

Innovation at the MoD

The Ministry of Defence is trialling a scheme that supports employees through a mix of in-house and contractor-supplied services. **Phil Histon** describes the scheme and its advantages

In common with most good employers, the Ministry of Defence (MoD) recognises that people are its most valuable resource. The health and wellbeing of the 80,000 or so civilian staff we employ is central to their attendance at work, and is critical to the Department's ability to support the Armed Forces in meeting their operational commitments.

As a major spender of public funds, the MoD, like all other Government Departments, also has a duty to make the most efficient use of taxpayers' money. One consequence of ongoing Government initiatives aimed at achieving better value for money across the public sector has been that the issue of the health and wellbeing of staff has steadily risen up the HR agenda in the last two years. This stemmed in part from the Chancellor of the Exchequer's call for better management of sickness absence during the 2004 Public Sector Spending Review, and also from more recently expressed ministerial concern at levels of sickness absence in the public sector.

Against the background of these twin drivers, and along with a perceived need to modernise wider HR delivery, a far-reaching change programme (The People Programme) began in 2004 to transform the way that personnel services are delivered across the MoD. As part of this programme, traditionally separate services delivering occupational health and welfare support, together with departmental policies and procedures for handling discipline cases, managing long-term sickness absence and combating harassment and bullying, have now been brought together in a streamlined, shared-service organisation: the People, Pay and Pensions Agency (the PPPA).

Most good employers recognise the business benefits of the wellbeing of their staff, and offer a range of support services to their employees (and often also to immediate family members), generally through contracts with external Employee Assistance Programme (EAP) providers. The MoD has taken a different view, however, believing there to be positive advantages in such support being provided through a mix of in-house and contractor-supplied services.

For many years, civilian employees who experience personal difficulties that may affect their work performance and their line managers have been supported by an in-house Occupational Welfare Service (OWS), staffed by individuals who are

themselves MoD employees and who fully understand the culture and structure of the organisation. A team of over 50 welfare advisors provides a face-to-face, confidential service to MoD staff in the UK, Germany, Cyprus and Gibraltar. While the OWS is not a professional counselling service, a structured training programme enables welfare advisors to acquire a broad range of skills, including basic counselling techniques, to equip them to deal effectively with the wide variety of issues brought to them by employees and their managers, for example:

- death in service of a civilian employee
- harassment and bullying
- illness and sickness absence
- injury
- medical retirement
- bereavement
- relationships
- addiction.

The service has recently been enhanced by the addition of a telephone helpline, which now handles calls and emails from individuals who need either straightforward discussion of practical remedies or factual information to tackle their particular issue. In its first three months in operation, this facility has already proved to be an efficient and effective way to manage business, particularly as it allows welfare advisors in the field to focus on more complex cases.

In addition to welfare support, a number of projects under the former banner of occupational health could – if successful – fundamentally change the way that employees' sickness absence is managed in future.

The 'Day 1' trial

From 1 July 2006, civilians employed in three discrete business areas in the MoD are no longer required to telephone their line manager on the first day of a sickness absence. Instead, they speak to a trained nurse on a contractor-run helpline, receive appropriate medical advice and an offer of a follow-up call from the nurse (which the employee has an option to decline). The employee also discusses with the nurse a possible return to work date.

This process offers a number of potential benefits for both staff and the MoD:

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For staff

- a 24-hour 'one-stop-shop' for advice and absence report
- professional medical advice from registered nurses
- all Day 1 helpline nurses have received training in counselling skills
- no need to discuss medical problems/symptoms with line manager
- early identification of any underlying medical problem
- medical confidentiality maintained
- it's often easier to report stress or bullying/harassment in confidence to a nurse rather than to the line manager (who could be the problem)
- if bullying or harassment is identified, the nurse will advise the individual to speak either to their trades union representative, line manager or welfare advisor, as appropriate
- the emphasis is on removing barriers to work and rehabilitation rather than medical and/or retirement dismissal.

For the MoD

- prompt email (or fax) notification to line manager
- early occupational health intervention can lead to earlier recovery and improved chances of return to work
- better chance of rehabilitation in cases of long-term sickness
- provides another way for staff to report stress, bullying/harassment so that it can be dealt with.

As Day 1 schemes elsewhere have been shown to reduce sickness absence rates by up to 30 per cent, the potential benefits for the MoD and its staff are obvious.

Rehabilitation

The MoD also encourages line managers to consider, as an alternative to paid sick leave and where the employee wishes to do so, a return to work on a formal rehabilitation plan. The aim should be to increase progressively the hours being worked. The scheme has, of course, to be carefully managed:

- no one would be allowed to attend for less than their conditioned hours for health reasons without prior authority from the MoD's occupational health adviser
- the employee must discuss a possible return to work with their GP, and their application for a phased return to work must be supported by a medical certificate which gives reasons for the proposed return and state the period of reduced hours recommended
- the local welfare advisor must also be informed to provide any additional support required

- the temporary period of reduced attendance should not normally exceed three months; although, exceptionally, the proposed period of reduced attendance may be exceeded with the support of the occupational health adviser.

Faster access to medical treatment

The MoD employs some 15,000 industrial staff, many of whom are engaged in manual or physical work, and who as a group incur a greater level of sickness absence due to musculo-skeletal problems than the rest of the civilian workforce. Such problems can often cause individuals to take extended periods of sickness absence, a large proportion of which can be attributed to having to wait for appropriate medical treatment. Improved management of cases, including rapid referral to an occupational health physician and the funding of any treatment required could significantly improve the chance of an early return to work. The benefits of such a system would include a reduction not only in terms of the loss of productivity but also in the additional cost of payments to colleagues required to cover the absence. A short trial of this system, using the MoD's police force as the trial population, is due to begin shortly, with the result becoming available for evaluation early in 2007.

In addition to all this, a great deal of detailed advice and guidance has recently been published on the MoD's intranet, and in hard copy for those staff who are not yet e-enabled, on how to adopt a healthy lifestyle. Line managers have been given a wealth of information on how they can support their staff in pursuit of this goal. Links to national organisations that can provide help to individuals on a variety of life issues from giving up smoking to dealing with alcohol and drug abuse and the management of stress have been made available to everyone.

Conclusion

The shared services provided by the PPPA will continue to evolve and mature as the organisation reaches full capability by April 2008. Up to that date and beyond, work will continue to develop a more coherent and integrated approach to the support that MoD provides to its employees.

Although the main driver is to reduce sickness absence and obtain better value for money, the benefits also include a happier and healthier workforce. This in turn creates a climate for a potential increase in productivity and the enhancement of the MoD's reputation as a good employer, which we hope will enable us to recruit the best people in future. ■