

Getting the most out of OH

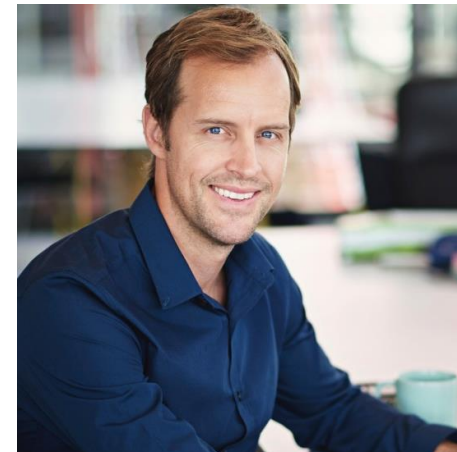
Management Skills Training

Aims: Today

- Understand the role of the Occupational Health team in helping you to manage attendance and support staff well being.
- When to make a referral
- Making a good referral
- What you can expect from the Occupational Health report
- What not to expect in a report
- FAQs

Specialists in Assessing Fitness for Work

The OH team is made up of qualified nurses and doctors who have taken additional specialist qualifications in Occupational Health and Assessing Fitness for Work. Many have additional qualifications such as Health and Safety, CBT, Counselling, Motivational Interviewing.



Impartiality

- Occupational Health specialists are required to be fastidiously impartial and will always focus on what the individual can do. We aim to balance the needs of the individual with the needs of the organisation
- We want to work with you to support you in keeping your employees, fit, healthy and at work!



Evidence



- There is significant evidence to show that work is, in the main good for health and well being and work can help people recover from illness*
- There is also evidence to demonstrate that long periods out of work can be detrimental to health. The longer someone is off work the less likely they are to successfully return to work
- After six months of absence from work there is only a 50% chance of someone ever returning to any work. This reduces to 20% after 12 months of absence
- Our aim is to ensure that you benefit from good quality OH advice which is based on the professional clinical assessment of the Occupational Advisor or Physician and is in line with evidence, best practice and Occupational Health Law

Generally – Why do Employees go off sick?

- Genuine Illness – Chronic Health Conditions, Serious Illness, Self limiting short term illness
- Treatment or Medical Intervention
- Stress – outside factors and work related
- MSD – outside factors (sports/ age related degeneration) work related: injury at work, poor posture, manual handling
- Unhealthy lifestyles – burning the candle at both ends – hungover on a Monday – going away for the weekend?
- Disengaged with the organisation
- Relationships at work
- Think no-one will notice
- Sick pay is an entitlement
- GP signs them off

When to refer:

- Do you have concerns over an employee's absence levels (long or short term)?
- Do you need advice on an employee's fitness to work or return to work after a period of absence?
- Do you have concerns for an employee with an underlying medical condition that may be affecting their ability to perform or sustain their role requirements?
- Have you noticed any changes in your employee that worry you and need advice on how to support them (e.g. behavioural changes, lack of concentration, poor time keeping, tiredness)?
- Has an employee expressed concerns to you about their health and the impact it could have on their ability to perform or sustain their role requirements?

We cannot over emphasise the importance of...

EARLY INTERVENTION

It is important to understand that employees do not need to wait until they are symptom free or 100% fit before returning to work and having a fit note from the GP is not a mandate to stay off work.

Early Intervention

To support Mental Health: There is significant evidence to show that Stress, can very quickly develop into Anxiety or Depression.

To support MSDs: An acute musculo-skeletal disorder can quickly develop into a chronic problem if left.

AND: To support those going for Planned Surgery.

We can set expectations about the recovery period, in line with evidence based recovery period, and what to expect from the surgery to change perceptions and bust common myths.

Table 2. Recommendations for timing of return to work after hernia surgery.

Occupation	Timing of return to work
Little or no lifting involved	1–2 weeks after surgery
Moderate lifting < 10 kg	2–4 weeks after surgery
Heavy lifting > 10 kg	6–8 weeks after surgery

Making a good OH Referral

- Ideally refer within 24/48 hours of the person going off sick, recognising early signs or symptoms or advising on planned surgery. Provide as much information as you can.
- Do involve the employee in the referral process – it is a supportive intervention and transparency benefits communication.
- Do share the content or main themes contained in the referral.
- Do avoid any content which will come as a surprise, particularly in relation to performance, disciplinary matters, capability or personal disclosure.
- Be pro-active:

Making a good OH Referral

- Ensure that all fields on the referral form, relating to employee and manager information, are accurately completed
- Identify and highlight any key risks or hazards associated with the role, such as manual handling, exposure to noise, control and restraint etc.
- Provide as much information as possible about the individual's short or long term absence history, including any patterns or trends that you may have noticed e.g. repeated absence on a Monday
- Provide as much information as possible about the current issues and the reason for referral.
- Provide details of any adjustments or support that has already been provided to the employee, including information on what has or hasn't worked and your view as to why things have not worked.
- If there are certain adjustments that you would not be able to accommodate, for any reason, please state these in the referral

Making a good OH Referral

- Include any information on any other issues which may be influencing factors to the absence such as disciplinary/ grievance/ organisational changes/ performance issues.
- If there are specific questions that you want answers to, please ensure that these are stated clearly in the referral, either by ticking one of the standard questions or writing your own specific questions in the main body of the referral (e.g. is the individual likely to be eligible for ill health retirement).
- A referral cannot be processed where contact email address and telephone numbers are missing and where the referral has not been discussed with the employee
- Employees are entitled to a copy of the referral form if they request it and at any time thereafter. The referring manager should be aware that whatever is written in the referral form can be viewed by the employee at any time.

What information should not be in a referral

- Specific Management/non-medical questions. As an OH provider we provide health related fitness for work advice only and not direct advice on how to manage an employee
- We do not provide clarification on policy, procedures and processes of your business practices:

Questions such as 'Should this employee now be taken down the capability/disciplinary route?' would be better phrased: 'Are there any medical considerations that need to be taken into account should the business decide to follow a capability/disciplinary route?'
- Our advice **does** provide support to enable management to make decisions. A relevant question therefore may be: *'Is the employee fit to attend a formal meeting (investigation meeting, disciplinary/grievance hearing)?'* (NB: the employee should be aware there is a capability or other concern prior to referral to OH)
- If managers require advice in making a referral it should be done **prior** to the referral via the on-site OHA or if no on-site OHA by telephoning Team Prevent Head Office and requesting a call back. If advice is required after making a referral then the full conversation forms part of the OH record and can be viewed by the employee at any time on request.

Triage and Consultation Overview

- Referrals can be made through the Team Prevent portal or you can make a referral by telephone.
- A video guide and user guides are available
- Team Prevent will triage the case based on information contained within the referral. If the case relates to an MSD it will automatically be triaged to a Physiotherapists within the Central Clinical Support Team. Otherwise it will be triaged for a telephone, virtual consultation or face-to-face appointment with the Central Clinical Support Team. The manager can specifically request a face-to-face appointment but may be asked to provide a rationale for a face to face appointment

Telephone consultations

- Telephone assessments are a safe and efficient way of conducting a referral. For employees this will mean less travel time to an OH department, in or out of work time, and more convenient to choose and fit an OH appointment into their day and/or at a time when they are functioning best.
- They are more likely to attend if they have a mobility issue or have a workplace stress issue restricting their perceived ability to cross the workplace threshold.
- Telephone assessments would not be appropriate where there is a communication or language barrier or for more complex pre-existing medical conditions.
- Research undertaken by the DWP in 2013 has shown that telephone assessments are just as effective as face to face consults, can facilitate a return to work and are associated with high levels of user satisfaction that equal or exceed those of a face to face approach.

Information you will receive in the OH Report

- Currently fit for work or not
- What, if any, treatment is being advised and its potential effects on the employee at work (**specific names of treatment will not be disclosed**).
- What adjustments may help either to return them to work or to keep them in work (e.g. a reduction in hours).
- An estimate of when a return to work might be expected, including a date where possible.
- What perceived or real obstacles to a return to work might exist.
- OH will advise if it is believed that the disability provisions of the Equality Act 2010 may be likely to apply to an individual, and if this is in any way relevant (it is for the courts to make the definitive decision)
- Suggested adjustments will not be prescriptive but should enable a manager to determine what can and cannot be reasonably accommodated, in the context of the business, to help an employee in work or back to work.

Information you will not receive in the OH Report

- Prescriptive Management advice
- Non health related advice (sometimes a non-medical issue may be discussed if it is seen to be affecting the employee's health)
- Medical confidential information is not disclosed without the consent of the employee (e.g. medical condition, medication etc.).

Case resolution

- If there is anything in the report that is not clear – Pick up the phone and ask to speak to the OHA who wrote the report. Take Action to move the case forward.
- Consider a case conference

Further medical evidence

- Further medical evidence is sometimes required from the employee's GP or Specialist. This is required to gain further factual medical information in order for us to form our opinion as clinical OH specialists on fitness for work.
- May also be required as secondary evidence if a case is likely to end in an employment decision or progress to ill-health retirement. OH will follow the contract guidance for whether authorisation for this is required beforehand.

Equality Act 2010

- A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
- Some people are deemed to be disabled for the purposes of the Act. For example, people with cancer, HIV and multiple sclerosis are protected effectively from the point of diagnosis.
- The legislation requires employers to make 'reasonable adjustments' in the workplace where a disabled person would otherwise be put at a substantial disadvantage compared with their colleagues.



Equality Act 2010

- Employers cannot legally justify a failure to comply with a duty to make a reasonable adjustment. But the adjustment has to be reasonable for that duty to be considered breached. In other words, it's the reasonableness alone that determines if an adjustment has to be made.
- What is 'reasonable' depends on the individual circumstances of the case and the size and resources of the employer. For example, an adjustment would have to be practicable, effective and within the scope of the employer's financial and human resources.
- The OH team can advise if the Equality Act likely to apply

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Thank you

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