**Appendix 6b**

**Return to Work and Wellbeing Discussion**

**A return-to-Work Interview and this form should be completed after every occasion of sickness absence (within 3 working days of return).**

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| **PART 1: Sickness Absence Details** | | | | | | | | | | | |
| **Section A: Employee Details** | | | | | | | | | | | |
| Name: |  | | | | | Employee Number: | | |  | | |
| Address: |  | | | | | | | | | | |
| Job Title: |  | | | | | Department / Ward: | | |  | | |
| **Section B: Sickness Absence Details** | | | | | | | | | | | |
| First Date of Absence from Work\*: | | |  | | | Last Date of Absence from Work: | |  | | | |
| \*If you went home ill part way through a shift, please provide date, shift start time and time you left: | | |  | | | | | | | | |
| Date Absence was Reported: | | |  | | | To Whom the Absence was Reported: | |  | | | |
| Number of Shifts / Working Days absent: | | |  | | | Total Calendar Days Absent from Work: | |  | | | |
| Reason for Absence: | |  | | | | | | | | | |
| Please indicate if the absence is self or medically certified (complete both were appropriate): | | | | | | | | | | Yes No | |
| Is your absence due to an accident while at work? | | | | | Yes No | | If yes, was an incident form completed? | | | | Yes No |
| Was the absence related to gastrointestinal conditions i.e. Noro Virus? | | | | | Yes No | | If yes, have you had hand hygiene training in the last 12 months? \* | | | | Yes No |
| \*If no, please contact Infection Control for guidance and training. | | | | | | | | | | | |
| Are you fit to fully resume your normal duties? | | | | Yes  No | | | | | | | |
| If no, provide further details: | | |  | | | | | | | | |

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| **PART 2: Wellbeing Discussion Record** *(to be completed by Manager)* | | | | | | | |
| **Section A: Reporting the Absence** | | | | | |  |  |
| Did the employee fully comply with reporting arrangements? | | | | Yes No (If no, tick all boxes the employee failed to do below) | | | |
| If no, please provide reasons/explanations and any follow-up action taken: | | |  | | | | |
| **Section B: Details of the Wellbeing Discussion** | | | | | | | |
| Was the Wellbeing Discussion completed within the 3 days stipulated within the policy? | Yes  No (If’ no’ please explain the reasons why): | | | | | | |
| Is the member of staff fully recovered? | Yes  No (If’ no’ please explain impact of sickness on functions required to fulfil main duties): | | | | | | |
| Was the staff member referred to Occupational Health? | Yes  No (If’ no’ please explain the reasons why): | | | | | | |
| If a phased return to work has been agreed by OH, provide further details: *(include hours/days /pattern of hours and review period)* | |  | | | | | |
| If reasonable adjustments have been made, provide further details: | |  | | | | | |
| Have you been undertaking other work external to the Trust whilst absent from work? If so provide further details: | |  | | | | | |
| **Section C: On-going Management of Sickness Absence** | | | | | | | |
| **Discuss number of days/episodes/dates of absence in the past rolling 12 months (in line with the Trust Trigger points).** Document sickness record and any issues/support needs etc that are identified as well as any agreed actions. | | | | | | | |
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| **Date of Previous Wellbeing notice, if any** | | | |  | | | |
| **Has this episode of sickness caused the employee to reach a sickness trigger level requiring informal action to be taken?** | | | | | Yes  No | | |
| If yes, inform employee that a separate confidential advisory meeting will be set up. | | | | | | | |
| **Has this episode of sickness caused the employee to reach a sickness trigger level requiring formal action to be taken? \*Please check what previous action has been taken** | | | | | Yes  No | | |
| If yes, inform employee of progression to formal stages of the policy\*. *(A separate formal meeting should be arranged and notified to the employee in writing, including their right to representation. A formal stage meeting should not be incorporated into the Return-to-Work Interview and a Business HR Representative should be present).* | | | | | | | |
| **Additional Comments:** *(Please provide any additional information / comments which you feel are relevant and appropriate to the management of the employee’s attendance.)* | | | | | | | |
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| **Record of Communications:** *(Please provide details of how you have maintained contact during the period of absence ie. Email, meetings, telephone calls etc.)* | | | | | | | |
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| **Manager Declaration** | | | | |
| I declare that the above-named employee was absent from duty because of reported sickness/injury during the period stated and for the reasons given above. I confirm that the above record of the Wellbeing Discussion is accurate. | | | | |
| Manager Signature: |  | Date: |  |  |
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| **Employee Declaration** | | | | |
| I declare that all information provided to the Trust in relation to this absence is correct and I confirm that the above record of the Wellbeing Discussion is accurate. | | | | |
| Employee Signature: |  | Date: |  |  |
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