

How to Conduct a Return to Work Interview

The following sample document was very kindly provided by a member of the CCA Standard© Performance Management User Group.

How to Conduct a Return to Work Interview

If after checking the absence history you believe a pattern of absence is emerging, or you have concern about the frequency of absence, you may wish to incorporate the persistent short term absence initial informal meeting *** into the return to work interview.

If the absence is long-term, refer to the section how to manage long-term sickness absence.

Your interview should be structured in the following way:

- Welcome them back
- Check that the staff member is fit enough to return to work
- Explore the reasons for absence
- Did the staff member visit their GP and what was their advice?
- Was the absence self certified or covered by a medical certificate?
- Is the absence related to a disability or upper limb disorder?
- Are there any underlying reasons or pattern of absence?
- Discuss occasions of sickness that have occurred in the last 3 months
- Arrange for them to be updated on anything significant
- Discuss any help or support available to ease their return
- Complete the return to work interview filenote
- Complete the self-certification of sickness absence form (form 10353)

Where the absence has been supported by a medical certificate, <the organisation> discourages the individual from returning to work until their certificate has expired or their doctor has confirmed they feel fit to return to work.

If they are returning a few days early from a short-term absence you should confirm they feel fit enough to return. Where the absence has been long-term (see relevant section for details of long-term absence**), and/or there is still a considerable period left on their medical certificate, you can insist on confirmation from their doctor that they are fit to return to work. If you are in any doubt, the HR Call Centre can offer guidance.

You should always make a factual file note and ask the individual to countersign then giving them a copy for their own records (this is a requirement of the Data Protection Act 1998).

An individual has the right to speak to another line manager if they prefer not to discuss the nature of their illness with you.

***Informal Meeting - Guidance Notes

These guidelines DO NOT replace but support existing published guidance as detailed in the People, Policies and Practice staff manual and the Signpost Guide to Managing Sickness Absence. If you have any queries on the following, please call the HR Call Centre.

Introduction

Persistent short-term absence broadly falls into the categories below:

- a) Those who demonstrate a pattern of persistent absence, either randomly or on particular days (e.g. Mondays or Fridays)
- b) Those who do not attend regularly enough to make a satisfactory contribution, with or without self-certification or medical certification.
- c) Those who have longer-term medical needs or a disability

If you become concerned about the number of days or pattern of absence, **typically** this will be if your member of staff has been absent 4 or more times in a rolling 3 month period, this will be treated as persistent absence and the process below may be adopted. Please contact the HRCC if you are unsure whether a member of staff has been persistently absent or not, as defined above, before adopting the following process:

- Express your concern that their occurrences of sickness are higher than the average standard within the branch/department/business unit. Explain that this is why you have asked to meet with them and that you wish to discuss their level of attendance on an informal basis.
- It is imperative that you have undertaken and documented the return to work interviews for all absence that have occurred. Failure to do so may result in formal action being delayed.
- To facilitate discussion with the member of staff, go through a printed record of the number and type of absences they have had in the last 3 months. Always ensure that you have properly logged each absence (Line Manager Direct Access or manually) so that accurate records are maintained.
- Discuss each absence and highlight any significant patterns that have been noted (e.g. Fridays and Mondays taken off). Ensure that any Compassionate & Emergency Leave, Holidays or Lateness are **excluded** from any figures quoted.
- Discuss the impact of their absence on the team and department as appropriate.
- There is no need to distinguish between certified and uncertified absence, unless you have reasonable grounds to believe the absence is non-genuine, in which case the HR Call Centre can advise further on possible disciplinary action.
- If the level of contact and/or the provision of medical certificates gives you cause for concern, highlight the relevant section from the People, Policies & Practice (PPP) - the staff manual, and ensure they know what their responsibilities are when absent and that failure to comply with these in the future could lead to possible disciplinary action.
- It is a line manager's responsibility to monitor sick pay and as such you should inform them of their sick pay provisions and when their pay will be reduced to half or nil pay.

****When should absence be referred to the HR Call Centre?**

Information and advice on absence due to illness, injury or persistent absenteeism is available by calling the HR Call Centre (HRCC).

If the absence is caused by:

- Anxiety/depression/stress (including post raid stress)
- Back pain/injury
- Lower limb disorder, e.g. sciatica
- Upper limb disorder, e.g. RSI
- Accident at work
- Long term condition, e.g. cancer

- Neurological disorders, e.g. ME / MS / Parkinson's disease

Call the HRCC as soon as the individual is absent. The HRCC will provide you with guidance on how you should manage the absence. If necessary they will arrange for an HR Representative to support you throughout the process, e.g. at home visits with the individual.

For all other absences, call the HRCC for guidance at any time from the first day of absence. A call must be made to the HRCC before the fourth week of any absence.

What are the points to remember about contact during absence?

- Regular contact is very important during long-term absence. You should agree with the individual what constitutes 'regular contact', whether they are going to initiate it (which is usually the case), whether you are and how you are going to do it.
- Bear in mind that being too ill to attend work doesn't necessarily mean being housebound, so invitations to office functions may be appropriate.
- You should make file notes of all contact and agree with the individual how they would like you to keep them up-to-date on any important communications.

What do I do if an individual is not fulfilling their responsibilities during their absence?

If they are not keeping in regular contact or providing medical certificates, you may decide to stop their pay until they fulfil their responsibilities. You should always liaise with the HR Call Centre before taking this action (they can offer advice and help to draft a suitable letter, if appropriate).

How should I cover their role?

You may consider the following options:

- Deputation payments for short-term absences (see People, Policies and Practice manual);
- Appointing formal cover on a temporary basis for longer-term absences - including any upgrade - unless the role is sufficiently generic to ensure there will be an appropriate vacancy when the person returns.

The HR Call Centre can provide guidance on this situation and can help you prepare a suitable letter to the member of staff covering the absence.

What should I do if I become concerned about someone's conduct during absence?

First, be sure of your facts and, second, keep an open mind about their conduct. Carrying out physical sport/home improvement/secondary employment may well be unacceptable if it could aggravate the problem or delay their return to work. On the other hand, light exercise may be part of the recovery plan. Similarly, being seen at a night club until dawn might be unacceptable, but some degree of socialising may actually have been recommended by their doctor, for example in cases of depression. The existence of a medical certificate does not stop you investigating and taking action where activity is not appropriate with their absence from work. The HR Call Centre can offer guidance on this.

Conducting a Home Visit

How do I conduct a home visit?

The first step is to contact the individual to arrange a home visit. If they would prefer to meet you somewhere else, you should accommodate their wishes.

It is advisable that you are always accompanied on the home visit because they have experience of home visits and can make notes of the meeting. Whether HR accompany you or not, you should talk through your planned approach with them beforehand.

When you believe the content of the visit may be upsetting for the individual and/or it is an important step towards a decision on their future employment, you should make sure they are aware of their right to be accompanied by a family member, friend, colleague or union representative.

Make a file note after every visit, and send two copies to the individual asking them to sign and return one copy to you to confirm what was discussed/agreed during your visit. If, after gentle chasing, a copy is not returned you should record this on your file note.

Returning from Long-Term Absence / Prolonged Absence

What if the illness or injury has resulted in a disability?

The People, Policies and Practice manual gives examples of the types of illness/injury covered by the Disability Discrimination Act 1995.

Once we are aware of the disability or where we could be reasonably expected to have known, we have a legal responsibility to make reasonable adjustments to support the individual. The HR Call Centre can offer you the latest advice on this complex area of employment law.

How should I manage a phased return to work?

Following longer-term or serious sickness absence, it may be helpful for an employee to initially return to work on a phased basis - e.g. a temporary reduction in days or hours.

This should be discussed with the employee and the details of the phased return should then be recorded on the phased return to work template. It is also important that the individual discusses the return with their doctor and that their doctor is in agreement with the arrangement. The employee's Doctor should be asked to sign the template where indicated.

When agreeing the length of the phased return, consideration should be given to the time absent on sick leave and the nature of the illness e.g. it should be unusual for the phased return to last longer than the duration of the sickness absence unless medical guidance specifically recommends this.

The suggested maximum duration of a phased return is three months, after which the situation should be reviewed and consideration given to whether further medical advice is necessary to inform the way forward. Generally, only those who have been absent for six months or longer, in high risk cases, would require the maximum three month period.

Inability to Return from Long-Term Absence

What happens if an individual shows no signs of returning?

Once a situation has got to this stage, a HR representative will help you to manage it and will be able to answer any queries you may have. You will need to arrange a meeting with the individual and HR representative so their personal circumstances can be fully considered before you decide which of the following actions to take:

- obtain up-to-date medical advice;
- early retirement on the grounds of ill health. The medical officer will decide whether to recommend this option to the Pension Trustees;
- termination of employment (it is normal practice to wait until OSP has expired before considering termination).

You should always arrange a further meeting, accompanied by a HR representative, to inform the individual of the organisation's decision and what the course of action will mean for them.