

REHABILITATION

PROCESS DEFINITION

This process covers an employee's entry into, progress through, and completion of a period of rehabilitation which is aimed at returning him/her to full capacity for his/her normal work within a reasonable and defined time scale. The process which should commence as soon as it is medically appropriate as advised by EHS (taking account of external medical opinion) will normally take effect upon return from long term sick absence but may include any employee for whom an ill health condition (whether physical or psychological) prevents him/her from doing his/her full range of duties and where rehabilitation is supported by EHS. The process represents a joint approach agreed between Service Delivery, CWU and CMA and should be read in conjunction with the Ill Health Retirement Agreement to which it is closely related.

INPUTS

- Employee report of ill health condition
- Absence record
- Individual risk assessment in the job situation based on consultation with the employee
- Accident report
- Pay details
- EHS assessment of suitability for current duties and advice on capabilities with recommendation for modifications to duties for a specified period.
- Advice to EHS from external doctor (employee's G.P or specialist) as appropriate at each stage of the process.
- Employee aspirations and any particular skills which may have a bearing on the design of a rehabilitation programme which best matches the individuals needs.

OUTPUTS

- Rehabilitation work assigned as appropriate to the individual circumstances (this may involve modifications to the individual's existing duty for the duration of the rehabilitation period only, or a change to a different duty or the temporary creation of a specially designed duty).
- Change of work area location (if appropriate) or (if necessary when rehabilitation work is no longer appropriate, and a return to the individuals normal duty is not practicable) a permanent change of duty
- Earlier and more effective return to work following illness/injury or surgery
- Partial return to work where appropriate
- Health condition not adversely affected by work situation
- Employee feels he/she has been treated fairly and has a positive view of Royal Mail as a caring employer (which together with the way in which the process has been seen to be applied should encourage colleagues to share this view).
- Royal Mail complies with legal requirement to deal with foreseeable ill health conditions

KEY PRINCIPLES

- Rehabilitation will be considered in all appropriate circumstances consistent with these key principles. Managers should seek to actively encourage entry in to rehabilitation as soon as it is reasonable to do so on the medical advice of EHS.
- Rehabilitation supported by an EHS recommendation is crucial to the speedy return to work of those who have been away on sick absence and the resumption of full duties by employees whose effectiveness has been impeded by an ill health condition , whether the cause is physical or psychological.
- Service Delivery and the CWU and the CMA are committed to work jointly to ensure employees receive the support outlined in these key principles.
- The effective care of employees who have reported an ill health condition which may have been caused or worsened by the work situation

- Every effort will be made to identify suitable alternative work or modified duties. The identification and availability of such alternative work or modified duties cannot be guaranteed.
- The employee is entitled to seek the involvement and support of his/her union representative throughout the rehabilitation process.
- The local CWU representative will be consulted where there are operational implications. The CWU rehabilitation representative should be consulted when a temporary change of unit and/or function is being considered. In circumstances where the CWU local representative is unfamiliar with rehabilitation he/she may call upon the support of the CWU rehabilitation representative to assist him / her in dealing with such a case.
- Similarly for a manager returning on rehabilitation, the CMA local and/or rehabilitation representative may become involved as appropriate.
- The regular strategic involvement meetings will when discussing absence support deployment of the rehabilitation process, encourage participation, and consider and review the demand for and overall operation of the process. The CWU / CMA rehabilitation representatives will be invited to attend for that part of the meeting when rehabilitation is being discussed. Figures on the numbers of employees participating in a rehabilitation programme will be shared with the CWU and CMA as part of the Strategic Involvement Process as a matter of good practice.
- The preferred approach will normally be for rehabilitation to be undertaken in the employees own office / location where the line manager is familiar with the circumstances and can facilitate appropriate flexibility and adjustments to rehabilitation work to meet changing needs during rehabilitation. It is however recognized that there may be circumstances when placement in a different work location will be necessary to assist recovery
- Every effort will be made to encourage and support the employee in resuming full duties when ever possible and as soon as he/she is assessed as fit to do so.
- The rehabilitation programme should not normally exceed three months. Longer periods may be set initially on the basis of a clear EHS recommendation following an accident or injury, or where a phased approach is specifically advised by EHS.
- Employees will be treated with sensitivity. Consideration will be given to personal circumstances throughout to ensure that rehabilitation work offered is suitable and reasonable as well as beneficial for the individual to undertake.
- It is recognized that individuals may not always recover sufficiently within the planned rehabilitation period to enable a return to their normal work when originally anticipated. The process provides for regular monitoring and review and in line with these Key Principles will be applied with flexibility and understanding in such circumstances.
- All information will be treated in strictest confidence.
- Employees have a right of access to personal and medical records under the Data Protection Act. 1998 and Medical Records Act 1988.
- Alternative work may include modifications to the content and/or hours of the existing duty or where necessary a change of work area and/or location. The line manager with the support available throughout the process will give reassurance as appropriate on any concerns the employee may have (for example on pay) and undertake to obtain answers to any questions that could not be dealt with immediately.
- Redeployment (permanent change of duty) may arise as an option to be considered in the context of the rehabilitation process only when rehabilitation is not recommended by EHS at initial assessment or upon subsequent review where rehabilitation is not progressing as anticipated and a modified programme is not appropriate or practicable.
- The Way Forward Agreement gives employees returning to work on a rehabilitation programme some measure of protection against a possible loss of earnings during a rehabilitation programme. (See Note 4 to Rehabilitation process

first section and Cross References).

*** Notes**

1. The initial assessment is common to a range of absence management processes. Line managers should clearly indicate the reason for referral and the advice being sought. The EHS appointment is booked by Transaction Services and confirmed to the line manager who should provide support and guidance to encourage the employee to attend the appointment. Referral to EHS may arise because of long term illness or following an accident or injury or as part of personnel procedures or through self referral. Rehabilitation may be identified as a possibility by the line manager or may be identified and recommended by EHS on the basis of the assessment.
2. The rehabilitation process is appropriate when recommended by EHS for an employee who is expected to benefit from a period of modified duties to assist him/her in returning to full normal duties within a defined and agreed time scale.
3. The rehabilitation process normally applies to employees returning to work after a period of sick absence. It may also be applied although the employee remains at work, when an employee or his/her line manager identifies a work problem which may be related to a health condition, and which is affecting performance or creating a risk to the employee or his/her colleagues. Referral to EHS may be triggered by an employee request, or by the Line Manager, an EHS interview, following receipt of a GPs certificate, or at a case conference where all cases of long term absence are regularly reviewed. It may be particularly appropriate in safety critical jobs. The Employee may also seek advice from his/her Union representative who may raise the issue with the Line Manager on the employees behalf and may accompany the employee.

*

1. The Recommendations for Rehabilitation form (Annex 1) as received from EHS is a confidential assessment intended to be shared between the individual employee , his/her line manager and Personnel. It is not a medical report but advises specifically on the practical constraints on capability during the rehabilitation period and on the most appropriate rehabilitation programme in the circumstances
2. There must always be a current clear EHS recommendation and support for the employee's entry into a formal rehabilitation programme. EHS will advise the line manager and copy this advice to Personnel (normally the Employment Policy manager) where a record of each rehabilitation in progress is kept and an overall rehabilitation plan maintained . Exceptionally EHS may recommend either initially or upon subsequent review that a permanent change of job is required. This may arise where a lasting disability is confirmed. Rehabilitation is not open ended and follows a standard sequence, from entry requested, through monitoring to resumption of normal duties. If resumption of normal duties is not possible then a management decision on the way forward is required. It will always be a management decision taking full account of relevant EHS recommendations to relocate, redeploy or consider application of other standard processes.
3. Line Manager to contact Employee as soon as reasonably practicable following receipt of EHS advice .
4. Line manager discusses with the employee the rehabilitation process on the basis of recommendations received from EHS, including the start date, any planned phasing, the probable rehabilitation period, type of work, hours/days of attendance and completes the Recommendations for Rehabilitation form (Annex1). This must be accompanied by an assessment of the risks associated with the proposed tasks against the requirements of the individual using the standard form (DOC Link). Appropriate assurances on pay should also be given at this stage . The following principles apply; (a) where an individual is offered

rehabilitation he/she will be paid at his/her normal contracted rate of pay (weekly / monthly) when the hours performed is less than his/her contracted hours of attendance; (b) the eight week rule introduced by Way Forward will be honoured to ensure that those individuals returning to work within eight weeks, to a duty which would attract a lower level of allowance payment than their normal attendance, are not financially disadvantaged by returning to work on rehabilitation; (c) once the eight week period has elapsed any employee returning to work will only be paid the allowances proper to the full time shift pattern allocated to the individual for the purpose of rehabilitation pro rata to the hours of their actual attendance (e.g. where a night shift worker resumes on rehabilitation to an "early" late shift which normally qualifies for a shift payment but the individual works a reduced number of hours on each shift the payment is made pro rata to the actual hours of attendance.)

5. Where an employee is assessed as disabled or where an employee with a previously recognised disability is entering a rehabilitation programme (whether or not related to his/her recognised disability) advice may also be sought from the Disability Advice Centre (DAC). Reference should also be made to the relevant policy guidelines.

*

1. The line manager may seek advice and guidance from personnel at any stage of the rehabilitation process. This may include advice on whether the potential benefits of the proposed programme (reduced absence, useful work undertaken and earlier return to normal duties) are realistic and practicable in the circumstances. The line manager in the first instance will seek to find alternative work in his/her own office and will discuss operational implications with the local union representative. When the line manager is unable to facilitate suitable rehabilitation arrangements in his/her local office he/she will liaise with the SOM, MCM, the CWU Area Rehab representative and the CMA as appropriate to identify suitable work in an acceptable location within that area.

2. If suitable work is not available then consideration should be given to the creation of special duties where practicable.

3. If the employee is placed on a rehabilitation programme in a different office the employee should be reimbursed for any excess travel costs in line with business travel policy. Where an employee is placed on a rehabilitation programme at a different office and resumes to full time hours, any additional travel time incurred in excess of 30 minutes per day should be discounted from the full time duty hours rather than claimed as single rate overtime. (Travelling time of less than 30 minutes per day is disregarded).

4. Reasons given may include both medical and social [e.g. domestic situation] where further EHS input on occupational health and/or welfare issues should be sought as appropriate. The advice provided by EHS may relate to capability which may require a revision of the rehabilitation programme, and /or social factors for which adjustments might reasonably be made. It may also include fitness for a possible early return to normal work, or recommendations concerning the need for a permanent job change. EHS will seek further advice and clarification from the employee's GP or specialist as necessary throughout the process and take full account of any reports received from them before making their recommendation.

5. This will employ standard format letters [DOC Link] including all relevant details. Full information on financial (including pensionable) implications should be provided in writing at this stage. Transaction Services should be advised accordingly. Personnel will advise on the use of the standard letters as required. Where a revised rehabilitation programme has been agreed the line manager will also write to confirm the details in the same way. The process throughout must be fully documented (correspondence should be copied to personnel).

*

1 The line manager has primary responsibility for the establishment and operation of individual rehabilitation programmes. Personnel will provide advice and guidance throughout and will monitor progress against the rehabilitation plan for the area. Where the attendance times for the proposed rehabilitation programme will result in the individual working to more than one line manager, it will normally be the manager who oversees the majority of the duty who will have overall responsibility for managing the individual including completing the Monitoring of Rehabilitation Process Discussion form taking input from the other managers involved. (See Section D of the rehabilitation process)

2 The extent of training needs should be considered at an early stage to ensure that the requirement is not excessive given the short duration of rehabilitation work.

3. Once the employee has accepted the rehabilitation programme and returns to work he/she will be regarded as having returned from sick leave.

4. Partial returns to work should be allocated proportionately between work and non work hours on the balance of staff. However the non work element will not be recorded as sick absence on the employees sick absence record.

5. Where an employee returns to work on less than the scheduled hours for the duty, the balance of the hours not worked by that person will be classed as absence and therefore excluded from the PBS calculations, provided that the hours are not covered in any other way.

*

1. Where the employee does not accept the rehabilitation offer or where no suitable alternative work can be found all the available options should be explored with the individual and documented. If rehabilitation has been declined the employee's reasons should be fully explored and documented to minimise any risk to the employee's health or to the health and safety of colleagues

2. Where the offer of a rehabilitation programme is unacceptable to the individual, he / she may appeal against the suitability of the work being offered including the proposed hours of work and date of return. Appeals will follow the process described in section 10.1 of the Ill Health Agreement. As set out in section 10.2 of that Agreement the outcome of the appeal will be one of the following:

(a) The appeal is upheld and appropriate adjustments are made. (section 10.2.(a))

(b) The appeal is upheld but it is not possible to make the appropriate adjustments (section 10.2 (b)

(c) The appeal fails (section 10.2 (c)

3. If the employee proposes an immediate return to work rather than continuing rehabilitation EHS advice should be sought if there is any doubt about the employees fitness to resume his/her normal duties.

4. Normal duties must not be commenced or resumed against EHS advice. Further advice may be sought from EHS as necessary and the position kept under review.

*

1. Overtime will not be authorised until the employee returns to working his/her normal contracted hours. Where an increase in the hours worked under rehabilitation is proposed this should be considered as part of the regular review process and EHS endorsement obtained before any change is implemented. When an employee on a rehabilitation programme who is working his / her normal hours wishes to undertake overtime working a decision should be made on a case by case basis and authorised only where this is compatible with EHS recommendations for the rehabilitation programme and all constraints on the employee's work hours and tasks are complied with so as not to impede recovery and return to full normal duties

2. Discussion to be held in private with the employee. An informal check should be made at appropriate intervals with a more formal recorded assessment each month or at agreed milestones. The purpose is to monitor progress towards a return to full duties in line with agreed time scales and to identify the need for further EHS input and /or changes in programme.

3. Any concerns expressed at the reviews should be referred to EHS. The case will be reviewed at the monthly case conference throughout the rehabilitation period (normally up to three months but exceptionally longer periods may be agreed when specifically recommended by EHS - see Key Principles). Review dates and date of resumption of normal duties will be as recorded (or updated) in the overall rehabilitation plan maintained by personnel.

4. Limited progress may be due to overestimating an individual's capability given the employee's physical/ psychological state and/or inappropriate job or hours of work. The rehabilitation period may require adjustments to job content or hours of attendance in the light of experience and EHS recommendations or a gradual build up may be incorporated in the initial rehabilitation plan and adjusted if necessary according to progress.

5. Where it is not thought that satisfactory progress can be achieved and maintained then on the advice of EHS the alternative of a new permanent job should be considered with employee. In the case of a disabled employee the requirements of the DDA with regard to adjustments to the job must be considered at each stage.

6. After all relevant rehabilitation / ill health issues have been progressed to a satisfactory conclusion and the EHS is satisfied that the employee has recovered fully, then if the employee is not performing to a satisfactory level an appropriate report should be made to personnel. It may then be necessary to consider redeployment, permanent work adjustments for disability or in some circumstances the application of NCI/ IPP.

*

1. The procedure is described in the Risk Assessment Manual.

2. Personnel will maintain a diary to prompt referral to EHS at appropriate intervals. EHS will advise if / when health monitoring is no longer required.

3. Options under permanent job change may include reduced hours with appropriate adjustments to pay.

*

1. For health and safety purposes personnel will diary and flag on HR system for referral at annual intervals until EHS determine that monitoring is no longer necessary