

Absence Management Policy No. 17

Introduction and Benefits

1. The Oxford Radcliffe Hospitals recognises that it is essential to consider the health and welfare of its employees in order to provide an effective health service.
2. This policy has been updated in line with best practice and changes to legislation.
3. This policy encourages managers to identify appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity through early intervention so that any appropriate treatment can be considered.

Application

4. This procedure applies to all staff with a contract of employment with the Oxford Radcliffe Hospitals.
5. This procedure has been agreed with the Joint Staff Consultative and Negotiating Committee and may be reviewed in the light of experience, but is binding on all staff including medical staff.

Purpose

6. The purpose of this policy is to ensure that fair and effective arrangements exist for dealing confidentially and sympathetically with problems of ill health and disability, whilst ensuring that the necessary action is taken to reduce the levels of sickness and absence.
7. The policy aims to:
 - 7.1. Maintain a high level of attendance for all staff.
 - 7.2. Ensure consistency of approach to managing absence across the Trust.
 - 7.3. Encourage early intervention to prevent and overcome workplace stress.
 - 7.4. Provide routes to rehabilitation and encourage return to work for those on long term sickness absence.
 - 7.5. Provide a sensitive framework for those employees who are no longer able to undertake their current role to identify an appropriate solution.

Policy Statement

8. All staff will be advised of the arrangements for reporting sickness absence as part of the induction process and must adhere to this alongside any local arrangements that may be in place.
9. The Trust will ensure confidentiality of occupational health records at all times.
10. The Trust is committed to ensuring a supportive environment with effective processes for managing absence.

Responsibilities

11. Trust Board and Executive Board have overall responsibility for this policy.
 - 11.1. The policy is owned by the Director of HR & OD
 - 11.2. The HR Policy Group is responsible for reviewing the procedure.
 - 11.3. The Workforce Committee is responsible for agreeing changes to policy.
 - 11.4. All managers have a responsibility to ensure their staff understand the standards of behaviour expected of them.
 - 11.5. It is the responsibility of employees to report any major change in their health, which may affect their ability to undertake duties effectively to enable the employer to make 'reasonable adjustments' as specified by the DDA.

Monitoring and Review

12. Information on absence levels will be provided to managers on a quarterly basis for their staff by the Workforce Planning Team.
13. Managers must keep records of all return to work discussions as these may be called upon for monitoring purposes.
14. The HR Policy Group will review this policy in two years, unless changes in legislation or best practice prompt an earlier review.

Training and Development

15. Absence Management training is provided by Learning and Development via the Management Toolkit sessions. One to one advice is also provided via the Human Resources Department.

Associated Documents and Policies

16. This policy links to:
 - 16.1. Absence Management Procedure - Appendix 1
 - 16.2. Annual and Special Leave Policy No. 18
 - 16.3. Probationary Periods Policy No 28
 - 16.4. Disciplinary Policy No. 3
 - 16.5. Performance and Conduct Procedure for Medical Staff Policy No. 4
 - 16.6. Capability Policy No. 11
 - 16.7. Flexible Working Options Policy No. 39
 - 16.8. Counter Fraud Policy and Reporting Procedure
 - 16.9. Policy on the Prevention and Management of Occupational Stress
 - 16.10. Management Toolkit

Appendix 1**Absence Management Procedure****Notification of Sickness**

1. Employees who are sick and unable to come to work have a responsibility to inform their Manager or in their Managers absence the most appropriate senior person by telephone the reason for their absence as soon as possible, normally within one hour of when he/she is due to commence work or two hours prior to the beginning of the shift. These are minimum requirements and text messages are not an acceptable substitute. Local departmental arrangements may apply to reflect the needs of the service. If the employee is unable to telephone, a member of their family or a friend may telephone on their behalf. This information is confidential and should not be divulged to any other party. Work colleagues and members of the public should only be informed that the employee is unavailable.
2. If an employee is notifying their manager of absence in relation to a Statement of Fitness to Work Certificate this should be done at the earliest opportunity. Should the statement refer to potential workplace changes to enable a return to work these should be discussed with the manager on the first day of absence. For more information on Statement of Fitness to Work Certificates see Addendum A.
3. At the Induction programme, the importance of punctual and regular attendance at work should be stressed.
4. The manager routinely reviews employee's attendance levels on a regular basis.
5. There is information on best practice tools for reporting absences included in the Best Practice Tools section, Addendum E. In order to assist the management of absence following notification by staff members, flow charts for managing absence have been provided within Addendum I.

Reporting of Absence: for Monitoring Purposes

6. The manager will report all hours of work lost through sickness, on the weekly/monthly summary return to payroll even if employees have attended work for part of the day. Payroll returns must include the reason for absence information. Any sick certificate e.g. self-certificate or doctor's certificate will be sent to Human Resources for filing.

Certification Requirements

7. If an employee is sick for more than 3 consecutive days, he/she must complete a self-certification form, available from the Human Resources department, which he/she should sign and give to the Manager as soon as possible. If the employee is still unable to return on the eighth calendar day then he/she must obtain a Statement of Fitness for Work Certificate "fit note" (see Addendum A) from his/her GP covering the appropriate period. It is a requirement to complete a self-certification form on the fourth day of continuous absence (including days when they may not normally work) even if the Statement of Fitness to Work covers from the 1st day of sickness. This must be submitted to the Manager who will forward it to the Human Resources Department without delay.
8. If the individual does not contact their manager on the 8th day of absence, or first day of coverage of the "fit note" to discuss the content of the note, or if the "fit note" has not been obtained, any absence from the workplace will be classed as unauthorised and will be unpaid until a "fit note" covering the period in question is provided, whereby, payment for absence can be made. If a "fit note" is provided following unauthorised unpaid absence which suggests the individual was able to work during this time of absence the period will remain unpaid
9. If an employee has an accident at work it is vital to tick the appropriate box on the Self Certificate to receive Temporary Injury Allowance if required. It will also provide evidence in any future claims. See Addendum G.

Early Health Assessment

10. Early health referral should be considered in the situations as listed below. Note this is earlier than the general recommendation for referral to Occupational Health, which is after 4 weeks sickness absence. Managers should ensure they refer to the guide for managers on making Occupational Health referrals and provide the staff member with the employee information sheet on referrals. **See Addendums C & D.**
 - 10.1. Occupational stress or occupational psychological ill health - referrals to Occupational Health should be initiated on receipt of a General Practitioners (GP) "fit note" certificate.
 - 10.2. Musculoskeletal disorders - if work related line manager should contact Occupational Health on day 1 of the employee's sickness absence.

Return to Work

11. In order to monitor the reasons for absence the manager will meet with the employee at their normal workplace on the day he/she returns from absence to hold a return to work discussion. Return to work discussions must be undertaken within the first 2 working days of return from leave, if the manager is unable to comply with this it should be delegated to the most appropriate senior person.
12. In exceptional circumstances where an employee does not wish to discuss a reason for absence with the delegated senior person this should be redirected back to the manager at the earliest opportunity.

Return to Work Discussion

13. This discussion is informal and in most cases brief. It should be non-threatening and conducted in a private environment.
14. The manager or delegate should have information about the current sickness, which may include doctor's certificates, self-certificates, if appropriate.
15. The aim of the discussion is to:
 - 15.1. Welcome the employee back to work
 - 15.2. Enquire after their health
 - 15.3. Identify any internal or external factors which influenced the absence
 - 15.4. Offer any support which may be appropriate - including any adjustments which may be required under the DDA or IWL standards (e.g. training, flexible working, referral to Occupational Health if appropriate). See Addendum D which includes a guide for managers on making referrals, employee information on referrals for staff and a proforma for Occupational Health Referral.
16. Finally, the discussion should end on a positive note - moving on to discuss what the employee's priorities are on their return and updating them on key issues they have missed. The manager should also discuss how the work was covered in their absence.
17. A record should be kept of this discussion, see Addendum B proforma, and retained by the manager as these may be called upon for monitoring purposes.

Monitoring Sickness /Absence

18. Records of sickness/absence must be kept by the Line manager, which enables the identification of an individual's absence pattern at an early stage. See Addendum E which includes best practice tools for recording absence. The manager should be aware when the level of absence is nearing a trigger point (as outlined below) which requires an Absence Review Discussion to be held:-
 - Three or more periods of absence in any three consecutive months.
- OR**
- a pattern of unexplained absence or recurring ailments, either caused by or affecting the employees work, within a six month period.
19. If the absence relates to a disability – or the manager believes that it may – advice must be sought from Human Resources.
20. Information on absence levels will be provided to managers on a quarterly basis by Human Resources in order that managers can address high absence rates.
21. The Bradford Score is not a statistic used for reporting, however, should managers wish to use this tool informally information on its usage is provided within Addendum E.

Absence Review Discussion

22. An absence review discussion should be conducted every time the above absence triggers are reached.
23. This discussion should take place in private with the absence record available for discussion. It should not be confrontational, but an investigation into underlying problems – medical, work-based or domestic – which may be preventing the employee from attending work regularly. A suggested format is contained within Addendum E best practice tools. The manager should explain the effect the absence is having on the work performance of the section and where possible offer support, help and advice to assist the employee to attend regularly. It is important to note that the reasons for the absence may be sensitive and confidentiality is very important. There may be situations where the employee may benefit from the support and advice of Occupational Health. See Addendums C & D.
24. It is important that the manager explains what is considered to be a reasonable standard of attendance and that the meeting produces a decision, preferable jointly

agreed, on action to be taken by both the manager and the employee to help achieve this standard. Timescales should also be agreed.

25. Types of action that could be agreed by the line manager could be;
 - 25.1. referral to Occupational Health, if recurring related absences are experienced e.g. headache, backache, ensuring the managers guide has been read and employee information sheet has been provided to the staff member (Addendum D).
 - 25.2. adjustments to hours/workload
 - 25.3. review of equipment if these may be a contributing factor to absence levels
26. A written, dated record should be made of this decision. This could take the form of a letter to the employee.
27. Where an action is agreed it is important that it is carried out and that a review is undertaken in order to assess whether there has been any positive effect.
28. If on review attendance has not improved, in normal circumstances the formal Disciplinary Policy should be followed. However, there may be circumstances where it may be appropriate to agree a further monitoring period. e.g. may have been granted special leave. Seek advice from Human Resources.

Special Leave on Health Grounds

29. In exceptional circumstances a manager may place an employee on Special Leave (on the grounds of ill health) under advice from Occupational Health *and will be for a maximum of 2 weeks*. This decision may be taken when an employee's health is considered to be adversely affecting their own work, or their continued presence at work could be seen to be detrimental to themselves, patients or others if they remain in the workplace. Special Leave is not punitive but will allow for further information to be obtained or suitable support to be put into place for the employee. Managers must seek advice from their Human Resources Consultant before special leave takes place.
30. Occupational Health will keep the employee's General Practitioner informed where appropriate.

Sickness whilst on Annual Leave

31. If sickness occurs whilst the employee is on annual leave, the employee will be eligible to reclaim the period of annual leave if a Statement of Fitness to Work

Certificate is provided stating they are unable to work covering the period, and if they have notified their manager at the beginning of the period of sickness absence, irrespective of them being on annual leave. Unless there are exceptional circumstances retrospective medical certificates will not be deemed satisfactory, for the purposes of reclaiming annual leave.

Long-term Sickness/Absence

32. Long-term sickness/absence is defined as a situation where the employee is absent for a prolonged period of absence *exceeding 4 weeks* or recurrent periods of absence with a serious health problem.
33. In cases of long-term sickness/absence the Manager should -
 - 33.1. Keep in touch with the employee, but must be sensitive to the individuals circumstances.
 - 33.2. Inform Human Resources.
 - 33.3. Make a referral to Occupational Health department ensuring the managers guide has been read and employee information sheet has been provided to the staff member. (This can occur whilst the employee is on sick leave). See Addendums C & D.
 - 33.4. Try to ascertain likely return to work.
 - 33.5. Meet the employee, (representative) and Human Resources Consultant if appropriate.
 - 33.6. Try to reach consensus about possible return to work.
 - 33.7. Review advice given by Occupational Health.
 - 33.8. Consider extending sick pay e.g. where treatment has been delayed but has at least an average chance of restoring the employee to health.
 - 33.9. Seek advice about managing the return e.g. an assisted return.
34. If return to work is not possible then consider the following options -
 - 34.1. That the employee will be fit to return to work after an agreed further period;
 - 34.2. Redeployment;
 - 34.3. Retirement on grounds of ill health;
 - 34.4. Having considered all of the options available, termination of employment.

35. In some cases, to ensure the individual is supported, it may be appropriate for the Manager to see the employee at home. This must be pre-arranged and with agreement of the individual. Managers must be accompanied by another member of staff from the Department or their Human Resources Consultant. In addition the employee will also be advised that they have the opportunity to have a friend or work colleague present.
36. The Trust will advise the employee in writing the date full sick pay will no longer be payable, and the dates half pay entitlement will commence and cease unless the individual returns to work. In normal circumstances employment would normally cease at the end of the sick pay period except in exceptional circumstances e.g. terminal illness, accident at work. Sick leave entitlement is based on a twelve month rolling period, the exact entitlement is in accordance with the employees NHS continuous service as follows:-

During the first year of service	One month's full pay and 2 months' half pay
During the second year of service	2 months' full pay and 2 months' half pay
During the third year of service	4 months' full pay and 4 months' half pay
During the fourth and fifth years of service	5 months' full pay and 5 months' half pay
After completing 5 years of service	6 months' full pay and 6 months' half pay

Advice on Temporary Injury Allowance can be obtained from Payroll Services.

Additional Information can be found in Addendum G.

37. Annual leave will continue to accrue during periods of long-term sickness absence. Carry over of annual leave into a new leave year due to long term sickness absence will be limited to the statutory amount of 20 days (pro rata for part time staff). Any contractual entitlement over and above the 20 days (pro rata for part time staff) should be taken within the current leave year to avoid losing the entitlement. Individuals on long term sickness absence are able to take annual leave whilst on sickness absence and may wish to use annual leave once they have moved into half or no pay as annual leave will be paid at normal pay rates. It is not permitted for any additional leave to be carried across annual leave years or for payment to be made in lieu. It is important that the manager discusses annual leave entitlement with the member of staff to avoid losing their entitlement.

Concept of an Assisted Return/Phased Return

38. After discussion between Manager, Occupational Health, Human Resources and a staff representative (if requested), it may be felt that the concept of an "assisted return" might be in the interests of the organisation and the employee. This option

may also arise under advice within the GP “fit note” known as a phased return. This may consist of:

- 38.1. a period of part-time working with a gradual increase in hours to normal contracted hours, this may also include initial reduction of duties with gradual increase
- 38.2. full-time return to less than complete duties with on-going monitoring to decide date of resumption of normal duties
- 38.3. temporary return on reduced hours and associated change of contract (refer to Flexible Working Policy section on V Time working)
- 38.4. permanent return on reduced hours and associated change of contract
- 38.5. unpaid leave/career break (refer to Flexible Working Policy section on Career Break)
- 38.6. organisational support - (e.g. employee with terminal illness)
- 38.7. reasonable adjustments to the workplace in line with legislation, i.e. the Disability Discrimination Act (Addendum H), and best practice. This would be in conjunction with the Human Resources Consultant and may include assessments by Occupational Health or the Disability Employment Advisor.

Pay During an Assisted Return/Phased Return

39. An assisted return will generally take place over a minimum of two and a maximum of six weeks period, depending on the nature and length of absence. Pay during an agreed assisted return will consist of full pay for hours worked and sick pay for hours not worked, for example:
 - 39.1. Provided the individual is still within full pay entitlement, they will be paid for their normal hours while on a phased return.
 - 39.2. If the individual is on half sick pay they will be paid full pay for hours worked and half pay for those not worked.
 - 39.3. If the individual is no longer entitled to sick pay, they will be paid only for the hours worked.
40. If the individual has accrued annual leave this may be used as part of the assisted return, i.e. to make up the hours not worked.

-
41. Managers must instruct payroll via change form of the number of hours worked and the number of hours to be paid as sick pay, or annual leave during an assisted return so that accurate records are kept of sick pay entitlement during this period.
 42. Where it is necessary to extend the assisted return beyond six weeks the employee will normally only be paid for the hours worked.

Redeployment

43. When Occupational Health advises that an employee is unable to fulfil the duties of their substantive post due to ill health, redeployment must be considered as an option. Regular communication must take place between the employee and their line manager during the redeployment period.
44. *It is important to identify whether the Disability Discrimination Act may cover the individual, as there is a legal requirement that the Trust take every reasonable step to ensure employment of someone covered by the Act. Managers should liaise with both Human Resources and Occupational Health at this stage*
45. Following these discussions, for employees who it is agreed are covered by the DDA, the following process will be followed:
 - 45.1. The employee will be placed on the redeployment register and receive information on current vacancies and Human Resources will work actively with the individual and the line managers across the Trust to ensure that every opportunity is provided for redeployment to take place. This will involve suitable vacancies being identified at an early stage and the employee given prior consideration. This will apply for a maximum of 8 weeks once the employee has been deemed fit to return to work by Occupational Health. If the employee meets the essential criteria for the post – taking into account any reasonable adjustment that may need to be made – then redeployment should proceed. Advice should be sought from Occupational Health before a final decision is made. There will be a trial period of 4 weeks when formal monitoring will take place; the trial may be extended by mutual agreement. If, at the end of the agreed period, redeployment has not been successful, proceedings will be implemented with a view to terminating the employees' contract of employment on the grounds of capability. See '*Termination of Employment*'.
 - 45.2. Attempts will be made to find a temporary position whilst redeployment is being sought on a permanent basis.

-
- 45.3. Where an employee refuses to undertake what is deemed to be “suitable alternative employment” they may forfeit their right to sick pay.
46. If the employee is NOT covered by the Disability Discrimination Act:
- 46.1. The employee will be placed on the redeployment register and will receive information on current vacancies. This will apply for a maximum of 8 weeks, once the employee have been deemed fit to return to work by Occupational Health, to enable them to identify a suitable vacancy.
- 46.2. If a vacancy is identified, the employee should complete an application form and apply for a post in the usual way and their application would be considered for shortlisting by the Manager. Any offer of appointment will be subject to a trial period of 4 weeks when formal monitoring will take place, the trial may be extended by mutual agreement. If at the end of the agreed period, redeployment has not been successful, proceedings will be implemented with a view to terminating the employees’ contract of employment on the grounds of capability. See *‘Termination of Employment’*.
- 46.3. Attempts will be made to find a temporary position whilst redeployment is being sought on a permanent basis.
- 46.4. Where an employee refuses to undertake what is deemed to be “suitable alternative employment” they may forfeit their right to sick pay.

Offers of Suitable Alternative Employment

47. Whether alternative work may be considered suitable depends on a number of factors, including the following:-
- 47.1. Pay – wherever possible, earnings should be protected against a fall in the current rate of pay. Alternatively, there may be opportunities for employees to earn more.
- 47.2. Status – any loss of status may be eased by allowing the individual preferential treatment should a similar comparable job become available.
- 47.3. Working environment – this may be especially important for those who suffer a health complaint or physical disability.
- 47.4. Hours of Work – any change in a person’s hours of work, for example in shift patterns, may be considered unsuitable if it fails to take into account of the individual’s personal circumstances.

48. In cases where the redeployment is successful and the new post is paid at a lower level than their current post, the employee's salary will be protected for one year.
49. The protection of salary will be paid by the original department and will commence upon appointment to the new role.

Retirement on Ill Health Grounds if Member of Pension Scheme

50. It may be appropriate to consider retirement on ill health grounds if it seems likely that the employee will not be capable of returning to work in the foreseeable future. Retirement will be in line with the rules of the pension scheme in force and at the employee's request. This matter should be discussed fully by the Occupational Health Physician and Human Resources Consultant, with the individual (and representative if required). The Human Resources Consultant will obtain advice from Payroll on pensions and any other benefits.

Termination of Employment

51. In order to comply with employment legislation the employer needs to show the reason, or if more than one, the principal reason, for the dismissal and that it falls within one of the following categories:-
 - i. It relates to the capability or qualifications of the employee for performing work of the kind which he or she was employed to do;
 - ii. It relates to the conduct of the employee;
 - iii. The employee was redundant;
 - iv. The employee could not continue to work in the position held without contravention, either on the employee's part or on that of the employer of a duty or restriction imposed by or under a statute.
 - v. there was some other substantial reason of such a kind as to justify the dismissal of an employee holding the position, which the employee held
 52. A formal meeting should be arranged between the employee, their representative, the line manager and the Human Resources Consultant to advise that steps are to be put into place with a view to dismissing them on the grounds of capability as (i) above.
 53. The line manager will collect all the relevant information with regards to the employee's absence and prepare a report. This should include all the steps that had been taken to support the employee to stay in employment with the Trust.
-

54. A meeting will then be arranged with the employee, the employee's representative, a Corporate or Divisional Director who will be supported by a Human Resources Consultant who has not been involved with the case. The employee will be given a copy of this report five working days before the meeting.
55. The Corporate or Divisional Director having heard the facts of the case may decide to grant a further period in which the employee would be expected, with further support of the Trust, to find a suitable position. Or may consider that the termination of employment is the only viable option.
56. Where the contract is terminated then the employee is entitled to payment, at full pay, in compensation for the notice for which they would otherwise be entitled to under their contract of employment or the statutory provision whichever is the greater. The employee will also be advised on their pension and of any other benefits to which they are entitled.
57. The employee has the right of appeal against the dismissal, which should be made in writing to the Director of Human Resources, stating the grounds of the appeal, within 10 working days of the letter confirming the dismissal.

Further Supporting Documents

Addendum A	Statement of Fitness to Work Certificates
Addendum B	Return to Work Discussion
Addendum C	The Role of the Occupational Health Department
Addendum D	Guidance for Managers and Staff on Occupational Health Referral
Addendum E	Best Practice Tools
Addendum F	Alcohol and Substance Abuse
Addendum G	Industrial Injuries/Diseases
Addendum H	Disability Discrimination Act
Addendum I	Flow Charts for Managing Absence

Addendum A**The Statement of Fitness for Work Certificate****Summary**

From 6 April 2010 the sick note changed to become a Statement of Fitness for Work Certificate "fit note".

Many people with health conditions can, with some basic support from their employer, work as they recover from their condition. This helps the individual because for many people work can help recovery and also benefits the employer by reducing sickness absence.

Under the old sick note system, doctors could only advise their patient on whether their health condition meant that they should or should not work. As a result many people who could benefit from support whilst in work, would be advised that they could not work. Their employers would not have had the opportunity to consider how they could help them achieve an earlier return to work.

To help more people get the support they need to get back to work the new fit note system will mean that doctors can advise that an employee is either:

- unfit for work; or
- may be fit for work.

A doctor will give a 'may be fit for work' Statement if they think that their patient's health condition may allow them to work if they get suitable support from their employer.

If an employee is too ill to work the doctor will advise this just like with the sick note.

The changes are not about trying to get people back to work before they are ready, but about removing the challenges to them returning. This is about the employee and the employer working together and being open and honest.

The aim of the new fit note is to give the employer and employees' greater flexibility in managing sickness absence. A doctor is able to suggest ways of helping an employee get

back to work. This might mean:-

- a phased return to work;
- altered hours
- amended duties; and/or
- workplace adaptations

If it is not possible for the employer to provide the support to enable the employee to return to work both parties should use the Statement as if the doctor had advised 'not fit for work'. **The employee does not need to return to their doctor for a new Statement to confirm this.**

Implementation Process

The changes surrounding the introduction of the fit note on 6th April 2010 have not changed guidance on self certification requirements. If an employee is sick for more than 3 consecutive days, he/she must complete a self certification form available from their manager or Human Resources which he or she should sign and give to their manager as soon as possible. Under the new arrangements of fit notes in the event that the employee is still unable to return to work on the 8th calendar day of absence (or before) the individual must visit their G.P. They will now be issued with the new Statement of Fitness to Work Certificate "fit note" if the G.P. believes that the employee should refrain from work or be able to attend work under certain conditions as stated above.

The individual must contact their line manager straightaway to discuss the contents of the fit note from their G.P and any appropriate workplace changes that may have been suggested. Should the suggested workplace changes be able to be accommodated the individual should return to the workplace under the new arrangements. If the suggested amendments are not able to be accommodated the individual will be classed as unfit to work and will remain on paid absence for the duration of the certificate however Occupational Health advice may be sought.

If the individual does not contact their manager on the 8th day of absence to discuss the "fit note" or the "fit note" has not been obtained, any absence from the workplace will be classed as unauthorised and unpaid until a "fit note" covering the period in question is provided, whereby, payment for absence can be made. If a "fit note" is provided following unpaid absence which suggests the individual was able to work during this time of

absence the period will remain unauthorised and unpaid absence.

Should the individual want to return to work before the end of a 'not fit for work Statement' this may be because the employee has recovered faster than the doctor expected. If the line manager agrees that it is appropriate for the employee to return to work, the employee does not need to wait until the end of the Statement period for them to do so or to ask them to return to the doctor to agree to this. However, if the manager is unsure advice should be sought from Occupational Health.

If the line manager believes that on the basis of the advice from the doctor they can support the individual to return to work but the individual disagrees with the proposal, the line manager should discuss the issue with the individual concerned as to why they believe they cannot return to work. There may be an aspect of their condition that has not been considered.

If no agreement on the individual's fitness can be reached the line manager should seek advice from Occupational Health. Should their advice concur with the doctor but the individual still refuses to return to work, their pay should be stopped and disciplinary proceedings may be instigated.

Full details can be found on
www.dwp.gov.uk/docs/fitnote-employer-guide.pdf

Addendum B**Sickness/Absence - Return to work Discussion**

This form must be completed by the Line Manager on the first day that the employee returns to work after sick leave/absence.

This discussion must take place in a private location and be kept confidential.

Staff Name _____	Start date with ORH _____
Date sickness/absence commenced _____	
Nature of sickness/absence _____	
Date returned to work _____	
Days Lost _____	Hours Lost _____

Doctors Certificate produced

Self-Certification form completed

Any information that we need to know about e.g. medication that may make you drowsy

Any further treatment/action required/planned for this

Absence to date: _____ Trends identified: Yes/No

Employee Comments:

Please tick appropriate action:

1. Return to work resume normal duties
2. Return to work with adjustments (provide detail below)
3. Return to work refer to Occupational Health
4. Refer to Occupational Health
5. Other

Management Action:

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

1. Record this information on the Weekly/Monthly Summary Return.

Addendum C**THE ROLE OF THE OCCUPATIONAL HEALTH DEPARTMENT**

- To provide confidential advice to staff with health at work issues
- To provide advice to managers about health related issues affecting work
- To advise managers on employees fitness for role
- To liaise with the individual during their period of sick leave if appropriate
- To recommend on workplace adjustment offering advice to help the line manager manage the employees' health at work and workplace environment, in accordance with best practice and legislative requirements.
- To assist in the development and recommendation of a return to work plan
- To support the individual and liaise with managers during the return to work period
- To review the return to work plan and suggest modifications as necessary in conjunction with the individual and managers concerned
- To advise on redeployment as required
- To assist in the development of the case for retirement on health grounds if this becomes an option
- To liaise with the employee's GP / treating specialist as necessary

Access to Occupational Health

- Self referral by the member of staff
- Referral via Human Resources Consultant - *refer to the Guidance on referring to Occupational Health for advice*
- Referral by the Manager - *refer to the Guidance on referring to Occupational Health for advice*
- Staff can self refer to OH without their Manager or Human Resources Consultant being involved

Addendum C

Guidance for Line Managers and Human Resources (HR) Consultants for referral to Occupational Health (OH)

To enable line managers and/or Human Resources (HR) to receive appropriate specialist advice, Occupational Health (OH) has produced this document to provide referrers with practical suggestions and relevant guidance when using the OH services.

Occupational Health is committed to employees' wellbeing at work. The OH team looks at the effect work has on health and (ill) health has on work, helps determine whether employees are fit for the work they do and advises line managers and HR consultants on any adjustments to enable employees to work safely and effectively.

Occupational Health liaises directly with line managers and HR consultant, offering advice and recommendations to help the line manager manage the workplace environment, in accordance with best practice and legislative requirements.

Occupational Health is restricted to occupational health issues only and encourages employees to use their General Practitioner (GP) for any medical ailments and treatment.

Prior to making a management referral

Spend time preparing the employee referral and consider what information you require. In many cases, making initial contact with OH to discuss your concerns will help resolve most queries. Background information will ensure objective definitive advice can be given by the OH Advisor / OH Physician.

The individual being referred should fully understand the reason(s) for his or her referral and the role OH plays in managing their condition. OH has produced an information sheet for employees that explain its role and what to expect from OH. This **MUST** be given or posted to the employee at the time of referral.

The line manager or HR consultant completes the management referral form which goes to the Occupational Health Department and will be allocated to an OH Advisor. Information required by OH:

Information about the role

To ensure the OH team are able to offer you specific advice and guidance, please provide the following information concerning the employee:

- role and responsibilities
- length of service
- job description or role profile
- length of time in role
- any recent or anticipated change to the role
- working hours and details of any shift patterns
- place of work - home worker, office based or flexible worker
- copies of relevant risk assessments

Information about the employee

Every referral is different. By providing as much background information concerning the employee, you can help the OH Advisor / OH Physician assess how to approach the referral. You should inform the OH Advisor/OH Physician of any information that you feel has a bearing on the employee's capacity to carry out their role which will help the OH Advisor / OH Physician create a more detailed report that can provide definitive and objective advice for all parties concerned. For example, in a case where there are concerns over attendance, substance misuse etc. the OH Advisor / OH Physician should be given access to any available sickness absence/accident data, since it may reveal characteristic patterns and can assist in the evaluation of underlying health issues.

Information concerning the employee's performance and any problems with relationships within the workplace can be crucial to a case but is often overlooked in referrals. If there are any concerns of this nature, it is beneficial to include this in the referral.

Accurate information about contact details including current postal address, home and mobile telephone numbers and e-mail address will facilitate arranging the appointment promptly.

Information needed from you

Please select from the following list the main reasons behind your referral with details:

1. Frequent short-term sickness absence

2. Long and continuous periods of absence
3. Returning to work after long term illness, injury or surgery
4. Concern about a member of staff's health in relation to their ability to carry out their job
5. The member of staff has declared that they have a medical problem
6. Consideration of retirement on the grounds of ill health
7. Specific illness/medical condition which is a cause for concern, impacting on work or work impacting on the staff member
8. The member of staff has developed a disability and we both need advice on the management of the disability and adjustments
9. Following an accident at work, which has caused or is likely to cause a significant absence
10. Concern that a member of staff may have an infectious or contagious disease

Recommended questions from the referrer to OH

The referrer is advised to select the following questions that are relevant on a case-by case basis.

1. Is the employee fit for purpose of role?
2. Are temporary or permanent workplace adjustments required now or when the employee returns to work? If temporary adjustments are required, please advise on timescales.
3. Is there any evidence that the work environment is contributing to sickness absence?
4. What are the timescales for the employee regaining fitness for purpose of role?
5. Is there an underlying medical condition that accounts for this attendance record?
6. What is the likely effect on attendance in the future?
7. Would you recommend retirement on health grounds, if the employee is eligible under the pension scheme?
8. Is the employee fit to attend a performance and conduct meeting or other management meeting?
9. Is the Disability Discrimination Act (DDA) likely to apply?
10. Other advice required.

Disclosure of an employee's medical conditions will only be given with the employee's written consent and only if relevant to the line manager with regard to risk to the Trust, employee or colleagues.

If the employee is currently being performance managed or there is a pending disciplinary please give an indication of this on the referral form.

The OH report will respond to the questions in the referral but where appropriate other detail, recommendations and legislative requirements may be added.

Please ensure the following question on the referral form is completed, i.e. Would you like the OH Advisor to contact you prior to contacting the employee?

Building effective working relationships between HR, Line managers and OH

The OH team aims to continue to develop a good working relationship with Line managers and HR by working in partnership with HR consultants and line managers. Individual case conferences are arranged as required to give additional support to all parties.

Written advice and recommendations to Line managers and HR

An OH report addresses the specific concerns presented in the management referral with additional information as well as any other issues that emerge during the OH assessment.

OH Advisor / OH Physician obtains informed consent from the employee prior to releasing the report to the line manager and HR consultant. If medical information is going to be written in the report, written consent (or verbal if managed over the telephone) will be obtained by the OH Advisor / OH Physician.

Please note: The employee has the legal right to see a copy of the report prior to release therefore the content will be discussed and a copy given if requested. This may cause a delay in sending the report, in these circumstances the OH Advisor / OH Physician will notify the referrer updating them of progress and timescales for release. The employee however, does not have the right to change an opinion expressed within the report.

Updates of OH review appointments will be communicated by either email or letter.

Due to professional and legal accountability and ethical guidance: OH Advisors / OH Physicians can only discuss and release information to the referrer.

The OH report will provide an overview, where relevant, of:

- the main reasons for referral
- effects of the employee's health status on work
- the individual's perception of the problem
- whether the employee's health is adversely affected by a workplace activity
- whether the employee is fit for work / time scales for regaining fitness
- the likely effect with attendance in the future
- any other information the OH Advisor feels is relevant
- **Note:** Clinical diagnosis will not be documented unless deemed relevant by the OH Advisor / OH Physician. In such cases the OH Advisor / OH Physician will request additional written consent from the employee.

OH Recommendations

This section may include:

- temporary adjustments advised to the role
- advice to the line manager and HR consultant with recommendations on the appropriate management of the health, safety and welfare of the referred employee
- advice on who is responsible for taking action and implementing the recommendations
- a response to any specific questions posed by the referring line manager and/or HR consultant, i.e. Is the employee fit to attend disciplinary/redundancy/grievance meeting?
- relevant legislation included i.e. Disability Discrimination Act (DDA) advice, advice in accordance with Management of Health and Safety at Work regulations, advice on Display screen equipment regulations etc.

Plan for ongoing OH case management

The OH Advisor's / OH Physicians suggested course of action will be provided here and will include timescales for review, and whether a GP/specialist report will add value to the OH function. If it is necessary to request a medical report the cost of the report will be forwarded on to the line manager for payment.

The OH Advisor / OH Physician will advise that the content of this report has been discussed with the employee and informed consent has been obtained to release this information to the line manager and HR consultant.

A copy of this report will be provided to the employee routinely.

Employee Information: Referral to Occupational Health

If you have been referred to the Occupational Health team by your manager or HR Consultant, this leaflet explains what to expect.

What is Occupational Health?

Occupational Health (OH) is a speciality concerned with the effects of health on work and work on health.

Occupational Health is a service provided by the Oxford Radcliffe Hospitals NHS Trust to support our employees and employees from outside contracts, offering advice, support and a proactive approach to managing the health of individuals.

Purpose of the referral

We assess your health or any disability you have and how these may impact upon your ability to carry out your work.

Following your appointment in the Occupational Health Department a report will be sent to your line manager, HR and you with an expert opinion on your current state of health, as well as recommendations where appropriate on what adjustments might make it easier for you to carry out your duties successfully whilst taking your health condition into consideration.

It also gives you the opportunity to talk over, in confidence, any concerns you might have about your health in relation to your work with an experienced OH Practitioner.

What is an Occupational Health Advisor?

OH Advisors have a nursing background and are Specialist Practitioners with qualifications in the field of Occupational Health and appropriate knowledge of Health and Safety and employment legislation.

Why am I being referred?

Your line manager or HR consultant should have already discussed the reason with you. If not, then contact your line manager or the HR consultant who referred you.

The referral form provides the OH Advisor with information on your job, recent sickness absence and the concerns your line manager or HR consultant has.

The initial OH assessment meeting

You will be contacted by the OH Administrator or OH Advisor who will arrange an assessment with you face-to-face or if the OH Advisor feels it appropriate you may be assessed over the telephone. A face to face assessment usually lasts 30- 45 minutes.

An OH Advisor will ask you about any health problems or concerns you have and what treatment you are receiving. They will also ask you to describe the work you do and any difficulties there are at work due to your physical / mental health or other reasons. The OH Advisor will also ask about your life outside of work and how you travel to work.

You may be referred to an Occupational Health Physician (OHP) for a clinical opinion. The OHP is a doctor with specialist expertise in Occupational Medicine.

The OH Advisor or OHP may advise you to see other specialists for clinical opinion if the OH Advisor or OHP requires further clinical information, e.g., Occupational Physiotherapist Advisor.

The aim is to collect sufficient information to be able to give an accurate, objective and useful opinion on your fitness to do your job.

You may be advised to self- refer to other areas of support, e.g. your General Practitioner (GP).

Other information

Sometimes it is not possible to give a clear opinion on your fitness after a single assessment. The OH Advisor or OHP may need information from your treating doctor or want to look at where you work. They may also need to review you again to assess your progress before being able to judge when you might be ready for full duties or a return to work.

When further information from your treating doctor or specialist is required, the OH Advisor or OHP will discuss this with you and ask you to sign a consent form giving your informed consent. You have the right to see the report your treating doctor or specialist writes before it is sent to the OH Advisor or OHP.

Follow up appointments

If a further assessment is needed, a second appointment will be arranged and your line manager and/or HR consultant informed.

Confidentiality

All clinical information you give to the OH Advisor /OHP or the medical information obtained from your treating doctor and /or specialist is confidential: clinical and medical details are not given to anyone else outside the OH team without your prior agreement. In exceptional circumstances, details may be disclosed for health and safety reasons where there could be a risk to you or others. You will be informed if this becomes necessary.

The report back to your manager and HR consultant deals with the effects of your health on your fitness for work. Clinical and medical information is only included in a report where your line manager needs to know the detail, e.g. for safety reasons and only after you have given your express permission for this.

If your line manager and HR consultant are given medical information, they must respect your right to confidentiality and not pass it on to others without good reason and your prior agreement.

Can I bring someone with me to my appointment?

Yes. A work colleague or a friend/relative can attend the assessment with you.

Why can't my GP carry out the assessment?

Your GP is the expert when it comes to treating your illnesses. However, the OH Advisors and OHP are much more familiar with your work and the workplace. They are the experts on how your health can affect work, how work can affect your health and what can be implemented at work to help and support you in the workplace.

When an OH Advisor or OHP needs detailed information on your health, treatment plans or results of investigations to complete an assessment, the OH Advisor or OHP will, with your informed, written consent, contact your GP and /or specialist for the information.

The Occupational Health report

Once your assessment has been completed, the OH Advisor or OHP will write a report for your line manager and HR consultant. The OH Advisor will discuss with you at the appointment what they intend to write.

The OH Advisor or OHP may discuss with your line manager and HR consultant any recommended adjustments in the workplace before the report is forwarded.

Can I have a copy of the OH report?

Under the Data Protection Act, you are entitled to request a copy of the report at any time. A copy will be sent to you automatically; please make sure OH have your up to date contact details.

OH reports may cover

- whether you have a health problem which may affect attendance or performance at work
- if so, how it may affect your attendance/performance or performance in the future
- indicate where appropriate that you may need time off for appointments or treatment
- if you are away from work, how long it is likely to be before you are ready to return to work or full duties
- recommendations on assisted return to work programs
- recommendations on appropriate risk assessments
- recommendations to your line manager and HR consultant on how to support you in the workplace
- recommendations on adjustments to working practices and working hours until you have fully recovered
- if you are not fit to return to your current job, recommendations on alternative types of work, subject to availability within the Organisation whether temporary or permanent
- compliance with health and safety and employment legislation.

What happens next?

Your line manager, with or without the HR consultant, may arrange to meet you to discuss the OH report and any recommendations that have been made.

Recommendations given to your line manager and HR consultant by the OH Advisor / OHP on adjustments, assisted return to work programs, duties and hours are advisory only. Your manager and HR consultant will do what is reasonably practicable.

What should I bring to the OH assessment?

- If you are taking any medication, you should make a note of the name and dosage.
- Name and address of your treating doctor and/or specialist.
- Copies of any relevant correspondence or reports from your GP or specialist if available.

Appointment date and time

The OH Administrator or OH Advisor will contact you to arrange an appointment for the assessment.

If you feel unable to attend an OH assessment you should inform your line manager. Without the benefit of guidance from the OH Advisor / OHP your line manager may only be able to make decisions regarding your health at work based on the information you have given them.

If you have to cancel your appointment please notify your line manager and contact the OH Administration team to arrange an alternative appointment.

Occupational Health Contact details**Oxford John Radcliffe site**

Occupational Health Department
John Radcliffe Hospital
Headley Way
Headington
Oxford
OX3 9DU

Tel: 01865 (2)20798

Fax: 01865 (2)20949

Horton Hospital site

Occupational Health Department
Horton Hospital
Oxford Road
BANBURY
Oxon
OX16 9AL

Tel: 01295 229442

Fax: 01295 229165

MANAGEMENT REFERRAL FORM
Request for Occupational Health (OH) Advice

- Please complete all sections as fully as possible in discussion with the employee.
- Provide employee with employee information "Referral to Occupational Health".

Section 1 – Employee details

Name:.....	Date of Birth:.....
Department :.....	Job Title:.....
Work Location:.....	Ext no:.....
Personal Email:.....	
Personal Mobile number:.....	
Home address:.....	
.....	
Postcode:.....	Tel No:.....
Preferred method of contact: home phone / work phone / mobile number / email / letter*. (*delete as appropriate).	

Section 2 – Line manager details

Manager's signature:.....
Print name:..... Date:.....
Position:.....
Work Address:.....
Email:..... Tel No:.....
Would you like the OH Advisor to contact you prior to contacting the employee YES / NO * *Delete as appropriate
<i>Note: This form will become part of the employee's Occupational Health record and, as such, its contents, will be available to the employee under the terms of the Data Protection Act.</i>

Section 3 – Human Resources details

Name of contact in Human Resources or Medical Staffing to be copied in on appointment letter/report:

.....

Section 4 – Referral details

Reason for referral *(please tick as appropriate)*

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Frequent short-term sickness absence |
| <input type="checkbox"/> | Long and continuous periods of absence
(Prolonged period of absence exceeding or likely to exceed 4 weeks) |
| <input type="checkbox"/> | Returning to work after long-term illness, injury or surgery |
| <input type="checkbox"/> | Concern about a member of staff's health in relation to their ability to carry out their job |
| <input type="checkbox"/> | The member of staff has declared that they have a medical problem |
| <input type="checkbox"/> | Consideration of retirement for health reasons |
| <input type="checkbox"/> | The member of staff has developed a disability and we both require advice on the management of the disability and adaptations |
| <input type="checkbox"/> | Following an accident at work, which has caused or is likely to cause a significant absence |
| <input type="checkbox"/> | Concern that a member of staff may have an infectious or contagious disease |
| <input type="checkbox"/> | Other - please describe in detail in section 8 |

Section 5 – Role details

Brief description of the job including any significant aspects the OH Advisor / OH Physician should be aware of (job description should be attached if available)

.....

.....

.....

.....

.....

.....

.....

.....

Section 6 – absence details

Is the employee currently on sickness absence Yes / No*
Are you aware of an expected return to work date Yes / No*, **If yes, when?**
*Delete as appropriate

Sickness absence dates and reasons, which covers the last 6 months. (attach a sickness absence summary if appropriate)

Dates: From To Reason Given

Section 7 – OH advice required

Advice requested *(please tick as appropriate)*

- 1. Is the employee fit for purpose of role?
- 2. Are temporary or permanent workplace adjustments required now or when the employee returns to work? If temporary adjustments are required, please advise on timescales.
- 3. Is there any evidence that the work environment is contributing to sickness absence?
- 4. What are the timescales for the employee regaining fitness for purpose of role?
- 5. Is there an underlying medical condition that accounts for this attendance record?
- 6. What is the likely effect on attendance in the future?
- 7. Would you recommend retirement on health grounds, if the employee is eligible under the pension scheme?
- 8. Is the employee fit to attend a performance and conduct meeting or other management meetings?
- 9. Is the Disability Discrimination Act (DDA) likely to apply?
- 10. Other advice required (see Section 8 Additional information)

Section 8 – other details

Additional Information (continue on a separate sheet if necessary)

.....

.....

.....

.....

.....

.....

.....

.....

Section 9 – Employee consent to the management referral.

I confirm that I have read and understood the reason for this referral.

I confirm that my manager has given me a copy of the employee information explaining “referrals to Occupational Health”.

I agree that Occupational Health will contact me either in work or at home to arrange an appointment.

I understand that that following the appointment, an Occupational Health report will be sent to my manager (and the Human Resources Consultant specified above). I understand that a copy of the Occupational Health report will be sent to me.

I agree that a report can be either emailed or sent in the post to my line manager and HR Consultant and myself.

If the employee is not able to sign this, line manager to confirm employee agrees to above and sign below.

Employee’s signature **Date**

Print Name.....

Please send completed referral form via post or fax to:

Occupational Health Department, John Radcliffe Hospital, FAX: 01865 (2) 20949

For staff based at Horton Hospital referrals to be sent to:

Occupational Health Department, Horton Hospital, FAX 01295 (2) 29165

Addendum E**BEST PRACTICE TOOLS**

This section is designed to give information on some best practice tools which may be of help in managing absence for individuals. The methods described in this section can be categorised into tools for assisting with reporting and monitoring of absence.

Reporting tools

Many departments within the Trust have developed their own local procedures for reporting absence. One method which may be of use in managing absence is the introduction of a dedicated absence reporting mobile telephone. This has been used in some areas where the mobile phone is held at all times by one of the senior team and all instances of absence must be reported to that telephone number. This is beneficial when an employee is calling to report GP recommended adjustments to the workplace to enable a return to work as initial contact is made at an appropriate level of seniority to either agree adjustments or authorise absence whilst adjustments are considered.

An absence diary is kept alongside the mobile telephone so that all information relating to the absence can be recorded alongside the date, including reasons for absence. This method allows for detailed information to be gathered by the senior staff member as absence is reported, to allow better planning for cover. The absence diary allows the senior team member to review absence for individuals to see if patterns are emerging or if there may be an infection control issue within the department indicated by a spate of similar reasons for absence amongst staff members over a period of time.

Other departments may have introduced similar systems whereby there are clearly defined persons to whom absence can be reported. This reduces the incidence of reporting to colleagues or whoever may answer the phone, with clearly defined senior team members allocated to each shift for the reporting of absence.

Monitoring tools

A variety of best practice tools are available to assist in monitoring the absence levels of individuals. They are provided here as a range of options available for use as required to enhance methods of managing absence for staff. Three tools are included within this addendum, these are listed below:

- Sickness/Absence Leave – Summary Record Template
- Bradford Scores
- Conducting the Absence Review Discussion Action Plan

Sickness/Absence Leave - Summary Record

Name: **Job Title:**.....

Manager:

Date Commenced	Date Returned	Nature of Absence		Total	Action
<i>Include Day ie: Mon, Tues Wed, Thur, Fri, Sat, Sun</i>		Sick	Special		

The above template should be used to record all absences for individuals including all details on the reason for absence. This record should be reviewed regularly by managers to see if trigger points are approaching or if patterns of absence are emerging. Patterns of absence may include instances such as absence routinely falling on certain days of the week, e.g. Monday or Friday; absence pre or post annual leave periods; absence following periods of overtime working.

Bradford Scores

Whilst the Trust does not provide this calculation as part of the quarterly reporting of absence levels to managers it is acknowledged that some areas may wish to use the Bradford Score as an additional method to monitor absence levels of their staff.

Information on Bradford Scores is included here as an additional tool to assist managers to identify those staff whose absence levels require more careful monitoring, it is not to be used as a tool to enact a trigger point within this policy.

The Bradford Scoring System is designed to measure irregularity of attendance and in particular it best measures recurrent short spells of absence. These are the absences which are usually more difficult to identify and monitor in comparison to longer periods of absence and are in general more disruptive to the organisation in terms of planning for cover.

The Bradford Score is calculated as follows:

$$B = S \times S \times D$$

Where

- B is the Bradford score
- S is the number of occasions of absence over a set period
- D is the total number of days absence over the same period

High Bradford Scores are an indication of frequent short term absences which tend to be more disruptive. For example, employees with 14 days absence within a set period can have vastly differing Bradford Scores as shown below:

- | | | |
|---|----------|---------|
| • One episode of 14 days absence | 1x1x14 | = 14 |
| • Seven absences of two days absence each | 7x7x14 | = 686 |
| • Fourteen episodes of one day absences | 14x14x14 | = 2,744 |

The quarterly reports of absence levels provided to managers give an absence percentage over a 12 month rolling period. These are particularly useful at identifying those with long and medium term absences. The Bradford score in contrast can identify those who have more frequent short term episodes of absence, which may not be picked up by the absence percentages provided to managers, the Bradford Score may identify those individuals for further monitoring.

CONDUCTING THE ABSENCE REVIEW DISCUSSION ACTION PLAN

<p>1. Preparation</p> <p>Arrange time and private location for discussion. <input type="checkbox"/></p> <p>Collate interviewee's absence record, copies of correspondence (if appropriate), and Occupational Health Report (if applicable). <input type="checkbox"/></p> <p>Consider the interviewee's length of service, previous record of absence/ capability/ disciplinary issues. <input type="checkbox"/></p> <p>Consider if the pattern of absence is regular or unusual. <input type="checkbox"/></p> <p>Prepare introduction (see below). <input type="checkbox"/></p> <p>Prepare checklist for structure of discussion (see below). <input type="checkbox"/></p> <p><i>NB: You might wish to review or practise your approach as part of your preparation, to help you prepare a firm, yet positive attitude to the discussion.</i></p>	
<p>2. Introduction</p> <p>Explain the purpose of the discussion to the employee. <input type="checkbox"/></p> <p>Point out the absence record and clarify any discrepancies. <input type="checkbox"/></p> <p>Discuss possible reasons for poor attendance. <input type="checkbox"/></p> <p>Agree the overall objective that attendance must improve. <input type="checkbox"/></p> <p>Ask interviewee for their suggestions for improvement. <input type="checkbox"/></p> <p>Agree a plan of action, with timescales, for this improvement. <input type="checkbox"/></p> <p>Specify/give indication of implications for non-improvement, i.e. that future meetings may take place under the Disciplinary Policy. <input type="checkbox"/></p> <p>Set a date for subsequent review (4 to 8 weeks) <input type="checkbox"/></p>	
<p>3. Structure</p> <p>You will need to "lead" the discussion through the following structure/checklist to be sure you manage the process effectively, stay in control, avoid irrelevancies and gather all the necessary information. <input type="checkbox"/></p> <p>You can achieve this by prefacing each item with an "open-ended" question to gain facts and create discussion. <input type="checkbox"/></p>	

Addendum F**ALCOHOL AND SUBSTANCE ABUSE****POLICY**

The principles of the Absence Management Policy apply fully to employees who have alcohol or substance abuse problems.

It is recognised that alcohol/substance abuse is a health problem requiring specialist treatment, which if given at an early stage is more likely to result in successful treatment.

Employees who wish to obtain such help will be given effective opportunities to do so with full confidentiality and without jeopardising their career prospects.

However, alcohol and substance abuse affects job performance, reliability and health, at an early stage. The Oxford Radcliffe Hospital Trust has a responsibility to ensure that its employees are able to carry out their work safely and effectively, and will intervene if job performance is adversely affected. **In this context it must be stated that intoxication due to alcohol or other substances in the workplace will lead to performance and conduct action.**

Procedure

Managers are not expected to make a diagnosis of alcohol/substance abuse, even when they suspect it. Their role is to monitor job performance and, if in doubt as to the reason for deterioration in this performance, facilitate referral to the Human Resources and Occupational Health Departments. Employees may choose to confide in their manager about an alcohol/substance abuse problem, but should never be put under pressure to do so. Employees who do wish to confide their problem will be offered help.

Employees who are subject to performance and conduct action for behaviour related to alcohol/substance abuse may be referred to the Occupational Health Department, and, if appropriate, be given the choice of the following; the normal performance and conduct procedure or the treatment option.

Where the Occupational Health Department, identifies that the employee has an alcohol/substance abuse problem, the employee will be referred by the OHD to their GP, in order that referral to a specialist unit may be made. If an employee accepts appropriate treatment for an alcohol/substance abuse problem, they will be entitled to sick leave and normal sickness benefits as provided in Trust Terms and Conditions of Service, for the duration of the treatment until fit to return to work.

Employees who relapse after treatment will be expected to contact the OHD at the earliest opportunity and will be helped to resume appropriate treatment through their GP. If relapses continue then the procedures set out in the Sickness Absence policy will apply.

Addendum G**INDUSTRIAL INJURIES/DISEASES****Definitions - Applicable to employees who:**

- Are injured whilst on duty due to an accident or incident.
- Have contracted a disease in the course of NHS employment.
- Have developed a condition attributed to the employee's work.

Employees must:

1. Report any incident to their immediate manager/supervisor.
2. Fill in the Trust incident form (kept in each department).
 - If there is not enough room to fill in sufficient detail, then attach a full report to the original Trust Incident form.
 - Make sure the account is specific.
 - Witnesses need to give their full names and addresses.
 - Employees should keep a copy of the Trust Incident form for any future reference.
3. Make sure any equipment involved is kept for inspection.

If you are unable to do 2 & 3 a nominated person can do it for you.

If you are unable to work fill in a self certificate form ensuring that you tick the box marked **"Was your sickness caused by an accident at work or an industrial disease?"** Do this even if you supply a medical certificate for the first week. This alerts Payroll Services that you are off sick from an accident at work.

You need to fill in the Job Centre Plus Form BI100A for Industrial Injury or Form BI100B for Industrial Disease. These can be obtained by ringing the Industrial Injury Benefit Delivery Centre for London and the South East on 0845 608 8913. This is your responsibility. The Job Centre Plus is part of the Department for Work and pensions (DWP).

N.B. Both the Trust Incident form and the forms BI100A and BI100B can be filled in retrospectively.

If you are a member of a Union or Professional Body you are strongly advised to inform your representative immediately.

Industrial Accidents

If you return to work and then have further periods of sick leave as a result of the original injury or disease, make sure you let your employer know and once again complete the self certificate form.

If *you* are still off sick 16 weeks later or suffer from recurrent sickness related to the injury or disease, you can apply for Industrial Injuries Disablement Benefit, which is a DWP allowance. You cannot normally get Industrial Injuries Disablement Benefit if your disability or loss of faculty is less than 14%

NHS Temporary/Permanent Benefit is explained in the booklet NHS Injury Benefit available from the Payroll Services.

It is essential that employees should inform Occupational Health and their GP of an industrial injury/disease and complete the Trust's incident form. Inform Human Resources of the industrial accident so that details can be documented in the employee's personal file.

Addendum H**DISABILITY DISCRIMINATION ACT****Definition of disability**

A person must have had a physical or mental impairment causing a substantial and long-term adverse effect on his or her ability to carry out normal day to day activity.

The employee or applicant should discuss any adaptation at interview or prior to return to work if following a period of sickness absence. While doing this the employee/applicant should be assured that a positive attitude prevails towards the person with a disability.

The aim of the Trust is to assist employees who become disabled to stay in their post and to develop strategies so disabled applicants who have the skills to undertake the job are accommodated.

Range of the Act

An employer cannot treat a person with a disability less favourably than a person without a disability.

The Trust will make reasonable adjustments, which are effective and practicable to accommodate the employee or applicant with a disability.

The Trust is committed to treat all staff, regardless of their physical or mental impairment, in an equal way, and will take steps, which are reasonable to prevent disadvantage.

The Trust will, as far as reasonable:

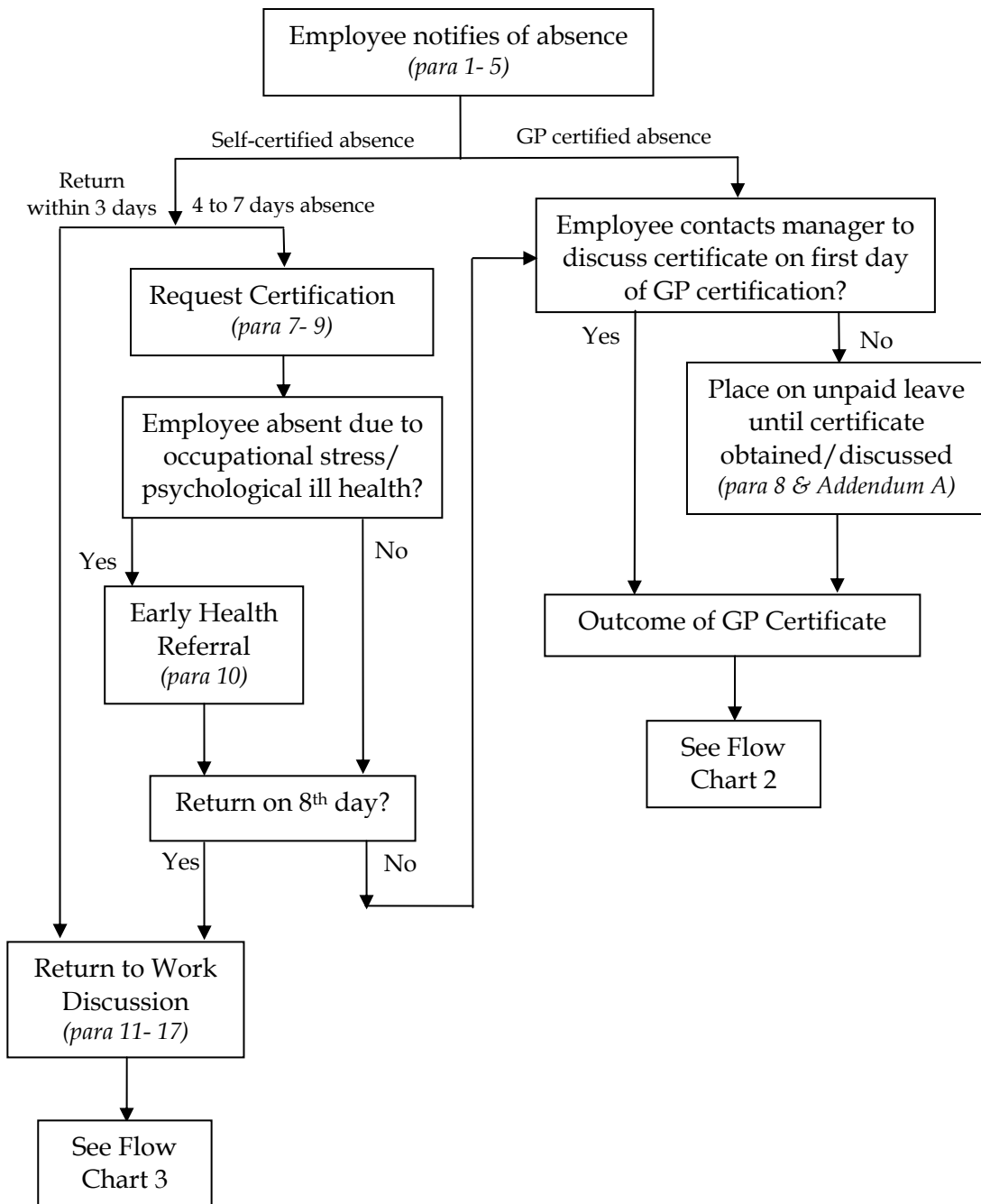
- instigate changes to the premises
- re-design jobs
- assist in rehabilitation
- alter working hours
- assist in the transfer of newly disabled to other jobs
- acquire modified equipment
- address attitude or behavioural barriers which could restrict opportunities

Managers should update monthly payroll returns detailing absence along with the relevant description code at all stages of the flow charts. (Para 5)

Addendum I

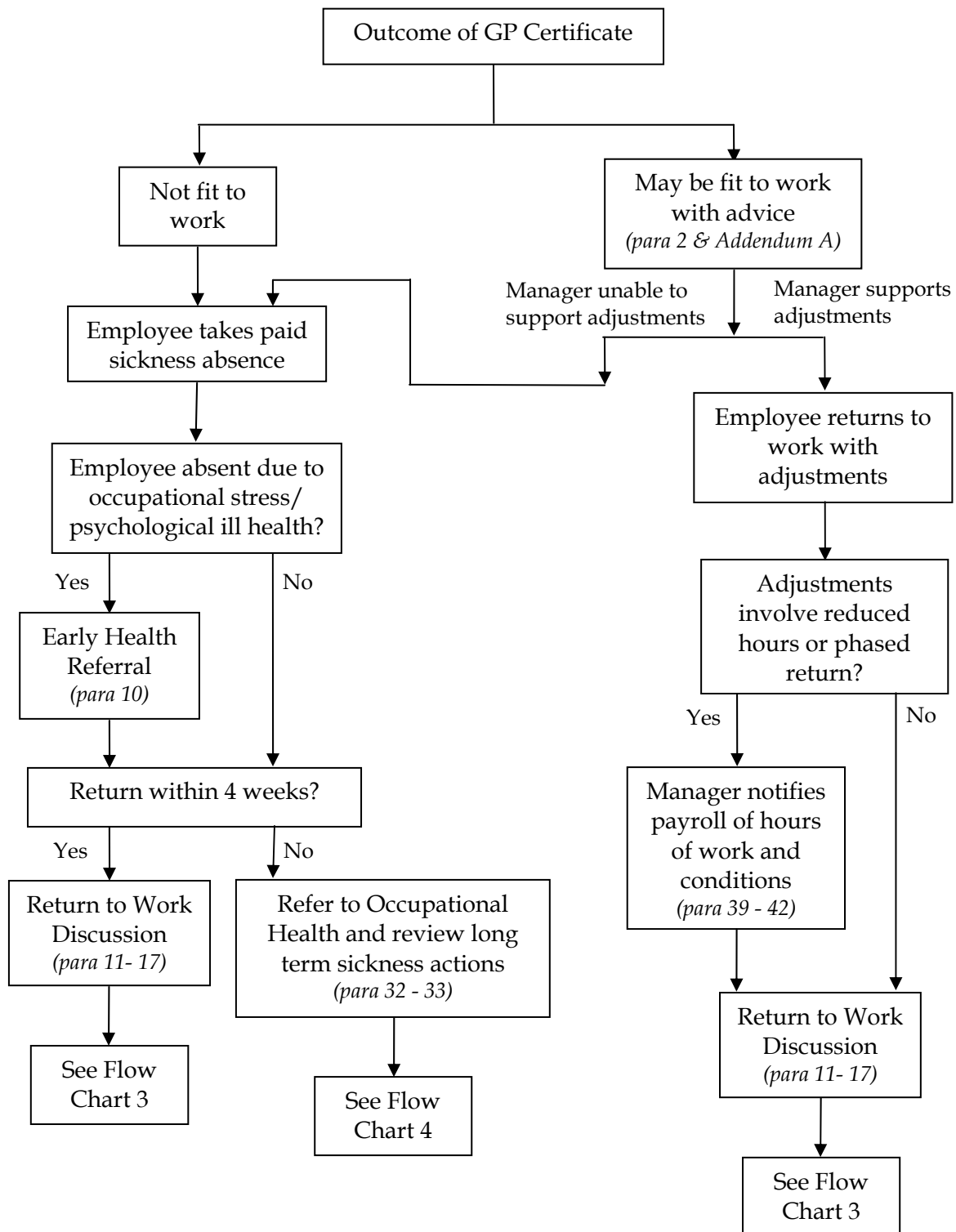
Flow Chart for Managing Absence

Flow Chart 1



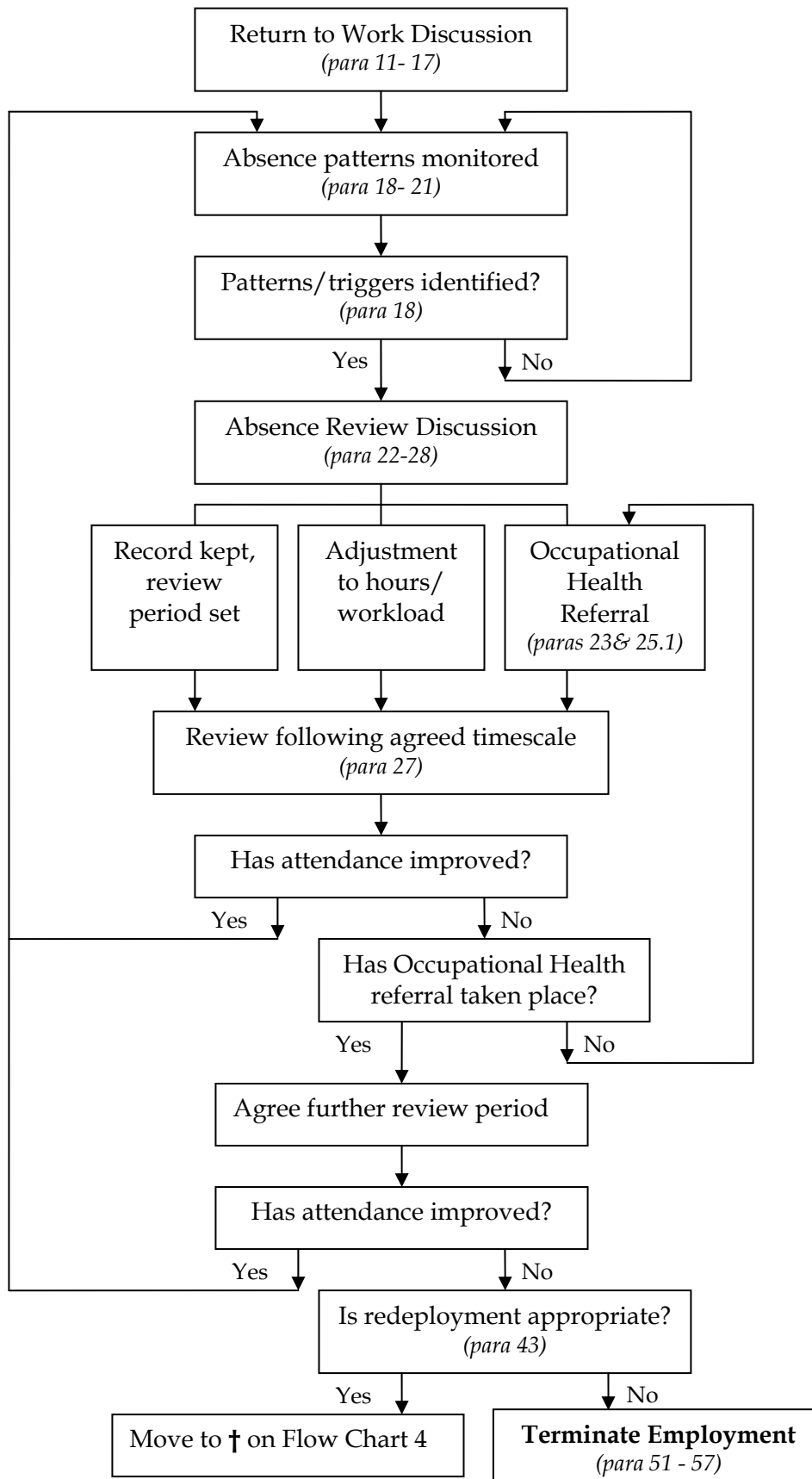
Managers should update monthly payroll returns detailing absence along with the relevant description code at all stages of the flow charts. (Para 5)

Flow Chart 2



Managers should update monthly payroll returns detailing absence along with the relevant description code at all stages of the flow charts. (Para 5)

Flow Chart 3



Managers should update monthly payroll returns detailing absence along with the relevant description code at all stages of the flow charts. (Para 5)

Flow Chart 4

