Action Plan for Sickness Absence APSE Recommendations

Recommendation	Actions	Who
1. Target and tailor HR support to those managers who most need it - the data feedback from the focus groups indicate that this could be those managing smaller workforce groups who rarely use the system and find it onerous.	Central Attendance and Manage Teams to work with Directorates / Head Teachers to target support. Gather information on those managing smaller workforce groups to establish common causes, and identify remedies including wellbeing approaches. Specifically provide Management Information and support for those managers / Head Teachers where compliance has not been met in relation to triggers or stages and provide targeted training. Escalate this information as required.	Central Sickness and Manage teams Headteachers / Directorate Managers
2. Ensure that operational managers understand and are able to follow policy and process consistently and that this is reflected in the performance management process. This will include clarifying the difference between long term and short-term absence.	Continue additional Sickness Absence Management training that covers both policy and practice. Ensure that compliance to the Attendance and Wellbeing Policy is a part of performance management process. Review training provision, consider including case studies and outcomes to provide tangible understanding of decision-making. Look at different approaches to training. Refresh e-learning module to provide additional support for managers Ensure tailored support as identified above supports managers with the policy and process requirements. Develop Manager's Guides and Quick reference Guides (flow charts), with videos, FAQ's and What If information on the intranet. Include hyperlinks to websites so managers can self-help (e.g. ACAS). Introduce an induction session with new managers.	Academy Directorates HR & Academy Academy & HR HR & Managers HR Academy & Managers
3. Identify work groups where early intervention and support is most likely to be effective and tailor this to	Work with key directorates and the staff groups identified in the report to provide early interventions	HR , Relevant Directorates

suit specific needs e.g. early referral to physiotherapy for heavy manual staff and easy access to advice and support for low paid/part time/shift working staff.	OH evaluate OH and sickness data combined. Identify cases where physio would benefit, including those jobs where muscular skeletal is more likely to occur. Increase physio sessions for muscular skeletal cases (not where NHS appointments already given). Inform clinical staff to refer for physio * Continue with Health Surveillance work – will reduce numbers as these will be picked up earlier Improve the OH website to include FAQ's, SOPs, Guidance, What if's and self-help guides for physical activity etc. Also provide examples of completing referrals Develop a Wellbeing Directory to sign post all support available. Available in Intranet, posters, leaflets, links on intranet to outside agencies Provide further training on DSE and Risk Assessments Complete the Guidance for Managers on Health Surveillance, so quality information is passed to OH from managers	OH, Support from HRPP and Attendance Team OH OH, H&S, Managers OH HR H&S and Academy H&S, Managers
4. Further explore the possible relationship between the (over) compliance with process driven short-term absence management systems and the increase in long-term absence. If there are cases where workers, in conjunction with their doctors, are in effect, choosing long-term absence as the least risky option, there may be a case for greater discretion in the way the system operates to ensure that there are no perverse incentives in individual cases.	Investigate further through data research, as well as looking at some individual cases, which are within the 4 to 12 week category. Review cases with OH to identify if there is a correlation and whether there is any evidence of this. Develop Manager and Employee Guide Consider liaison with Health Authority to share what the council offers e.g. Wellbeing Directory as a positive initiative. Meet with GP clusters. Attendance and Wellbeing (A&W) Policy– review for 'perverse incentives'. Allow areas for discretion for management. Re-visit educating managers on how to interpret Fit Notes and Medical Reports	HR HR & OH HR HR HR OH & HR

5. Ensure that ubiquity does not create anomalous application of policy and process. Schools in particular would benefit from a tailored approach that emphasises the role of informed, reasonable decision making in the management of both short and long-term absence. A positive, evidenced decision to discount an absence for example should not be treated as non-compliant and at certain stages in the process managers should be required to exercise judgement. On the other hand, the reasons for decisions must be recorded and managers held to account where their judgement is flawed or otherwise lacking.	Review A&W Policy – Consider removal of punitive language and move from 'warnings' to 'improvement notice'. Remove automatic referrals at four weeks to OH Consider discretionary decisions as each case is different, e.g. 'linked cases' Consider the value added by referral to OH – again discretion to not refer Consider possibility of 'auto' issue of '**improvement notice'** with opportunity for appeal. Would remove need for meetings to consider and issue warnings. Consider transferring the Special Leave provision from the A&W policy to the Leave policy Consider the RTW interview process as 'review meetings' that focus on early intervention initiatives for improved attendance.	HR, Directorates, Managers, Headteachers, TU's Members
6. The need for supportive management practice should be emphasised and blind process compliance discouraged. Managers should be encouraged to demonstrate in their practice that effective absence management is an important aspect of meeting duty of care requirements as well as compliance with the law governing workplace health and safety.	As above, Review the A&W Policy Lack of value added where referrals are made unnecessarily to OH. Where fit note are received indicating RTW. Some cases must be reviewed before a return. Manager knows the role, risks and ailment, so opportunity to ensure Duty of Care covered. Provide the up to date Job Description for OH when referral made Introduce Fast Track appointments to OH for the above cases. Produce Guidance on Phased Returns. More pro-active approaches to phased returns. For example Introduce a Light Duties Policy, Procedure and Guidance	HR, Directorates, Managers, Headteachers, TU's Members

	Identify GP partnerships with the Council	
7. Any allegations of misuse of process by managers should be investigated and dealt with via appropriate procedures.	Where the A&W Policy is not being adhered to, action is taken in line with Councils policy and procedures.	All
8. School governors should be provided with regular reports showing levels of absence at the school for which they are responsible, along with comparator data and an estimate of the cost to the school of the absence. This would be an effective way of holding head-teachers to account.	Benchmarked data reports already issued and improved for Q1 and Q2 2017/18 – issued in October 2017. Explore possibility of including costs of absence. Share reports with Education Management team Provide training on how to identify patterns and trends	HR HR & Schools HR HR & EMT
9. The absence data for school based staff should be analysed on a school by school basis to establish whether, as the head teachers believe, there are a small number of schools contributing disproportionately to the overall figures. This would enable support to be targeted at those schools that most require it.	HR to review data using Q1 and Q2 2017/18 onwards. Produce more informative data, broken down by school, number of sicknesses and length Target the schools identified above. Provide additional advice and training	HR HR HR & Academy
10. Ensure that occupational health resources are available and targeted at cases where they will make a genuine difference. This may mean ending automatic referrals in cases where medical evidence, or the view of service management, indicates that adjustments are unlikely to be	Currently analysing data to identify demand on OH and where resources should be placed (supply). Health Surveillance will continue to place a higher demand on OH, but should reduce number of muscular skeletal cases being referred (prevention). Meetings being held on a regular basis with OH Physicians and OH Nurses to bring an organisational perspective to some recommendations.	OH OH, HR

feasible or conversely, where they are obvious and do not require the involvement of occupational health. Specifically it is recommended that:	OH and Council Physician to hold a number of forums, which will provide an outline of OH and the opportunity for question/answer sessions.	OH, Managers
• A specific requirement be imposed on managers to proactively consider whether referral to occupational health will contribute to the definitive conclusion of a long term absence case before the referral is made. Automatic referral should not be regarded as non-compliant.	Review the A&W Policy – four week automatic referral and value added for referrals. Allow discretionary decisions on referrals and record reasons. Include in Mangers Guide	HR & OH
• If possible, remove any de facto or actual veto by the subject member of staff on the provision of occupational health reports to managers.	Removal of de facto or actual veto of OH reports is not possible. It is a clinical legal obligation. OH have to have signed consent to release the report (which will include medical information). Not all employees wish to see the report. A paper outlining timescales has been distributed.	HR
• Redefine or clarify the mission statement of occupational health to ensure that it is clear to all stakeholders that the primary focus of the service is prevention of ill health.	Will consider a Mission Statement, but possibly more relevant would be an understanding and education of the functions and limitations of OH. Clinical staff instruct the employee to discuss matters outside their medical condition, to the manager.	OH
	If an issue raised by an employee relates to the medical condition, then this is referred to in the report as it may relate to the manager's decision.	OH
• Actively discourage follow up reviews where these delay medical redeployment or dismissal by placing a positive requirement on the service to provide definitive advice as soon as is reasonable practicable.	The phrase 'Management issue' are often referred to as the matter is not a medical issue, but a management decision.	OH
	Reviews are currently being monitored. They have been reduced in the last nine months, but some reviews will be necessary for extreme cases.	OH, Managers
		HR, OH

• Ensure that the process for self-referral is fully understood and that managers are aware of the need for them to play a proactive part in ensuring that Occupational Health Resources are not wasted on referrals that will not benefit from the involvement of the service.	Self referrals are very few, but due to the demand, these cases are usually referred to the GP and or manager and or EAP (Care First) /ECS. Possibility of reviewing the A&W Policy.	OH , Managers
11. Early intervention based on a multi-disciplinary approach, should be accommodated within the policy framework, including where patterns of absence or behaviour are of concern to managers, whether or not these are picked up by the absence management system. Swift and appropriate referrals to a range of support services should aim at helping staff to cope with issues leading to stress and to avoid muscular-skeletal conditions, before these lead to problematic absence levels.	All LTS cases over 6 months - reminder to apply multi-disciplinary approach to Case management involving all parties Review Guidance for Managers on Patterns and Trends. Educate managers on how to use DigiGov to do this and factors to consider. As above, encourage the use of EAP (CareFirst) and ECS. As above, continue with Health Surveillance Consider provision of fitness equipment in certain buildings. Support managers to become confident in making the correct decisions and the right approach on cases. Use Case Conference (OH, Manager, TUs & employee) to discuss more complex cases. Direct Managers to standard procedures and templates for managers to use when writing to and recording events. Make easier access through SharePoint	HR & Managers HR, Academy, Managers HR, Managers, OH OH SMT HR, Academy HR & OH, Managers, Academy Manage, Managers, Academy
12. Consider what further training is appropriate to assist managers to offer early stage support to workers. As in the South Lanarkshire example, the aim would be to refer	Research and explore good practice such as the South Lanarkshire example. Continue to reinforce Health & Wellbeing agenda	HR HR & OH, Managers

to appropriate support, on a case-by-case basis, with the aim of avoiding the need for later process driven action in response to absence triggers.	Research other organisations for preventative measures e.g. additional stress control programmes (Mindfullness), use of technology to remind staff of exercises, faster turnaround for Employee Counselling services, as above increase physiotherapy sessions and target cases etc. Ensure that preventative measures are being taken such as manual handling, training and regular checks to ensure that work is being carried in accordance with these requirements	HR & OH Managers, H&S, OH, HR
13. Further explore potential and options for limiting the impact of non-work related stress. This will require detailed further analysis of complex issues and the establishment of measures capable of demonstrating the impact of workplace initiatives on the wider well-being of those within the workforce who are most at risk. Further information about the impact of the Wigan and Stockton examples may assist with ensuring that the Cardiff Employee Voice Project penetrates the culture of the entire organisation.	Explore findings from Health & Well-being survey. Further investigate ways of providing anonymised support services to front line staff that provide advice and links for employees who have non-work related and personal issues. Research Wigan and Stockton examples for good practice in terms of support groups, policies, initiatives etc. for front line staff. Use new and refreshed approaches to the Health & Wellbeing of front line staff, which support them through change. Evaluate approaches and impact	HR HR HR HR
14. Investigate work systems and conditions for some members of the workforce to establish whether changes could be made that would reduce propensity for LT sickness. This might include identifying unsafe working practices, revising shift patters and taking action to ameliorate the impact of lone working for example.	Conduct a work-study of some roles within directorates and work with managers and trade unions to improve work systems and conditions. Continue to improve Health Surveillance throughout the Council to assist. Further education on determining what is reasonable or not when requiring an employee to return to work.	H&S with support of HR & OH, Directorates OH and H&S OH and H&S
15. Introduce a case management approach whereby all relevant parties are involved in seeking	This is already in place, but needs to be publicised throughout the Council and its use should be encouraged.	HRPP, OH, Managers, employees, Tus

solutions. Formal, case conference type meetings should be used to implement a positive solutions focussed approach to difficult cases, with an expectation of multi-disciplinary attendance.	Produce a specific Guidance for Managers and Employees on case management approach	HR
16. Monitor the application of the updated drugs and alcohol policy to ensure that it is effective in supporting staff. A number of authorities, including the UK's largest, Birmingham, have implemented testing regimes, alongside awareness raising, in an effort to eliminate the threat to public safety that affected staff can pose.	Keep policy under review. Research other LA's on practices used and successes/lessons learnt. Seek advice and guidance from OH & H&S	HR HR Managers, HR, OH & H&S