<u>Report of the Sickness Taskforce</u>

<u>Review of absence management arrangements</u>

<u>Environment Directorate</u>

<u>Methodology</u>

The Sickness Taskforce team identified all the employees currently absent for 28 days or more within the Environment Directorate. In order to build a robust picture of the approach to sickness absence management, also identified all cases of long term absence over the last 12 month period. In total 38 recent and current cases were examined.

The personal records of absent employees, as well as information held on the sickness database, were examined to provide a profile of actions taken in relation to each case of absence. Whilst this will be flagged up as a constraint in the body of the report, it is important to state from the outset that the team encountered considerable difficulty in obtaining good robust data and documentation in relation to sickness absence management. Currently information is held across 6 locations, including HR paper files, EDRMS, VISION, the Sickness database, OHU files and manager files.

Exploratory interviews were held with line managers who have responsibility for managing absence, seeking information from them and their views on case management, barriers they have encountered and their recommendations for improving the processes. Similar discussions took place with the HR Officers who support the Environment Directorate and the Occupational Health team.

It is very clear from the data and information obtained that managers within the Environment Directorate seek to actively manage sickness absence and some examples of very good practice in relation to the management of absence. It was also clear however, that there are some constraints in the processes in which managers operate. The review team have sought to identify these in an objective way in order to develop recommendations to improve the process and ultimately reduce the incidence and length of absences.

In examining cases, the Taskforce sought to identify:

- Good practice
- Constraints to managing long term sickness in a timely manner
- The support available to managers and its effectiveness
- Any training needs identified
- Patterns and behaviours of employee long term sickness and early interventions that would support an early return to work or prevent absence occurring in the first instance

Findings

Good practice

> **Robust Manager Referral**
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> Of the manager referrals examined, the team identified two examples of very good referrals to the Occupational Health Unit, providing robust background information in relation to the employee, the work undertaken and the specific health issue, as well as an explanation of the reason for referral, asking specific questions to support the manager in identifying strategies to effect a return to work. By providing the OHU team with this detailed information, it enabled the OHU team to provide a balanced report, taking into account the information received from both manager and employee. It also enabled the OHU team to provide the manager with the targeted information that s/he requested.
>
> **The better the manager referral document, the better the OH advice**

Early Intervention and effective communication

In one case study, early intervention and communication was the key to a speedy and successful return to work. The manager discussed a planned surgical procedure with an employee prior to her absence, agreed the plans for the absence and planned the return to work, all in advance of the surgery. This ensured that both parties had the same understanding about the absence, the estimated length of the absence, how contact would be maintained during the absence and the support that would be provided to the employee on her return to work.

This approach, if replicated by other managers would minimise the amount of absence individuals have as it ensures no delays are created through lack of contact or decision making.

Case Conferences

A case conference approach was used as an intervention in one particularly difficult case. In this case, the relationship between the employee and the line manager had deteriorated and the manager was finding it difficult to agree a clear way forward with the employee in relation to their return to work. The case conference approach is where the OH Physician chairs the meeting and all parties are present including the employee, line manager, trade union representative, HR representative and OH Advisor. This approach enables all parties to discuss how to facilitate a return to work or reach another conclusion in relation to the absence, agree actions and have a common and clear understanding of the next steps. In the case examined, the case conference helped conclude what had been a lengthy and difficult absence to manage.

This approach could be used by other managers in similar circumstances, or as an earlier intervention in more straightforward cases, to enable one meeting with all parties to take place in order to agree actions and avoid multiple meetings to reach the same conclusions.

Constraints

Management capacity

Management capacity to manage absence was clearly identified by the Task Force as a constraint for some managers within the Directorate. This was particularly notable in Streetcare, attributable to the numbers of employees that managers have direct responsibility for in relation to managing absence.

The time that managers therefore have available to dedicate to the management of absence is restricted. This has led to a practice where all absent employees, short term and long term, are called to meet with their manager on a day set aside every 4 weeks. No other contact is made with absent employees, and if an employee cannot attend the meeting, no contact will be made for a further 4 week period. This practice is creating delays in the management of absence and resulting in some employees having a longer absence that could be necessary.

> One employee attended a 4 weekly meeting with management 5 days before an arranged OH appointment. The meeting with management had no practical value, as the OH advice was needed to inform the discussion.

The Manager representative who leads the 4 weekly meetings varies from month to month, so that there is inconsistency in the contact, and meetings are arranged with no planned purpose for the meeting. The Taskforce team found evidence that this has led to a lack of progression in cases and decision making.

- Management capacity could be released in some cases by changing the method of communication. A telephone call may be more appropriate in some circumstances. By amending timescales to better coincide with OHU appointments, planning the purpose of meetings and therefore reducing the number of meetings held each month, managers may find managing absence a less time consuming task.

- That said, the arrangements for the management of sickness should be reviewed in order to ensure adequate management capacity is accounted for. For example, where there are supervisor posts within the structure who currently do not support the management of sickness, with some training support and guidance, could assume the responsibility for keeping in touch with absent employees, monitoring absence and return to work interviews. This could lessen

the burden of more senior managers, who could then focus on the more serious cases of absence that require a more formal management response.

Temporary Redeployment

Temporary redeployment is an action advised by Occupational Health where an employee is fit to return to work in some capacity, but not fit in the short term to assume the duties of their substantive job. Usually, but not always, this is most associated with jobs that have physical requirements such as lifting, pushing, etc. OHU can only recommend temporary redeployment and it will not always be possible and practical to accommodate this.

The Taskforce found that temporary redeployment or lighter duties had been recommended in 10 of the cases examined, but could only be implemented in 3 of these cases. It is important to add that the majority of the service areas identified in these cases have intense physical requirements and the scope for restricted duties can be limited.

There was evidence that some managers are nervous about redeploying staff within their own service area without very clear guidance from OHU on the type of lighter or restricted duties that are suitable, in case the employee's health is put at further risk of damage.

- If detailed OH guidance can be provided this will give managers more confidence to arrange a return to work to temporary redeployment on lighter or different duties within their own service where that is possible. In order for the OHU to provide this detailed guidance, it is essential that managers provide detailed information in the referral to the OHU, setting out the duties of the job – the provision of a job description to the OHU should address this.

- Where it is not possible for a manager to identify temporary redeployment within their own service, there is no process, other than through the Council's prior consideration recruitment process to identify redeployment opportunities within the wider directorate and the council as a whole. The Taskforce team have not yet identified a process that could address this need, but it is an area that will be considered further as the work of the Taskforce progresses.

- It must also be accepted that if an employee cannot, for instance, undertake any of the duties of his or her job, and does not have easily transferrable skills, it will not always be possible or realistic

that temporary redeployment will be identified. Where it is possible however, the Council should seek to make this happen, as it makes better use of Council resources.

Keeping in Touch

The Taskforce found evidence that managers were not always comfortable about maintaining contact with absent employees, and reported a fear of being seen to harass employees who are sick. Contact mainly takes place at meetings held under the maximising attendance at work procedure (see point above in relation to manager capacity).

There were examples of situations which managers find particularly difficult and are unsure of how best to communicate, for example where an employee has been diagnosed with cancer or a terminal illness, or where the absence has been caused in response to a bereavement.

Regular informal weekly contact is identified as good practice and the CIPD state that it is a key factor in helping an employee return to work, can reduce the duration, or even prevent long term absence. The Taskforce sought out examples of how other employers seek to minimise absence, and found that Cafcass claim to have halved their absence rates with immediate intervention strategies which include regular informal contact, maintained throughout absence. Methods of maintaining contact are agreed with the employee prior to, or at the start of the absence.

- Better guidance and very practical advice for managers in how and when they should communicate, will help support managers managing what can be very difficult and sensitive situations, and for which not all managers will be naturally equipped.

Policy guidance

There was evidence that managers need more policy guidance in relation to when they should instigate the formal absence management process under the Underlying / Serious Medical Conditions Procedure.

- In the cases examined, there is inconsistency in when the first meeting is held, ranging from 9 days after the first day of absence to 5 months.

- Earlier and consistent interventions would enable return to work plans to be put in place at an earlier stage and the identification of support necessary to facilitate the return.

- There was evidence that managers also need more guidance in relation to the timescales between each stage of the process.

- There were 15 examples of cases where employees attended multiple meetings at stages 1 and 2 of the procedure, evidencing a lack of progression and no decision making taking place.

- In contrast, there were also examples of employees who attended one stage 1 meeting and one stage 2 meeting, at which a decision in relation to their continued employment was then made.

- There were then also examples of the formal process not being used at all.

Through analysing cases and discussing case management with managers, it was clear to the Sickness Taskforce that the current Maximising Attendance at Work Policy is very effective for the management of short term absence, but less so for managing long term absence.

The current policy was developed to give managers control and flexibility in relation to managing absence, however the lack of guidance in relation to timescales and the progression through the stages has caused confusion and inconsistency in relation to how cases are being managed and led to a lack of timely progression through the stages of decision making.

- The team identified good practice examples in the public and private sector including the NHS, KPMG, Yorkshire Water and Cardiff City Council, where clear points in time are set out in the policy guidance for referring to the OHU, when formal meetings will be held and when decision making will occur.

- In discussions with Environment Managers, it was clear that managers want to retain some element of flexibility to ensure that they are able to adapt processes to the particular circumstances and needs of individual employees, but that they would value more guidance in relation to timescales and progression between the stages of the process.

Availability of data and sickness records

As stated at the beginning of this report, the Taskforce team did encounter difficulty in locating all available information relating to each individual employee's absence. This is because information is not held in one place, and is controlled by line managers, HR and OHU with little accessibility across the 3 points.

- Improving record keeping and ensuring that information can be stored and shared in a way that maintains medical confidentiality and data protection, but enables key stakeholders to know what they need to know will significantly improve the ability of managers to manage absence and HR and OHU to support managers effectively.

Effectiveness of Support available

OHU Support

The Taskforce found that managers do rely and value the contribution of the OHU, however did express some frustrations in relation to a lack of decision making by the unit, biased reports and timescales for advice.
It was clear to the team that on referral to the OHU, managers have an understanding that responsibility for managing the absence has passed over to the OHU, including decision making.

- Clear guidance needs to be provided to managers in relation to the role of the OHU. The OHU provide advice to managers but cannot make decisions in relation to the employment of individuals. That responsibility continues to remain with managers.

A common complaint from managers is the length of time it takes to receive advice from the OHU. However, the findings of the taskforce are that the earliest an employee will be referred to the OHU by managers is after at least 28 days absence and on occasions significantly longer. The OHU waiting list is currently 2 – 3 weeks from point of referral to appointment. Reports are issued to managers within 2 weeks of the appointment.

The OHU hold an average of 556 assessment appointments a month. At least half of these are as a result of sickness referrals made by managers. Approximately 60 of these every month are new referrals. Clinics are held with Physicians 4 – 6 times per month, the Occupational Health Advisor and an Occupational Health Screening Nurse. The capacity of the unit

limits the OHU ability to decrease the length of waiting time for appointments significantly.

However what the team did establish is that many referrals are made simply because an employee is off sick. In some cases a referral to the OHU has no value, and will not provide a manager with information that they do not already know.

In some cases, managers provided little or no information in the referral document, which also meant that the OHU had only the information provided by the employee on which to base their advice. This reduces the value of the referral to the manager and results in what managers perceive as a biased report because it is only based on information provided by the employee.

- The referral process should be reviewed to ensure that managers have robust guidance in relation to when they should refer an employee. This should ensure that the OHU resources are maximised for the cases to which the unit can add most value. This should release some capacity within OHU and lead to shorter waiting lists.

- The referral process should be designed to make it easier for managers to complete the referral information, and to ensure that the information is provided that OHU need in order to provide a balanced and informed report.

- A better system for the provision of data between Manager / HR / OHU could reduce the timescales for providing reports to managers.

HR Support

The Taskforce found that the support provided by the HR Team to the Environment Directorate is more intensive than across the rest of the Council. For instance, whilst all HR Officers will support the formal stages of the Maximising Attendance at Work Policy, and in particular the decision making stages, the HR Officers who support Environment also monitor absence, identify patterns, write to employees to invite them to attend informal review meetings, attend these informal meetings with managers, and update the sickness absence database with case management information on behalf of the manager.

As a result of the Council's difficult budget position, the HR Division, like all other services has significant savings to achieve over the next 3

financial years. The Head of HR has advised the Sickness Taskforce that from 1st April 2015 as the number of professional staff in HR will be reduced by 3, the level of support that is currently provided to the Environment Directorate in managing absence will not be sustainable with the resources available. The Sickness Taskforce flags this up as it will undoubtedly have a further impact on the capacity for managing absence within the Environment Directorate.

Consistency of the support from HR was flagged up as an issue of concern by managers within Environment. For example Streetcare managers have had 3 different HR contacts for support in relation to managing absence over the past 12 months. This specific example has resulted from the movement of HR staff to cover maternity absence.

- The Taskforce has fed back to the Head of HR, who has committed, as far as is possible and, within the resources available, to provide more stable support to Directorates, but taking into account the financial and resource constraints facing the HR service.

Managers reported that the HR advice to managers in relation to the application of the procedure was, at times, inconsistent (some of this also relates to the points in relation to the policy itself, above). The Sickness Taskforce did not find evidence that that incorrect advice has been provided by the HR team, but did find that there was inconsistency. HR often advises on difficult and complex issues, for which there is no 'right or wrong' answer, and sometimes a judgement is required. It is important however that HR Officers have a common approach to exercising judgement and are clear on the application of employment policy and procedure.

- In order to ensure that there is better consistency in the HR support provided, the HR Manager lead for Maximising Attendance at Work will hold a series of workshops for HR Officers.

Recommendations

1. Toolkit for Managers

The Taskforce have developed a Toolkit for Managers providing practical guidance and support in relation to:

- Making and maintaining contact with absent employees
- The role of the Occupational Health Unit and services available

- How and when to make a referral to the Occupational Health Unit and how to ensure the referral adds value
- Return to work planning
- Guidance on the formal stages of the Underlying/Serious Medical Conditions Procedure
- Managing bereavement in the workplace
- Managing work related stress
- Managing employees diagnosed with cancer (based on the Macmillan Cancer Toolkit)

This Toolkit will be trialled with line managers in the Environment Directorate, prior to any roll out across the Council. The Toolkit will eventually be incorporated into the referral system described in recommendation 2. This will ensure that it is a tool that managers can use to retrieve and store specific information on case management rather than it being a long document that managers may be reluctant to read.

2. **Improve and develop new process for Sickness Referral, guidance and prompts for key stages of absence management and data / information collection and sharing**

- The Health & Safety Manager and Occupational Health Advisor are working with IT and the Sickness Taskforce team to build an electronic sickness referral and case management system that is intended to provide an easily accessible interface for clinical and non-technical users to manage, amend and retrieve data from a variety of existing sources and perform statistical analysis relating to case histories.

- Managers, HR Officers and trade union representatives will be involved in the development of this system to ensure that it is fit for purpose.

- A key aim will be to improve the way in which managers refer to the Occupational Health Unit, and the timeliness of the OHU providing reports to managers. This will include a need for managers to discuss case details with a member of staff from the OHU prior to a referral being made to ensure a referral is necessary. The advice provided over the phone or by using the system could be all that is required to progress case management.

- Another key aim will be to improve the capacity of managers, HR and the OHU through implementing this system.

As the system is developed, arrangements will be made to hold a presentation for Members.

3. **Review the Maximising Attendance at Work Policy and Procedure and how it relates to long term absence and serious / underlying conditions**

- The Sickness Taskforce will make a site visit to Cardiff Council to research the Cardiff Council Critical Illness Policy and the dedicated HR team to supporting long term sickness absence. This research visit will be used to inform the development of practices in Neath Port Talbot.

- The review of the policy itself will seek to incorporate the feedback from Environment Managers and HR, improve consistency, reduce multiple meetings under formal stages, aide progression through the stages, provide better guidance on timescales, as well as allowing flexibility depending on the particular circumstances. Recognised trade unions will be involved in this review, and it is proposed to trial new arrangements with Environment Managers before making further recommendation to Members to agree changes to the policy.

4. **Provision of training for HR Officers and Managers**

- The trial of the toolkit in the Environment Directorate will provide an opportunity to hold briefings for managers in relation to the aspects of sickness absence management they find most difficult – e.g. communicating with absent employees and dealing with difficult situations

- Workshops will be held with HR Officers to improve consistency in HR advice and guidance.

Next steps

- The Sickness Taskforce will trial recommendations in the Environment Directorate, reporting back on the effectiveness of recommendations for further possible roll out.

- The Taskforce have begun a review of sickness absence management arrangements in Homecare and will provide a report to Members at Committee in early 2015 on findings and recommendations.