

Returning to work

The range of options available to managers when supporting a staff member back to work.

Making reasonable adjustments

Sometimes reasonable adjustments can be made to enable your employee to remain at work, or, if they are off sick, to return to work. Where this is the case, it is important that you and the employee work together to ensure that any adjustments are practicable. Where needed this may also involve HR, OH or other support available, for example Access to Work. It is important that you discuss any adjustments fully with the employee to see if the adjustment is suitable and would enable them to do the duties they have agreed to without exacerbating their health complaint. The sooner you have this conversation, the more time you will have to arrange for the support, equipment or adjustments needed. Making adjustments could also mean your staff member could return to work sooner.

Reasonable adjustments is an area that often causes concern for line managers due to the requirements of the Equality Act. However, if you approach all employees in the same way and discuss reasonable adjustments openly, seeking advice where necessary from OH or other experts then this should help you handle the process with confidence. You are not expected to know what adjustments should be made but you must consider them and work with the employee and professionals to identify and apply them when required.

Where ill health, injury or other impairment meet the relevant criteria under The Equality Act 2010, discrimination is prohibited and 'reasonable adjustments' to working arrangements must be considered. However, considering adjustments where relevant and applying this approach consistently to all employees is the recommended approach.

It is important that advice is sought from OH and HR when determining whether any reasonable adjustments or modifications can be made to the existing workplace and/or duties. A risk assessment should be carried out as appropriate. Some examples include:

The Health Service Executive (HSE) suggests that the following work adjustments can be made to assist an employee's return to work:

- modifying a job description to take away tasks that cause particular difficulty
- offering flexibility in working hours/patterns, i.e. reduced hours, working from home or a phased return
- transfer of workplace
- acquiring or modifying equipment and ensuring suitable access to premises for people using wheelchairs or crutches, providing taxi to and from workplace or giving access to on-site parking
- social or cognitive support
- extra training and refresher courses
- providing support to overcome barriers to returning to the workplace.
- provide new or modify existing equipment and tools, including IT, modified keyboards
- modify workstations, furniture, movement patterns
- modify instructions and manuals
- modify work patterns or management systems and style to reduce pressure and give the employee more control
- modify procedures for testing, assessment and appraisal
- provide the employee with a mentor or 'buddy' while they regain confidence in the workplace
- provide supervision
- reallocate work within the team
- provide alternative work.

Health and safety

potential hazards and risk assessments, manual handling, violence towards staff from patients, infection control, needle stick injuries and many more. It is the responsibility of all staff to safeguard the health and safety of the workplace and the team.

As a manager, you have a duty of care to your team to ensure that policies and procedures are followed. You should make yourself aware of your local health and safety policy, as different business areas will have different guidance in place to safeguard health and safety - for example, there will be separate advice for staff working in freight and logistics to those working in an office-based environment. You should be aware of where you need to go to gain further support, such as your occupational health (OH) or human resources (HR) departments.

As part of the role of manager, you will need to carry out workplace risk assessments for your work areas and setup preventative measures for any hazards identified. Your OH or HR department can help with any training needed for yourself and your staff to make sure your work area is as safe as possible.

Make links with the team in your organisation responsible for health and safety and find out what you need to do as a manager to keep your team, colleagues and patients safe. The Health and Safety Executive (HSE) also has a number of tools on their website (such as the line manager competency indicator tool) to help you assess your own skill levels as a manager in dealing with health and safety issues. These are very useful in identifying where you may need further training, support and information.

The NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG) published a document called 'Workplace health and safety standards'. The standards aim to help organisations comply with health and safety law by pulling together legal requirements and good practice. The document provides practical pointers and signposts for meeting appropriate standards in key areas of workplace health and safety. The HSWPG has also published other useful guidance, research and advice on topics such as, lone workers, sickness absence and the 'Back in work, back pack', which outlines measures to reduce the incidence of work related back and musculoskeletal disorders. All of this can be found on the health and wellbeing section of NHS Employers website.

Health and safety in the NHS in England is regulated by the Health and Safety Executive (HSE), and the Care Quality Commission (CQC). They have a liaison agreement that allows them to co-ordinate activities and share information relating to health and safety within the NHS. They have a wealth of information on their website, including safety alerts for employers. The HSE also works with other trade regulators such as the General Medical Council (GMC) and have agreements with them on health and safety issues for their members.

Fit notes and sick notes

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

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

You should receive a copy of the fit note as soon as possible once your employee has received it, so that you know what the reason for their absence is, if there is anything you can do to support them to return to work and set up a return to work plan. Your finance department will usually need this for payment purposes so you should familiarise yourself with your local procedure for this.

If your employee does not provide a copy that details they are unfit for work, then they would be classed as being on unauthorised absence and you would need to speak to your local HR department for further support.

It is in the employee's best interest to be open and honest about this, so you can provide or arrange for the support they need.

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

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

Infection prevention

Employees are responsible for managing their own health and deciding whether they are fit enough to be at work or not. However, there are times as a manager when you may need to reinforce to staff whether someone can be at work in line with infection prevention, so that this does not pose any risk to patients, colleagues or the public. The most common illness managers typically have to deal with is diarrhoea and vomiting which in a hospital environment can spread very rapidly if the necessary time frames are not followed.

As a manager, when an employee is off work you should always ask what the nature of the absence is. This allows you to provide support and also to take any steps necessary to ensure prevent or contain the spread of infection. Where staff have been off with an infectious illness you should encourage them to always contact you before returning to work - especially if the illness was caused by any of the following:

diarrhoea/vomiting (should be 48 hours symptom-free before returning)
infectious rashes (Chicken pox / Scabies)
undiagnosed persistent coughs with / without a temperature

(Tuberculosis)
influenza.

poses any health risk to other people, they should not attend work until they are well.

Make sure you consult the organisation policy on hand hygiene and make sure your employees are aware of this and practice the guidelines - this reduces the risk of spreading infections.

Rapid access to treatment

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

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

timely intervention – easy and early treatment for the main causes of sickness absence in the NHS

rehabilitation – to help staff stay in work during illness or return to work after illness.

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

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

- the organisation can have a member of staff back to work earlier than expected, in some cases performing reduced or light duties, but in many performing full duties
- the organisation has shown that it cares for the member of staff and values their contribution
- the member of staff feels valued by a caring employer and will, in all probability, recover more quickly when back in the working environment, than they would at home
- substantial savings for the NHS, in reduced treatments for the employee, but also considerable reductions in agency staffing costs
- getting someone back into work quicker means fewer potential mental health problems such as depression and anxiety, which can begin as early as 6 weeks into absence
- reduced pressure on your team covering their workload, and improved morale.

Phased return

Phased return to work allows the member of staff to gradually return back to the workplace over an agreed period of time, and research suggests that it also aids recovery. Not everyone who has been off on long-term absence will need or require a phased return. Normally the employee will be able to return to work with zero or minimal reasonable adjustments. However a phased return may be required particularly where the employee needs to build up their stamina. Taking annual leave and slowly building up time the employee spends at work is the usual way of doing this.

Times allowed for rehabilitation vary from organisation to organisation and does of course depend upon the original cause of the absence and will need to be decided on a case-by-case basis. You should consult

occupational health (OH) and your local policy to ensure that you are working within the appropriate guidelines.

- the nature of the condition the employee is suffering from
- what level of work they can or cannot do
- how many hours they are reasonably capable of doing
- over what period of time they should work towards achieving a full-time return to work
- any modifications that would help them return to work faster, including special equipment or re-training
- time needed to continue any ongoing medical treatment such as physiotherapy, counselling, hospital/GP visits
- regular reviews of the situation
- compliance with the Equality Act.

Therapeutic return

This allows members of staff to start to make links with the workplace prior to a full return to work. This may include steps like, coming into the workplace for a meeting with you and/or colleagues to have an informal catch up, attending team meetings and/or time outs. Where a member of staff has been off for a longer period of time this can help the employee to settle back into work more quickly, and remove some of the fear around return.

Using your occupational health service

Occupational Health (OH) services are all about making sure your staff are fit for the work they do, and how their work affects their health.

Organisations do not legally have to provide OH services, but those that do can offer support and advice in several areas:

OH can provide you with further support and guidance around how to support your staff and any reasonable adjustments which could be made to allow the employee to remain in the workplace or return to work.

Make sure you discuss with employees the reasons for referring them to OH, so that they understand and are fully aware of the reasons for referral. The employee should also be given a copy of the referral letter.

You need to be aware that confidentiality principles place constraints on OH professionals in regard to the release of the personal medical information of staff. These apply in all cases. The General Medical Council (GMC) principles are as follows:

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

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

- injuries at work due to a slips or trips
- exposure to other long term hazards, such as repetitive strain injuries and stress
- infection prevention of work-related diseases

- safe working practices
- sickness absence management

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

Return to work meeting and plan

When carried out effectively, return to work meetings are proven to be the single most effective measure for reducing short-term sickness absence. They indicate to employees that their absence was noticed and that they were missed, and that the employer wants to take the time to find out

how they are. They also serve to indicate that managing sickness absence is a priority for the employer. Below we highlight some key aspects to consider when conducting a return to work meeting.

The return to work meeting is an opportunity to confirm the reason for an employee's absence and gives you the opportunity to discuss with your employee how they are, and if there is anything you can do to support them in the workplace. Reassure the employee that they were missed, and that you and the team are glad they have returned.

A return to work meeting should be carried out after every instance of sickness absence – even one day. Shorter frequent absences could mask a health concern which may go unnoticed if return to work meetings are not conducted.

To be effective, return to work meetings should be carried out in a fair and consistent way, and approached in a supportive way. They will usually be informal and brief.

You should follow your organisation's policy around conducting the return-to-work meeting but see below for some general principles you can follow.

Organisations usually provide managers with a template to use for the return to work meeting as a guide and to promote consistency, including questions to ask and as a template to record the discussion and any agreed actions. Contact your HR department for this.

In addition, when conducting a return to work meeting, you may also want to consider the following points.

A record of the meeting should be kept, which should be agreed with the employee and signed off by both parties as a fair record of what was discussed.

When a line manager, in collaboration with the employee, HR and OH, has identified all of the ways in which the employee can be assisted back into the workplace they need to agree a return to work plan.

The stage at which this plan should be formulated will vary depending on the circumstances of the individual and should be based on the expected date of return reflecting any medical and safety advice that has been received. It is helpful to start discussions about a return to work as soon as possible, usually before your member of staff returns to work. However,

discussions about a return to work reinforce the fact that you do want your employee to return and make sure that this is part of the overall planning process.

A return to work plan might include:

It is important for all parties to keep the plan under review to ensure that it delivers what is intended and to allow for agreed changes to be made if it is found to be unsuccessful in any way. Lessons learned from implementing return to work plans should be shared with other managers, OH and HR in order to learn from them and improve the process for other employees in the future.

- welcome the employee back to work and ask how they are
- clarify the reason for the absence
- confirm that the employee is fit to return to work and has taken appropriate leave where infectious illnesses have been the cause of an absence
- consider any changes or adjustments which should be made to accommodate the employee in their return to work
- consider the appropriateness of a referral to occupational health
- discuss this episode of sickness in the broader context of other absence, and what the procedure is and when this may be applied
- consider whether there are any patterns of absence occurring e.g. absences always falling on the same day of the week, prior to a bank holiday etc.
- engage in a wider conversation about the employee's health and wellbeing
- discuss the value of the employee in terms of the team and the impact sickness absence has on the ability to deliver high quality consistent

patient care

- ensure the absence has been recorded and reported accurately
- ensure the self-certificate or 'Fit Note' has been provided, if necessary
- take the opportunity to clarify and/or update reporting procedures and re-circulate these
- where the absence is related to an infection control issue, consider whether the employee has been away from the workplace for a sufficient period of time to prevent spread of infection? Is further clarification required from occupational health?
- ensure you have considered the need to undertake any risk assessments prior to the employee resuming full duties
- if the absence was as a result of an slip/trip or fall, has this been reported through any relevant incident reporting system
- if the absence is related to a musculo-skeletal issue, make the employee aware of any rapid access to treatment options or recommended that they seek OH advice or support
- if the absence is related to mental health issues, consider whether the employee is getting appropriate support, and/or have you discussed a referral to OH
- will your employee require a change to their duties upon their return?
- the expected date of return
- details of any steps that need to be taken prior to the employee returning, e.g. risk assessment, ordering equipment, change or transfer of duties etc.
- details of any therapeutic return plan e.g. agreed times that the employee will pop into work to have a coffee with colleagues, attend a team meeting etc.
- the agreed detail of any phased return including the duration of this and expectations of what they will be able to do when this has been completed, e.g. return to their substantive role fully recovered

- the period of time covered by the plan
- when the plan will be reviewed and by who
- will the plan have any effect on the terms and conditions of the employee and is there any change to their pay
- who has been involved in drawing up the plan
- details of reasonable adjustments and when they should be reviewed.

Redeployment

Many organisations using rehabilitation as part of their sickness absence management policies have found that it is not always possible to rehabilitate staff back into their original post in the short term. This may be due to or to the nature of their illness or the requirements of their role. For instance, musculoskeletal problems may need time to heal without the risk of further damage.

In these circumstances, a widely used alternative is redeployment.

Redeployment is seen as an important mechanism that can assist in the retention of experienced and skilled staff in the NHS. An effective redeployment policy can help minimise the need for redundancies, not only as a result of organisational change, but to help retain staff unable to do their own job through ill health or injury.

This can be used in the short term, while an employee is recovering from a period of ill health before returning to their usual job full time, or permanently for staff who have no likelihood of returning to their original role.

In some cases, redeployment requires re-training or further inductions, and it is good practice for this to be provided as part of a package devised and managed by the occupational health service and human resources.

Risk assessments

or reduce identified risks. Undertaking a risk assessment is the employer's responsibility and it is important for you to regularly review and update risk assessments in collaboration with your team and their representatives.

Operational managers are usually responsible for ensuring risk assessments are carried out in their own work areas. Competent advice and assistance should be sought where necessary (for example by a health and safety advisor) and input from employees can provide a valuable perspective in addressing any new or job specific issues that may arise.

You may find it useful to visit the Health and Safety Executive's website which contains a range of resources on risk management. This includes a risk assessment and policy template along with frequently asked questions. Five steps on how to undertake a risk assessment are:

- identify the hazards
- decide who might be harmed and how
- evaluate the risks and decide on precaution
- record your findings and implement them
- review your assessment and update if necessary.