

**The Northern Ireland Civil Service  
Occupational Health Service**

**Referring  
Sickness Absence Cases  
to OHS**

**A Best Practice Guide  
for  
Departments and Agencies**

**ohs**

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**VERSION 2  
July 2008**

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## INTRODUCTION

This second version has been updated and includes a new OHS referral form to take account of the roll out of HR Connect and the implementation of the new OHS medical reporting system - eMED. Other new forms are also included for Appeals and Disability Assessment. The Best Practice Guide explains how to get the most from OHS to support case management.

Managing attendance remains a key priority for the Northern Ireland Civil Service (NICS), and the recent NIAO Report on this issue reinforces that. Departments and Agencies have in place a comprehensive range of managing attendance policies and procedures. These policies are supported by access to OHS occupational health advice and other support services for staff including welfare services, health and safety advisers and an employee assistance programme.

Fundamental to managing attendance is the adoption of a Case Management approach which:

- focuses on the individual and their absence profile;
- follows a clearly defined time-bound management plan that includes obtaining and acting on early and appropriate occupational health advice from OHS;
- considers, where necessary, job adjustment and the use of other rehabilitative programmes to facilitate and promote an early return to work;
- utilises available support services such as welfare, employee assistance and physiotherapy;
- tackles organisational issues that may play a role in causing individuals to go off sick or prevent their return;
- maintains appropriate contact with staff absent from work on a regular basis and conducts return to work interviews; and
- considers the provision of health promotion and other activities which promote employee well-being as a means of preventing or minimising absence.

This Best Practice Guide was originally developed as part of the Department for Employment and Learning, Department of Finance and Personnel and Occupational Health Service managing attendance pilot project that ran from January 2005 to March 2006.

The role of OHS is to provide professional, timely and appropriate occupational health advice that can be used by HR and line managers to assist them manage employees who are absent from work due to sickness absence. This will include advising on: fitness for work; likely return to work; job adjustment to promote early return to work; rehabilitation and early retirement on medical grounds. OHS also gives advice on health promotion and other preventive interventions that promote health and rehabilitate staff.

In adopting a case management approach, good communication between the referring body and OHS is crucial at all stages of the process. This will include ensuring that all referral documentation is appropriately completed and relevant questions asked. For difficult or complex cases, OHS advisers are available to participate in case conferences. OHS will also provide clarification post-referral where required.

A handwritten signature in black ink that reads "Ken Addley". The signature is written in a cursive style with a horizontal line underneath the name.

**Dr Ken Addley**  
**Director**

**July 2008**

## OHS STAFF WITH ALLOCATED DEPARTMENT RESPONSIBILITY\*

<u>Medical Staff</u>	<u>Department / Alpha Split</u>	<u>Telephone Contact</u>
Dr C Beattie	DEL, BBC, NIO, DFP, INI, E&H, Dept Education, Museums, Equality Commission, NI Court Service, PSNI, NI Audit Office, Ordnance Survey, Youth Justice Agency	51809
Dr D Mills	NIPS, NIPS Recruitment, SSA, DSD, Police Ombudsman, NI Judicial Appointments Commission, NI Policing Board	51548
Dr J McCaughan	DRD Roads, DRD, DOE, DVTA, PBNI, DHSSPS, DCAL, DETI, DVA Personnel, Econ Research Institute, OFMDFM, Central Survey Personnel, AFBI, Compensation Agency, Chief Electoral Office, Labour Relations, NI Assembly	51704
Dr J McVicker	DARD, CSA, NIPSA, Agricultural Research Institute of NI, Fisheries Conservation Board, Armagh Planetarium, Forensic Science, PRONI	51703
Dr C Campbell	Flexible Departmental Split	51536
Dr C Diamond	Flexible Departmental Split	51536
 <b><u>Nursing Staff</u></b>		
Mrs E Devenney	DRD Roads	51828
Miss I Hannah	A – McL	51593
Mrs E McCurry	McM – Z	51770
Mrs G McCusker	SSA	51819
Mr J McKeown	DARD & AFBI	51817
Miss D Gilroy	Psychiatric Nurse	51586

## Telephone Contact

### Admin Staff

Mrs A Toner (Deputy Principal)		51715
Mr N Bonar (Staff Officer)		51680
Mr N Meharry (Office Manager)	EOII	51666
Mrs B Greer	EOII	51801

### All Departments – Alphabetical Split

Miss E Convery	A – C	51834
Mr P McQuaid	I – McG	51871
Mr S Thompson	McH – O	51802
Mr C Coyle	P – Z	51800
Mrs L Cope		51803

### Senior Management Team

Dr K Addley (Director)		51825
Mr V K Douglas (Assistant Director, Client & Corporate Services)		51804
Mrs P McQuillan (Assistant Director, Nursing)		51805

\* **NOTE**

Correct as of July 2008

If telephoning from outside the NICS network, prefix the number above with 902.

## SECTION 1: Role of the Occupational Health Adviser

**1.1 The Role** of the OHS adviser is to provide an independent objective assessment of the individual in relation to fitness for work. OHS Advisers are qualified Medical Officers and Nursing Officers with training and experience in occupational health. OHS will routinely provide the referring body with professional advice on the following issues:

1. ***Any underlying medical condition affecting the employee's performance or attendance at work.***
2. ***Whether a definitive return to work date can be given (and if not, an indication of likely timescale for recovery and return to work);***
3. ***Whether the employee is currently fit to carry out the normal duties of their grade;***
4. ***Whether there are any adjustments to the work tasks or environment that would help facilitate rehabilitation or an early return to work and the likely duration of any adjustments;***
5. ***Whether the health problem is likely to recur and/or affect future attendance;***
6. ***Any specific question raised by the referring body.***

If the referring body indicates that the employee has applied to be considered for early retirement on medical grounds OR if the employer asks that it be considered OR if it appears to OHS that such consideration is appropriate, this will also be considered.

**1.2 Reports:** The OHS adviser provides a narrative report that will include a background statement, responses to the standard questions and any specific questions asked by the referring body in the sickness absence referral form (OHS2 – Annex 1).

**1.3 Further information:** The OHS adviser will obtain, if necessary, further medical information from the employee's General Practitioner or Hospital Specialist with the written consent of the employee.

**1.4 Specialist assessment:** The OHS adviser will arrange independent specialist medical assessment, as necessary, to support the management of a case including those in the Appeal Process, which is explained more fully in Section 10 below.

**1.5 Notification to General Practitioner:** Where the OHS Adviser considers that an employee is fit to return to work, a standard letter will be issued to the individual's General Practitioner in accordance with the NICS Staff Handbook: Inefficiency paragraph 1.6.5. The wording of this has been agreed with Trade Union side. (Annex 2.)

**1.6 Early retirement on medical grounds:** Where the OHS Adviser determines that an individual meets the criteria for early retirement on medical grounds, a retirement certificate (MR1-Annex 3) will be completed and the individual's General Practitioner notified by OHS. It should be noted that if it is necessary to obtain further medical evidence to determine if pension scheme criteria are met, this may take at least 6-8 weeks to complete.

## SECTION 2: Case Management Referrals to OHS

- 2.1 Reasons for Referral to OHS:** Departments and Agencies refer employees to OHS for a number of reasons including:
- Advice about long term sickness absence.
  - Advice about recurrent short term sickness absence.
  - Consideration if criteria for early retirement on medical grounds are met.
- 2.2 Managing Attendance Policy and Procedure:** Departments and Agencies should consider referring a case to OHS in accordance with the NICS Staff Handbook, the sickness absence case management narrative timetable (Section 3) and other relevant NICS procedures. It is recommended that staff in Departments and Agencies who are responsible for the case management of individuals who are absent from work due to sickness should follow the process which has been developed by the NICS for both short and long term sickness absence.
- 2.3 Appropriateness of a Referral to OHS:** Prior to sending referrals to OHS, Departments and Agencies should consider whether a referral to OHS is appropriate. The referring officer should:
- Advise the individual that they are being referred to OHS.
  - Complete the sickness absence referral form (OHS2), giving careful consideration to which questions they wish OHS to address. For example, asking for OHS to consider early retirement on medical grounds will not always be appropriate.
  - Submit (through HR Connect where appropriate) the completed referral form and any other relevant additional information to OHS.
  - In exceptional circumstances, where the referring officer perceives the management of the case to be complex, a pre-referral case conference with OHS can be requested before a referral form is completed.
- 2.4 Providing Information:** In all sickness absence referrals, it is crucial that the information provided to OHS is both relevant and appropriate. It is essential therefore that the sickness absence referral form OHS2 is fully completed.
- 2.5 Choice of Examination Centre:** Those requiring examination will either be called to the main centre in Lincoln Building, Belfast, or to one of the two regional centres, Craigavon or Ballykelly. The referring body **must** specify on the OHS2 form which location they want their employee to attend. Please bear in mind that appointments can usually be arranged more quickly in Belfast.
- 2.6 Urgent Cases:** If a case is considered to require an urgent or fast-tracked referral to OHS, Departments and Agencies should contact OHS to discuss the reasons and agree how to proceed. It is recommended that urgent cases are handled by the referring body at a level not below Staff Officer. For an urgent process to operate effectively, it is important that only genuinely urgent cases are referred. The decision to accept a case as urgent rests with the OHS Adviser.
- 2.7 Consideration of a case on paper basis:** Referring Departments may request that OHS provide advice on the basis of a medical report without the need to schedule an appointment

– eg in cases of serious ill health or other exceptional circumstances. In such cases, OHS need to be provided with a signed up to date Consent Form to enable the officer's medical practitioner to be approached for a report. The referral documentation must clearly state (or telephone notification give) this.

- 2.8 Early retirement on medical grounds:** It should be noted an OHS Adviser may need to seek additional external medical evidence before determining whether the criteria for early retirement on medical grounds are met. If so, the time taken to reach a conclusion may be at least 6-8 weeks from the time of initial receipt of the referral by OHS. Referring departments must inform OHS if, in their opinion, there is some aspect of the case which requires particular urgent attention eg terminal illness.
- 2.9 Appeals:** Where an individual wishes to appeal against an OHS Adviser's findings, appeal form OHS4 should be used by the referring body to refer the case to OHS (see Section 10).
- 2.10 Adjustments:** If a referring body requires OHS advice about workplace adjustments, the application for disability assessment (OHS5) should be used (see Section 7). OHS involvement in the evaluation of adjustments is not always necessary – often local management can reach a decision about accommodating adjustments without the need for medical input. Section 7 gives further information about when such a referral to OHS may be appropriate.
- 2.11 Self-Referrals:** OHS does not facilitate a general self-referral process. This has been the case following the introduction of a NICS-wide Employee Assistance Programme [EAP] with a 24 hour telephone helpline. Any member of staff wishing to self-refer should be advised to consider whether the EAP is the most appropriate service to access. For those wishing to self-refer, these cases must be approved by the employing body (usually HR). It should be noted that self-referral is not appropriate for any of the following:
- Ill health retirement requests
  - Transfer to a different job location
  - Pension scheme injury award applications
  - Complaints against the employer
  - Grievance issues against the employer.

## SECTION 3: OHS Management of Case Referrals

- 3.1 Step One:** When OHS receives a sickness absence referral from a Department or Agency, it is registered as a case on the OHS case management system. If the individual has previously been referred to OHS, their existing occupational health record is located. If it is the individual's first referral to OHS, a new occupational health record is created. Annex 4 sets out the process for handling long term sickness absence case referrals.
- 3.2 Step Two:** Sickness absence referrals are screened by an OHS Occupational Health Nurse Specialist (OHNS) who decides which OHS adviser should consider the case. Appeal referrals go direct to an OHS Occupational Physician.
- 3.3 Step Three:** In most sickness absence cases, the individual will be invited to an appointment where they will meet an OHS adviser. Cases are scheduled for appointment in chronological order based on the date OHS receives the referral. There are three appointment locations - Lincoln Building, Belfast; North West Independent Clinic, Ballykelly; and Craigavon Area Hospital. OHS will schedule the appointment at the location requested on the OHS2 form.
- 3.4 Step Four:** OHS sends a letter to the individual's home address (or other address advised by the referring body). The letter contains the OHS appointment date, time and location. An explanatory note is sent with the appointment letter (Annexes 5A and 5B).
- 3.5 Step Five:** After the individual has had their appointment with OHS, the OHS adviser prepares a report for the referring body covering the standard questions and any specific issue asked on the referral form. The report is forwarded to the referring officer, normally on the day of the assessment and no later than two days of the appointment. However, in some cases, the OHS Adviser may need to obtain further information from the individual's GP or hospital specialist. If so, the OHS adviser will send their report to the referring officer which will be followed up with another report after the OHS adviser has received and considered the further information.
- 3.6 Appeal Cases:** Procedures for handling appeals against being found fit or in connection with early retirement on medical grounds are set out in detail in Section 10. Appeals should be referred to OHS using OHS4 (see Section 10).
- 3.7 Electronic Case Tracking System:** A sophisticated electronic case tracking system (eTRACK) automatically sends e-mail updates about the progress of a case from OHS to HR and HR Connect. eTRACK is described in more detail in Annex 6.

## **SECTION 4: Consideration of the OHS Report by Referring Departments**

**4.1 The OHS Report:** The OHS report is intended to assist the employer in meeting their responsibilities for managing each individual case of sickness absence. The OHS report will answer the questions asked by the referring body on the sickness absence referral form OHS2. Therefore, the referring body needs to give careful consideration to what it wants from OHS before referring a case to OHS. Prior to referring a case to OHS it is recommended that the referring officer has a clear process mapped out for managing the case before and after the OHS referral. This is particularly important in regard to appeal cases (see Section 10). Often, individuals raise working relationship or other organisational issues during their OHS appointment. The OHS adviser will refer to such issues in the OHS report as allegations or say that the individual “states” that problems exist. The OHS report will not identify third parties.

**4.2 Follow-up Action by Referring Body:** On receipt of the OHS report, the referring body should take appropriate and timely action to manage the case. Such action is likely to include:

- consider the OHS report – which is offering advice on an individual’s fitness for work;
- seek clarification from OHS if there is any difficulty understanding the content of the report;
- consider appropriate action in light of any suggestions about adjustments – note the employer is the one who determines what is feasible and reasonable in the individual case;
- consider how to handle any working relationship or other organisational issues that may be raised in the OHS report;
- consider how to take forward case management, taking account of the managing attendance process in the NICS Staff Handbook and the individual circumstances of the case;
- ensure appropriate liaison between the individual, line manager, personnel, health and safety officer, Welfare Officer etc.

## SECTION 5: Adjustments to Work Including Phased Return

**5.1 Temporary Adjustments:** In some cases, the OHS Report that is sent to the referring body following a sickness absence referral may recommend that an individual is not fit to resume full duties but could return to temporarily modified duties as part of a rehabilitation back to work process. It is for the referring body to determine whether such recommendations are feasible, reasonable and consistent with job grade and business need.

**5.2 Permanent Adjustments:** Rarely, following illness or injury, the OHS adviser's report may conclude that an individual is permanently unable to resume the full duties of their existing post. In those cases, the referring body should consider permanent modifications to duties in line with the individual's current capability and the availability of alternative work. Specialist help may be required to reach a determination eg the use of occupational or vocational assessment services. In the event that an individual is no longer fit for the duties of their post and the employer cannot accommodate adjustments, then the individual should be referred to OHS for consideration of early retirement on medical grounds. The final decision on whether an adjustment or modification is feasible rests solely with the employer.

**5.3 Phased Return to Work:** On resuming duty after sickness absence, an individual may return on a phased basis as part of his/her rehabilitation to become fit for full-time duty. OHS does not normally need to be involved in cases where a phased return to work is being considered. The final decision about whether to facilitate a phased return and its nature and pattern rests with the employer. Phased return arrangements should be agreed between the employer and the individual, taking account of:

- the nature of the condition the employee is suffering from
- what level of work they can do
- how many hours they are reasonably capable of doing
- over what period of time they should work towards achieving a full-time return to work
- any modifications that would help them return to work faster, including special equipment or re-training
- time needed to continue any ongoing medical treatment such as physiotherapy, counselling, hospital/GP visits
- regular reviews of the situation
- compliance with the Disability Discrimination Act 1995.

A phased return arrangement **normally** needs to be referred to OHS for advice **only** when the individual is employed in a safety-critical job or where consideration is being given to extending the usual timescale for a phased return arrangement (currently 3 months).

**5.4 Disability Discrimination Legislation:** It should be noted that the NICS has obligations under disability discrimination legislation to consider all matters of disability as it relates to their role as an employer. This will include the employer having to consider the issue of reasonable adjustment for employees and an onus to justify when such adjustments are deemed unreasonable.

**5.5 List of Adjustment Possibilities:** A list of the commonly requested adjustments to jobs/duties is shown at Annex 7. This list is not meant to be exhaustive and should be read alongside DEO 28/05 on Managing Attendance Procedures for Staff with Disabilities.

## **SECTION 6: Case Conferences and Long Term Sick Case Reviews**

- 6.1 Case Conferences:** are a useful method of assessing complex or long term sickness absences. It is recommended that departments consider the benefits of utilising this measure and contacting OHS accordingly.
- 6.2 Case Management:** Multi-disciplinary case conferences may be arranged before or after referral of the case to OHS to consider complex or difficult cases and to assist referring bodies in deciding the most effective way to manage an individual case. OHS input to a case conference will normally be by an OHS Adviser who has the best knowledge and experience of the circumstances of the case.
- 6.3 Confidentiality:** Medical confidentiality must be maintained and respected at all times during the case conference. This means that the OHS adviser will be unable to discuss details of the individual's medical condition.
- 6.4 Setting up a Case Conference:** The referring body should contact the appropriate OHS Adviser to agree a mutually suitable time/place.

### **Long Term Sickness Case Reviews**

- 6.5** OHS can participate in a department or agency's periodic review of all those cases who have been absent from work for a period exceeding 3 months. It is recommended that such review occurs on a regular basis. Contact OHS for further information.

## SECTION 7: Disability Assessment

- 7.1 Disability Legislation:** Under the Disability Discrimination Act 1995 (DDA) if the nature of the ill health means that a person is classed as a disabled person (ie a person who has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities), the Department or Agency must consider making reasonable adjustments to accommodate the disabled person. It should be noted that a system of Disability Registration is not part of the DDA and consequently OHS does not have a role in 'certifying' an officer as 'disabled under the DDA'. The OHS can however give an opinion as to whether a particular medical condition is likely to be covered by the DDA – this does not imply that the individual is being "certified" as disabled under the meaning of the Act. Where OHS advice about adjustments for people with disabilities is required, an application for disability assessment should be made by the individual. The application may be able to be accommodated by the employer without referral to OHS.
- 7.2 Application for Disability Assessment:** In the first instance, the individual should indicate to the employer that they wish an adjustment to be considered and also specify what those adjustments are, using the application form OHS5 (Annex 8). If the employer wishes to refer the case to OHS, then the Personnel Officer or the Line Manager should endorse the application and clearly indicate if it is feasible to implement the adjustments requested. The application form should then be submitted to OHS with the required supporting information. OHS may recommend 'adjustments' and/or endorse those requested by the officer; however it is for employers to determine what is 'reasonable' under the terms of the DDA. For Departments/Agencies that are using HRConnect, an application for disability assessment may be part of the Reasonable Adjustment process.
- 7.3 General Practitioner Reports:** All disability assessment applications submitted to OHS must be accompanied by a comprehensive report from the individual's General Practitioner or hospital specialist. It is the responsibility of the individual applicant to provide this report – applications received by OHS which are **not** accompanied by a report will be **returned** to the referring body.
- 7.4 Reasonable Adjustment:** The decision as to whether an adjustment is reasonable or not rests with the employer. Guidance has been issued by the NICS on these matters – DEO 28/05 on Managing Attendance Procedures for Staff with Disabilities. The role of OHS is to assess the individual's medical condition and give advice about the condition, its impact on day to day activity and possible adjustments for the employer to consider.
- 7.5 Common Adjustments:** Further information on the more common adjustments that are likely to be made and accommodated is contained in Annex 7.

## SECTION 8: Domiciliary Visits

- 8.1 Exceptional circumstances:** Home visits by OHS are time-consuming and expensive and may take longer to arrange than either an examination centre appointment or a GP report. Only in very exceptional cases will a home visit be accommodated by OHS. Home visits are at the discretion of the OHS Adviser, subject to the terms outlined below.
- 8.2 Appropriateness of request:** If the referring body considers that an individual is unable to attend OHS for appointment due to illness, it is highly unlikely they would be found fit for work. In such cases, a home visit by OHS is unlikely to be productive. It may be more appropriate for the referring body to seek advice from OHS about the possibility of a return to work or the suitability of an individual for early retirement on medical grounds. If this is the case, the referral should be accompanied by supporting medical evidence or a consent form signed by the individual to allow OHS to approach their GP and / or hospital specialist.
- 8.3 Personal safety:** Where, exceptionally, an OHS Adviser agrees to conduct a home visit, the referring body should advise OHS that the individual has consented to a home visit by OHS. Issues of personal safety of staff undertaking these visits must be considered by Departments/Agencies when making requests. An OHS adviser will normally be accompanied by a colleague during a home visit. The referring body may have to provide this accompanying person.

## SECTION 9: Appointments & Cancellations

- 9.1 Turnaround times:** Every effort is made by OHS to ensure that cases are processed with the minimum of delay and that examination appointments are arranged within the OHS performance targets incorporated in the Annual Balanced Scorecard. OHS measures the time between OHS receives a referral, the date of OHS appointment and the date the OHS report is returned to the referring body. Different targets are set for appointments in Belfast and appointments in Ballykelly/Craigavon since, due to demand, appointment sessions usually take place daily in the former but weekly in the latter.
- 9.2 Performance:** The OHS computer system automatically calculates the turnaround time for each case and these are compiled and presented with other performance data in the Director's Annual Report.
- 9.3 Further Information:** There are a number of reasons outside OHS control which can add to the time it takes to deal with a case. These include cases where the OHS adviser requests further information from an individual's GP and/or hospital specialist. In these cases, individuals are allowed by law 21 days to view the reports before they are sent to OHS. General delays are inherent in obtaining reports from GPs/Specialists. An external report is only commissioned by OHS when deemed to be necessary to effectively progressing a case (see Sections 10 & 11).
- 9.4 Cancellations:** OHS appointments are normally arranged up to two weeks ahead to ensure that the individual has adequate notice of the appointment. eTRACK also notifies the HR Connect system about the date of the appointment. Referring bodies should regularly check the HR Connect system and give OHS as much notice as possible when an appointment has to be cancelled prior to it taking place – eg when an officer has returned to work and the referring body deems the appointment to be no longer necessary. This will enable OHS to offer the cancelled appointment to someone else. Individuals cannot cancel OHS appointments by contacting OHS directly. Any individual who approaches OHS directly to cancel an appointment will be asked to contact their Department/Agency.
- 9.5 Non Attendance:** Some individuals do not attend their OHS appointment and fail to notify OHS or their Department/Agency in advance. In such cases, OHS will report non attendance to the referring body, using the HR Connect system where appropriate, and await further instructions from the referring body.

## **SECTION 10: Appeal Procedures – Sickness Absence, Inefficiency & Early Retirement on Medical Grounds**

### **Appeals against an OHS opinion about fitness for work**

- 10.1** There are circumstances in which an individual may appeal against an OHS Adviser's opinion. An appeal can only be made by an individual who is found **fit [or unfit]** by the OHS adviser. An appeal cannot be made by individuals who are found temporarily unfit with or without a proposed return date. The individual has a four-week period in which to submit a comprehensive medical report which supports their appeal. An explanation of what the medical report should cover will be given to the individual by their Department/Agency.
- 10.2** Referring bodies should submit appeal cases using form OHS4 (Annex 9). An OHS Adviser will review the submitted medical report and decide if it is adequate for appeal purposes. Where it is deemed inadequate, it will be returned to the referring body. Where it is deemed adequate, the OHS Adviser will consider, in the light of the report and any other new evidence available, whether the original OHS opinion should be changed.
- 10.3** If the OHS Adviser, having accepted that the medical report submitted by the individual is adequate, nevertheless decides that the original OHS opinion should not be changed, a Medical Appeal Board will be convened by OHS. The OHS Adviser will decide whether the Medical Appeal Board should contain one or two independent medical specialists.
- 10.4** Where the medical report accompanying an appeal is adequate, the OHS Adviser will normally reach their determination within 5 working days.

### **Appeals against an OHS opinion about early retirement on medical grounds**

- 10.5** An individual may appeal against an OHS Adviser's opinion that they meet or do not meet the criteria for early retirement on medical grounds. The individual must submit a comprehensive medical report which supports their appeal. An OHS Adviser will decide if the submitted medical report is adequate for appeal purposes. Where it is deemed inadequate, it will be returned to the referring body. Where it is deemed adequate, a Medical Appeal Board will be convened by OHS.
- 10.6** On receipt of medical retirement appeals, and after registration on the OHS admin system, case papers will be delivered to the medical officer for their action within 10 working days.
- 10.7** **NOTE:**
- (a) The procedures above were correct in July 2008. Please consult the NICS Staff Handbook on HR Connect for the most up to date position on appeal procedures.
  - (b) Given that external medical reports are required for appeal cases, this can be a lengthy process and may take at least 6-8 weeks to complete.

## **SECTION 11: Obtaining Consent, External Medical Reports and Independent Specialist Opinions**

**11.1 Consent:** OHS must obtain an individual's written consent (Annex 10) before approaching their general practitioner or medical specialist for information about their medical condition. Under The Access to Personal Files and Medical Reports (Northern Ireland) Order 1999, the following apply:

- an individual can refuse to give OHS consent to approach their medical practitioner for information.
- if consent is given the individual has the right to view any report before it is forwarded to OHS. If this is indicated on the consent form they have 21 days in which to view the report – the supplying doctor must hold the report for 21 days. If the individual does not view the report within 21 days the report can be forwarded to OHS. The individual can request that a report be amended by the doctor – if this is done the doctor will usually indicate this on the report.
- a report can be viewed by the individual up to 6 months after it has been obtained by OHS (note: Data Protection legislation may give entitlement to access beyond 6 months).

**11.2 Duration of Consent:** A consent form can only be used for the purpose for which it has been obtained. It is therefore a general rule that a signed consent form will remain valid for a period not exceeding six months from date of signature – subject to the above.

**11.3 External Medical Reports:** OHS will only request an external medical report where it is deemed absolutely necessary to do so. A robust B/F system is in operation within OHS to follow up on these requests. However as the medical practitioners providing such reports are outside OHS control, it is not possible in all cases to ensure that such requests are met in a timely fashion.

**11.4 GP/Specialist Reports:**

On receipt of a GP or specialist's report, the OHS Adviser will consider it and any recommendations made about the individual's fitness for work. In exceptional circumstances the OHS Adviser might need to clarify some of the points made in the report; otherwise he/she issues a report to the employing Department.

## **SECTION 12: Rehabilitation and Redeployment**

### **12.1 Rehabilitation**

Long-term sickness in the NICS is defined as being any sickness absence longer than 20 working days.

It is considered good practice for employers to review a case at an early stage with a view to instigating an occupational health referral at the 20 day absence stage. This review will also wish to consider how to rehabilitate the employee back into work. Early consideration of these issues is important as employees are sufficiently engaged with their workplace at this time and therefore usually keen to return. However, at two or three months, they have begun the process of mental disengagement which can make a successful return more difficult to achieve.

Where rehabilitation is considered possible, the employer should have a co-ordinated plan to manage the return in whatever manner is considered best for the individual. In some cases, this could be a phased return, with or without an adjustment to duties if this is considered necessary.

Phased return allows the officer to start contributing to the smooth running of the organisation at an early stage and it has been suggested that this also aids recovery. The nature, extent and duration of phased return is determined by agreement between the officer, their line manager and HR [see Section 5.3].

The benefits of facilitating rehabilitation include.

- For line management, the member of staff is back to work earlier than expected, performing at least some of their duties. The organisation has shown that it cares for the member of staff and values their contribution.
- The member of staff feels valued by a caring employer and will, in all probability, recover more quickly when back in the working environment, than at home.

Generally speaking, staff rehabilitated into work recover more quickly than those left at home.

### **12.2 Redeployment**

When using rehabilitation as part of a sickness absence case management approach it might be found that it is not always possible to rehabilitate staff back into their original post in the short term.

This may be due to job-loading or to the nature of their illness; for instance, musculoskeletal problems, which need time to heal without the risk of further damage.

In these circumstances, an alternative that is widely used is that of redeployment. This is usually short-term, while an employee is recovering from the ailment, before returning to their usual job full-time. For staff who have no likelihood of returning to their original job, redeployment could become a permanent requirement and in these circumstances the feasibility of the organisation to facilitate a permanent change of job is a decision for the employer to make.

In some cases, redeployment may require re-training, and it is good practice for this to be provided as part of a package devised and managed by HR in conjunction with line management, OHS, and other relevant staff.

### **12.3 Recommendations**

- Employers should treat rehabilitation of staff back into work at an early stage as a priority.
- If this is not a possibility, they should consider redeployment of staff at an early stage in their absence, as a means of returning them to the workplace.
- The role of OHS is to give advice which helps the employer to address the rehabilitation and redeployment process.
- In order to make recommendations and facilitate a return to work, OHS will need to be in possession of all the facts. Contact may need to be made with the employee's GP or specialist to ask specific questions about their illness.
- Written informed consent must be obtained from the employee when an OHS adviser wishes to contact their GP or specialist for information about them. The employee must be told what information is being sought about them and why, and should be advised of their rights under The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.
- Confidentiality of any clinical information obtained will be respected by OHS and details not transmitted to any third party, including HR, without the individual's written consent.
- Getting employees back into work at the earliest opportunity reduces long-term sickness absence. Evidence has shown that the longer a person stays away from work the less likely they are to return at all.
- Rehabilitation and redeployment can save money because
  - staff are back in work and contributing to the organisation
  - less money is spent on casual/replacement labour
  - there is less likelihood of an employee claiming Permanent Injury Benefit.
- Review scope for flexible working practices wherever possible.
- Managers should know how to manage sickness absence and return-to-work issues correctly, need to be aware that these can be sensitive in nature and ensure that procedures are followed to support their colleague to make a full return to work.

# ANNEX 1

## OHS2 SICKNESS ABSENCE

**NOTE: IF THE EMPLOYEE IS AT WORK OR HAS RECENTLY RETURNED TO WORK, DO NOT USE THIS FORM – USE FORM OHS3 GENERAL FITNESS REFERRAL INSTEAD**

### REFERRAL TO OHS

<b>PREFERRED OHS APPOINTMENT LOCATION:</b>	
BELFAST	<input type="checkbox"/>
CRAIGAVON	<input type="checkbox"/>
BALLYKELLY	<input type="checkbox"/>
<i>Please tick one</i>	

<b>REFERRING ORGANISATION:</b>  <i>(abbreviation sufficient)</i>
--

New  1<sup>st</sup> Review  2<sup>nd</sup> Review  3<sup>rd</sup> Review

1. EMPLOYEE DETAILS		NI NUMBER: (essential)	
Surname:		Home address:	
First name:		Postcode:	
Title:(Mr / Mrs / Ms / Dr etc)		Home Tel No:	
Date of Birth:		Mobile Tel No:	
Payroll No:		Home email:	
Job title:			
Location:			
Date of appt to present post:			
Work pattern (full time, part time etc:			
General Practitioner		Specialist (if any)	
Name		Name	
Address		Address	
Postcode		Postcode	
2. REFERRING OFFICER'S CONTACT DETAILS			
Referred by: (Name)			<b>FOR OHS USE - DATE RECEIVED STAMP</b>
Organisation:			
Org Address:			
Postcode:			
Org contact Tel No:			
Org contact email address:			
Date referred:			

### 3. SICKNESS ABSENCE DETAILS OF EMPLOYEE

When did the current spell of sickness absence start?

When does the current medical certificate expire?

What is the reason given for this absence on the medical certificate?

Do you know if the individual is or has been in hospital in connection with this spell of absence; if so, please give details.

If Personnel, Welfare Officer and/or Line Management have been in contact with the employee regarding this absence, please give details.

### 4. DUTIES OF EMPLOYEE

A. Please provide a brief outline of the main duties (include physical activities involved, eg lifting/carrying/using a computer/sitting at a desk etc) carried out by the employee and percentage of time spent on each area of work.

DUTIES	%

B. Is the employee currently experiencing any problems/difficulties with his/her assigned duties?

YES                      NO  
                     

If yes please describe:

C. Have there been any changes to the employee's duties due to transfer, promotion, reorganisation etc that may have impacted on the employee's performance at work?

YES                      NO  
                     

If yes please describe:

D. Has the employee been fully trained in their current post? YES NO

E. Is any further relevant training anticipated? YES NO

If yes, please describe:

F. Has a local employee functional assessment been carried out for this employee? YES NO

G. Has the employee requested any adjustments and/or change to terms & conditions/duties? YES NO

If yes, please describe and indicate whether request approved or declined.

H. Please specify any adjustments and/or changes to terms and conditions/duties that have already been made and the impact that these have had.

I. Please specify any further adjustments and/or changes to terms and conditions/duties that could be accommodated by the employer to help the employee to return to work.

J. Was there any change in the employee's interaction with colleagues (including line management), clients etc in the period leading up to the absence? YES NO  
   
If yes please describe:

K. Has the employee raised formally any issues about dignity in the workplace, eg bullying, harassment etc? YES NO  
   
If yes please describe and indicate any outcome:

**Please note, only factual information should be provided.**

## 5. SUPPORTING INFORMATION

Please check x below if any supporting information is being attached to this referral.

**THIS FORM AND COPIES OF ALL SUPPORTING INFORMATION (EXCEPT MEDICAL IN CONFIDENCE INFORMATION – SEE BELOW) SHOULD BE SUBMITTED BY EMAIL.**

- |   |   |
|---|---|
| <input type="checkbox"/> Line Manager Report                                | <input type="checkbox"/> Health & Safety Risk Assessments   |
| <input type="checkbox"/> Job / Task Description                             | <input type="checkbox"/> Display Screen Equipment Risk Assessment (for referrals related to muscular and upper limb problems) |
| <input type="checkbox"/> Sickness Absence Record                            | <input type="checkbox"/> Employee Functional Assessment   |
| <input type="checkbox"/> Employee consent to release of medical information | <input type="checkbox"/> Other (specify):   |

**SUPPORTING MEDICAL IN CONFIDENCE OR PROTECT-MEDICAL INFORMATION WHICH YOU ALREADY HAVE IN A SEALED ENVELOPE IS THE ONLY DOCUMENTATION THAT WILL BE ACCEPTED BY OHS IN HARD COPY. YOU SHOULD SEND THE SEALED ENVELOPE TO OHS ON THE SAME DAY THAT YOU EMAIL THIS FORM AND ALL OTHER SUPPORTING DOCUMENTATION.**

*Please check x below to advise whether you are sending a medical in confidence sealed envelope directly to OHS in hard copy.*

YES  NO

## 6. OHS ADVICE

**6a OHS WILL CONSIDER THE FOLLOWING ISSUES IN ALL SICKNESS ABSENCE REFERRAL CASES:**

- Any underlying medical condition affecting the employee's performance or attendance at work;
- Whether a definitive return to work date can be given (and if not, an indication of likely timescale for recovery and return to work);
- Whether the employee is currently fit to carry out the normal duties of their grade;
- Whether there are any adjustments to the work tasks or environment that would help facilitate rehabilitation or an early return to work and the likely duration of any adjustments;
- Whether the medical condition is likely to recur and/or affect future attendance;

**EARLY RETIREMENT ON MEDICAL GROUNDS**

6b Has the employee being referred made a specific written application for early retirement on medical grounds?

YES

NO

6c Does the employer require OHS to consider whether the medical criteria for early retirement of the employee on medical grounds are met?

YES

NO

*Please note that even if neither employee nor employer seek consideration of early retirement on medical grounds, OHS may consider it in any case if it appears appropriate to do so.*

**OTHER**

6d Does the employer require OHS advice on any other matter not covered in 6a – 6c above?

YES

NO

If yes please describe:

ONCE YOU HAVE COMPLETED THIS FORM, PLEASE SAVE AS MICROSOFT WORD DOCUMENT WITH INDIVIDUAL'S NATIONAL INSURANCE NUMBER FOLLOWED BY OHS2 AND DATE OF REFERRAL AS THE FILE NAME IN THE FORMAT:  
**AB121212C\_OHS2\_DDMMYY**

IF YOUR ORGANISATION IS PART OF THE HRCONNECT SYSTEM, SUBMIT THIS FORM AND SUPPORTING DOCUMENTATION BY EMAIL TO HRCONNECT WHERE THE CASE WILL BE REGISTERED AND FORWARDED TO OHS.

IF YOUR ORGANISATION IS NOT PART OF HRCONNECT, EMAIL THIS FORM AND SUPPORTING DOCUMENTATION BY EMAIL DIRECTLY TO [HROHS@NICSOHS.GOV.UK](mailto:HROHS@NICSOHS.GOV.UK)

**PLEASE REMEMBER THAT THIS FORM, ONCE COMPLETED, MAY CONTAIN SENSITIVE PERSONAL DATA ABOUT AN INDIVIDUAL WHICH YOU MUST PROCESS SECURELY.**

**INFORMATION YOU SUPPLY TO OHS MAY BE DISCLOSED BY OHS IN COMPLIANCE WITH DATA PROTECTION, ACCESS TO MEDICAL RECORDS OR OTHER LEGISLATION. PLEASE THEREFORE CONSIDER CAREFULLY ANY SUPPORTING INFORMATION WHICH YOU ARE THINKING ABOUT PROVIDING TO OHS.**



www.nicsohs.gov.uk

## ANNEX 2

The Occupational Health Service  
Northern Ireland Civil Service  
Centre for Workplace Health Improvement  
Lincoln Building  
27-45 Great Victoria Street  
BELFAST BT2 7SH

Tel: (028) 9025 1888

Fax: (028) 9025 1539

Email: ohs@dhsspsni.gov.uk

Dear Dr

**NAME:**

**ADDRESS:**

**DATE OF BIRTH:**

Your patient named above who is employed in the Northern Ireland Civil Service (NICS) was assessed by the Occupational Health Service and **was found fit for employment on** .

Your patient has been informed that the OHS considers him/her fit to return to duty and to report to his/her GP for a "closed statement" and return to work.

You may wish to take this into account when reviewing your patient with regard to their current spell of sickness absence, if they have not already been issued with a closed MC<sub>3</sub> certificate. Should you issue a further MC<sub>3</sub> certificate this will be regarded as an appeal against the decision of the Occupational Health Advisor and your patient will be required to provide a comprehensive medical report in support of their appeal. This note is issued to you in compliance with the NICS Staff Handbook.

Yours sincerely

**ADMINISTRATION OFFICER**

# ANNEX 3



## RECOMMENDATION FOR MEDICAL RETIREMENT

Patient's name: \_\_\_\_\_ NI Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Dept Ref No: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OHS USE ONLY:**

(a) Did the medical condition(s) responsible for medical retirement begin whilst in service?  Yes  No

(b) If not, was the medical condition(s) declared on the officer's Health Declaration Form?  Yes  No

It is not possible to complete (a) / (b) for the reasons given below.

(c) Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(d) Under Classic Scheme Rules the member is prevented by ill-health from discharging his/her duties and it is likely to be permanent.  Yes  No

Under Classic Plus, Premium and Nuvos Scheme Rules the member has suffered a permanent breakdown in health preventing them from:

(e) any form of employment.  Yes  No

(f) doing own job or or similar job.  Yes  No

(g) Unable to form an opinion as to whether (e) or (f) applies. Recommend medical retirement provisionally under \*(e) / (f). Case must be reviewed any time up to 5 years from the original decision. Please give date for review; Due for review \_\_\_\_\_ \* months/years.  
 Note: At time of review decision must be made to confirm original opinion or change it.

(h) If medical opinion (e) above applies, the case must be reviewed subsequently at intervals not exceeding 5 years. Please give date for review. Due for review \_\_\_\_\_ \*months/years.

(i) Serious Ill Health Commutation Under Classic, Classic Plus, Premium and Nuvos Scheme Rules, the member has a medically assessed life expectancy of less than 12 months.  Yes  No

Name (Caps): \_\_\_\_\_

Signed: \_\_\_\_\_

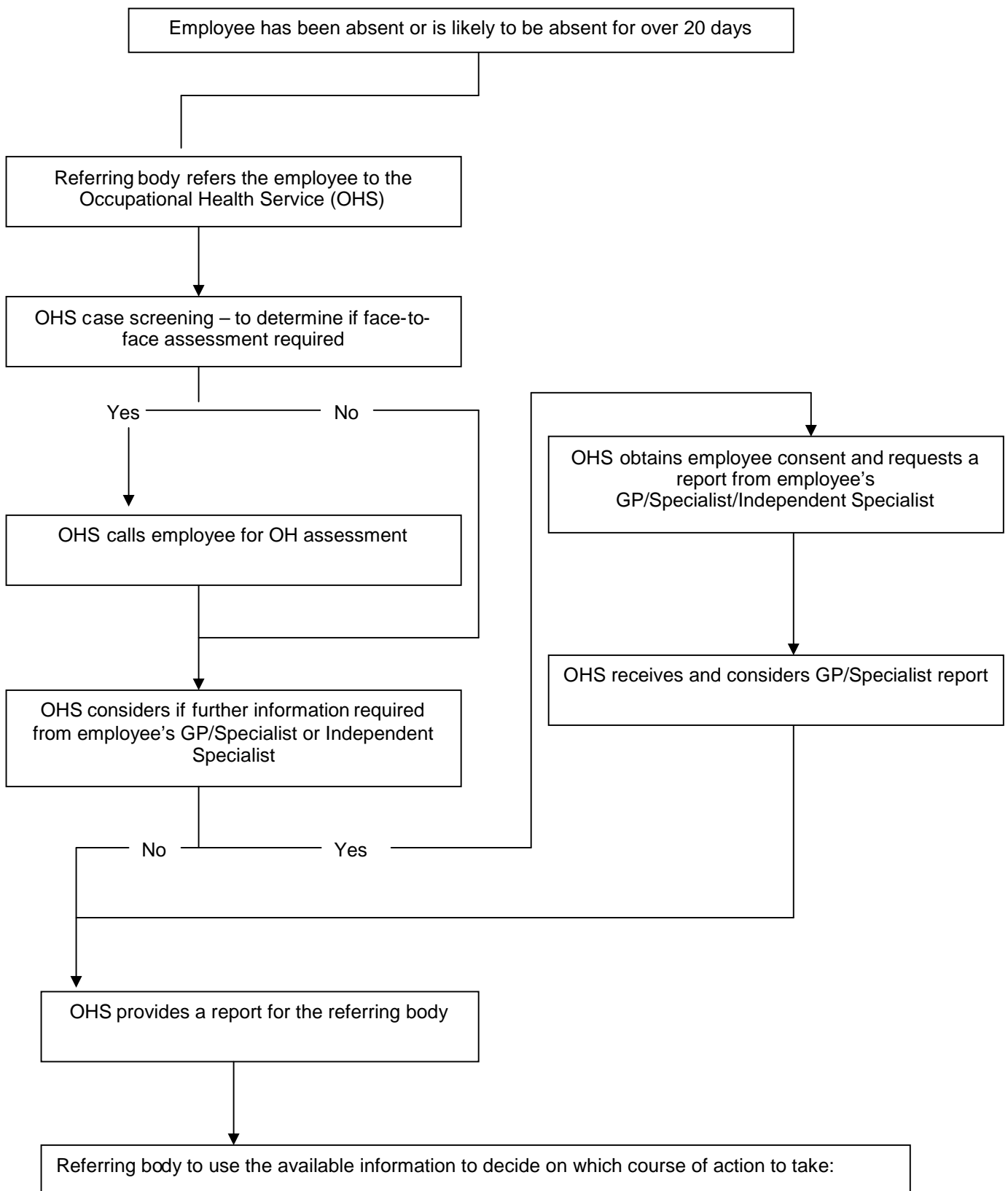
Date: \_\_\_\_\_

\* delete as appropriate.

(To be completed by signing doctor)		
Clinical Code		<input type="text"/>
W/R	- N	<input type="text"/>
(Circle One)	- Y	<input type="text"/>
	- P	
	- U	

MR1 Nov 2007

## PROCEDURE FOR DEALING WITH LONG-TERM SICKNESS ABSENCE CASES



## ANNEX 5A



[www.nicsohs.gov.uk](http://www.nicsohs.gov.uk)

### Occupational Health Service

Lincoln Building  
27-45 Great Victoria Street  
BELFAST BT2 7SH

Tel: (028) 9025 1888

Fax: (028) 9025 1539

email: [ohs@dhsspsni.gov.uk](mailto:ohs@dhsspsni.gov.uk)

Dept Ref No.

Date:

Dear Sir/Madam

### **MEDICAL EXAMINATION**

An appointment has been made for you to attend  
(See map on reverse) At \_\_\_\_\_ on \_\_\_\_\_ for a medical examination.

**It is important that you attend fifteen minutes before the above appointment time.**

**You should bring this letter with you and if you use glasses you should also bring them with you.**

You should contact your employer in relation to entitlement to claim travelling expenses.

If you are unable to attend please contact your Personnel Branch, **and not the Occupational Health Service**, as soon as possible. Personnel Branches will only accept cancellations in **exceptional circumstances**.

Yours faithfully

Appointments Officer

NB: OHS do not have a crèche facility, therefore staff bringing children to an OHS examination should ensure that they make arrangements for childminding for the course of the examination session.

## **Guide for those referred to the OHS**

### **The Occupational Health Service (OHS)**

The OHS is the occupational health department for the NI Civil Service and carries out a range of health assessments including: recruitment, sickness absence and health surveillance programmes. Providing medical treatment or referring staff for treatment is not part of our remit. OHS employs occupational health nurse specialists, a psychiatric nurse adviser and physicians. When referred to OHS you will have been allocated an appropriate occupational health specialist.

You may be called for assessment to our main centre in Belfast or to a local centre in Craigavon or Ballykelly. You will have been allocated an appointment time and the OHS aim to see each person at or as close as possible to their scheduled time. There may be occasions however whenever staff have to deal with unexpected or urgent issues that may create a delay, however every effort is made to adhere to scheduled timings. You should also note that if you are late it may not be possible for you to be seen that day.

### **Pre-examination procedures**

Depending on the type of assessment you require you may be asked to complete health documentation and have pre-assessment tests, eg weight, height, eyesight testing or blood pressure. The medical suite nurse or medical attendant will advise you of what is required and where necessary undertake these tests. You will then be seen by an occupational health professional – this may either be a specialist nurse or doctor. Both nurses and doctors have the appropriate knowledge, skills and experience in their specialist field and are well qualified and competent to advise and carry out a comprehensive range of occupational health assessments.

### **Occupational Health Nurse Specialists and Doctors**

*OHS nurse specialists* are fully qualified experienced nurses with additional specialist qualifications in a related area. They hold an approved university specialist qualification in occupational health. All our nurses are therefore highly trained, experienced and fully competent to carry out a range of assessments, including those referred due to sickness absence.

*The Psychiatric Nurse Adviser* is a fully qualified and experienced psychiatric nurse with additional expertise in occupational health related mental health issues.

*OHS doctors* are fully qualified medical practitioners with further training and experience in occupational medicine. They carry out a range of medical and other health assessments.

## **Sickness Absence Assessments**

The OHS does not have responsibility for managing attendance; this rests with your employing department. If you are absent from work due to sickness, your employer usually refers you to OHS so that we can advise them on your ability to return to work and when this is likely to take place; the necessity for any reasonable adjustments that may facilitate your early return, and whether you are capable of providing regular and effective service in the future.

Nurse specialists and doctors carry out these assessments and you will be subject to a general health interview which may cover issues of mental health, treatments, referrals to hospital and if relevant to your condition you may be asked about support at home, relationships etc. Depending on the nature of your condition you may also undergo a physical examination. All assessments are carried out professionally and sympathetically at all times.

Following the assessment, the opinion of the OHS professional will be forwarded to your referring personnel branch.

## **Medical Reports and your General Practitioner (GP) or Hospital Specialist**

A report from your GP or hospital specialist is not required in all cases. The OHS professionals are sufficiently skilled and knowledgeable to form an opinion on your condition and its impact on your ability to work without having access to your full medical record. However, if a report is thought to be necessary then your written informed consent will be obtained before the OHS contacts your doctor for this.

## **Confidentiality**

NICS OHS professionals comply with a professional code of ethics and hold in confidence all personal health details relating to clients. Confidential personal medical information will not be released without your written informed consent to do so. OHS is however obliged to release information if served with an order of discovery from a court or in circumstances where there is deemed to be a serious risk to the health and safety of others.



The NICS Occupational Health Service  
Centre for Workplace Health Improvement  
Lincoln Building  
27-45 Great Victoria Street  
BELFAST BT2 7SH  
028 9025 1888

## OHS eTRACK SYSTEM

## EXPLANATION OF EMAIL ALERTS SENT TO HR / HR CONNECT

What the email alert from OHS says:	Explanation
<b>KEY PROGRESS ALERTS</b>	
Case received	OHS has received your referral and is dealing with it.
Health Surveillance Activities	Details what health surveillance action OHS is taking
Appt date time venue	OHS has set up an appointment and issued an appointment letter to the individual
Appt update	States whether or not individual attended appointment or that the appointment has been cancelled at the request of the referring body
Report returned	OHS has completed its work on the case and a report is on its way to HR
<b>FURTHER INFORMATION ALERTS</b>	
GP notes requested	OHS has requested a report from the individual's GP
Cons notes requested	OHS has requested a report from the medical specialist
Consent form requested	OHS has sent a request to HR to have consent form completed and forwarded to OHS
Sick leave record	OHS has sent a request to HR to forward sick leave record to OHS
Welfare report	OHS has sent a request to HR to forward a Welfare report to OHS
Job desc. Requested	OHS has sent a request to HR to forward job description to OHS
<b>B/F PROGRESS ALERTS</b>	
To Dr/Nurse for screening	In most cases - The further information requested by OHS has been received and is with an OH Adviser for consideration
To Dr/Nurse for advice	In most cases – The further information requested by OHS has not been received within a reasonable timescale and the case is now with an OH Adviser for consideration
Await further OHS appt	A second appointment in OHS is required and is waiting to be set up

## ANNEX 7

### COMMON REQUESTED ADJUSTMENTS

A. Adjustments which may be generally straightforward for the employer to accommodate:

- Physical adjustments to premises
- Physical adjustments to work stations
- Re-allocation of some duties to others in the team
- Assistance of another colleague to help with duties such as note-taking
- Altering the person's work pattern
- Reduction of working hours per day / week
- Phased return period
- Recommended breaks in certain duties
- Provision of coaching / training
- Modifying instructions or reference manuals
- Modifying procedures for assessment / appraisal
- Provision of closer supervision
- Provision of a reader or interpreter
- Assessment for Employment Support in extreme cases.

B. Adjustments which may generally be more challenging for the employer to facilitate:

- Transfer closer to home
- Provision of a car park space except for those holding a Blue Badge
- Provision of a back office job (unless there is a specific medical reason why the person cannot deal with public etc)
- Extra allowance with regard to trigger points for absence warnings (which is not for OHS to recommend).

#### NOTE:

It is appreciated that people will often put pressure on OHS staff to make particular recommendations (eg, those shown at B). Where such a request is made, the person is informed that these are matters which can be addressed by contacting their Welfare Officer, their Grade Manager or their Equal Opportunities Officer and that they are not issues for OHS to deal with. The OHS role is to assess the person's functional capacity whilst they are at work carrying out the duties as described in the summary job description and make recommendations that will enable the person to carry out these duties, in whole or in part.

# OHS5 DISABILITY ASSESSMENT ANNEX 8

**PLEASE REFER TO THE GUIDANCE NOTES THAT ACCOMPANY THIS APPLICATION BEFORE YOU COMPLETE IT**

<b>DEPARTMENT/AGENCY WHERE YOU WORK:</b>  <div style="text-align: right; font-size: small;">(abbreviation sufficient)</div>
---

<b>1. EMPLOYEE DETAILS</b>		<b>NI NUMBER (essential)</b>	
Surname:  First name:  Title: (Mr/Mrs/Ms/Dr etc)  Date of Birth:  Payroll No:			Home address:  Postcode:  Home Tel No: (If available) Mobile Tel No: (If available) Home email: (If available)
Job title:  Location:  Date of appt to present post:  Work pattern (full time, part time etc:			
<b>General Practitioner</b>		<b>Specialist (if any)</b>	
Name			Name
Address			Address
Postcode			Postcode
<b>2. PERSONNEL BRANCH CONTACT DETAILS</b>			
Name  Organisation:  Org Address:  Postcode:  Org contact Tel No:  Org contact email address:  Date referred:		<b>FOR OHS USE - DATE RECEIVED STAMP</b>	

**3. TO BE COMPLETED BY EMPLOYEE SEEKING ADJUSTMENT(S)**

This application for a disability assessment will help your employer to take account of any relevant disability you may have which may impact on your day-to-day activity and your ability to perform effectively in your current post. Any information which you give will assist your employer in assessing what reasonable adjustments are necessary to your duties or working environment.

**3.1** Do you have any disability or long-term health condition which:

- may affect your ability to undertake the tasks set out in your job description; and/or
- requires special arrangements; and/or
- affects your attendance at work?

**YES**  go to section 3.2

**NO**  please consult your line manager – this assessment may not be appropriate

**3.2** Is your disability or long-term health condition likely to last at least 12 months?

**YES**  go to section 3.3

**NO**  please consult your line manager – this assessment may not be appropriate

**3.3** Impact of your disability or long term health condition:

Does your disability or long-term health condition impair your day to day activity or work? Consider each activity below in turn and answer either yes or no each time	Specify how your impairment adversely impacts on your day-to-day activity	Specify how your impairment adversely impacts on your ability to perform your current job effectively
Mobility – ability to change position from lying to sitting to standing and ability to walk <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
Physical co-ordination (eg dexterity, balance, continence etc) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
Ability to lift/carry or move everyday objects <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
Speech, hearing, eyesight <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		

## OHS5 DISABILITY ASSESSMENT

Mental Health	<b><u>YES</u></b> <input type="checkbox"/>		
	<b><u>NO</u></b> <input type="checkbox"/>		
Memory, concentration, learning, understanding	<b><u>YES</u></b> <input type="checkbox"/>		
	<b><u>NO</u></b> <input type="checkbox"/>		
Perception of the risk of physical danger	<b><u>YES</u></b> <input type="checkbox"/>		
	<b><u>NO</u></b> <input type="checkbox"/>		

3.4 Are there any adjustments that you think may help you at work?      **YES**      **NO**

If yes, please describe:

**4. DECLARATION AND CONSENT**

Please read the declaration below and sign and date it to indicate that you understand it and consent to your personal information being disclosed as described.

1. I confirm that the information I have given in Section 3 above is a true and accurate description of my current health status and its impact on my day-to-day activities and work.
  2. In order to perform my duties to the best of my ability, I would like an adjustment to my work or working environment. I am aware that it cannot be guaranteed that my request will be met in full or in part but that proper consideration will be given to it.
  3. I understand that if my application is forwarded to the Occupational Health Service for advice, OHS may provide information about my medical condition in confidence to my employer and their advisers (including the Welfare Advisory Service, legal advisers and external advisers such as Disability Action, Action Mental Health, RNIB, RNID etc) in order to assess the impact of my condition on my job or working environment in regard to obligations under the Disability Discrimination Act. I consent to this disclosure for that purpose.
  4. I understand that, if line management decide to refer my application to OHS for advice, I will be required to provide, at my own expenses, an up-to-date medical report from my General Practitioner or Hospital Specialist.
- SIGNED (applicant) DATE

Once you have completed the above, please forward this form to your line manager who will consider your application.

## OHS5 DISABILITY ASSESSMENT

### 5. LINE MANAGER ASSESSMENT

I have considered this application and discussed it with the applicant.  
I recommend: (please tick one below only).

Adjustment(s): <input type="checkbox"/>	Describe adjustment(s) and how/when to be implemented:  Please now return this form to the applicant. You may wish to keep a copy for your records.
No adjustment: <input type="checkbox"/>	Explain why you are not recommending any adjustment:  Please now return this form to the applicant. You may wish to keep a copy for your records.
Further advice from OHS: <input type="checkbox"/>	Please briefly describe your view on the feasibility of adjustment(s) and what you require advice from OHS on:  Please now ask the applicant to provide a General Practitioner or Hospital Specialist report in support of their application and to forward this form together with the report <u>through your Department's Personnel Branch</u> to OHS. The report should be in a sealed envelope marked PROTECT – MEDICAL and addressed to OHS.

SIGNED (Line Manager)	DATE
-----------------------	------

**If a General Practitioner or Hospital Specialist report is not provided by the applicant, the application will be returned.**

### 6. TO BE COMPLETED BY OHS ADMINISTRATION

	Yes	No
1. Sections 1 - 3 completed	<input type="checkbox"/>	<input type="checkbox"/>
2. Section 4 (consent) signed	<input type="checkbox"/>	<input type="checkbox"/>
3. Section 5 completed and signed	<input type="checkbox"/>	<input type="checkbox"/>

**If 'NO' applies to any of these, the application form should be returned to the applicant.**

**If YES to all, submit to OHS Adviser.**

## OHS5 DISABILITY ASSESSMENT

### 7. OHS ADVISER'S ASSESSMENT

7.1 Comment on the applicant's stated impairment(s) described at 3 above with regard to the DDA in the light of the medical condition and your assessment. In particular, advise whether the stated impairment(s) are consistent with the medical condition, treatment and clinical findings\*.

NOTE: Employee has given consent for medical information to be provided.

7.2 Comment on any adjustments proposed by the employee at 3.4 above:

7.3 OHS advice to line manager (including specific reference to any line manager request at 5 above:

**Signed: (OHS Adviser)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:**

Now return application to OHS Administration

### 8. TO BE COMPLETED BY OHS ADMINISTRATION

This application copied to employee's oh record

This original application returned to Personnel Branch

### 9. PERSONNEL / LINE MANAGER DECISION

In the light of OHS advice, I have further considered this application and discussed it with the applicant.

I recommend: (please tick one below only).

Adjustment(s): <input type="checkbox"/>	Describe adjustment(s) and how/when to be implemented:
---	--

No adjustment: <input type="checkbox"/>	Explain why you are not recommending any adjustment:
---	--

SIGNED

DATE

Please now return this form to the applicant. You may wish to keep a copy for your records.

## OHS5 DISABILITY ASSESSMENT

**PLEASE REMEMBER THAT THIS FORM, ONCE COMPLETED, MAY CONTAIN SENSITIVE PERSONAL DATA ABOUT AN INDIVIDUAL WHICH YOU MUST PROCESS SECURELY.**

**INFORMATION YOU SUPPLY TO OHS MAY BE DISCLOSED BY OHS IN COMPLIANCE WITH DATA PROTECTION, ACCESS TO MEDICAL RECORDS OR OTHER LEGISLATION. PLEASE THEREFORE CONSIDER CAREFULLY ANY SUPPORTING INFORMATION WHICH YOU ARE THINKING ABOUT PROVIDING TO OHS.**

**WHEN COMPLETING THIS APPLICATION, PLEASE SAVE IN THE FORMAT OHS5YOUR  
NAMEYOUR NATIONAL INSURANCE NUMBER eg OHS5JANESMITHWB334455C**

# APPLICATION FOR DISABILITY ASSESSMENT

## GUIDANCE FOR APPLICANTS

### 1. INTRODUCTION

- 1.1 A disability is defined as any physical or mental impairment which has a substantial and long term (lasted or expected to last 12 months or more) adverse impact on your ability to carry out normal day-to-day activities. This is explained more fully in the “disability explained” section below.

### 2. WHAT IS AN ADJUSTMENT AND WHY SHOULD I CONSIDER APPLYING?

- 2.1 If you have a disability or long term health condition, an adjustment may help you:

- to manage your condition better at work;
- to remain in work; or
- to return to work following a period of sickness absence.

- 2.2 Making an application for disability assessment enables:

- you to seek adjustments in your workplace or working conditions;
- your employer to consider adjustments; and, where appropriate,
- the Occupational Health Service to provide advice to your employer to help them decide whether or not they can accommodate adjustments for you.

### 3. HELP WITH COMPLETING YOUR APPLICATION FOR DISABILITY ASSESSMENT

- 3.1 An application for disability assessment may not be the most appropriate means of addressing your needs. Therefore, please read this section carefully before completing an application.

- 3.2 If you think you require some form of adjustment at work because of a disability or long term health condition, you should complete Parts 1 - 4 of the application form OHS5 and submit this to your line manager. Please ensure that you provide as much information as possible. Where possible, you should clearly specify what adjustment(s) you are seeking.

- 3.3 Your line manager will discuss your application with you and will complete Part 5. Your line manager will often be able to decide whether they can or cannot accommodate adjustments without needing to refer your application to OHS. If so, your line manager will explain this in Part 5 and return the application to you.

- 3.4 If your line manager requires the Occupational Health Service to carry out an assessment before they can decide whether they can or cannot accommodate an adjustment, they will complete Part 5 accordingly and return the application to you so that you can obtain a medical report, at your own expenses, from your GP or hospital Specialist. You should then forward both your application and the medical report to your Personnel Branch who will forward it to OHS. **The medical report should be in a sealed envelope marked PROTECT – MEDICAL and addressed to OHS.** Make sure that Parts 1 - 5 of your application have been fully completed and signed. You must enclose a report from your GP or hospital Specialist; if you do not, OHS will not be able to consider your application and will return it to you.

- 3.5 You may be called for an examination by an OHS medical or nursing officer as part of the OHS assessment of your application. If the OHS adviser wants to seek further information about you from your GP or specialist, they will explain this to you and ask you whether you wish to consent to OHS seeking further information. If you do not consent, OHS will not seek further information.
- 3.6 Once the OHS adviser has considered your application, OHS will return your application to your personnel branch who will contact you and your line manager about your application. Your employer's health and safety adviser may also be involved. Your employer may also seek advice from the Departmental Solicitor's Office about disability discrimination or other legislation.
- 3.7 Your employer makes the final decision about whether adjustments are reasonable and can be accommodated. Your application will be returned to you with Part 9 completed by your personnel branch or your line manager explaining the decision and summarising the way forward.

#### **4. CIRCUMSTANCES WHERE AN APPLICATION FOR DISABILITY ASSESSMENT SHOULD NOT BE USED**

- 4.1 If you wish to register yourself with your employer as disabled, you should do this through the HR Connect system. An application for disability assessment should not be used to register your disability.
- 4.2 If you are interested in moving to a post in a different location, you should consult your line manager, personnel branch grade management section, or, if appropriate, your welfare officer. An application for disability assessment should not be used to seek a transfer of location.
- 4.3 An application for disability assessment should not be used for the sole purpose of addressing the managing attendance triggers set out in CSC 7/04. The application of these triggers is a matter for your personnel branch and line manager.

#### **5. DISABILITY EXPLAINED**

- 5.1 A disability is defined as any physical or mental impairment which has a substantial and long term (lasted or expected to last 12 months or more) adverse impact on your ability to carry out normal day-to-day activities. The explanations below are not an authoritative interpretation of the law. You can obtain further information about how the NICS addresses disability issues in the workplace in the NICS Staff Handbook, including the Code of Practice about the Employment of People with Disabilities in the Northern Ireland Civil Service and guidance for line managers about managing attendance for people with disabilities.

##### ***Normal day-to-day activities***

- 5.2 The Disability Discrimination Act 1995 (DDA) states that one or more of the following must be affected in a substantial and adverse way:
- Mobility
  - Manual dexterity
  - Physical co-ordination
  - Continence
  - Ability to lift, carry or otherwise move everyday objects
  - Speech, hearing or eyesight
  - Memory or ability to concentrate, learn or understand

- Perception of the risk of physical danger

5.3 A normal day-to-day activity is something that is 'normal' for most people, and that is carried out on a daily or regular basis. Normal day-to-day activities do not include activities that are only normal for a particular person or a group of people. The DDA does not count work and hobbies as normal day-to-day activities. This is because no particular job or hobby is 'normal' for most people. However, some activities you carry out whilst at work or as part of a hobby, for example, writing would be included.

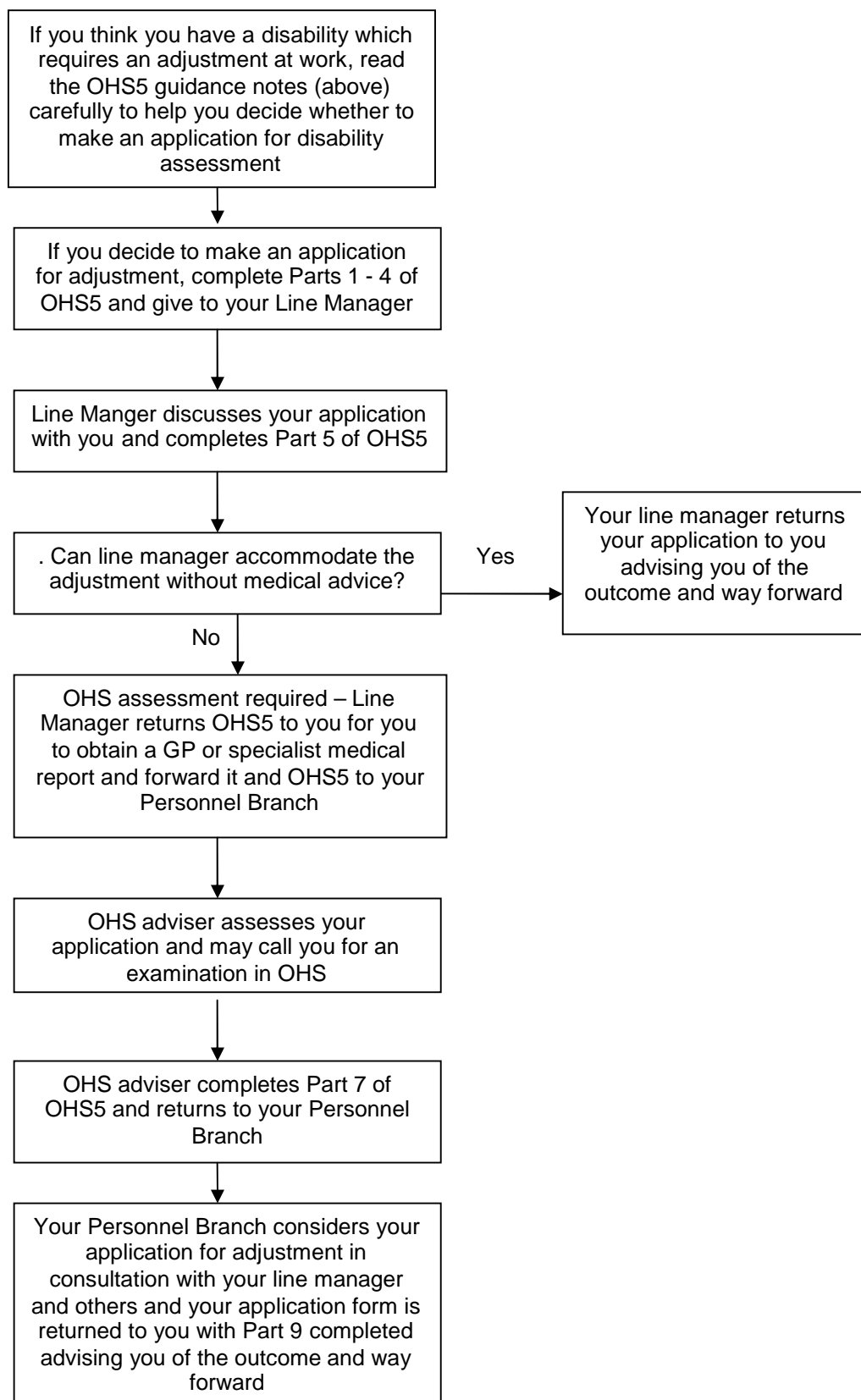
5.4 When thinking about whether an impairment affects your normal day-to-day activities, think about:

- tasks you cannot do
- tasks you avoid doing
- the time and effort you spend on a task or activity
- any indignity, discomfort or pain you experience while doing a task.

5.5 Examples of a substantial, adverse effect on normal day-to-day activities could include:

- difficulty in lifting or carrying shopping
- difficulty in going up or down stairs or steps
- inability to use a knife and fork at the same time
- frequent loss of control of the bowels
- inability to speak clearly enough to give basic instructions to another person
- inability to hear and understand another person speaking clearly over the telephone
- inability to write a cheque without help
- persistent inability to remember the names of familiar people, such as family or friends.

## 6. Summary of the Disability Assessment process



**OHS 4 – APPEAL FORM**

**REFERRAL TO OHS**

		<b>REFERRING ORGANISATION:</b>  (abbreviation sufficient)	
<b>1. EMPLOYEE DETAILS</b>		<b>NI NUMBER: (essential)</b>	
Surname:		Home address:	
First name:		Postcode:	
Title:(Mr/Mrs/Ms/Dr etc)		Home Tel No:	
Date of Birth:		Mobile Tel No:	
Payroll No:		Home email:	
Job title:			
Location:			
Date of appt to present post:			
Work pattern:			
<b>General Practitioner</b>		<b>Specialist (if any)</b>	
Name			
Address			
Postcode			
<b>2. REFERRING OFFICER'S CONTACT DETAILS</b>		<b>FOR OHS USE - DATE RECEIVED STAMP</b>	
Referred by: (Name)			
Organisation:			
Org Address:			
Postcode:			
Org contact Tel No:			
Org contact email address:			
Date referred:			

<b>3. REASON FOR APPEAL (tick one only)</b>		
Appeal against OHS medical advice that employee was:		
Fit for work		<b>SUPPORTING INFORMATION REQUIRED FROM THE EMPLOYEE MAKING THE APPEAL – PLEASE REFER TO NICS STAFF HANDBOOK FOR DETAILS.</b>
Not fit for work		
Appeal against OHS medical advice that employee:		
Met criteria for early retirement on medical grounds		
Did not meet criteria for early retirement on medical grounds		
<b>4. SUPPORTING INFORMATION</b>		
Please list supporting information being provided:		

ONCE YOU HAVE COMPLETED THIS FORM, PLEASE SUBMIT IT IN HARD (PAPER) COPY TO OHS AT THE POSTAL ADDRESS BELOW. PLEASE ENSURE THAT THE SUPPORTING INFORMATION THAT THE EMPLOYEE IS REQUIRED TO PROVIDE ACCOMPANIES THIS FORM (IF APPROPRIATE, IN A SEALED ENVELOPE MARKED MEDICAL IN CONFIDENCE OR PROTECT – MEDICAL).

OCCUPATIONAL HEALTH SERVICE  
GROUND FLOOR  
LINCOLN BUILDING  
27-45 GREAT VICTORIA STREET  
BELFAST  
BT2 7SH

**PLEASE REMEMBER THAT THIS FORM, ONCE COMPLETED, MAY CONTAIN SENSITIVE PERSONAL DATA ABOUT AN INDIVIDUAL WHICH YOU MUST PROCESS SECURELY.**

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**Occupational Health Service  
Lincoln Building**  
27-45 Great Victoria Street  
BELFAST BT2 7SH  
Tel: (028) 9025 1888  
Fax: (028) 9025 1539  
email: [ohs@dhsspsni.gov.uk](mailto:ohs@dhsspsni.gov.uk)

# CONSENT TO RELEASE PERSONAL MEDICAL INFORMATION

<b>YOUR DETAILS</b>									
1. Full name (CAPITAL Letters)									
2. Date of Birth	3. National Insurance Number								
4. What is the full name and address of your family doctor?	5. If appropriate, what is the full name and address of your hospital specialist/private consultant								
<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

<b>THIS BOX MUST BE COMPLETED IN ALL CASES</b>	
<b>Declaration</b>	
> I agree to my family doctor and, if necessary, my hospital specialist giving information about my medical condition to the OHS.	
> I understand that this information is in medical confidence and that any advice given to the management about my health relating to my work will be in general terms only.	
> I also understand that should I want to see the information supplied to the OHS by my family doctor or hospital specialist, I may have to pay a reasonable fee for any report which is supplied.	
Under the terms of the Access to Personal Files and Medical Reports (NI) Order 1991 summarised below, do you wish to see information about your medical condition before it is supplied to the OHS by your family doctor or hospital specialist?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Signature <input style="width: 200px;" type="text"/>	Date <input style="width: 100px;" type="text"/>

**Under the terms of the Access to Personal Files and Medical Reports (NI) Order 1991:**

- You have the right to withhold your consent for the Civil Service Occupational Health Services (OHS) to apply to your family doctor or hospital specialist for medical information. If you give your consent you have the right to see information about your medical condition before it is supplied to the OHS.
- You will have 21 days from the date of the OHS letter notifying you that a medical report has been requested in which you ask your family doctor or hospital specialist to let you see the report.
- Your family doctor or hospital specialist will tell you if you cannot see any part of the report for professional medical reasons.
- If you are given access to your report your family doctor or hospital specialist will not send it to the OHS until you give your consent.
- If you regard any information in the medical report as incorrect or misleading, you can ask in writing for it to be amended. **(Please note – If your family doctor or hospital specialist does not accept that the information is incorrect or misleading, they are not required to make any amendment; but in these cases your family doctor or hospital specialist will invite you to prepare a written statement on the disputed information which will be attached to the medical report when it is sent to the OHS).**
- Subject to the provisions of the Order, you have a right to see information about your medical condition for up to six months after it has been sent to the OHS.
- If your family doctor or hospital specialist gives you a copy of the medical report at your request, they may charge you a reasonable fee to cover the cost of supplying it.

# ANNEX 11

## EVIDENCE BASED PRACTICE in SICKNESS ABSENCE CASE MANAGEMENT – EXAMPLES OF RELEVANT GUIDANCE

### A. Management of Sickness Absence in the Northern Ireland Civil Service

#### Northern Ireland Audit Office – May 2008

##### Introduction

- Acknowledges that staff will become sick
- Absence levels are high compared to GB – by over 1/3
- Long term absence accounts for 70% of total
- Mental ill health is the main cause of absence
- Female absence twice that of males and of GB counterparts
- Differing patterns of absence within different departments.

##### Absence reduction strategies

- Target key problem areas and focus on getting people back to work sooner
- More needs to be done to address the causes and improve the management of long term absence
- Female absence needs to be explored further with a view to reduction as a matter of urgency
- More needs to be done to address the causes and improve the management of stress-related absence
- Senior management commitment is not evidenced in performance agreements and formal reporting mechanisms.

##### Policies & procedures

- Review annual targets across all departments – evidence –based and prepare detailed action plans
- Set separate targets for major business areas, hotspots of high absence and major causes e.g. work-related absence
- Absence reduction targets in Public Service Agreements and Key Performance Targets
- CPG to receive copies of all departmental plans for central monitoring and Ministerial briefing
- More needs to be done to address the causes and improve the management of stress-related absence
- Best practice policies are in place but these are not being applied in practice
- A programme of audit to be undertaken within a three year cycle – CPG to receive copies of reports
- HR Connect to be kept under review to ensure adequate HR support is provided to line management
- Absence management a core competence for line managers with associated training – standardised for all managers and to include case management, referrals to OHS and return to work interviews
- All line manager performance agreements to include an absence reduction objective
- Investigate the extent to which organisational factors influence their absence management performance with a view to drawing up plans to proactively address them:

- organisational change
- uncertainty and job role ambiguity
- high work demands
- low task variety
- lack of job autonomy & control
  
- problem IT systems
- difficult customers
- complex & demanding work
- perceived lack of recognition.
  
- Departments have in place, use and evaluate measures to support attendance:
  - Health promotion
  - Healthworks
  - Employee Assistance Programme
  - Welfare Service.

### **Management of long-term absence**

- Departments have not achieved significant reductions in LTS and are not taking a pro-active approach to reducing stress-related absence
- Use of *HSE Management Standards for Stress* approach
- Make earlier referrals to the OHS
- Consider quicker OHS appointment times and the resource implications
- DFP to carry out a LTS case review assessment, in conjunction with departments and OHS, of all those absent over 6 months
- Consider another physiotherapy pilot scheme.

## **B. The Management of Staff Sickness Absence in the National Probation Service. National Audit Office 2006.**

### **❖ The National Probation Service model sickness absence policy includes a number of good practices in how to manage long-term sickness absence cases**

- Maintain regular telephone contact with employees and a Home Visit (where agreed) within the first 28 days and thereafter as appropriate. All contacts must be recorded.
- Refer the case to occupational health services after 20 days.
- Hold a case conference after 40 days, and have regular reviews thereafter.
- Forewarn the employee and take appropriate payroll action when the length of sickness absence triggers such actions.
- Offer some flexibility in arrangements in order to help the employee return to work. Such options could include changes to work hours or modified duties.

### **❖ Key Good Practices in Sickness Absence Management**

- Return to work interviews.
- A defined process for taking formal action.
- Measures to address long-term sick absence including occupational health services.
- Supportive measures (access to counselling, health screening, flexible working).
- Senior management commitment.

Good quality information.

**C. A Revised Framework for Managing Health, Safety and Sickness Absence in the Public Service. A joint review by the Ministerial Task Force for Health, Safety and Productivity and the Cabinet Office. November 2004.**

❖ **Departmental Commitment**

- Department to demonstrate its general intention, approach and objectives for the management of health and safety within the Department.
- Board Member (Champion) with responsibility for delivering improvements in each department.

❖ **Accurate data collection on the causes of ill health, injury and sickness absence**

- Systems in place to ensure that, at every level, staff are aware of their responsibilities to submit injury, illness and sickness absence data.
- Monitoring and analysis of data takes place at organisational and 'team' level so that trends can be identified and addressed.
- Monitoring/identification of costs of absences.

❖ **Setting of targets for reduction**

- Establish departmental baselines.
- Targets and milestones to achieving them to be agreed in conjunction with employee representatives (TU, etc).
- Public reporting against progress to achieving targets in Departmental Annual Reports.

❖ **Implementation of measures to reduce ill health, injury and sickness absence**

- Identify key areas from data sources.
- Establish what works.
- Put in place relevant employee assistance schemes and provide training to equipped managers with the right skills to deal with issues and just training on the system and procedures.
- Identification and use of tools for addressing issues.
- Employee assistance schemes in place.
- Put in place procedures for the rehabilitation of sick or injured employees to get them back to work as soon as possible.
- Develop and implement measures (with employee involvement) with built in evaluation aspects.

❖ **Arrangements in place for monitoring and evaluating success of 'measures' in meeting targets**

- Systems in place for checking against agreed milestones.
- Board 'Champion' provided with regular reports on progress.
- Evidence collated on whether measures are working and warrant further dissemination.

❖ **Reporting progress on meeting targets to Task Force / PSX Committee**

- Report on progress towards overall Task Force targets.
- Share examples of best practice across Task Force / Public Sector.

## D. Current Thinking on Managing Attendance – A Short Guide for HR Professionals. National Audit Office Research Paper 2004.

Measures to support attendance	Description	Comment on Effectiveness
Good communication of policy	Clear launch of policy with support of senior management, top down dissemination, training of managers and guidance available on paper and intranet.	Best practice guidelines stress the importance of all these actions in introducing and establishing an effective absence policy.
Health promotion	Comprises three types of activity: raising awareness of health issues, lifestyle change interventions and sustaining a healthy work environment.	Difficult to prove that these activities are successful as there are other influences on employee health. Complements attendance and rehabilitation policies and demonstrate the employer's concern for the well-being of their staff. Such actions contribute positively to the 'employer brand' as perceived by current and future employees. Higher engagement levels are experienced by organisations which demonstrate a concern for employees' welfare.
Occupational health services (OHS)	OHS consists of occupational health practitioners including physicians, hygienists, psychologists, ergonomic experts and occupational health professionals who can evaluate reason for absence, conduct health assessments, assist in planning returns to work and promoting good health. Services can be provided in-house or externally depending on size of organisation.	Assessed to be one of the leading means of reducing absence, particularly effective in managing long term sickness.
Employee Assistance Programmes (EAP)	External EAP providers supply a range of services to organisations, central ones being counselling, other forms of assistance, advice and information to employees.	Have been shown to reduce sickness levels and to be cost effective.
Flexible working	Flexible working includes flexible start and finish times, job-sharing, term-time contracts, annualised hours, moving from full to part time working.	Enables employees to better manage work life balance. Reduction in days lost to sickness often attributed to introduction of flexible working by HR professionals.
Financially rewarding attendance	Employees with good attendance records are rewarded with bonuses or become eligible for other prizes.	Shown to motivate those with good attendance, but not chronic absentees. Penalises those who are genuinely sick, but once threshold is reached incentive effect becomes lost. Major disadvantage is that schemes encourage those who are ill to come to work and infect others.

Measures to support attendance	Description	Comment on Effectiveness
Recognising good attendance	Good personal attendance is recognised by senior management in personal letters, staff magazines or briefings.	Shown to be effective.
Duvet days	Days that can be taken by phoning in on the day when individual feels that cannot face work but are not ill enough to merit a sick day. Usual for employees to have a limited number of such days available and often line manager's approval is needed. Not treated as sick leave, but frequently deducted from annual leave.	No research available on duvet days but give staff flexibility and ensure absence figures are more likely to be genuine. Only appropriate in organisations which can cope with unexpected absence at short notice. Unless days are deducted from annual leave, become a sick leave allowance which is costly and promotes the acceptance of absence.
Medical services on site	The provision in workplace of services such as occupational health nurses, counselling, physiotherapists, health checks, back pain clinics and flu vaccinations	Evidence exists that services are effective in reducing absence as staff do not have to wait for treatment or take time off to go to external providers. An expensive approach but shown to be cost effective.
Private medical treatment	Organisations either offer provide healthcare as a benefit to all staff or pay for treatment.	Evidence that reduces time away from work and makes return easier. Costs and benefits need to be assessed when individual cases are considered.
Disability case management	In cases of long-term absence, all individuals who can contribute to a plan for rehabilitation are brought together.	Shown to clearly aid the return to work of long-term sick employees.
Line manager responsible for absence management	Line managers are primarily responsible for handling the absence of staff on a day to day basis and sometimes through to dismissal.	Evidence shows line manger is less successful in managing absence than HR or senior managers. Training for managers in addressing absence and support is essential.
Role clarity in handling absence	The roles and responsibilities of line managers, senior managers, HR, OHS and EAPs are defined and known in an absence policy.	Evidence shows that role clarity contributes positively to the management of absence, particularly long-term absence. This prevents cases becoming 'lost' between professionals.
Measuring absence	Provision of accurate, timely and accessible information on absence and its causes.	Measurement of absence is cornerstone of a successful policy. Enables the understanding of the causes and characteristics of absence. Active monitoring shown to demonstrate to employees that the issue is taken seriously.

<b>Measures to support attendance</b>	<b>Description</b>	<b>Comment on Effectiveness</b>
Return to work interviews	Involves line manager holding interviews with staff on the day they return to work after every period of sickness. Purpose is to welcome individual back, check they are recovered, review absence record and provide opportunity to discuss any underlying problems contributing to absence	Recognised as the most powerful tool in managing absence. Gives the opportunity to show individual they were missed. To be effective must be handled sympathetically and require managers to be trained.
Use of trigger points	Defined level of absence at which a personal absence review becomes essential and possible disciplinary action considered.	Regarded as one of the most effective tools in managing absence. Provides a common understanding within an organisation of the level of absence that is unacceptable. Trigger points need to be used with discretion and take into account individual circumstances. Danger that they can be used too rigidly and unreasonably. Effective use depends on managerial training and confidence.
Procedures for short-term absence	Short-term absence is usually regarded as less than four weeks and has a defined approach.	Having clear procedures for the notification of absence by employees and the resulting managerial actions clearly contribute to reducing absence.
Procedures for long-term absence	Long-term absence is usually defined as absences of four weeks and over.	Research shows that this absence needs clear proactive approach. Staged procedures allow employees time to recover, provide targets to be met, enable medical evidence to be collected and allow dialogue about rehabilitation.
Attendance criteria used for selection	Screening of potential recruits' past attendance records before offering employment.	Shown to reduce overall absence. Care needs to be taken over the causes of absence where a disability may be involved.
No pay for initial sick days	Removal of pay for the first two or three days to reduce short-term absence.	No evidence for the efficacy of policy. Some evidence that it results in longer absences as employees take extra days to demonstrate they were seriously unwell.
Sick notes for all absence	Sick note from a doctor required for all absences no matter how short.	No evidence found to support this measure. Some evidence that leads to increased absence as more sick days taken to demonstrate seriousness of condition.
Nurses to screen absence notification calls	Employees phoning to report that they are sick are required to speak to nurses who assess their symptoms.	Some American evidence available that this is successful in reducing short-term absence. Deters those not genuinely ill and gives opportunity to advise sick employees about recovery and return to work.

## **E. Department for Work & Pensions. Managing Attendance in the Department for Work & Pensions. National Audit Office. 2004.**

### **❖ To Reinforce the Culture of Attendance**

Underline the Department's commitment to reduce absence and improve workplace health. The Department and the Health and Safety Executive have developed a framework for the delivery of improvements to health and safety, including sickness absence. This should include re-emphasising senior management commitment to delivering improvements; clear rules and targets; a work environment which better recognises good performance and attendance; more intensive support to overcome problems that lead to long-term absences; and the implementation of measures to reduce ill-health, focusing on key areas, such as stress, identified by absence data.

### **❖ To Communicate Attendance Policies Better**

Consider a Department-wide relaunch of the attendance policy as amended. The Department needs to make sure that it communicates clear, consistent messages to all staff to develop a shared understanding of its aims and targets, employees' roles and responsibilities, and the support available. The relaunch should emphasise senior management commitment to securing good attendance management and take account of lessons learned from the Department's own evaluation and our work.

### **❖ To Use Management Information More Effectively**

Use management information to better analyse patterns of absence and target interventions on areas which are likely to deliver significant improvements in attendance. The Department is developing a new staff information system to manage attendance rather than relying on the two current payroll systems, which do not provide timely, reliable data because of delays in data input and lack of validation of data. The new system needs to get accurate information to managers more quickly, permit effective monitoring of compliance with procedures, and enable managers locally to identify and tackle causes of absence.

### **❖ To Ensure Managers Can Fulfil their Role**

*Strengthen the monitoring of management actions:* Inconsistent treatment of absentees and failure to manage absences actively are factors in preventing improvements in attendance. Business partners, the human resource specialists located in the Department's business units, need to provide more support for senior managers to ensure consistent application of procedures and that appropriate action is taken to manage individual absence.

*Consider reassigning responsibility for some elements of attendance management from the most junior managers.* Whilst it is good practice for line managers to deal with day to day absences, disciplinary processes and the management of very long-term absences require more specialist knowledge which it is unreasonable to expect of inexperienced first-line managers. This might be overcome by involving middle managers in unsatisfactory absence cases or giving responsibility to a specialist absence manager at operational level in each region.

*Provide More Support for Line Managers:* Many managers lack the knowledge and confidence to manage attendance effectively. Their competence levels could be improved by mentoring for new managers, an easy-to-follow guide to the key elements of attendance management and the availability of direct contact with a medical professional (for instance, on-site occupational health nurses as piloted by the Child Support Agency).

*Develop More Effective Attendance Management Training:* Managers need more training to ensure attendance policies are implemented fairly and consistently; in how to deal with difficult personal issues; in how to raise staff morale; and in what to expect from occupational health. The Department also needs to encourage more staff to take up training to develop key management skills.

*Clarify the role of Occupational Health and Other Welfare Support and Ensure Performance Targets are met:* The Department should focus the efforts of occupational health on support for long-term absences and rehabilitation. It should work with Atos Origin to ensure they meet the agreed performance targets. Greater use should be made of the Employee Assistance Programme for short-term issues and to provide management advice. The Department should make greater use of information on the issues presented to the providers to identify underlying causes of absence.

*Spread Information on Good Practice Actions Widely Amongst Managers:* The table overleaf sets out key examples of good management which our fieldwork indicates should be followed in implementing the Department's policy at a local level.

**F. Department for Regional Development: Management of Industrial Sickness Absence. Northern Ireland Audit Office. 2003.**

**1. Policies and Procedures**

- Include sickness absence as a key performance indicator to be reported in their annual reports and accounts.
- Carry out a thorough analysis of their current patterns of sickness absence and set separate targets for industrial sickness absence, with annual target reductions to achieve an overall reduction to an acceptable level within three to five years.
- Consider setting separate targets appropriate to individual Divisions and for short and long term absence. This would inform line management action and concentrate efforts on those areas likely to yield the greatest contribution to an overall reduction.
- Review the 1998 Cabinet Office report to ensure that their approach to the management of sickness absence fully reflects current best practice. In addition, Roads Service should publicise its sickness absence policy and procedures more widely to ensure that staff have a clear understanding of how absence is managed and what is expected of them.

**2. Management of Sickness Absence**

- Roads Service should consider adopting the 'Bradford Formula' as a means of identifying those staff with excessive intermittent absences, as this prompts management action at an earlier stage than current procedures. This would have the added advantage of ensuring consistency of treatment throughout the Department.
- Management review should be undertaken in all cases where trigger points are breached and the outcome of the review should be recorded on the employee's personal file, irrespective of whether any further inefficiency action is taken.
- Guidance should be issued to line managers to ensure that, where performance remains unsatisfactory during a review period, repeated warnings are not issued rather than moving onto the next inefficiency stage. Both Agencies should also review their procedures to ensure that where performance improves during a review period but subsequently relapses, inefficiency procedures do not restart from the beginning. Agencies should consider giving warnings a currency beyond the review period (say two years) whereby any relapse within the longer period would result in a move automatically to the next inefficiency stage.
- Return to Work Interviews should be formally recorded using a pro forma of the kind originally used by Water Service. This is important to ensure that interviews are conducted for all absences and that any problems identified are formally addressed.
- Both Agencies should update the training provided to line managers and supervisors and provide training to employees to explain what is expected of them at Return to Work Interviews.
- Guidance should be issued to all staff clearly setting out the circumstances when the withdrawal of self-certification rights would be appropriate.

- Both Agencies should explore, in consultation with the Occupational Health Service (OHS), the potential for reducing the length of time taken between referral of employees to OHS and a definitive outcome in terms of a return to work or termination of employment either by dismissal or ill-health retirement. Roads Service and Water Service should also establish Service Level Agreements with OHS in which lead times for medical examinations are clearly defined.
- Both Agencies should consider implementing a formal periodic review (possibly monthly) of all outstanding cases, at which decisions on the management of long-term absences could be reviewed and documented. The Agencies should also consider involving OHS in the process.
- Roads Service and Water Service should use modified or adjusted duties as a means of rehabilitating staff who have been absent for long periods but who are expected to recover fully. Since the capacity to employ staff on modified or adjusted duties is likely to be limited, both Agencies should define when the use of such duties is appropriate.
- Both Agencies should review the reasons for the increase in the level of medical retirements in recent years and ensure that both their own policies and the advice of OHS are being applied appropriately and consistently.
- Better use should be made of probationary periods to identify employees who are likely to be poor attenders and such employees should not be confirmed in post if their attendance does not meet acceptable standards. Both Agencies should also consider extending probationary periods where there is a continuing doubt but, if necessary, full use should be made of the probationary period to expedite dismissal procedures.
- Roads Service and Water Service should emphasise to line managers that they are responsible for the implementation of absence management policies and procedures and, to reinforce this point, personal objectives should be set for the achievement of agreed target reductions in the level of sickness absence.
- Roads Service and Water Service should examine the 'Managing Attendance Practice Review Programme' initiated by the Social Security Agency as part of its plan to reduce absence in line with the Cabinet Office's recommendations and consider the merits of adopting a similar approach within their respective Agencies.

## **G III Health Retirement. Review of Ill Health Retirement in the Public Sector. HM Treasury. 2000.**

### **Principles – Ill Health Retirement**

- employees should have access to ill health benefits where their state of health justifies it;
- employers should take all reasonable steps to prevent staffs' health deteriorating to a point where ill health retirement becomes an issue;
- no employee should be retired on health grounds when suitable alternative employment can be found for them or where there are more appropriate exit routes; and
- the procedures for awarding ill health benefits must be founded on good quality, objective and impartial medical advice.

## **H Working Well Together Managing Attendance in the Public Sector – Cabinet Office, 1998.**

### **Working hours**

Review the scope for offering more flexible working hours.

### **Caring/social factors**

Review whether their policies respond sympathetically to exceptional demands on staff from outside work. It would be useful to know whether you have arrangements in place to record compassionate or carers leave separately.

### **Health awareness**

Consider adopting or participating in health awareness programmes for their staff.

### **Welfare**

Encourage staff to make full and effective use of welfare and counselling services in order to minimise sickness absence.

### **Self certification**

Have arrangements in place to withdraw from individuals the facility to self certify sickness absence and provide clear guidance on when this is appropriate.

### **Measuring sickness absence (ONS and Cabinet Office only)**

The ONS, in consultation with Cabinet Office statisticians, revise their questions on sickness absence so that data can be published on the percentage of time lost to sickness absence.

### **Policy formation**

Sickness policies set out the organisation's undertakings in providing for the health of its staff by June 1999.

### **Fairness**

Absence policy should apply to staff at all levels within the organisation.

### **Early contact**

- Set a specific time on the first day's absence by which employees should make contact with their employer;
- Make clear who should be contacted. This should normally be the line manager with a named alternate if they are unavailable.

Set down what information should be provided and how this should be recorded.

### **Follow up contact**

Maintain frequent contact with absent staff, and on each occasion agree on the date and form of the next contact.

Has your department carried out any follow up audits to test how effectively and consistently these policies are implemented?

### **Recording of absence data, for each employee**

- Total working time lost for each spell of absence, measured to the nearest half day;
- The number of separate spells of absence.

### **Return to work**

- Undertake return to work interviews after each period of absence;
- Set clear guidance for the setting, content and conduct of such interviews;
- Record the actions agreed;
- Train all staff before return to work interviewing begins.

### **Trigger points**

- Define review points to trigger management action based on an individual's cumulative absence from work;
- Provide clear guidance on the range of line management actions available; and provide advice and training on selecting the most appropriate option.

### **Occupational health**

Consider introducing progressively earlier or wider referrals to occupational health services to address cases of injury or sickness.

### **Targets**

- Set at the minimum an overall organisational target for attendance which is quantified and dated;
- Set a common targets level of absence to be achieved throughout their organisation with target rates of progress towards this level varying up or down according to local circumstances.

### **The way forward. Also recommended**

- Public sector organisations should normally adopt the best practice principles and techniques identified in this review;
- A challenge to all parts of the public sector to reduce their average current sickness absence rates by 20% by 2001, and by 30% by 2003 (see recommendations 22 and 23 above);
- Public sector organisations study over a trial period their true levels of absence by end 1999 and use these as a benchmark for judging improvements in performance;
- Sponsoring departments, in liaison with the Cabinet Office and in consultation with employer and trade union representatives commission preparation and delivery of a professional programme to roll out and stimulate take up of best practice.