Management referral to Occupational Health (OH)

The OH service is vital in ensuring that the University supports employees during times of ill health and/or through disability. The main purpose of an OH assessment is to provide management information about an individual’s health, in order to be able to support that individual during their employment.

## **Data Protection Information**

The University of Southampton is committed to Data Protection and will comply with obligations set out in the Data Protection Act 2018, General Data Protection Regulations 2018, and any other relevant legislation.

The University will be processing an employee’s personal information based on the following Schedules, outlined in the Data Protection Act 2018:

*Schedule 2, 2 (a) & (b)*

*The processing is necessary:*

*(a) for the performance of a contract to which the data subject is a party, or*

*(b) for the taking of steps at the request of the data subject with a view to entering into a contract.*

*Schedule 2, 6 (1)*

*The processing is necessary for the purposes of legitimate interests pursued by the data controller or by the third party or parties to whom the data are disclosed, except where the processing is unwarranted in any particular case by reason of prejudice to the rights and freedoms or legitimate interests of the data subject.*

*Schedule 3, 8 (1)*

*The processing is necessary for medical purposes and is undertaken by a health professional.*

The personal data collected by OH will be processed and held securely at all times. A copy of this referral form, and any reports produced by OH, will be securely stored by OH, Employee Relations, University OH Manager, and the employee’s referring manager.

## Steps to refer an employee to the University’s OH Service for an assessment are:

* Complete all the appropriate sections of this form;
* Discuss this referral with the individual concerned and obtain their consent;
* Ensure that the Data Protection Information is fully explained to the individual and confirm that they understand how it relates to them;
* Submit the completed form and any supporting material (such as a current job description where possible, or if not available, include the [contribution matrix](https://sotonac.sharepoint.com/teams/CareerPathways) for their role and/or a summary of their current day to day responsibilities) to the University’s OH Manager at ohrefer@soton.ac.uk

Detailed information about OH can be found on Sharepoint here: <https://sotonac.sharepoint.com/teams/HealthWellbeing/SitePages/Occupational-Health.aspx>

1. **Employee information (please note \* are mandatory fields)**

|  |  |
| --- | --- |
| Full name\* |  |
| Date of birth\* |  |
| Employee number |  |
| Job title and level\* |  |
| Faculty/School or Professional Service/Department |  |
| Contracted hours and working pattern |  |
| Preferred contact telephone number\* |  |
| Preferred Email address\* |  |

1. **Referring manager information**

|  |  |
| --- | --- |
| Full name |  |
| Job title |  |
| Faculty/School or Professional Service/Department |  |
| Telephone number |  |
| Email |  |

1. **Human Resources Advisor**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Email |  |

1. **Reason for referral.** Please mark in the boxes all that apply.

|  |  |
| --- | --- |
| The employee is on long-term sickness absence (over 28 calendar days).  |  |
| The employee’s had 4 or more periods of short-term absences. |  |
| Should any reasonable adjustment(s) be considered or continued. |  |

1. **OH Advice required.** Thinking about the reason for this OH referral, please mark in the boxes below the information needed from OH.

|  |  |
| --- | --- |
| **To assess and provide advice on fitness for work.**Is the employee fit for the role for which they are employed? |  |
| **To explore and provide advice on reasonable adjustments.**Are any reasonable adjustments necessary to enable the employee to successfully carry out their role?  |  |
| **To assess and provide advice on the nature and extent of the health condition.** Does the employee have a physical or mental impairment, which has a substantial adverse effect on their ability to carry out normal day-to-day activities? If so, will their condition affect them or be likely to affect them for at least a year, or for the rest of their life? |  |
| **To explore and provide advice on whether there are any contributing factors.**Please explore and advise whether there are contributing factors which we should be aware of (work-related or not). |  |
| **To explore and provide advice on a return-to-work.**Please provide advice on how we may help towards a successful return to work. |  |
| **To explore and provide advice on long term health support.**Please explore and advise if this health condition has long term effects that need workplace changes. If so, please provide detailed advice on the suggested changes. Are there ways we can help towards adequate conduct, performance, or attendance? |  |
| **To explore and provide advice on preventative solutions.**Please provide advice on whether there is anything we should do to help prevent the illness/condition/symptoms from returning? |  |
| **To explore ill-health early retirement.**The employee would like to be assessed for eligibility for retirement on grounds of ill health and is in the USRF/PASNAS/USS Pension Scheme.  |  |
| **To explore and provide advice on redeployment on medical grounds.**If your medical opinion is that it is unlikely the employee will be able to return to their current role, please identify the type of roles which would be suitable.  |  |

1. **Dates of absence over the last 12 months (include absences as part of a phased return)**. You may wish to attach this as a separate document.

|  |  |  |  |
| --- | --- | --- | --- |
| Start date | End date | Reason | Certification (self/medical) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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1. **Further information** Please ask any further specific questions that you feel are not covered in the previous section(s). This section may be expanded as required and any relevant supporting documentation should be attached. You can seek [HR Advice](https://sotonac.sharepoint.com/teams/EmploymentProcedures/SitePages/HR-Contacts.aspx) for help with additional questions.

|  |
| --- |

1. **Employee consent**

***Note – Consent can be gained via e-mail where it has not been possible for the employee to sign this section. You must attach the e-mail to this form.***

I confirm that the reasons for this referral have been discussed with me and I consent to being referred to Occupational Health.

I understand that by agreeing to this referral, I agree that this referral document and the corresponding report will be released to the UoS Occupational Health Manager, my line manager and the Employee Relations team following my review of it and will form part of my personal record.

I can confirm I have read and understand the data protection section on the first page of this referral.

|  |  |
| --- | --- |
| **Employee’s signature** **(Or consent attached)** |  |
| **DATE** |  |

1. **Authorisation**

I confirm that I have discussed the reason for this referral with the employee and they are aware of the information being requested. I understand that this document will form part of the employees medical record and as such they have right of access to it under the Access to Medical Records Act 1990.

|  |  |
| --- | --- |
| **Referring manager’s signature**  |  |
| **DATE** |  |

1. **Occupational Health Team triage review:**

|  |
| --- |
| **Reviewed by:** **Date Received:** |
| **Actions taken:** A) Contacted Employee for discussion: [Date contacted]B) Added to OH portal for an appointment with external provider [Date added] |