

Stress Network 2010 Conference:- Workshop Report – Sickness Absence

This workshop examined the issues of Sickness Absence Management, Absence procedures and return to work discussions.

Outline plan of workshop

1. Icebreaker and introductory exercise outlining any change issues experienced	2. How various employers are handling sickness absence and absence management	3. Model Policy and procedures analysis – two documents anonymised were examined in depth allocating sections to each subgroup	4. Case Studies	5. Checklist of future action to be carried out following the session
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Discussion Task outcomes		
Delegate experiences of sickness absence procedures etc	Good/Bad examples of policy and procedure application	
	POSITIVE ELEMENTS	NEGATIVE ELEMENTS
Ranges of experience including full cases, returns to work and Fit note cases		Mishandling of Return to Work discussions and use of inappropriate questions
Finding close links to Capability processes leading to Dismissals and use of [in]appropriate scoring procedures	Good Occupational Health understanding of Mental Health at Work with real effective support from Human Resources	Managers not always understanding need for good understanding of Mental health at Work
Various monitoring systems in place, reporting issues and specifically on subjectivity of interpretations	Good effective 'reasonable adjustments' including tangible benefits and full ergonomic assessments	
Having to handle one's OWN Return to Work		Wheelchair bound employee who had attempted suicide off for 18 months. Office refit during absence had not taken her needs into account and she returned to find that 'she no longer fitted into the office

		regime; serious DDA implications
Dealing with multiple sites, multiple teams in a very large organisation where application of procedures are not always consistent		Failures to adjust absence scorings to take account of epilepsy case history and with short term automatic referrals to Occupational Health after specified absence rates
Greater focus on well-being emerging		
Absence reviews and misapplication of erratic absence investigations		
Failure to apply and recognise need for DDA provisions		
Managerial style often important in way that rules and policies are applied		
Dependency [Care] Days often merged into sick days and normal leave days		
NHS absences often measured over arbitrary time periods		
Fit note issues often included lack of employer flexibility		
One major national energy company was ignoring Fit notes, with <i>'sent home on paid leave'</i> outcomes and TU Reps refused entry to discussions, all creating higher sickness absence levels		
One major Local Authority [Education] provider used adopted agreed procedures but different schools applied them in different ways or not at all creating lack of reliability, inconsistency, discrimination and <i>'does the face fit?'</i> situations		

Model Policy and Procedures discussion outcomes:-

Two documents were examined in smaller groups, a Model Sickness Absence Policy and its associated procedure. Both were taken from a University. Each group was allocated a range of paragraphs for consideration and comment:-

Model Policy and Model Procedures Document	
POSITIVE POINTS	NEGATIVE POINTS
Positive Statements made in Policy	Document needed to be better organised and areas of lack of clarity removed
Procedure recognises different kinds of absence	Nature of illnesses dictate lengths of interview on return to duty
Acknowledged differences in circumstances where applied	NO mention in Policy of right to representation at meetings
	NO mention of medical confidentiality
	Unreasonable expectations with regard to certification and requirement to breach statutory provisions on self-certification
	No obviously consistent treatment of differing levels of staff
Some sections showing good procedures for recording of information and good use of 'nurturing' and positive language	Lack of sensitivities to disability issues
	Some aspects of role of Occupational Health practitioners questionable
	References to disciplinary processes early on in proceedings
Good informal stages and right to representation is mentioned	Occupational Health access should be only to relevant information - this is not clearly stated
	Need for clarity over Occupational Health contact and involvements
	Lack of clarity about return to work processes

Lack of time prevented any real examination of the Case Study papers but copies were handed out for later perusal.