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Ending homelessness
Rebuilding lives

real people
managing people made easy

Sickness Management Masterclass

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Comparative absence rates – CIPD Health and Wellbeing at Work Survey 2018

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Sector	Average working time lost per year (%)	Average days lost per employee per year
All sectors	**2.9%**	**6.6 days**
Private sector services	2.4%	5.6 days
Manufacturing & production	2.7%	6.2 days
Public services	3.7%	8.5 days
Non-profit sector	3.2%	7.3 days

Comparative rates by size of organisation (CIPD 2018)

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Number of employees	Average days lost per employee per year
1-49	5.2
50-249	5.3
250-999	7.3
1,000-4,999	7.7
5,000+	9.8

Measuring your lost time rate

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$$\frac{\text{Total absence (hours or days) in the period}}{\text{Possible total (hours or days) in the period}} \times 100$$

Measuring absence: average number of days

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Total number of day lost

_____ = Average days per employee

Total number of staff

Costs of excessive absence

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- Every 1% of excess sickness absence costs you 1% of your total pay bill (work it out)
- Effects on service continuity and quality
- Effects on your organisation's reputation
- Effects on morale

A model for attendance management

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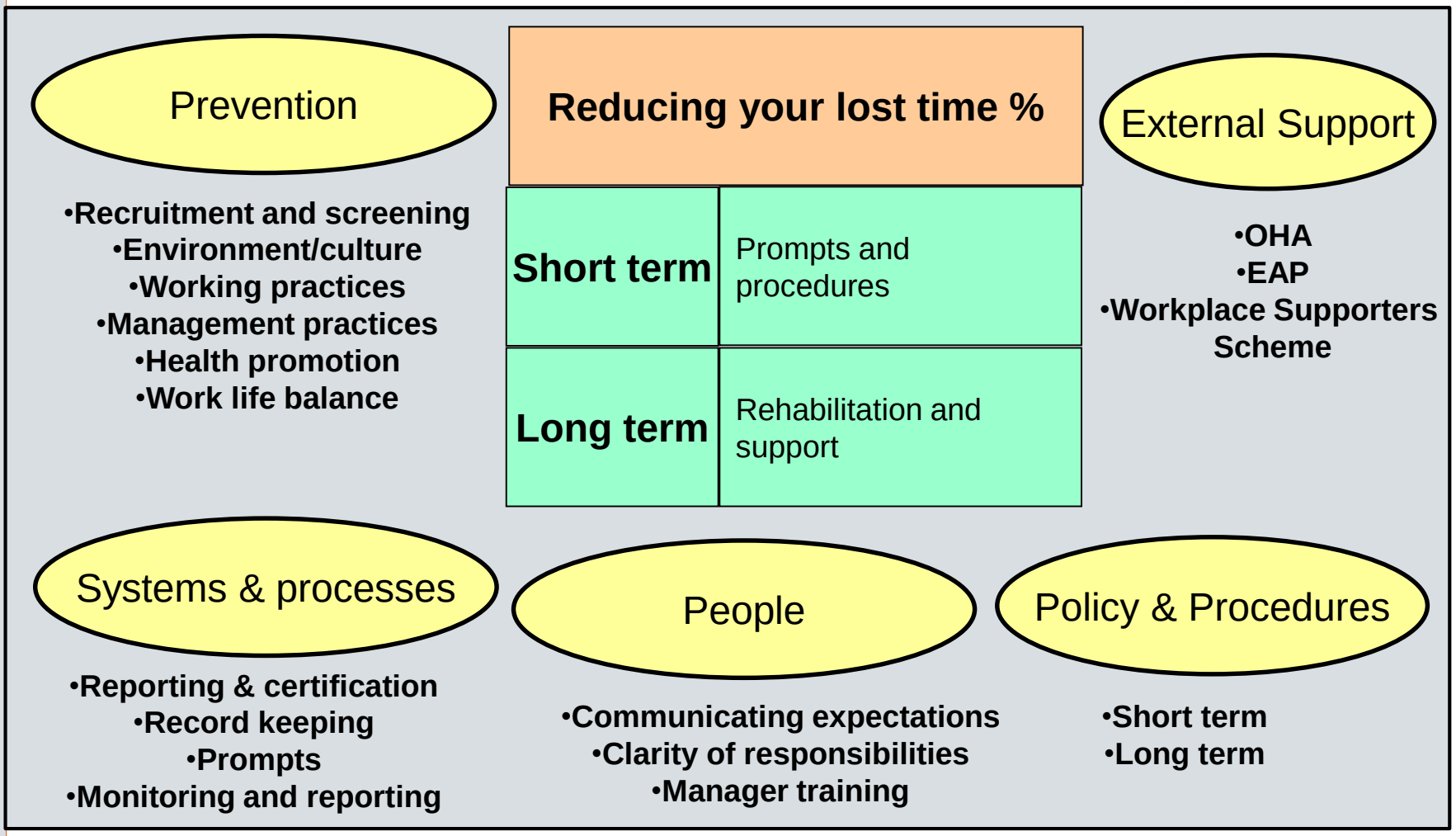

“Good work”

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Source:
Does worker wellbeing affect workplace performance?
Dept’ for Business innovation & Skills.
2014

A culture of non-attendance: poor working environment

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- Wording of contracts/policies
- Unnecessary working patterns
- Lack of sympathy
- Bullying culture
- Poor management
- Poor job design
- Dysfunctional team

A culture of non-attendance: poor management

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- Accepting absence without question
- Not challenging frequent or suspicious absence (return to work interviews)
- Not insisting that people notify and certify absence - failing to discipline for non-compliance
- Inaccurate or inconsistent recording of absence
- Failure to pick up on ‘prompts’ and patterns and failing to have interviews – ignoring your own policy
- Leaving people on long-term sick – disconnected and unsupported without a focus for rehabilitation

Methods for managing long-term absence

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- Attendance driven by the Board
- Attendance record as a recruitment criteria
- Absence taken into account when considering promotion
- Sickness absence information for managers
- Managers primarily responsible for managing absence
- Managers trained in absence management
- Tailored support for line managers
- Nominated absence case manager / team
- Trigger mechanisms in policy
- Disciplinary policy for unacceptable absence
- Capability procedures
- Return to work interviews
- Risk assessment to aid return
- Flexible working
- Changes to working pattern / environment
- Rehabilitation programme
- Occupational health involvement
- Employee assistance programmes
- Stress counselling
- Leave for family circumstances
- Restricting sick pay
- Attendance bonuses or incentives
- Organisational focus on health & wellbeing
- Health promotion
- Specific well-being benefits targeted at preventing the causes of absence
- Offering private medical insurance
- Access to private GP services

Source: CIPD Absence Management Survey 2016

Most effective interventions in short-term absence

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- Return to work interviews
- Use of trigger mechanisms to review absence
- Using the formal procedures as soon as a trigger is hit
- Making the line manager responsible for absence management – managers to model excellent attendance
- Managers are trained in managing absence.
- Providing sickness absence information to line managers
- Restricting sick pay
- Occupational Health involvement

Most effective interventions in long-term absence

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- OHA involvement
- Line manager involvement in procedures
- Managing sick pay
- Consider changes
- Return to work interviews
- Rehabilitation programmes
- Manager training

Key elements in recovery and return to work

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- Keeping in touch
- Planning and undertaking adjustments:
  - Allowing a gradual/staged return-to-work
  - Changing work patterns or management style to reduce pressure and give the employee more control
  - Altering the employee's working hours, e.g. allowing flexible working
- Professional advice and treatment
- A return to work plan

Handling return to work interviews

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- On day of return
- Absence of any length
- Emphasis on support
- Is OHA referral advisable?
- Any special measures needed to aid return?
- Check certificates
- Deal with any non-reporting or certification issues
- Don’t dispute genuineness of illness
- Set date for formal meeting if they have triggered

Policy and procedure trigger points and review periods

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- Decide on a volume trigger (e.g. 10 days in 12 months) and a frequency trigger (e.g. 3 spells in any rolling 3 months)

- St Mungo's review and maintenance periods:
  - Level 1: 4 months (but if they trigger anew within 12 months of the and of the review period, it goes to Level 2
  - Level 2: 6 months (if they trigger within 12 months of the end of the review period it goes back to Level 2)
  - Level 3: dismissal (or if another review period given it will be a 12 months review period with dismissal if they trigger anew; if they trigger within 12 months of the end of that review period they will be dismissed)

Handling formal interviews

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- As soon as triggers hit
- No exceptions
- No distinction between self-certificate and medical certificate ('fit note')
- OHA referral if required – in advance of the meeting
- Supportive tone
- Preparation is vital
- Special cases should be managed differently:
  - Pregnancy
  - Disability
  - Off following a pre-planned medical procedure

- Consider possible preventative or support measures
- Agree any plan of action to be taken by
  - employee
  - manager
  - the organisation
- Adjourn if you need further time to consider
- Set a review period and date of review meeting
- Explain expectations
- Review period (and post-review period) treated in isolation
- If triggers hit during review, meeting happens at that point
- Record expectations in writing

Review meetings

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Options:

1. **Targets/expectations have been met** – say what happens if they trigger anew within 12 months

2. **Targets/expectations not met** – refer to next level

3. **Borderline** - extend the review period

A few things to remember

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- Supportive emphasis at all times – avoid the tone or language of punishment
- It doesn't matter what caused the injury or illness (e.g. work-related - the procedure is the same)
- Sickness management is a question of balancing the needs of the employer and employee – not one-sided. Don't succumb to emotional blackmail
- You must consider OHA recommendations for reasonable adjustments for people with disabilities - but you may not be able to implement all recommendations
- Dealing with people who 'if it isn't one thing it's another' – multiple reasons for unexpected absences
- Do not allow any discretion in payment of sick pay

St Mungo's: examples of cultural resistance

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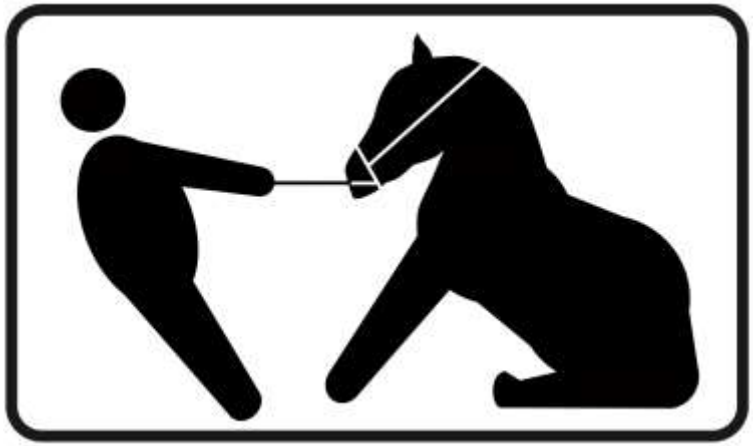
- Implementation of policy – not prioritising
- Sickness policy feedback from Union
- Significant non-attendance at OHA (nearly 20% of appointments not attended)
- Resistance to decisions by Resourcing Team where offers are withdrawn due to attendance
- Senior staff (Heads and Directors) not seeing importance of making robust decisions



St Mungo's: continually reviewing our approach

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Recent developments:

- Review of sickness and attendance policy
- Reinforcing expectations
- Logging of Return to Work interviews
- Implementing set timescales for meetings
- Monitoring through Solid Foundations project
- Highly developed statistical analysis
- Closer review of implementation of policy (per region)
- Bespoke sickness strategy sessions for regions from OHA
- Regions develop their own reduction strategies
- OHA self-referrals
- Trauma pathway

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Thank you for listening ….

Any questions

Contact Details

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ashfords

Effective Occupational Health

Ashfords LLP
ashfords.co.uk

Occupational Health
Summary

- Assessment of health – short, medium and long term
- Attendance for work or disciplinary/investigation meetings
- Equality Act protection
- Reasonable adjustments
- Ability to perform day to day tasks
- Assessment of any restricted activities

Occupational Health
Common Hurdles

Common Employer Complaints:

- No diagnosis of the condition(s)
- Determinations of Equality Act protection without explanation
- Parroting what the employee has told them
- No long term assessment
- Onerous/unhelpful reasonable adjustment suggestions
- Non committal

Occupational Health

Trouble Shooting the Issues

- Initial Letter of Instruction
- Go back with more questions
- Challenge OH
- Meet with your OH provider
- Tell them what you want
- Should influence and inform decisions not dictate

Occupational Health

Case Example 1

- Back condition, progressive

- OH assessment said:

'…should not be seated for more than 20 mins at time without a break..'

- Commute in taxi on first day 1.5 hours

- Employer question:

'How sustainable would a commute time of between 20mins and 1.5 hours be for the employee?'

Occupational Health
Case Example 1

- OH reply:

‘On a trial basis and until a post is identified with a reduced commute time, journey times varying between 20 mins to 1 hour might be sustainable as an interim measure and so should be considered on a trial basis’

Occupational Health

Any questions?