

Northern Ireland Civil Service Occupational Health Service

“Happy, healthy and here . . .”

OHS Open Day & Sickness
Absence Workshop

3rd December 2007

*Northern Ireland Civil Service
Centre for Workplace Health Improvement
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“Happy, healthy and here . . .”

Programme

09.30 – 10.00 Sickness Absence – Overview

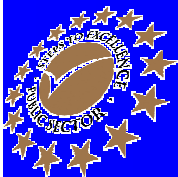
10.00 – 10.15 Sickness Absence – Using OHS

10.15 – 10.45 Break

10.45 – 12.15 Workshop

12.15 – 1.15 Conclusion and Lunch

1.15 Tour of OHS



Sickness Absence & Occupational Health Dimension

**Dr Ken Addley
Director OHS**



3rd December 2007

Background Information

General Case Management

Role of Occupational Health



Background Information



Sickness Absence

**Absence from work attributed by
employee to sickness
AND accepted as this by employer**



Cost of Absence – NICS 2006/07

Overall £25.6m

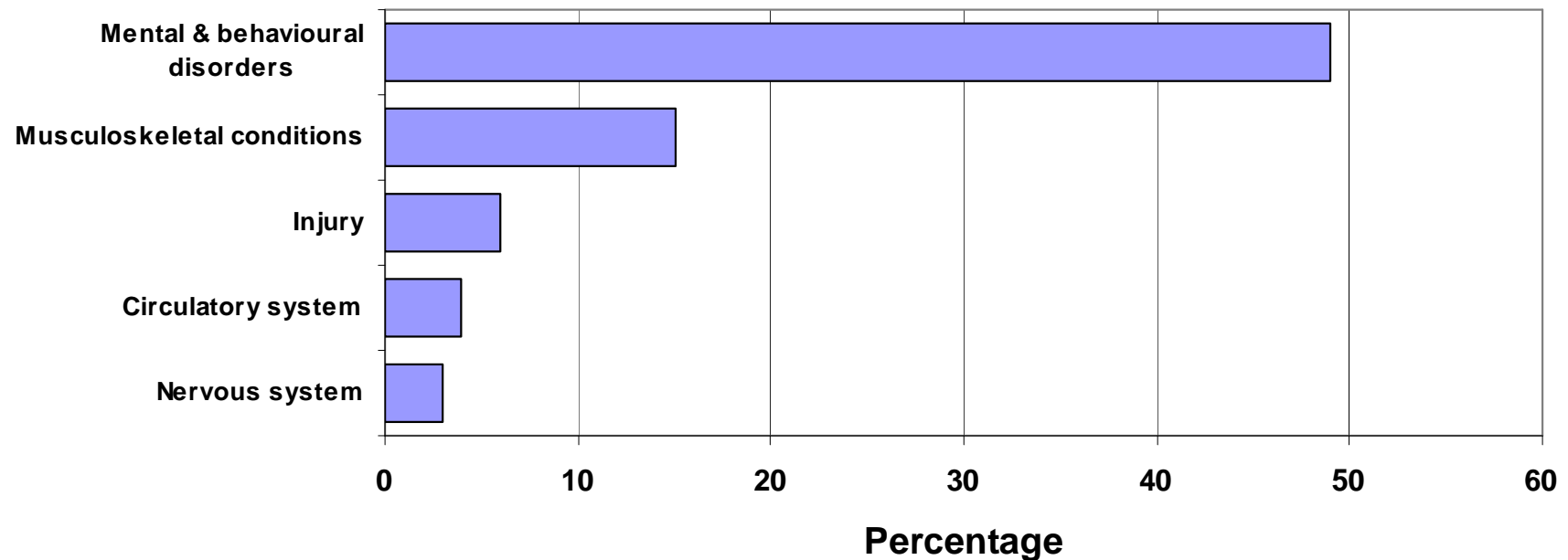
Psychiatric/Psychological	£7.5m [38 days]
Injury/Accident	£3.1m [17 days]
Viral/Bacterial/Infection	£2.8m [4 days]
Pregnancy Related/Postnatal	£2.8m [22 days]



*Analysis of Sickness Absence in the
NI Departments 2006/2007. NISRA*

Referrals to OHS 2006/07

Sickness Absence Referrals to OHS by Medical Classification - top 5: 2006/07 (n= 3691)



Half of all cases referred to OHS have a mental health problem - 49%

Musculoskeletal problems represent - 15%



Sickness Absence - Predictors

- Junior grades
- Female staff
- Poor job satisfaction
- Customer facing job tasks
- Job insecurity
- Culture of absence
- Previous poor record on joining



Marmot et al., Whitehall Studies



Food for Thought

- 90% of those absent at 4 weeks still absent at 3 months
- 60% of those absent at 3 months still absent at 1 year
- The longer the absence the greater the obstacle to return



Working Well, Cabinet Office



. . . . More Food for Thought

- Long Waiting Times for Hospital Outpatient Appointments
- Long Waiting Times for Investigations and Operations
- High rate of claim for Incapacity Benefit and Disability Living Allowance
- Generous Sick Pay Scheme
- Highly Litigious



Illness Behaviour

- The social context and culture
- Not solely dependent on the underlying health condition (limited correlation)
- People with similar illnesses may or may not be incapacitated
- Roles of attitudes and beliefs, emotions and coping, motivation and effort



Prof M Awlward, Dept Work & Pensions



General Case Management



Case Management Approach 1

- 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;
- 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;



Case Management Approach 2

- 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;
- considers the provision of health promotion and other activities which promote employee well-being as a means of preventing or minimising absence.



DEL/DFP/OHS Project (1)

- Adopt a case management approach
- Early referral of cases
- Good communication & effective interaction
- Use of case conferences
- Information sharing
- Consideration of adjustments



DEL/DFP/OHS Project (2)

- Pre-maternity leave seminars
- OHS Open Days for personnel staff
- Physiotherapy & Rehabilitation pilots
- Nurse telephone triage service
- OHS internet website
- Revised 'found fit' letter for GP's
- Typed OHS reports



Role of OHS



Occupational Health Role 1

- **An efficient case referral process**
- **Assess medical condition**
- **Advise on fitness for work +/- adjustments or IHR**
- **Liaise with other doctors / specialists**
- **Facilitate Staff Handbook Appeal Process**
- **Provide appropriate and timely reports**



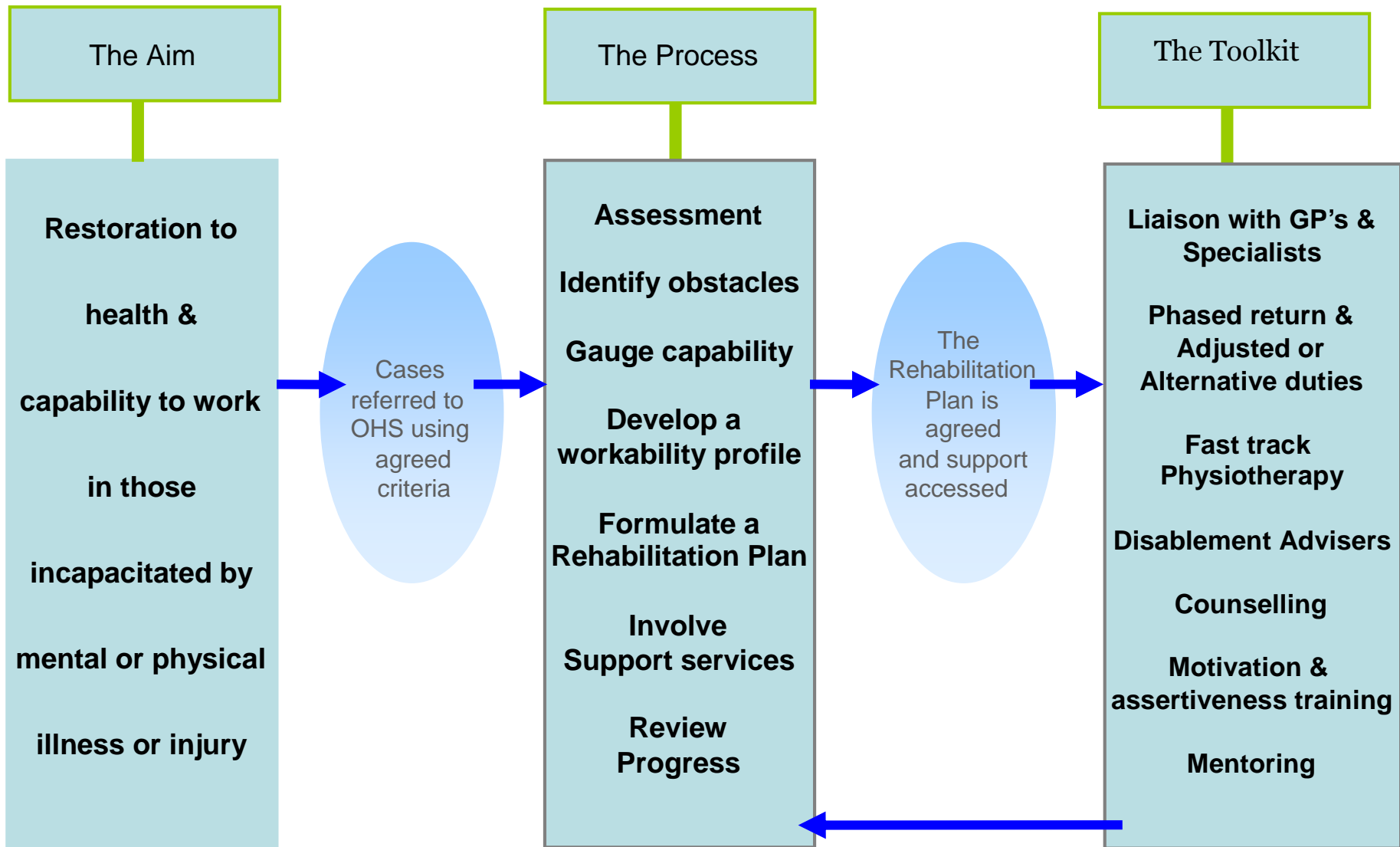
Occupational Health Role 2

- **Participate in Case Conferences**
- **Participate in LTS Case Review**
- **Health Promotion**
- **Policy input**
- **Carry out Research**





Case Management: Rehabilitation



“ Rehabilitation Officer “



Concluding Remarks



Public sector organisations in the UK have consistently higher levels of absence compared to the private sector because they are less likely to:

- Refer to disciplinary procedures in their absence management policies
- Regard the use of disciplinary procedures as an effective intervention
- Request people to attend disciplinary hearings
- Make use of dismissal
- Regard absence as a conduct & capability issue, preferring to see it as primarily a health problem



Absence Management: Survey Report 2006. Chartered Institute of Personnel and Development

HR staff, according to occupational health advisers, tend to:

- avoid dealing with “politically sensitive” issues, such as bullying by managers, by passing the cases on to occupational health advisers;
- try to handle a difficult situation, fail to resolve it, and then pass the problem to occupational health staff;
- have little time for the ethical requirements that occupational health staff must observe, and try to breach medical confidentiality;
- ignore advice from occupational health advisers when their recommendations would require time and effort to implement, such as reorganising an employee’s work; and
- Attempt to “turn occupational health staff into the sickness absence police”.



On the other hand, occupational health staff, according to HR, have the tendency to:

- provide reports on employees that provide little information of a practical nature to help HR get the employee back to work or enable it to reach a decision on the employee's future.
- “be totally focused on the needs of the employee, with little recognition of the business context”, and
- Put forward solutions to employees' medical problems that are impractical from the employer's point of view.



OHS Role: Conclusion

Prevent

Support

Rehabilitate



Sickness Absence – Using OHS

Patricia McQuillan

Senior Occupational Health Nurse
Specialist



Case Management Approach

The role of the Occupational Health Advisor
(OHA)

To carry out an independent objective
assessment of the individual's fitness to carry
out the duties of their post

Propose adjustments that may facilitate an early
return to work



Reason for Referral to OHS

- Long term sickness absence
- Recurrent short term absence
- Consideration of Ill Health Retirement (IHR)



Managing Attendance Policy and Procedures

- NICS Handbook
- Sickness Absence Case Management narrative timetable
- Other appropriate NICS circulars
- Sickness Absence Process Maps compiled for short and long term absence



Appropriate Referral

- Prior to sending consider whether referral is appropriate
- Advise the member of staff about the referral
- Complete the referral form and consider which questions OHS should address
- Send the completed form and any other relevant additional information



Providing Information

- Information relevant, appropriate, factual and concise
- Use referral pro-forma



Completing referral pro-forma

Duties of Post

- Much more specific to the individual than a generic job description
- Used to inform on adjustments
- Opportunity for employer to state current position



Careful!!!

- N/A
- Not completed because off sick because mother is sick
- Has not been informed about poor performance as we are afraid it might impact on her health
- Functional Assessment What is This?
- **STICK TO FACTS**



Urgent Cases

- Personnel Officer of SO grade or above makes contact with the OHA to discuss
- Only genuinely urgent cases
- Decision to accept rests with the OHA



ILL Health Retirement

- May require additional external medical evidence
- May take 8 – 12 weeks from initial receipt
- Must inform OHS if Dept/Agency feels that some aspect of the case requires urgent attention



OHS Management of Case Referral

- Register on OHS computer system
- Categorised by Department/Agency and by case/activity type
- Appeals go to the appropriate OHA
- Other cases to OHNS for screening triage



Appointments

- Appointments scheduled in chronological order
- Lincoln Building/Ballykelly/Criagavon
- Choice; depends on home address or centre as specified on referral



Appointments continued

- Appointment letter to home (or nominated address)
- Date, time and location of assessment
- Copy of Guide to OHS
- Location Map



Assessment

- Physical, psychological and social wellbeing (Health)
- Job
- Past History
- Presenting Problem - treatment - educate - signpost
- Lifestyle/Support – educate - signpost



Assessment continued

- Rehabilitation
- Communication
- Plan
- Specialist Input



Report

- Handwritten/Typed
- Respond to questions asked
- Preliminary report where additional information is required
- Followed by another report on receipt of information



Follow- Up Action by Personnel

- Consider OHS report
- Seek clarification if there is difficulty understanding
- Consider action in light of suggested adjustments
- Employer determines what is a feasible and reasonable adjustment



Follow-up action by Personnel continued

- Consider allegations of organisational issues that may have not already been dealt with
- Consider further management of case in line with recommended managing attendance flow chart timetable and individual circumstance
- Liaise with the individual, line manager, welfare, health and safety as appropriate



Phased Return

- Returning on a phased basis i.e. rehabilitation to contracted hours and duties
- The decision to facilitate and the nature/pattern of the return are for the employer to decide
- OHS need not be involved



Phased Return continued

OHS role for:

- Those involved in safety critical job
- Renewal of phased return beyond 3/12



Case Conference

- Multidisciplinary as a means of dealing with a complex case
- Assists personnel in deciding an effective way to manage the case
- Attendance of OHA involved in dealing with case
- Informed of case (s) in advance of conference



Confidentiality

Medical confidentiality will be maintained
at all times.

