

OHS/DHR MANAGING ATTENDANCE WORKSHOP 3rd DECEMBER 2007

SUMMARY

Introduction

- 1 A workshop was organised by the NICS Occupational Health Service (OHS) for NICS Departmental HR (DHR) staff on 3rd December 2007. The theme of the workshop was “Healthy, Happy and Here” and its purpose was to give all participants an opportunity to discuss and gain a better understanding of the issues that arise in the working relationship that exists between personnel branches and OHS in the management of attendance. A copy of the programme is attached.
- 2 50 DHR staff representing all NICS Departments, NIO and Prison Service and 25 OHS professional and administrative staff participated.

Participation

- 3 The round table participative session provided an opportunity for DHR staff to discuss a range of pre-submitted issues of mutual concern with OHS staff. The session was followed by a plenary feedback session. The workshop concluded with a tour of the OHS facilities in Lincoln Buildings for interested DHR staff.

Issues

- 4 The main points arising during discussion of the issues were as follows.

4.1 **What makes a good personnel sickness absence referral?**

Detailed sickness absence record; Indication of normal work pattern; Indication of existing or prospective adjustments; Relevant questions for OHS; Input from line manager.

4.2 **What makes a good Occupational Health report?**

Indication of medical condition (which raised issues about medical ethics and the confidentiality of patient information); More indication of timescale for recovery desirable; Tighter focus on reasonable adjustments; Find more individuals “fit”.

4.3 **What is the role of the OHS in assisting the employer manage attendance?**

Opinion about fitness for work; Recommend adjustments; Better information in reports eg about diagnosis and prospects (but mindful of medical confidentiality); More use of case conferences;

4.4 What action should Personnel take following receipt of an OHS report?

Consider content and seek clarification if necessary; address recommendations involving others as necessary; communicate with officer and line management; invoke inefficiency procedure where appropriate.

4.5 Rehabilitation (including phased return to work)

Early intervention and review and early contact between DHR and OHS essential; Account to be taken of nature of illness.

4.6 Adjustments recommended under the DDA

Clarification of what is “reasonable”; Consideration of impact on work colleagues and cost effectiveness of adjustments.

4.7 Stress cases – what is the best way to deal with these?

Very early intervention; Support; Preventive approaches; Risk assessment/audit using HSE management standards.

4.8 Transfer of job location – how should these requests be dealt with?

Not seen as an issue in most cases in which OHS could play a useful role.

4.9 Following an unsuccessful appeal against being found fit or not being ill health retired, what action should be taken?

Early DHR contact with employee; Swifter use of inefficiency procedure; Greater consistency across NICS.

4.10 Key interventions proposed to reduce sickness absence in NICS

Timely and early referrals;
Use of alternatives to sick leave;
Follow procedures and robust management;
More information about support services (eg welfare, EAP etc);
Better communication with staff off sick;
Changes to sick pay entitlement;
Health promotion/work life balance;
Use of adjustments to allow an earlier return to work.

Participant Feedback

- 5 At the end of the workshop, 33 participants completed a feedback sheet, of whom 6 felt the workshop met its purpose very well, 18 well, 7 fairly well and 2 did not respond. Several positive comments were made about the participative approach and most agreed that the workshop would be worth repeating on an annual basis. Since some participants reported difficulties hearing some speakers, acoustics will be given special attention next time.

Way Forward

- 6 The workshop has produced several constructive ideas that OHS and DHR are addressing to further improve the working partnership.
- 7 There was lively debate about the substance of the medical opinion that OHS provides to DHR on individual sickness absence cases. OHS is currently looking at how the quality of reporting might be improved.
- 8 In the context of HR Connect, the referral process for non sickness absence cases has already been modified and seems to be working well after a few initial difficulties. For sickness absence referrals, OHS is working with DHR and the HR Connect Team to ensure a smooth transition to the new three way process during 2008.
- 9 More generally, there was broad agreement that greater consistency in the application of managing attendance policies and procedures across the NICS would be beneficial. Early intervention, sharper focus on individual case management and a greater emphasis on rehabilitation were also considered to be necessary.
- 10 Finally, it is proposed to run a further workshop in the autumn 2008.



HEALTHY, HAPPY AND HERE

A WORKSHOP FOR PERSONNEL AND OHS STAFF

MONDAY, 3rd DECEMBER 2007

GROSVENOR HALL, GLENGALL STREET, BELFAST

PROGRAMME

- 9.00 RECEPTION, TEA & COFFEE**
- 9.30 INTRODUCTION TO SICKNESS ABSENCE – DR KEN ADDLEY, DIRECTOR, OHS**
- 10.00 HOW OHS CAN HELP YOU MANAGE ATTENDANCE – PATRICIA MCQUILLAN, SENIOR OCCUPATIONAL HEALTH NURSE, OHS**
- 10.15 BREAK**
- 10.45 WORKSHOP – SICKNESS ABSENCE REFERRALS**
- 12.15 CONCLUSION AND LUNCH**
- 1.00 TOUR OF OHS**