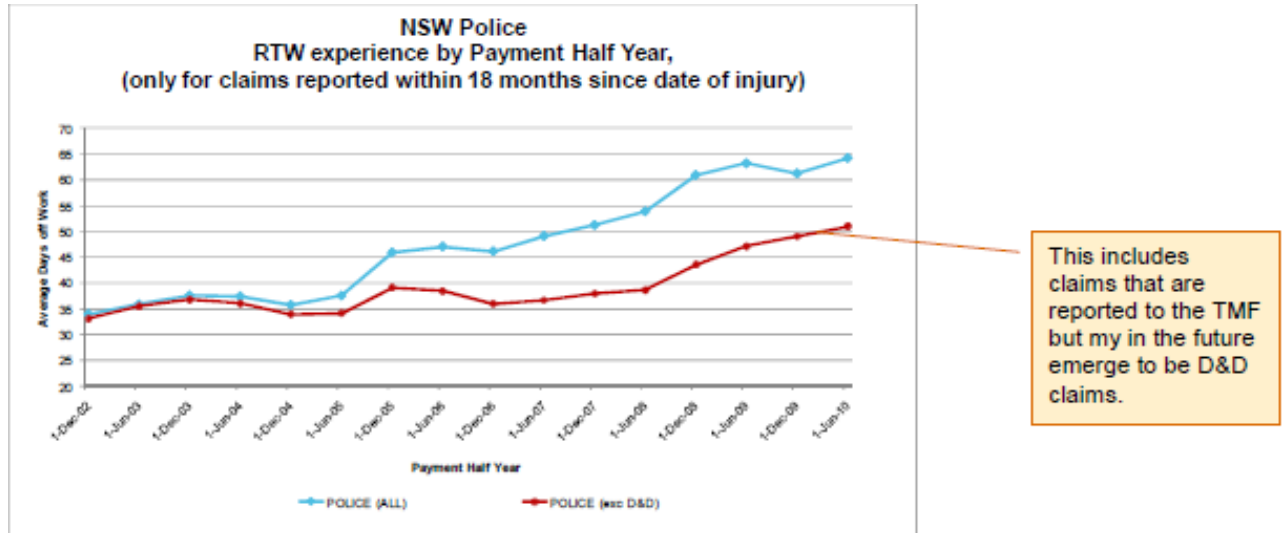
Fig 13: Post '88 officer, post-medical discharge employment status (Source: KPMG).



Q. Does the interaction of workers compensation, workers compensation top-up and the Death and Disability scheme create a disincentive for injured officers to return to work?

Considered on a purely financial basis, the short answer to this question is 'yes'. There appears to be a strong financial incentive for some injured officers to remain off work and the claims experience of the New South Wales Police Force seems to confirm this. Between 1 December 2002 and 1 June 2010, there has been a significant increase in the average days off work for all injured officers and this is commensurate with a significant increase in Death and Disability claims. The scheme was introduced in June 2005.

Fig 14: Return to work experience by payment half year (for claims notified within 18 months since date of injury) (Source: PWC)



The position of the Police Association of New South Wales

The Police Association of New South Wales (PANSW) has taken a strong position against those who claim the scheme has been ‘rorted’ by some officers, stating:

“The injury management and medical discharge system is a rigorous one (and an officer will not be discharged unless:)

- The injured member has been assessed as unfit for duty by their treating doctor and treating specialist.
- They have been assessed as unfit for duty by the doctor/s assigned by the workers compensation insurer.
- They are monitored and assisted by an Injury Management Advisor at Region, as well as by local management, to return to work (if medically possible) in suitable duties, (and)
- If they are still unable to return to work in any capacity after a minimum of six months ongoing treatment and rehabilitation, then they are referred to an independent medical expert to review their prognosis, (and finally)
- If all the medical practitioners agree that the member is unable to return to work in any capacity in NSW Police, only then does medical discharge become an option.” (Source: Police News, November 2010).

This review found evidence of some Death and Disability matters which, on the face of it, could cause some concern as to the genuineness of the claims. However, the review found no evidence of *systemic* ‘rorting’ of the scheme. The fact that workers compensation benefits, top-up arrangements and Death and Disability payouts provide a financial disincentive to return to work is not the fault of individual officers. Injury management systems and medical discharge checks are robust (although more training is needed) and there is no reason to doubt that the vast majority of officers discharged under the Death and Disability scheme are genuinely sick and injured. This does not however negate the sensibility of removing or lessening the financial disincentive to return to work. A financial incentive to return to work, together with ongoing improvements to injury management will surely contribute to a much higher return rate and a lessening of hours lost to injury and illness.

The Police Association of New South Wales (PANSW) has written to the review team and makes the following recommendations:

- That the PANSW should work even more with the New South Wales Police Force in a collaborative manner to address issues impacting upon the health and wellbeing of officers.
- That extensive work be undertaken to change the adversarial nature of injury management engendered by a Command and Control approach in many circumstances.
- That the change of culture include comprehensive leadership training and mentoring, including expanding the supportive leadership program to all officers within the New South Wales Police Force.
- That the Well-check program be expanded to include all New South Wales Police Employees.
- That a joint committee be formalised between the PANSW and the NSWPF to review the current Death and Disability scheme.
- That a joint committee be formed between the PANSW and the NSWPF to review current NSW Police Force injury management and medical discharge policies and practices.
- That joint research be conducted with the PANSW and NSWPF with a view to sourcing and/or developing leadership training programs that teach

people good human resource management practices and incorporate information which relates to managing workplace conflicts, dealing with industrial issues, mutual obligations, and rights and entitlements for Workers Compensation benefits.

- That the Medical Placement Panel be re-introduced.

A full copy of the Police Association letter, dated 16 June 2011, is attached to this report.

The Death and Disability Award should be reviewed and there is provision within the Award for this to take place.

14. Award Review

14.1 There will be an actuarial review at the completion of 3 years and each 3 years thereafter.

14.2 The benefits provided under this Award are based on actuarial estimates with the long term cost to Government being 3.6% of salaries as defined by this Award. If the results of the triennial actuarial review referred to above or if in any 12 months period:

14.2.1 the insurance premium quoted for the next 12 months, and/or

14.2.2 the claims experience of the preceding 12 months.

are such that, in the opinion of the actuary, the long term cost to the Government is likely to exceed 3.6% of salaries, there will be an immediate review of the benefits and/or officer contributions of the scheme.

The claims experience of the New South Wales Police Force determines that this review should now occur.

Notwithstanding the escalating costs of workers compensation claims and absences upon the Police Force, it should be stated that the situation would be a lot worse without the excellent work of those involved in injury management. As stated above, this review recommends an increase in training for all those involved in the injury management systems and processes and the introduction of a wide-ranging leadership program. These recommendations should not detract from the dedicated work of Senior Injury Management Advisors (SIMA's) and Injury Management Advisors (IMA's), the work of the Workplace Safety Command as a whole, and many at Command level who together succeed in returning most injured officers to pre-injury duties.

PART TWO: New South Wales Police Force Injury Management Practices

SNAPSHOT – Wednesday 25 May 2011

Police on sick leave: 1417

Police on restricted duties: 660

Source: IBR

Injury management within the New South Wales Police Force is the responsibility of all Commands. There is a co-ordinating unit within Workforce Safety which is led by the General Manager, Injury Management. Senior Injury Management Advisors and Injury Management Advisors work with all sections of the organisation but report through their own chain of Command to the General Manager.

Policies and procedures are set out in the Injury Management Policy (November 2007) and Injury Management SOP's available to police on the intranet. These SOP's are for Hurt on Duty, Medical Discharge, Rehabilitation and Operational Skills Assessment, and the Independent Medical Expert Panel (IMEP). There is a plethora of other information available for the management of injured officers and the review found that information provided was clear and easily accessible. The review was informed that an update of Injury Management SOP's is under way, with a view to supplying even more detail in all areas of injury management which has seven main areas of progression:

1. Notification of injury
2. Triage
3. Dealing with significant injuries
4. Injury management strategies
5. Return to work processes
6. Return to work outcomes (or discharge outcomes), and
7. File closure

(Source: Workforce Safety)

These new SOP's are yet to be finalised, but are part of what the review found was an approach of continuous improvement throughout the Workforce Safety Command.

Another, more strategic approach to continuous improvement is a high level committee which includes the Deputy Commissioner Corporate Services and Employers Mutual Limited (EML). This committee has developed a 'Police Strategic Plan' which incorporates many improvements in injury management from quarter 2, 2011 to quarter 2, 2012. The focus of planned improvements are listed in fig. 15.

Fig 15: Police Strategic Plan of continuous improvement of injury management practices (Source: Workforce Safety)

Early intervention strategy
S1. Support nominated treating doctor (NTD) to reach a timely and accurate diagnosis of capacity
S2. Improve NTD knowledge of police return to work process and suitable duties options
S3. Improve doctors knowledge of the importance of return to work
S4. Improve doctors ability to assess capability
S5. Ensure the approved process is expeditious
S6. Utilise the injury management plan (IMP) and suitable duties (SD) plan to document and communicate pathway and timeliness
S7. Improve the capability and capacity of Injury Management Advisors (IMA's) to map return to work (RTW)
S8. Utilise case conferencing as a means of improving stakeholder communication and goal setting
Upgrade strategy
S1. Increase the options and use of graded suitable duties
S2. Increase 'ownership' of supervisor
S3. Improve the capability of supervisors to provide support
S4. Support/ensure the regular review of cases by nominated treating doctors
S5. Manage interpersonal conflict (independent person or in-house conflict resolution)
Psychological injury strategy
Liability segment
S1. Support nominated treating doctors to make a clear diagnosis in a timely manner
S2. Accept provisional liability quickly where appropriate
S3. Support our case managers to make decisions in a timely manner on more difficult cases
S4. Support police worker where liability is declined
Early intervention/treatment segments
S1. Appropriate treatment for different injuries, severity
S2. Treatment timeframes, duration, frequency, cost
S3. Treaters – who, where, quality
Return to work segment
S1. Early intervention

S2. Injured worker perspective
S3. Suitable duties options
PTSD segment
S1. Diagnosis
S2. Treatment
S3. Return to work
Prevention segment (no further detail available)

Injured worker strategy
The 'first week' strategy
Communication segment
S1. Improve initial communication with workers regarding the workers compensation system
S2. Improve communication to injured workers regarding liability and benefits (new claims)
S3. Improve communication to injured workers regarding liability and benefits (ongoing)
S4. Improve communication with injured workers regarding attendance at medical appointments
S5. Improve knowledge of injury management across the workforce
Treatment/medical segment
Return to work segment

Nominated treating doctor (NTD) strategy
Review and revise written instructions available for nominated treating doctors regarding internal processes
Develop user-friendly suitable duties information for doctors
Support/ensure the regular and frequent review of cases by nominated treating doctor
Support nominated treating doctor to make a clear diagnosis in a timely manner

Learning and development strategy
Utilise the injury management panel and suitable duties plan to document and communicate pathway and timeliness
Utilise case conferencing as a means of improving stakeholder communication and goal setting
Ensure our case managers have the capacity to undertake liability decision in a timely manner

(Yet to be articulated – Manager/Supervisor strategy; Regional Focus strategy; Injury prevention; Reductions in medical payments)

The work of this committee is critical to improving injury management outcomes and it should be the driving force of continuous improvement. It should receive continuing strategic and tactical support from the New South Wales Police Force and the Police Strategic Plan should be subject to performance management.

The injury management policy of the New South Wales Police Force has the initial goal to “prevent work related injuries or illnesses occurring by the provision of an effective Safety Management System (SMS).” (Source: Workforce Safety) Elements of this system include:

- Risk management, including
 - The early identification of hazards,
 - Concise risk assessments, and
 - The development and implementation of risk elimination or control strategies.

If risk management fails to prevent injuries, the injury management program, as outlined above (page 23), is commenced as soon as practicable. The primary goal is to return injured officers to their pre-injury duties. This occurs in the vast majority of cases. The injury management program is the subject of continuous improvement and is now subject to the strategic plan outlined above.

The Workforce Safety Command has made additional recommendations for systems improvement. These recommendations are summarised at page 6. .

Surveys and survey results:

In order to ascertain the effectiveness of injury management processes, or at least to gauge a perception of their effectiveness, a number of anonymous surveys were conducted across the Force. These surveys targeted several groups. Those targeted, and the number of responses received, are outlined below.

Fig 16: Surveys conducted and responses received (Source: Review original)

Target Population	No Targeted	No of Responses	Responses as a %
Managers	271 (in MUDL)	205	75.65
HR Duty Officers	152	74	48.68
Superintendents	152	92	60.53
Injured Staff	All staff Nemesis Message	703	-
SIMA 's/IMA 's	37 (in MUDL)	24	64.86
HR Managers	30 (in MUDL)	7	23.33

Fig 17: Survey results – satisfaction with current systems and processes (Source: Review original)

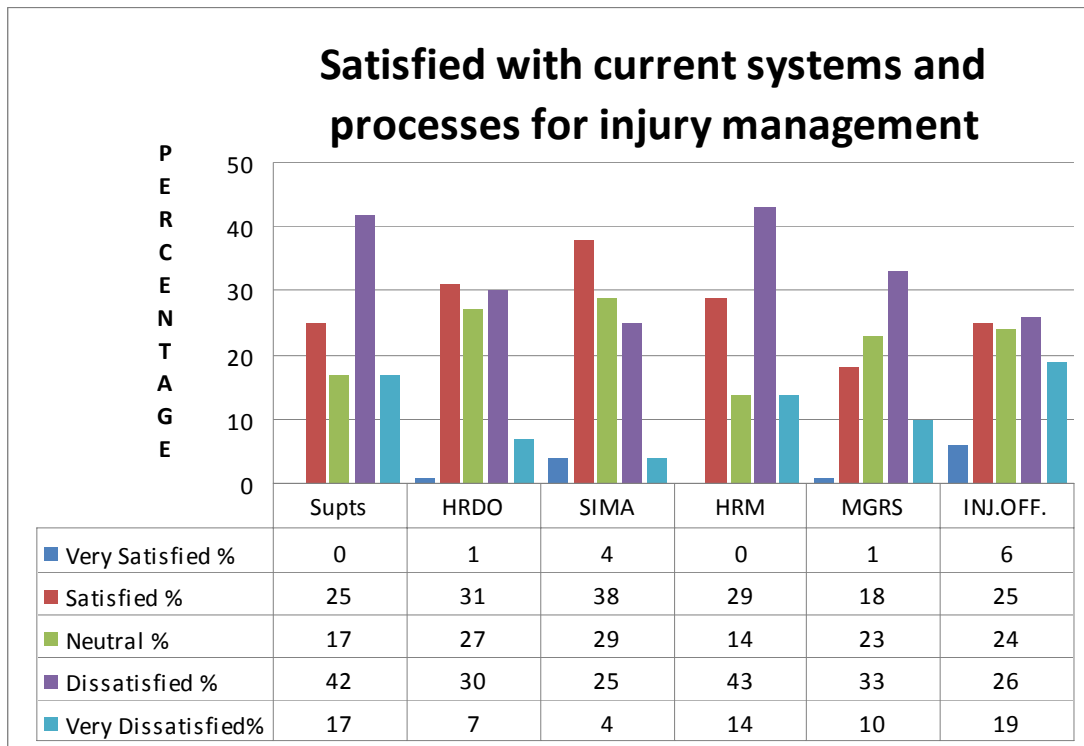


Fig 18: Survey results – understanding of injury management system (Source: Review original).

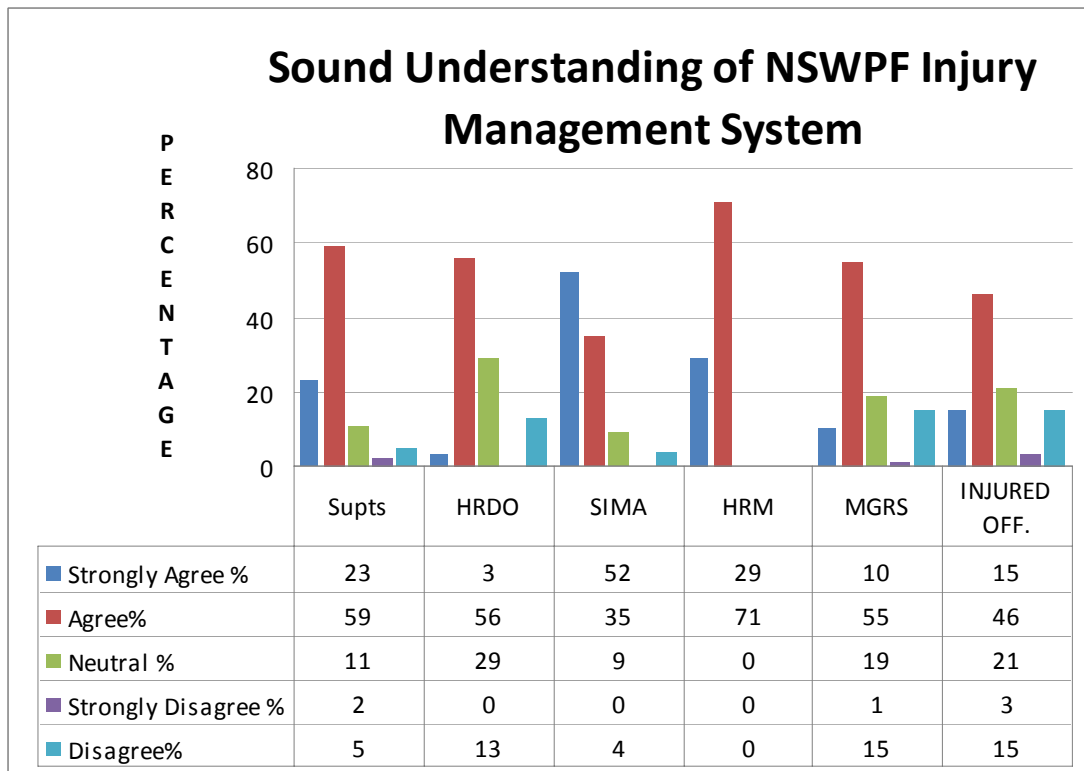
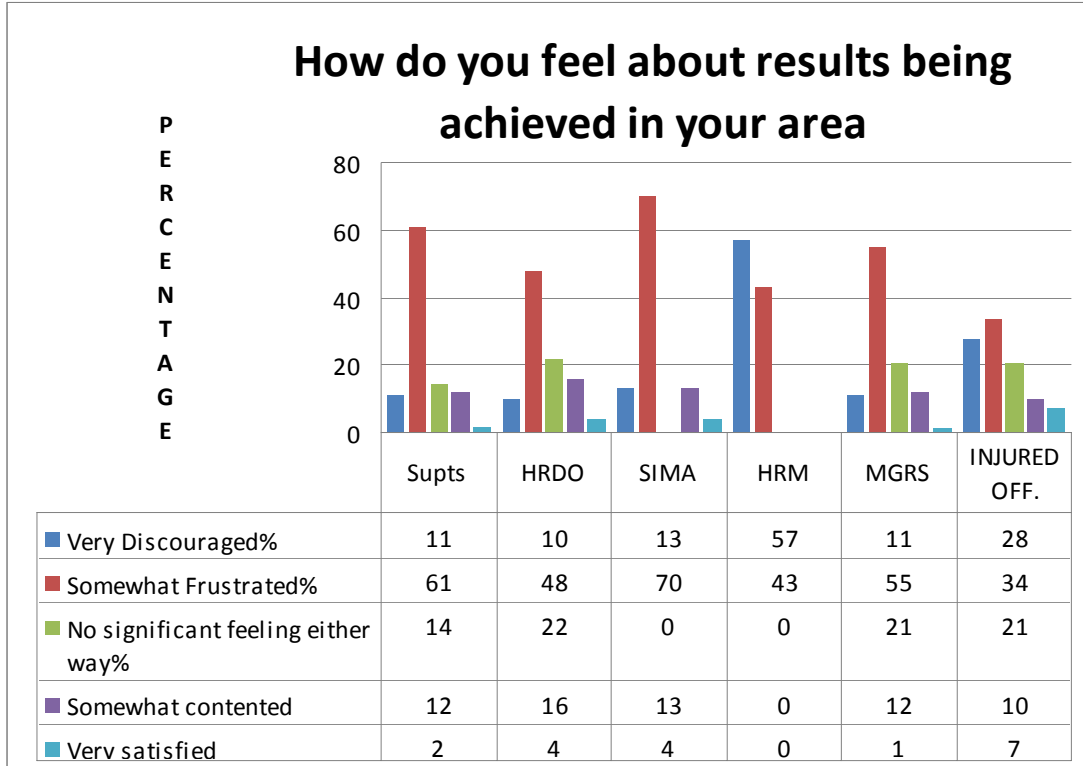


Fig 19: Survey results – achievements (Source: Review original)



Survey response summaries:

GROUP	MAJOR THEMES
Supts	<ol style="list-style-type: none"> 1. Commanders are frustrated at the results being achieved in their workplace due to the process being out of their control and not empowering them to intervene or make decisions, e.g. dealing with Drs, local decisions being overruled at corporate level. A high percentage believe there is room for improvement. 2. Commanders appear to be losing motivation to manage claims due to cumbersome protracted process and a high perception of the system allowing acceptance of fake psychological claims. Comments such as “it is not worth the fight”, “We are the meat in the sandwich”. 3. There is a lack of understanding of how legislation and policy is applied, particularly at the back end of the process. 4. A wide range of training is required, eg. the process, welfare management, dealing with Drs, recognising onset of psychological injuries. 5. Disenchantment as there is a high perception amongst Commanders that the overgenerous financial reward of D&D for disengagement creates a culture of expectation. 6. There appears to be a leadership void of promoting positive leadership and positive work environment. Different management styles evident. 7. Commanders appear to require training and tools to manage the changing culture of the organisation – i.e. the generational change in work ethos and loyalty to the organisation 8. Communication from Doctors and Doctors understanding our processes and lack of involvement with the treating Drs. to provide a balanced approach. Too often based on the injured workers expectations and the organisation or LAC ability to accommodate. 9. Frustration that psychological claims are accepted as a result of workplace conflict or conduct issues.

Duty
Officer
(H.R.)

1. HR Duty Officers are discouraged and frustrated at the results within their Commands. The process being out of their control and not empowering them to intervene or make decisions. They see room for improvement.
2. HRDOs appear to be losing motivation to manage claims due to cumbersome protracted processes and a high perception of the system allowing acceptance of fake psychological claims.
3. Whilst they believe they have a sound understanding of the system, there is a lack of understanding of how legislation and policy is applied, particularly at the back end of the process. More training required.
4. Disenchantment as there is a high perception amongst HRDOs that the overgenerous financial reward of D&D for disengagement creates a culture of expectation.
5. There appears to be a leadership void of promoting positive leadership and positive work environment. Comments such as “playing hardball only exacerbate the injury”. Management styles differing.
6. There appears to be a lack of training in welfare management and identifying early signs of trauma/stress. Also lack of training in communicating with medical professionals.
7. HRDOs appear to require training and tools to manage the changing culture and attitudinal changes of the organisation – i.e. the generational change in work ethos and loyalty to the organisation.
8. Communication from Doctors and Doctors understanding our processes Lack of involvement with the treating Drs. to provide a balanced approach. Too often is based on the injured workers expectations don't meet organisation or LAC ability to accommodate.
9. Frustration that psychological claims are accepted as a result of workplace conflict or conduct issues.

H.R.
Managers

1. HR Managers are discouraged, frustrated and dissatisfied at the System.
2. HR Managers state that Commands are frustrated due to the process being out of their control and not empowering them to intervene or make decisions.
3. Training required specifically processes & systems training and communication with health professionals. Comments such as “training is ad hoc; we have to organise our own if required.”
4. The overgenerous financial reward of D&D for disengagement creates a culture of expectation.
5. Communication from Drs and Drs understanding our processes.

Managers

1. Managers are dissatisfied with the system for managing injured officers and feel there is room for improvement in the systems and processes.
2. High percentage are frustrated at the results being achieved in their Commands.
3. Lack of empowerment for Managers. Comments such as “As a Manager I feel that there is little that I am proactively able to do once an officer is unfit, or even on a RTW plan, instead I am largely confined to reacting to WCMC issued by NTD with little to no consultation with myself”.
4. Further training is required. Comments such as “Managers left on their own - need clearer guidance on procedures”. Also require training on communicating with officers presenting with psychological injuries.
5. There appears to be a leadership void of promoting positive leadership and positive work environment. Comments such as requires “an organisational commitment at Supt level to take positive action in the workplace”
6. The overgenerous financial reward of D&D for disengagement creates a culture of expectation.
7. Managers appear to require training and tools to manage the changing culture. Comments such as “the changing attitude of employees from 'career for life' to 'a job for a while.’”
8. Communication from Doctors and Doctors understanding our processes. Lack of involvement with the treating Drs. to provide a balanced approach. Too often is based on the injured workers expectations don't meet organisation or LAC ability to accommodate.
9. Frustration that psychological claims are accepted as a result of workplace conflict or conduct issues.

Injured
Workers

1. High percentage are dissatisfied with the systems and processes for managing injured officers and being frustrated with the case management of their individual injury and time delays.
2. Whilst there was a high satisfaction rate with the support provided by staff and the Team Leader, there was a considerable indication of lack of support from Commander and Management and lack of welfare contacts received. Comments such as “comments by commander that they thought my injury was not genuine”. And other comments such as “Told to get back to full duty by my Branch Commander or otherwise move-on. I asked about PRD and was told my area doesn't have this option and that if need be he would force me out of the job. Not very uplifting after 25+ yrs in job. I think he (my Commander) behaved in this way because he had no leeway to do otherwise.”
3. There needs to be a change in culture and perception of injured officers.
4. Management makes you feel ashamed for being injured. Comments such as “Being made felt like it is my fault - occupying a SAP position but not doing that role.”
5. Lack of understanding of the policies and procedures. All staff require more training especially when you have comments such as “what is a SIMA/IMA?”
6. Claims of poor management and leadership.
7. The overgenerous financial reward of D&D for disengagement creates a culture of expectation.

SIMA/IMA	<ol style="list-style-type: none"> 1. High percentages of SIMA/IMA's are frustrated at the results being achieved within their areas and believe there is room for improvement in the injury management system. 35% do not feel empowered in the injury management process 2. D&D legislation makes it too easy for officers to be over compensated for injuries. It should be for Total Permanent Incapacity only. There needs to be a review of the D&D and legislation after 26 weeks of being off work unfit. 3. Reduce caseload of SIMAS/IMAS. 29% indicated caseload was unmanageable. 4. Training, mentoring and support required for both SIMA/IMAS and Commanders. 5. Needs to be a change in culture, environment and LAC support. There have been increased components of workplace conflict or internal management issues at LAC level 6. There are NO tools in which SIMA/IMA can utilise to negotiate RTW and get upgrades because of the D&D, Transfer and Tenure policy and the strict application of the Inherent Requirements of Operational Officers. The only thing we have is the IMEP process which is convoluted. There are not enough doctors on the panel and history is showing little positive outcomes. 7. Suitable duties in the workplace need to be further explored to allow the injured worker to believe they are contributing rather than being given demeaning duties. Some may feel that they are being punished to do station duties not rehabilitated.
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There is now a wealth of data available for further analysis as part of the continuous program for injury management. Overall the feedback was good in relation to knowledge of the injury management systems, although all areas advised further training could be, and should be provided on an ongoing basis to ensure good injury management practices are embedded within all employees.

Workforce Safety (formerly the Safety Command), advises that the following training has been provided since 2005. The volume of training delivered is commendable, however it is unfortunate, as the review has been advised, that numbers trained, dates of training and satisfaction surveys are not available.

Safety related training delivered to date, and planned for the future: (Source: Workforce Safety)

Injury Management

- Introduction to the Online Injury Notification Form (P902)
- General LAMs training re: roles and responsibilities
- HR Duty Officer Training about supervising RTW Plans
- Commanders training for driving injury management and return to work
- Introduction of the Independent Medical Expert Panel (IMEP)
- Superintendent Development Program
- Training to Allianz and EML staff about NSWPF injury management practices
- Benchmarking Forums (now know as ANZPAA) regarding our new IM structure and future direction of the IMA and SIMA roles, early intervention strategies
- Safety Science
- Training with NSW Police Assoc in 2007 “Safety Summits” about injury management and return to work to members
- Fitness to Continue Unit training on processes and medical discharge outcomes
- GAO training regarding processing workers compensation claims, medical certificates
- Doctor Case conferencing skills with HRDOs
- HR Manager training about injury management processes and structure
- Training to Specialist Commands and Corporate Services about claims and injury management in an alternate administrative structure to a LAC
- General Manager attended OCMs to discuss injury management practices and new initiatives on several occasions
- General Manager was invited by Vic Police in 2008 to discuss our structure and processes
- Presented to Peer Support Officers in 2008 about their role in assisting return to work
- Workforce Safety IM forum March 11, 2011

Future Injury Management Training

- **HR Duty Officer Training about supervising RTW Plans**
- **Commanders training for driving injury management and return to work**
- **Safety Science presentations**
- **On-going HRDO, HR Manager and Commander IM training**
- **Superintendent and Inspector Development Programs**
- **LAM Training through the LAM network**
- **Workforce Safety (follow up) Forum (from March 11)**

Health & Wellbeing

- Commanders forums on role sand responsibilities
- Benchmarking Forums (now know as ANZPAA) regarding our psychology programs
- Safety Science for superintendents
- Safety Science for inspectors
- General LAMs training re: roles and responsibilities
- HR Manager training about Health and Wellbeing Unit and roles and responsibilities
- Superintendents re roles and responsibilities PMO and Psychologists
- Peer Support Officer conferences annually
- Peer Support Officer training and refresher training across the state regularly
- Physical Training Instructor 2 week course for 20 officers, run 7 times.
- Physical Training Instructor police-specific bridging courses
- Physical Training Instructor reaccreditation conference
- Region Commanders forums (Southern and Western) re roles and responsibilities
- Resilience-building lectures ad-hoc across the state, at least 10 sessions per annum
- Specific training/lectures for various specialist units including undercover branch, JIRT, TOU, SPSU
- Managers Improvement group on roles and responsibilities

- First aid and other health-related topics (including infection control) training to students
- Health and fitness lectures on average 10 times a year on request, to region and LAC training days
- Health checks - including health promotion across the state, during safety week each year
- Field Training Officers on roles and responsibilities
- EDO conferences on roles and responsibilities

Drug & Alcohol – when previously apart of Health and Wellbeing

- DAMP training for the Airwing
- Mandatory Training package on the rollout of the drug and alcohol policy delivered state-wide
- Drug and alcohol education to students at the College
- In-house training to safety staff on illicit substances
- Ad-hoc sessions for LAC training days on drug and alcohol use/abuse

Future Health & Wellbeing Training

- **General LAMs training re: roles and responsibilities**
- **HR Duty Officer Training**
- **Commanders training Health & Wellbeing**
- **Safety Science presentations**
- **On-going HRDO, HR Manager and Commander IM training**
- **Superintendent and Inspector Development Programs**
- **PTI National Forum 2011**
- **LAM Training through the LAM network**
- **Workforce Safety (follow up) Forum (from March 11)**
- **Superintendents re roles and responsibilities PMO and Psychologists**
- **Peer Support Officer conference**
- **Peer Support Officer training and refresher training across the state regularly**

OHS&SS

- Southern Region and Central Metro Region – OHS Consultation Course
- Human Factors Overview to Prosecution Unit (one off)
- Human Factors Overview for Crash Investigation (one off)
- Danger Perception Training for Highway Patrol (ongoing)
- Safety Science for Assistant Commissioners and Superintendents (ongoing – multiple deliveries over past 4 years)
- Safety Science for Inspectors (ongoing)
- Industry Reference Group (IRG) through Workcover – presented on Fatigue (one off)
- Fatigue Management for Roster Officers (complete multiple delivery across organisation)
- Fatigue Management face to face mandatory lectures (ongoing – multiple delivery)
- Psychological Barriers to Seeking Professional Psychological Help within the NSWPF – presented at a psychology conference in Melbourne 2009 (external one off)
- OHS session for the Mental Health Intervention Team (MHIT) course (ongoing)
- P.901 training

Future OHS Training

- **General LAMs training re: roles and responsibilities**
- **Systems Duty Officer Training**
- **Commanders training health & Wellbeing and return to work**
- **Safety Science presentations**
- **On-going Systems DO, Region OHS Coordinators and Commander IM training**
- **Superintendent and Inspector Development Programs**
- **MHIT courses**
- **Fatigue Management**

- **Model OHS Legislation**
- **Workcover NSW – roles and functions of NSW Police**

Commander Workforce Safety (Future Training/Presentations)

- **Superintendent Development Program**
- **Inspector Development Program**
- **Safety Science**
- **Students NSW Police Academy**
- **PTI Conference**
- **Peer Support Conference**
- **Workcover NSW – Role of NSW Police**
- **SiCorp**
- **RAACA**
- **ANZPAA – Safety Committee**
- **ANZPAA – Wellbeing Committee**
- **EML**
- **PSC Leadership program**
- **Various region based leadership programs**

The work of the Safety Command (and now Workforce Safety) has been extremely pro-active and the subject of numerous commendations, including commendations from the Auditor General and a Joint Parliamentary Committee.

Highlights of NSWPF Injury Management

2006
Safety Command formed and Injury Management staff centralised
Senior IMA positions established in each Region

2007
Online Injury Notification System (p902) developed to replace the previous manual paper based system
\$8mill reduction in workers compensation premium attributed to the positive injury management strategies and reduction in reliance on external rehabilitation providers

2008
Auditor General Report released indicating NSWPF have appropriate practices in place
Invited by Vic Police to present on injury management structure and practices to enable them to model off NSWPF
Introduction of the Fitness to Continue Unit
Introduction of Injury Hotline to enable officers to report workplace injuries whilst in the Field or at home
Introduction of proactive early intervention strategies and development of formal Initial Needs Assessment for IMAs when making contact with an injured officer

2009
Highly commended in NSW Government TMF Awards for Reduction in the use of Rehabilitation providers and saving \$8mill in the workers compensation premium
Consensus Based Disability Audit conducted of NSWPF Injury Management demonstrating an overall score of 75% (with a high of 91% in some areas)
Load Bearing Vest approved to reduce sprain and strain injuries related to wearing the appointments belt
Developed Work Station Checklist to reduce the number of external Ergonomic Assessments to be performed (IMAs have Occupational Therapy qualifications)
Developed online Wage Recoup System (P905) and reduced the backlog of workers compensation wages for NSWPF by several \$mill
Assisted in the amendment to Clause 9 of Police Award to enable cessation of top up pay for officers not participating in a Return to Work Plan
Development of the Fraud Checklist for Commanders to utilise to refer workers compensation matters to insurer or Workcover
Participation in Coffs Harbour Project. Assigned a full time IMA to Coffs for 3 months and actively worked with the Command and Police Assoc to identify work barriers and return officers to work

Further streamlining of IM processes - including field approval for fraud checklist, List of meaningful suitable duties document, Document outlining process. for issuing of appointments to officers on restricted hours, Welfare 'Hints and Tips' sheet, Medical discharge LAC template and Letter to officer's certified unfit to work outlining Award changes

2010

Finalist in the TMF Awards for Job Analysis

Introduced IMEP process

Workforce Safety Command created

Workforce Safety Strategic Plan developed (incorporating Early Intervention and Prevention as guiding principles)

Job Analysis for General Duties policing approved by CET and released

Participation in interviews with Pre 88 long term sick officers with Police Assoc to identify those suitable for medical discharge

2011

Commencement of new workers compensation insurer, Employers Mutual Ltd

Workforce Safety held a Strategy Forum to reduce injuries and return officers to work

Online Injury Management System development commenced and due to go live in Dec 2011

PART THREE: Benchmark against other police jurisdictions

It is somewhat difficult to compare and benchmark the injury management experience within the New South Wales Police Force to that of other jurisdictions, not the least because each State has its own particular employment and workers compensation legislation.

However, for the purpose of this report, the Workforce Safety Command provided information in respect of Queensland, Victorian, Western Australian and Tasmanian processes. Overall, the practices within the New South Wales Police Force were found to be more comprehensive than the other States. However, some areas for further exploration by the New South Wales Police Force have been identified and summarised at the commencement of this report under 'Interstate policies which should influence New South Wales Police Force approaches' (page 8).

Of particular attraction for further investigation is the use by Queensland of trained local police in the role of rehabilitation and return to work co-ordinators.

PART FOUR: Leadership

SNAPSHOT – Survey results for period January 2001 – October 2006

64% of employees contemplated leaving for up to 12 months prior to commencing actions to disengage

Source: HR Survey – reported May 2008

What the Education and Training Command already provides:

Leadership in the Workplace Workshop

This workshop is offered to both sworn and unsworn personnel and is delivered by the Workplace Training Unit. Each workshop generally receives good feedback and intakes are fully subscribed.

Fig 20: Sessions of Leadership in the Workplace Workshop delivered. (Source: Education and Training Command).

No. of Sessions Delivered	YEAR	TOTAL
4	2008	53
6	2009	96
6	2010	84
2	2011	37
TOTAL		270

Strategic Leadership Program

There have been six intakes which have undertaken the residential component of the Strategic Leadership Program.

Fig 21: Attendance figures for Strategic Leadership Program (Source: Education and Training Command)

	Sworn		Non-Sworn		Totals
	Male	Female	Male	Female	
<i>Corporate Services</i>	5	1	6	6	18
<i>Field Operations</i>	52	5	0	1	58
<i>Specialist Operations</i>	23	3	2	1	29
Totals	80	9	8	8	105

Superintendent Development Program

This is a pre-appointment program undertaken by Inspectors eligible for promotion to the rank of Superintendent. It is of 2-weeks duration with Individual Development Plans for each participant. The 2011 intake for this Program was conducted in March for twenty-one (21) participants.

Inspector Transition Program

This is a one-week residential program for Sergeant's qualified for promotion to the rank of Inspector. 2011 is the first year the Program has been offered. Three cohorts, each of approximately 20 persons, will complete the residential component of this Program by August 2011.

Sergeant Transition Program

This Program has two mandatory components which are comprised of a one day workshop involving theory, exercises and practical activities focusing upon supportive leadership, Sergeant roles and responsibilities, and 'moving from Senior Constable to Sergeant'.

At the time of the writing of this report, a total of seventeen (17) workshops have been delivered. The remaining workshops will be completed before the end of July, 2011.

The second phase of the Program is a five-day course involving theory, exercises and practical activities focusing upon leadership, teamwork and first level supervision, compliance with systems and policy, people management and incident command.

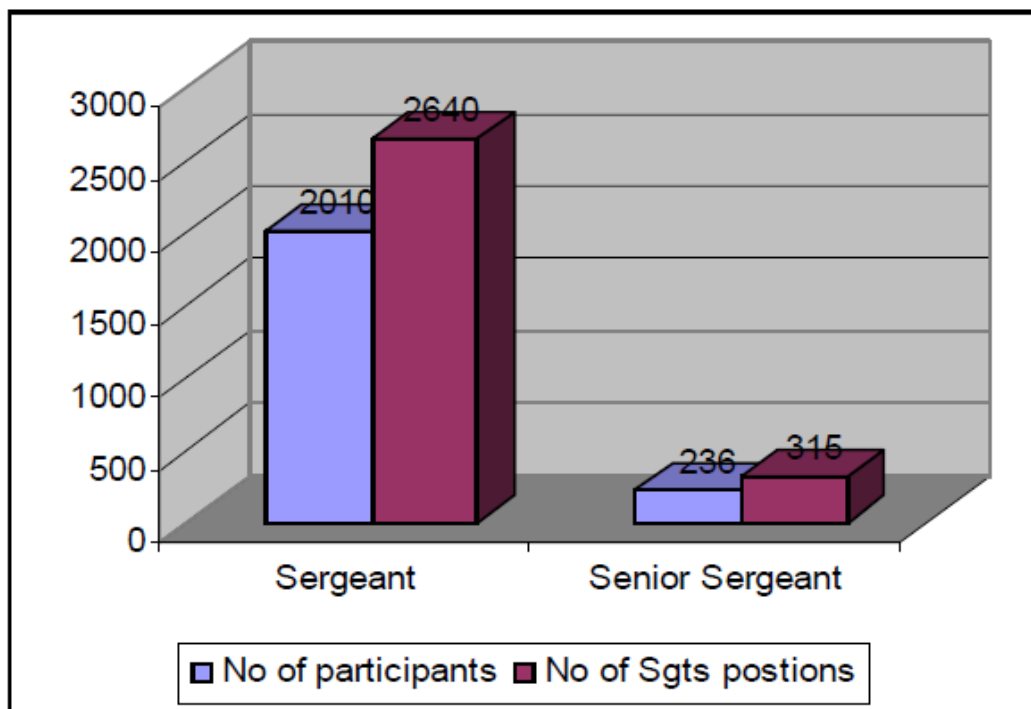
Supportive Leadership Workshop

One major initiative, based on the work of Dr Peter Cotton, is the Supportive Leadership Workshop. This project, funded by NSW Workcover grants and a joint initiative of the Police Association of New South Wales and the New South Wales Police Force, targeted supervisors with a view to developing their leadership capabilities. The training focused upon supportive leadership which is described as being "*consistent, even-handed, and genuine/role modelling of organisational*

values". The one-day workshop covered the topics of supportive leadership, linking leadership and climate to wellbeing and performance, stress and psychological injury, and proactive workplace management of staff issues.

One hundred and sixteen (116) Supportive Leadership Workshops were delivered to Sergeants between June 2010 and September 2010. The workshops were fully evaluated. Below is a diagram of participation against the total number of persons eligible to attend, together with an extract from the evaluation report.

Fig 22: Participants in Supportive Leadership Workshops (Source: Education and Training Command)



Evaluation Report

Participant reaction to the workshop:

Two thousand one hundred and ninety-five (2195) sergeants, representing 95% of the total number of participants, completed an 'Evaluation Questionnaire' at the conclusion of each workshop.

Each questionnaire required participants to give a numerical rating of between *strongly agree* and *strongly disagree* in relation to both the subject material and resources provided. Some responses below:

Subject evaluation

- I believe I benefited from this workshop
- I could see the relationship between the topics covered and the Sergeants role
- This workshop has prompted me to think about my own leadership style
- As a result of the workshop, I have a greater understanding of the supportive leadership concepts
- I feel more confident about talking to staff
- Overall I was satisfied by the quality of the session

The evaluation recommended, amongst other things, that additional Supportive Leadership Workshops be conducted to capture the 350 Sergeants who have not yet attended, and a Supportive Leadership Workshop be developed for Inspectors.

The New South Wales Police Force Education and Training Command have further advised in respect of the following programs:

Supportive Leadership for Inspectors

(Proposed for delivery before the end of 2011)

Supportive Leadership for Superintendent and above

A Commanders Forum was delivered in 2011 around two themes:

- (1) Supportive Leadership, and
- (2) Ethical Health.

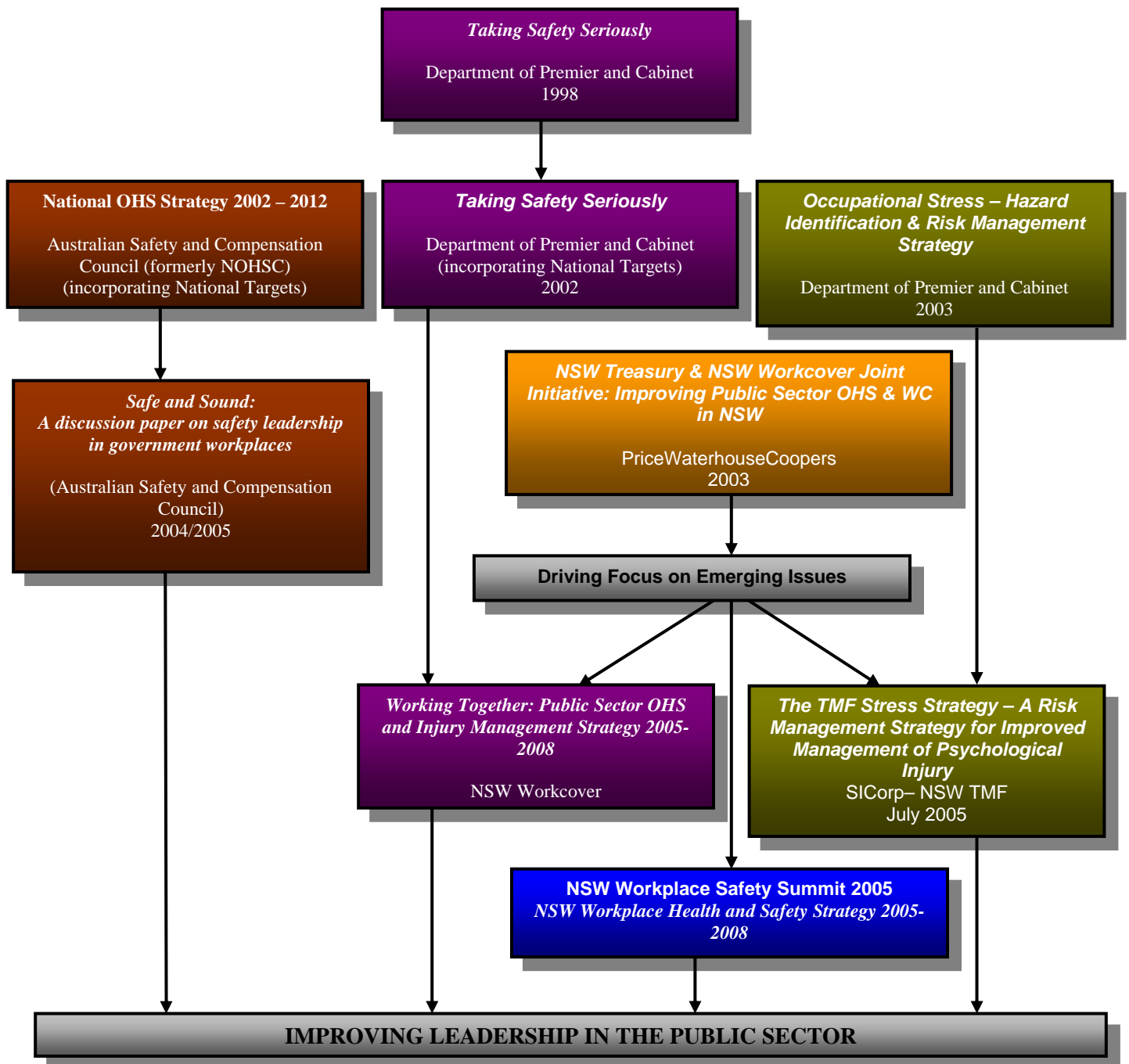
Locally Based Programs:

There are a number of Leadership Programs being delivered at the local level, including the Southern Region Leadership Workshop, the Eastern Beaches Leadership Program, the Prosecutions Training Leadership Program, and the Western Region Leadership Program.

It is recommended that all Leadership Programs adopt a common theme and approach, reflecting the leadership doctrine of the New South Wales Police Force and providing progressive leadership development through all ranks.

Government requirements:

In 2008, the New South Wales government issued Circular C2007-48: The Role of Leadership in Improving the Prevention and Management of Psychological Injury. The Circular outlined an Action Plan for all government agencies to improve leadership at all levels to prevent psychological injuries. The structure behind the Scheme is outlined below, together with the Action Plan required of all agencies.



AGENCIES

All Agency Chief Executives have a role in adopting and promoting the implementation of tools and approaches endorsed or delivered through *Leading Well*.

Each agency is expected to encompass, within its normal planning cycle, activities that will identify and address opportunities for leadership improvement within the organisation and report on agency progress.

1 Clearly define the agency's role, values and management culture.

Establish a set of positive values, centred on the achievement of a high level of performance and respect for people as individuals.

Ensure that staff at all levels has a common understanding of the role and key strategies of the agency.

Ensure that staff can see how the work they do contributes to the higher level objectives of the organisation.

2 Identify and address opportunities for leadership improvement.

Promote and adopt training and coaching programs to support the development of effective leadership skills.

Integrate leadership improvement initiatives into the agency's normal planning cycle.

3 Implement effective change management processes to plan for and manage emerging challenges.

4 Measure the impact of agency activities to improve organisational leadership and reduce psychological injury.

Collect and monitor data, including absenteeism, staff turnover, claims frequency and costs.

Develop and review performance indicators to monitor the improvement in leadership and its flow-on effects on agency performance.

Report on agency progress to DPC.

5 Engage with claims managers to improve strategies for the management of psychological injury claims.

6 Implement a return-to-work awareness program for supervisors and managers, in partnership with providers.

Conclusion

We will not be able to simply manage our way out of the current situation the New South Wales Police Force faces in respect of the loss of staff to injury and illness. We must lead our way out.

Leadership will provide the organisation with the behaviours, relationships and service culture we need to deal with injury management. Leadership will also provide expectation management whilst at the same time ensuring employee value propositions.

Here are the first ten (10) comments of those who answered the surveys and who have undergone the New South Wales Police Force injury management system:

“It was decided at Region level that I was fit for suitable duties after two weeks sick leave with a broken arm and unable to walk, without any consultation. When I contacted work they had no idea that decision had been made and told me they had no suitable duties for me. This was more stressful than the original incident which I was still coping with psychologically.”

“I was placed on restricted duties for no logical or valid reason and without regard to the facts at hand in the circumstances.”

“Earlier on I was provided with false and misleading information by my Injury Management case worker. I was threatened over the phone and stated, if I don't provide a final certificate for this new HOD incident, she would re-open the old one HOD incident and go from there. My lawyer later made it clear that she had no rights to make this statement.”

“I am not satisfied with being ridiculed by a team leader because I put in a HOD for a sprained wrist. It was sore and I did not lose any work days, however the culture needs addressing.”

“As a result I will never report any work induced stress issues again.”

“My Injury Management Advisor was good. I did not have complications after my surgery so there was no great need for her to contact me more than she did which was about once a month or so. If I needed to contact her she was readily available and she visited me at the station if I was there when she conducted station visits.”

“Nil communication with Commander.”

“Nil welfare contacts.”

“If I am ever contacted by a member of my LAC it is usually when they are being audited or there is an O.H.&S. meeting coming up. When I am contacted I am always asked to pep up and take the pain or what is your injury again? I have been stuffed around for several years now.”

“I have had no contact with a NSWPF injury management advisor. I wouldn't even know who to call.”

In 2007, the Institute for Employment Studies for the Health and Safety Executive and the Home Office, conducted a comprehensive analysis of absence management within England and Wales. Some major findings are quoted below:

“Successful absence management fundamentally depends on addressing wider organisational and management factors such as the culture of the organisation, their approach to well-being at work, communication skills and the ability of line managers to competently deliver policy.”

“The most effective policies accepted that ill health is unavoidable, recognising the importance of individuals feeling valued and had measures in place to encourage and support return to work.”

“Work was perceived to be a contributory factor to both short and long term sickness when individuals felt they were under pressure due to lack of resources, bureaucratic demands and organisational change. Sickness could also result if individuals felt that they had little or no support from the force, or were in negative work situations.”

“The timing needed to be right for the individual so that they did not feel compelled to return to work...This is particularly difficult in cases of mental ill-health where expectations of timescales for return are unclear.”

“...shows that absence management cannot be viewed as just primarily policy and procedures, which suggests a very mechanistic approach. Its success fundamentally depends on wider factors such as the cultural approach to well-being, communication and the ability of line managers to competently deliver policy.”

In 2007, Dr Peter Cotton of the Centre for Corporate Health, identified the key drivers for injury claims were:

- Low individual morale
- Lack of supportive leadership
- Poor work team climate
- Individual psychological susceptibility

He said:

“Broader injury is only a symptom of a much larger systemic issue. Occupational stress is a result of a broader organisational dysfunction. Therefore we need to tackle the real causes, not just the symptoms, that is, operating culture, management competency, workplace relationships and individual resilience.”

The most significant reasons for stress claims were identified as (in descending order):

- Interpersonal difficulties/conflict
- Critical incidents
- Management behaviour

- High workload
- Internal investigations
- Performance management
- Management decisions
- Organisational change
- Person/job fit
- Whistleblower
- Frustrations with ‘system’

In 2006 the New South Wales Police Force commissioned a study by Deloitte. The report was titled, ‘Changing management behaviour in order to combat rising sick leave.’ The following actions were recommended in relation to reducing sick leave:

STRATEGIC CONTEXT:	LEADERSHIP CONTEXT:	OPERATIONAL CAPABILITY:
Building an awareness of the business imperative for reducing sick leave	Developing the skills and attributes associated with leading others (including):	Developing the skills and an understanding of the process and operational guidelines (policies) for managing sick leave (including):
Creating a sense of personal responsibility and accountability for reducing sick leave	Five dimensions of emotional intelligence: Self awareness Awareness of others Decision making Managing self Managing others	Sick leave policy Roles and responsibilities Data management Requirements Forms
Outlining key operational guidelines and management responsibilities		

The report quoted University of Ulster research:

“...supervisors with the highest emotional intelligence had the lowest levels of absenteeism among their staff”

This review has found that, notwithstanding the excellent work already done in relation to leadership development, much more needs to be done to ensure the highest quality of leaders in the workplace, who have the skills and knowledge to address the Police Force’s burgeoning absence issues. Not only must there be much more training of injury management systems and processes, the New South Wales Police Force needs to develop and deliver its leadership philosophy to all ranks.

ANNEXURES:

1. Letter from the Police Association of New South Wales to the review team dated 16 June 2001.



POLICE ASSOCIATION OF NEW SOUTH WALES

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EAGLENET 57071

16 June 2011

Mr P. Gallagher
Assistant Commissioner
NSW Police
Locked Bag 5102
PARRAMATTA NSW 2124

By Email: gall1pet@police.nsw.gov.au

Dear Peter

Thank you for meeting with us and seeking our views in relation to the current issues impacting on the NSW Police Force within the context of injury management. We note the short timeframes that were provided to you to conduct your Audit and we have prepared a brief submission to formalise our position.

Collaborative Approach

We want to work with the NSW Police Force in a collaborative effort to address the complex issues impacting of the health and wellbeing of our membership.

The Culture

We acknowledge the efforts made to date which, for the most part, have focused on processes and policy. However, we believe that a fresh approach to the issue needs to be considered.

For many years, the PANSW has been attempting to assist the NSW Police Force in the area of injury prevention and management. Together, we have developed a number of different strategies and solutions, which were designed in an attempt to ensure that our members leave work each day and that, at the end of their career they are undamaged by policing. You are no doubt aware of the myriad of correspondence, submissions, working parties and committees involving the Force and the PANSW which have attempted to address this issue.

Notwithstanding the best efforts of all involved, it must be conceded that the strategies to date have had limited success. Unfortunately we see record numbers of officers leaving the NSW Police Force with significant work related injuries, which continue to disable them post-employment and prevent them from ever working in any meaningful way.

Workers Compensation scheme costs are rising, medical exit/discharge numbers are high, and the NSW Police Force continues to be sued for the damage it has caused to its employees. The costs are significant.

The past approach taken to improve outcomes was to implement stringent policies and processes. These would reduce, or threaten to reduce, entitlements, in an effort to "encourage" officers to return to the workplace. Injured officers were viewed with cynicism and Commanders viewed as draconian and uncaring. Corporately, short-term operational demands took priority over the long-term wellbeing of the workforce.

In light of this, a task driven command and control model was adopted to try and deal with the management of people. This approach was something we understood and felt comfortable with but this approach has failed.

We believe argue that the current approach to injury management is counterproductive and is further damaging injured officers and also their Commanders and supervisors.

The greatest barrier to addressing the current situation is the entrenched culture within the NSW Police Force, which facilitates injured officers being treated with scepticism, stigmatised and discarded.

One of the most disturbing examples of what is wrong with the current culture in the NSW Police Force is the fact that some senior officers, who are charged with setting the vision for the organisation as it relates to Human Resource management, openly express views and behave in a manner that supports the ongoing victimisation of the injured. They also openly advocate for the reduction of benefits to injured officers as a supposed cure to the rising injury rate.

Medical Discharge Culture

There is a medical discharge culture in the NSW Police Force. This is entirely understandable when we look at the history.

The pre 88 scheme dates from 1906 when the injuries in policing were physical, there was no workers compensation and the only psychological injuries would have been those where members were institutionalised. Long term aspects of the pre 88 scheme including the single job test for fitness (capacity for full operational duties), no obligation to participate in injury management (until 2006) and the right to submit your own medical discharge (rather than contemplate any restricted duties) continue to contribute to the culture of medical discharge.

Over 20 years, the workers compensation approach, which encourages rehabilitation, injury management and a return to work (in suitable duties if not pre injury duties) has had limited effect overall on NSWP.

Commanders are mostly members of pre 1988 PSS and have had their perceptions influenced by this scheme. The attitude towards permanently injured members is to facilitate their medical discharge as quickly as possible. The reason being that it makes the Commanders job easier – no retraining, no job re-design, no workplace alterations, no potential workers compensation leave liability, no restrictions on staff deployment for First Response Policing Agreements or High Visibility Operations, and the member is replaced on authorised strength once a medical discharge is submitted.

This has been supported by organisational policies, which give Commanders the capacity to prioritise operational demands – this is clear in the Permanent Restricted Duties Policy.

Little has been done to provide offer of three reasonable offers of suitable police duties, a further limiting factor has been many members have medical restrictions indicating they are incapable of performing any duties within NSWPF. Suitable positions in country locations are limited.

Injury Mismanagement

Injury mismanagement and the failure to commence genuine early intervention by Commanders is a recurring theme from injured members. This abandonment also significantly contributes to the development of secondary psychological injuries, inflating the number of psychological injuries and limiting the possibility of redeployment into suitable police duties. As stated previously, many psychological claims are also submitted after some form of workplace conflict. This could be considered the outcome of an unhealthy work environment and medical discharge becomes a convenient answer to difficult human resource and legal issues facing Commanders.

Stigmatisation

Over the past 20 years it is clear that the prevalence of psychological injuries, and the need to seek help, has been acknowledged within the NSW Police Force. However, the stigma attached to psychological illness continues.

Members feel ashamed of the condition and view it as a sign of weakness. Psychological injuries are disparagingly referred to as "head noises". They are considered or consider themselves a liability and incapable of continuing in a high risk, high volume work environment. If you rely on medication then you can never return to operational duties. Suitable duties (non operational or support roles) are considered to be demeaning – *'I joined the cops to catch crooks not push a pen'*.

Over 80% of primary injuries are psychological and at least 80% of these would be partial & permanent injuries – these are members who cannot work in policing but can work elsewhere.

Where to from here

On 28 September 2009, we wrote to Commissioner Scipione highlighting the real need for a change in the way people are managed within NSW Police Force. I have enclosed a copy for your ease of reference at **Annexure A**. Our position has not changed and can be summarised as follows:

- There is an urgent need to address injury management both at a policy level and a training/development level.
- The issue of injury management and long term sick has reached crisis point.
- Research by the PANSW and the Safety Command confirms that more than 70% of claims relate to "internal issues", including interpersonal conflict and poor human resource management.

- Further progress needs to be made to address the people management skills of our all NSW Police Force employees. The problem is solvable – there are programs already developed that can assist to skill our employees and help them to manage. We note that since 2009 inroads have been made with the delivery of the Supportive Leadership workshops and the strong support from over 90% of officers who undertook the workshops.

Another program identified since 2009 is the Canadian Model called P.A.C.E, which is a certificate program in labour relations. The P.A.C.E program became an extension of the Ontario Provincial Police Associations commitment not only to educate the members, but also to provide them the leadership, conflict resolution, negotiating and problem solving skills that would generally be required in their day-to-day activities. The Program is accredited in partnership with educational institutions, including: Lake Superior State University, Northwood University of Michigan, U.S.A., The Association of Canadian Community Colleges, Georgian College, Holland College, and the Atlantic Police Academy. It is unique in that it is extensive, designed to focus on leadership, and has been specifically designed for law enforcement.

Human resource management is difficult and, to date, the NSW Police Force have not provided their people with the resources required, nor allowed them to develop the skills necessary to do this function well. There are some exceptional leaders in the NSW Police Force and most know who these people are. They continue to achieve outstanding results with the support and devotion of their people, rather than at their expense. We need to work towards ensuring that all of our supervisors develop into good leaders. We need the people with these skills to rise in the organisation and set a new tone to change the current unsupportive culture.

Comprehensive leadership training and mentoring for all NSW Police Force employees is fundamental to achieving an outcome. Corporate acknowledgement and, more importantly, acceptance of the goals, preventing injury, and reducing workers compensation claims, must be achieved.

Leadership development should be focused on providing ongoing coaching and mentoring of proper and ethical workplace relationships. It is critical to achieving cultural change within NSW Police Force models – the same ethical and proper workplace relationships amongst one another and towards those they are charged to manage. It is not enough to have policies and guidelines – senior officers must model the behaviour that the policies expound. Policies, guidelines, and decision-making needs to be transparent and effective, as well as balanced and fair.

We consider that skilling our leaders will move the NSW Police Force beyond short-term gains to long term achievements, which will reduce costs to the organisation, improve productivity, and ensure that the NSW Police Force is able to continue to deliver high quality policing to the NSW public.

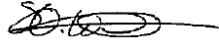
We acknowledge that long-term cultural change will take time and commitment. However, there are a number of simple steps that can be taken in the short-term.

In the short term we recommend:

- Expanding the supportive leadership program to all officers in NSW Police Force;
- Expanding the well check program to include all NSW Police employees;
- Reinstating the Medical Placement Panel;
- Formalising a joint committee between the PANSW and the NSWPF, which will review the current Death and Disability Scheme
- Formalising a joint committee between the PANSW and the NSWPF to review current NSW Police Force injury management and medical discharge policies and practices
- Joint research to be conducted with the PANSW and the NSWPF with a view to sourcing and/or developing leadership and development training programs that teach people good human resource management practices and incorporate information which relate to managing work place conflicts, dealing with Industrial issues, mutual obligations, and rights and entitlements for Workers Compensation matters.

We acknowledge that changing culture is difficult. The New South Wales Police Force has demonstrated an ability to change and grow when faced with difficult problems. We just need to look at the changes which occurred post Wood Royal Commission within the context of complaints management.

We believe that, given the sufficient commitment and resourcing, the New South Police Force can once again change its culture. We commit that we will work with you to achieve a positive outcome for all stakeholders.



SCOTT WEBER
President

