

## **Supporting staff off sick**

## **Ways in which you can support your staff while they are off sick.**

### **Maintain contact**

Positive and regular contact with your employee is crucial, and can help them feel supported and valued, and prevent them from feeling isolated.

Talk to your employee about the nature of their illness, its impact on their work and likely duration, as soon as they report their absence from work. If you don't take their first call, contact the employee at the earliest opportunity to have this discussion.

Weekly contact with employees is recommended for illnesses lasting several weeks, as well as for illnesses that will result in a longer period of absence. However each case will be slightly different due to the nature of the employee's illness, so the frequency of contact should be discussed and agreed with the employee.

As well as agreeing to the frequency of contact, make sure you also set aside time to fully discuss their absence and any support they may need. Always remind your employee that you will be keeping in contact with them during their absence and that you are there to help facilitate their return to work.

Helpful questions to ask your employee include:

To find out more about providing any help your employee needs, see sections on rapid access to treatment, phased return, making reasonable adjustments and redeployment.

For longer absences, update the employee about any work changes that have happened during their absence, to prevent them from feeling isolated. Keep your employee in the loop by including them in emails about work, so they can keep an eye on things while they are absent or catch up when they return. This will help them alleviate any worries about their work, and who is covering for them.

Find out if there are organisational policies in place for keeping in contact, and use them. Ensure your team are familiar with reporting procedures so

employees feel supported and less worried if they do need to follow the procedure.

### **Case management approach**

For longer absences, consider taking an active case management approach to manage the absence. This approach is when the line manager, human resources, occupational health, your employee and (where appropriate) the GP or other medical professional work together to actively manage the absence.

This approach should take place from very early on in the sickness absence episode. One individual should be in charge of 'the case' and should work to ensure that the process is streamlined and that there are minimal unnecessary delays – for example in sharing information between each party and in getting appointments.

- How are they doing?
- Are they making progress?
- Are they receiving appropriate support and treatment?
- Are they waiting for physiotherapy, counselling, outpatient appointments or inpatient services?
- What parts of their current job can't the employee do?
- When might the employee feel ready to return to work?
- Can they do minimal or adjusted duties?
- What can you do for your employee? For example:
  - facilitate easier access to physiotherapy, counselling etc.
  - make adjustments to hours or duties
  - explore possibilities of temporary alternative work

Rapid access to treatment is a system which secures rehabilitation and occupational health treatment for NHS employees with a view to facilitating a return to work which is as fast as is practical and reasonable. Setting up a rapid access scheme could contribute to substantial savings for your organisation, lead to a more consistent and healthy workforce and reduce pressure on colleagues covering sickness absence (and the resulting morale issues). It is not implemented to prioritise the health of NHS staff to the detriment of other patients.

NHS Employers has produced guidance on this subject which is intended for organisation boards making decisions about how to manage rapid access services for staff in their organisation. It supports the core services set out in the NHS Health and Wellbeing Improvement Framework (2011) which emphasised the importance of:

Early intervention such as occupational therapy, physiotherapy or counselling is important for preventing acute conditions becoming chronic and securing successful rehabilitation. Evidence also suggests that earlier interventions in a period of sickness absence are more effective than waiting for an indicator to trigger action.

For example, in cases where appropriate, referral to physiotherapy in the first week of sickness can have your team member rehabilitated back into work by the time they would normally have been having the first review of their case – triggered by an indicator. This benefits the organisation, your team member and your patients.

The benefits of early rehabilitation are as follows:

See NHS Employers website for guidance, along with information on how to create your own rapid access policy, and several case studies from organisations who have implemented their own rapid access schemes and the huge benefits they derived from them.

- timely intervention – easy and early treatment for the main causes of sickness absence in the NHS
- rehabilitation – to help staff stay in work during illness or return to work after illness.

- the organisation can have a member of staff back to work earlier than expected, in some cases performing reduced or light duties, but in many performing full duties. The organisation has shown that it cares for the member of staff and values their contribution
- the member of staff feels valued by a caring employer and will, in all probability, recover more quickly when back in the working environment, than they would at home
- substantial savings for the NHS, in reduced treatments for the employee, but also considerable reductions in agency staffing costs
- getting someone back into work quicker means fewer potential mental health problems such as depression and anxiety, which can begin as early as six weeks into absence
- reduced pressure on your team covering their workload, and improved morale.

### **Fit note and sick note**

The 'Fit Note' is usually a written note issued by GPs or consultants working in conjunction with OH, detailing how an employer can help the employee return to work after a period of absence. It can also be used a statement of not being fit for work. At the GPs discretion it may also contain other pertinent information on the condition of your employee which may affect their ability to work, with suggestions of ways to support them.

There can be confusion around fit notes where managers automatically believe it means an employee is well enough to come back to work - this is not always the case as the fit note can actually be used for one of two things: to state that an employee might be fit to return to work after a period of ill health (may be fit for work), or to sign the person off work sick completely for a defined period of time (not fit for work).

You should receive a copy of the fit note as soon as possible once your employee has received it, so that you know what the reason for their

usually need this for payment purposes so you should familiarise yourself with your local procedure for this.

If your employee does not provide a copy that details they are unfit for work, then they would be classed as being on unauthorised absence and you would need to speak to your local HR department for further support. It is in the employee's best interest to be open and honest about this, so you can provide or arrange for the support they need.

Where the fit note marks your employee as 'may be fit for work', it means the GP believes that returning to work will aid in their recovery and should also provide details on how to get the employee back into work. It's important that you work with your OH service to ensure everything is covered. Often the fit note may detail alternative duties for the employee until they feel fit to undertake all their usual duties and this should be agreed by all parties.

GP's are often not familiar with their patients work or work environment so it may be possible for your local OH department to suggest alternatives to support staff to return to work. Where you feel this may be an option you should seek further advice from your OH department who would be responsible for contacting your employee to get the required consent and liaising with the GP.

### **Using your occupational health service**

Occupational Health (OH) services are all about making sure your staff are fit for the work they do, and how their work affects their health. Organisations do not legally have to provide OH services, but those that do can offer support and advice in several areas:

As a line manager you should focus on the impact the employee's health is having on their ability to undertake their role, as opposed to the detailed nature of the health complaint and any treatment they may be receiving. OH can provide you with further support and guidance around how to support your staff and any reasonable adjustments which could be made to allow the employee to remain in the workplace or return to work.

You need to be aware that confidentiality principles place constraints on OH professionals in regard to the release of the personal medical information of staff. These apply in all cases.

The General Medical Council (GMC) principles are as follows:

It is helpful to familiarise yourself with the referral process for OH so that you know what to do, how to make the referral and likely timeframes so that you can communicate this to your employee too. Often you will receive a letter from them following the appointment detailing their advice and/or recommendations. If you feel you have any questions it is often easier to call the person who saw the employee to discuss it further. It is useful to remember that OH may not know the demands of your department, so the more you can put into the referral the easier it will be for them to understand how the role might impact on the individual and their particular health circumstances.

Despite the increasing use of OH and increasing partnership working employees can still be reluctant or concerned about being referred to OH. It is useful to have this in your mind so that you can reassure your employee about the appointment and how they can help. This may help to reduce any anxiety your team may experience.

- injuries at work due to a slips or trips
- exposure to other long term hazards, such as repetitive strain injuries and stress
- infection prevention of work-related diseases
- safe working practices
- sickness absence management
- workforce health surveillance
- employee assistance programmes (EAP)
  
- return to work meetings.

professional duties, unless they give permission.

- When OH professionals are responsible for confidential information, they must make sure that the information is effectively protected against improper disclosure when it is disposed of, stored, transmitted or received.
- When staff give consent to the disclosure of information about them, OH professionals must make sure the employee understands what will be disclosed, the reasons for disclosure and the likely consequences.
- OH professionals must respect staff requests that information not be disclosed to third parties, apart from in exceptional circumstances (for example, where the health or safety of others would otherwise be at serious risk).
- If OH professionals disclose confidential information they should release only as much as is necessary for the stated purposes.
- OH professionals must make sure that the people receiving the information understand that it is given to them in confidence.
- If OH professionals decide to disclose confidential information, they must be prepared to explain and justify their decision.

### **Impact on the team**

It's important to talk to your employee about their illness, and consider:

It is important to work with your team to manage the impact of the absent employee. One way to do this is to make sure other team members know how to carry out each other's duties. Discussing and implementing contingency plans in the event of an absence with your team will not only maintain continuity of workflow but will also empower your team in being actively involved in the solution to the problem. The contingencies will be especially useful in the event of a longer term absence such as a serious or terminal illness, or if the employee decides on early or ill-health retirement.



will help your team to remain positive and supportive of the person who is away sick, and reduce any gossip.

It is possible that the rise in workload among the team could give rise to feelings of resentment or anger. Lead by example and be supportive, positive and clear with your team (and, if appropriate, the wider organisation), keep them informed as much as possible and openly acknowledge their efforts in maintaining the workflow during the team member's absence.

Your employee may not want colleagues to be informed of their illness. You should respect their need for privacy and be sensitive where possible and within reason, whilst making sure that the service provided is minimally disrupted. Be careful not to burden them with the repercussions of them being off sick as this could give rise to feelings of guilt which could impede their recovery. If the illness could impact upon the team and service you provide, discuss what details should be shared with your HR department.

Be aware that once a person's condition becomes known, they can be overwhelmed with well-wishes and they might find this uncomfortable – talk to your employee and make a plan you can both agree on to handle this.

Make yourself aware of support policies and programmes available for your team and communicate this to them. Contact human resources and occupational health for further information about these, as well as information about having difficult conversations and support available for all involved, such as counselling and Employee Assistance Programmes (EAPs).

- the length of sickness
- cover options
- what they want others to know
  
- how regularly they'd like to keep in contact

### **Ill health retirement**

Sometimes one of your employees may become very ill and permanently incapable of doing their current job. In these situations you should always look at options for redeployment or alternative duties in the first instance. However if these options are not possible, your employee may apply for ill health retirement.

To apply for ill health retirement, your employee:

The NHS Business Services Authority has information online to help you guide your staff through the ill health retirement online application, including in-depth information on who is eligible to apply.

You should make yourself familiar with the process, so you can help your employee navigate their way through it as easily as possible. Contact your human resources (HR) or occupational health (OH) departments for information and support.

Your employee should fill out form AW33E if they still work in the NHS, or form AW240 if they no longer work in the NHS but have had two years membership of the pension scheme.

All these forms can be found on the NHS Pensions website and have three sections to fill in:

The application will then be assessed by a medical adviser, and if successful the employee will receive their pension. The pension will be based on their accumulated entitlement, but without any reduction for early repayment.

Should the employee recover and return to NHS employment, the pension will be reduced - this is called abatement.

If your employee is diagnosed with a serious condition and is expected to live no longer than a year, they can apply for a one-off, tax-free lump sum payment.

They will need to have some HMRC personal lifetime allowance (LTA) and fill in form AW341, which can be found on the NHS Pensions website.

- should be younger than normal state retirement age (65).
- one for the employee
- one for their line manager
- one for the OH department to add the medical details of the employee's condition.