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Sickness Absence Management

Policy and Procedure No P2.1



Updated September 2022

People Area	Sickness Absence Management Policy and Procedure
Policy Process	Detail
Authored by:	Michelle Richardson, Human Resources Manager
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Implementing Officer:	Chris Chisholm, Senior Head of People

Policy updated 15th May 2025 to update out of date references following changes to HR and Time and Attendance systems, processes associated with making Occupational Health referrals, the implementation of a Sickness Absence Support Plan and changes to start and finish times for operational and control staff. Also, the removal of Chief Fire Officer from sickness pay reduction appeals and replaced with Assistant Chief Fire Officer for their respective directorate.

1. Policy

Policy Statement

- 1.1 Cleveland Fire Authority is committed to maintaining the health, wellbeing and attendance of all its employees and values the contribution that they make to its success. When dealing with sickness absence, the Authority aims to strike an effective balance between the service needs of the organisation and the need for employees to be given time to recover from illness.
- 1.2 The Authority aims to deal sensitively with cases relating to underlying long-term health issues which may amount to disability, and ill health due to pregnancy. It will modify its approach in the management of these cases and will consider adjusting standard processes according to the circumstances of the case.
- 1.3 The Authority is committed to providing additional support to employees diagnosed with a life threatening or terminal illness and to securing the best outcomes for them, whilst considering Brigade requirements.
- 1.4 Staff who are ill will be treated sympathetically and every effort will be made to assist recovery and safeguard employment whilst managing sickness absence in accordance with this Policy. However, it is acknowledged that the loss of working days through repeated sickness absence can be a significant cost to the Authority in terms of work not completed and/or costs of arranging absence cover. Repeated sickness absence also places additional pressure on colleagues.
- 1.5 Therefore sickness absence levels will be monitored, verified, quantified and/or sought through employee references/management appraisals. These levels will be taken into account when decisions are being made on the appointment and promotion of staff to posts within the Authority and its Brigade; and staff redundancies. Poor attendance levels will be considered and, where appropriate, dealt with under the Brigade's discipline policy and procedures.

Policy Objectives

- 1.6 The following objectives support the delivery of this policy and its associated procedure:
 - promote good attendance and a positive attitude towards recognising attendance at work
 - record, quantify, verify and monitor attendance levels of employees
 - ensure that short and long term sickness absence is dealt with in accordance with relevant legislation and the Arbitration Conciliation Advisory Service (ACAS) Code of Practice. The Authority regards short

term sickness absence as any period up to and including 27 consecutive days absence or any separate days; and long term sickness absence as any continual absence from duty for a period of 28 days or more

- recognise staff with good attendance levels
- take account of attendance levels when recruiting and promoting staff
- identify trends of poor attendance and take effective remedial action
- be sensitive to individual's particular circumstances and provide support where necessary
- ensure managers are implementing this policy and acting in line with their responsibilities
- maintain confidentiality of individuals

1.7 **Scope**

This policy applies to all employees including temporary staff and agency workers.

1.8 **Policy Category**

This policy is categorised as 'Authority' within the Key Document Framework.

2. **Organising**

2.1 **Cleveland Fire Authority (CFA) is responsible for:**

- creating employment opportunities
- ensuring value for money from employee resourcing

2.2 **The Brigade's Executive Leadership Team is responsible for:**

- overseeing the financial planning and monitoring arrangements associated with the Authority's revenue and capital budgets; particularly ensuring value for money from employee resourcing
- setting policies and strategies in relation to the recruitment, retention and promotion of employees including managing sickness absence
- ensuring the implementation of employees national terms and conditions of service
- negotiating local agreements in relation to employees' terms and conditions particularly employee duty systems and associated procedural and contractual arrangements
- providing the inspiration and drive for continuous performance improvement by supporting a sustainable high performance, learning and innovative culture
- effectively promoting employee health and wellbeing and the importance of employees attending work

2.3 **The Director of Strategic Planning & Resources is responsible for:**

- leading on employee health and wellbeing
- developing and implementing the Authority's sickness absence management arrangements
- developing and implementing the Authority's recruitment, retention and promotion arrangements

2.4 **The ~~Senior~~ Head of Human Resources is responsible for:**

- supporting and promoting employee health and wellbeing
- implementing the Authority's sickness absent management policy and associated arrangements, including establishment of procedures; systems; monitoring; training and performance management
- implementing the Authority's recruitment, retention and promotion arrangements including establishment of procedures; systems; monitoring; and training
- ensuring case management of individuals in line with sickness absence procedure
- managing the Occupational Health contract including monitoring, compliance and liaison
- maintaining records and reports in relation to all employees' sickness absence, with trigger levels for management action
- arranging or sourcing quality assured sickness absence management training

2.5 **Occupational Health is responsible for:**

- keeping up to date with Medical evidence especially the Fire and Rescue Service Medical Standards
- supporting the health, fitness and welfare of all employees
- providing the necessary medical support and information when requested by either staff or managers
- providing timely and accurate advice/information to managers to help them with the management of sickness

2.6 **All Managers are responsible for:**

- implementing and promoting employee health and wellbeing
- understanding and being trained in the Authority's sickness absence management policy and procedure
- communicating the sickness absence management policy and procedure to employees and making sure it is followed by employees at all times
- managing employee sickness absence including challenging and dealing with poor performance

- receiving notification and certificates relating to the sickness absence of employees under their supervision, which should be recorded appropriately and promptly shared with Human Resources
- communicating and liaising with staff who are absent due to sickness in a timely and appropriate manner so as to support an early return to work and minimise reoccurrences in the future
- referring staff to the Occupational Health as necessary in consultation with Human Resources
- carrying out return to work interviews as soon as possible after an employee returns to work following sickness; taking all appropriate action in line with the sickness absence management procedure
- monitoring sickness absence trends (especially trigger points) whether it relates to the individual or the department and take action in accordance with the sickness absence management procedure
- seeking advice from Human Resources to ensure a consistent approach to the management of sickness absence
- praising good attendance
- taking into account attendance levels in all applicants for appointment and promotion in Cleveland Fire Brigade

2.7 Individuals are responsible for:

- embracing the ethos of employee health and wellbeing; and maintaining their own health and wellbeing so as to minimise or avoid sickness absence
- ensuring that they understand the procedures associated with their duty systems, contractual arrangements and sickness absence management policy and procedures; and seek understanding from their managers if not clear about any of them
- co-operating with managers in all matters of sickness absence management such as notifying and regularly reporting on absence; providing appropriate information on their illnesses and circumstances, submitting Fit Notes in a timely manner, maintaining contact with their managers; and attending occupational health appointments
- ensuring all medical advice and treatment is sought as soon as possible and that all recommended advice/treatment is followed
- engaging in any support mechanisms identified to improve or maintain attendance at work or facilitate a return to work
- informing their manager if they consider themselves to have a disability or medical condition which affects their ability to undertake their duties. Whilst they are not under any legal obligation to do so we are committed to making adjustments to remove barriers for employees with a disability, impairment or long term condition

2.8 Representative Bodies are responsible for:

- embracing and promoting the ethos of employee health and wellbeing
- encouraging their members to attend work in line with their duty systems and contractual arrangements
- working proactively with Management to implement and develop the sickness absence management arrangements

3. Planning and Implementing

- 3.1 This policy forms part of the Brigade's employee health and wellbeing framework and is underpinned and implemented through the Authority's Sickness Absence Management Procedure at Appendix 1. In addition this policy and its associated procedure are intrinsically linked to the Authority's Mental Wellbeing, Health and Fitness, Substance Misuse, Equality Diversity and Inclusion and Redeployment Policies and Procedures.
- 3.2 All new staff will be given a copy of this policy and procedure during their induction and all documents will be accessible via the Brigade's Intranet ~~(FISH)~~.
- 3.3 Existing staff will be informed of this policy and procedure as per the accepted Key Document Framework and it will be accessible via the Brigade's Intranet ~~(FISH)~~.
- 3.4 Where necessary, training for those managers involved in the execution of the policy and procedure will be provided by the Head of HR.

4. Resource Implications

- 4.1 There are people resources required to coordinate this Policy and Procedure; most of this work is regarded as core work of the HR team.
- 4.2 There are no financial resource implications associated with this policy. Any resources required to develop the employee health and wellbeing framework will be identified and managed through the employee health and wellbeing strategy and associated improvement plans.

5. People Impact Assessment

- 5.1 In accordance with the requirements of the Equality Duties under the Equality Act 2010 and other relevant legislation, this policy has been subject to a PIA.
- 5.2 The findings of the PIA conclude that the Sickness Absence Management Policy and Procedure does not have a detrimental impact on any group of staff, including those with one or more protected characteristics. Conversely the Policy is considered to provide additional benefits to staff, in the context of provision to support the physical and mental wellbeing of employees.

6. Monitoring

- 6.1 The Democratic Services and Administration Officer will ensure the central monitoring of this policy and associated procedure and ensure that it is added to the Brigade's Key Document Framework.

7. Audit

- 7.1 This Policy will be audited in accordance with the procedure detailed within the Brigade's Key Document framework.

8. Review

- 8.1 The ACFO SPR will undertake a review of this policy in 2023 to ensure it is taking account of any new or emerging political, economic, social, technological, legislative, environmental, competitive, citizen or reputational factors.

Sickness Absence Management Procedure

1. Introduction

- 1.1 Everyone has responsibility for sickness absence management; the individual is to comply with the requirements of this procedure and the line manager has responsibility for the day to day management of attendance.
- 1.2 Sickness absence is most commonly referred to as:
 - **Short term sickness absence:** any period up to and including 27 consecutive days absence or any separate days
 - **Long term sickness absence:** any continual absence from duty for a period of 28 days or more

2 Notification, Certification and Related Issues

Days 1 to 7 Calendar days (Self Certification)

- 2.1 An employee unable to report for duty for reasons of illness or injury must notify at the earliest opportunity their incapacity to the Line Manager (or if the Line Manager is not ~~available~~available, they should report to a Station Manager/Departmental Manager). For Operational Station based personnel this should be ~~at least 1 hour before start of shift by 0800 hours for day shift or 1830 hours for night shift~~. For all other staff this should be no later than 30 minutes after their normal start time.
- 2.2 This should be done in person through telephone contact and not a text message or email. If, in extreme cases, employees are unable to telephone personally they should ensure that a representative makes contact as above on their behalf. (Employees on temporary transfer should contact the Station they are due to report to. Those on modified duties should contact their new line manager).
- 2.3 Individuals **must** provide the following information to their Line Manager as a minimum when reporting sickness absence:
 - name
 - date of first day of absence
 - the nature of the absence including details of on/off duty accidents
 - likely duration of absence/anticipated date of return (if known)

- agree how frequently they will keep in contact (this is particularly relevant when the duration of the absence is uncertain, daily contact may be required in some circumstances)

2.4 The Line Manager should then [update Softworks and Fire Service Rota](#). ~~inform HR immediately, complete the PNL 7A and send this straight to HR.~~ There must not be any occasions when then the Line Manager is unaware of the individual being off or the reasons for their absence.

Days 8 Plus – Calendar Days (Medical Certification – Fit Note)

2.5 If the sickness absence continues beyond seven calendar days (including rota days, annual leave and Bank Holidays) the employee must obtain a Fit Note from their Doctor immediately. If further Fit Notes are ~~required~~[required](#), then these must also be obtained on a timely basis.

2.6 Medical appointments should be made well in advance as failure to submit Fit Notes on time without good reason may result in an individual's absence being classed as unauthorised leave and, as such, will be unpaid. The Brigade has the right to withhold payment for the delay in notification of continued absence.

2.7 The individual should also personally contact their Line Manager (or if the Line Manager is not ~~available~~[available](#), they should report to a Station Manager/Departmental Manager) to give reasons for their continuing sick leave, likely duration and anticipated date of return to work (if known) and expiry date of the Fit Note.

2.8 The Fit Note must be sent to their Line Manager as a matter of urgency who will update ~~Kronos~~ [Softworks and Fire Service Rota](#) and send [the Fit Note](#) to HR immediately.

2.9 The individual should maintain contact with their manager and provide information on a regular basis as to changes in their condition, any relevant related issues and anticipated date of return to work (if known). This is a shared responsibility as the manager also has a duty to keep in touch with the individual and provide any necessary support or advice. This is detailed later in the procedure at Section 5.

2.10 Employees who are absent from work on sick leave and are unfit for their normal duties must inform their Doctor/ Treating Specialist that the Brigade has the facility to enable them to return to work on modified duties and/or a phased return.

2.11 Non-compliance with these notification procedures could result in a delay or withholding of sick pay and/or appropriate disciplinary action being taken.

Contact with Infectious Diseases

- 2.12 Anyone who has had (or thinks they have had) contact with an infectious disease must [inform HR or Health and Safety who will](#) contact Occupational Health as soon as possible who will provide appropriate advice.

Gender Reassignment

- 2.13 Gender reassignment treatment resulting in absence from duty will be treated as medically necessary and will be covered by the provisions of this Policy.

Recording of Absence on Electronic Attendance System

- ~~2.14~~ It is the responsibility of the Line Manager/ Crew or Watch Manager to ensure that the appropriate [absence reason](#) code is entered into [Kronos Softworks and Fire Service Rota](#) as soon as possible ~~and that all data entered is correct as detailed which is either:~~

- ~~• sickness self certified for self certified periods of absence up to and including 7 calendar days~~
- ~~• sickness medically certified for sickness periods covered by a Fit Note~~
- ~~• sickness during shift for sickness that occurs at any point during a shift~~

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Information Collection, Recording and Reporting

- ~~2.152.14~~ The information that is collected by managers, as detailed within this procedure must be recorded and/or passed to the HR department in the prescribed format or systems immediately.

- ~~2.162.15~~ The end of shift; end of tour or annual leave should not result in delays in the provision of this information. In such circumstances alternative arrangements must be made with the covering line manager to ensure information is recorded /provided in a timely manner, always ensuring confidentiality is maintained. It is the covering manager's responsibility to ensure that the information provided is complete, accurate and produced by the end of the individual's first shift whilst maintaining confidentiality.

- ~~2.172.16~~ The individual is also responsible for ensuring that information is recorded correctly [on Kronos in Softworks and Fire Service Rota](#) and if they believe it is incorrect then they must immediately contact their Line manager.

- ~~2.182.17~~ The HR and the Risk and Performance department will provide a confidential suite of management information reports and performance information that will support the implementation of the sickness absence management policy and procedure. This information will be tailored and confined

to the individuals over whom the line manager has responsibility for. The reports are to help manage sickness and monitor progress against key performance indicators both at a Brigade wide and individual level. ELT will be provided with regular reports ~~get a confidential weekly report~~ to ensure they understand the trends and performance against targets as well as gaining an over view of what is happening in each department and what is happening across the Brigade.

Secondary Employment

2-192.18 Subject to the nature of the illness or condition, where necessary and appropriate, employees may be expected to refrain from their secondary employment whilst on sick leave from the Brigade. If an individual is medically fit for their secondary job then they may be able to continue with their secondary employment but they must advise their Line Manager of this and advice sought from Occupational Health in consultation with Human Resources.

2-202.19 Employees who sustain an injury which is attributable to secondary employment, and as a result take sickness absence from the Authority must advise their line manager in writing. For the purposes of Occupational Sick Pay, employees who are absent from duty by reason of sickness or injury which in the opinion of the organisation and acting upon medical advice, is wholly attributable to secondary employment, will not be entitled to Occupational Sick Pay.

Sickness Absence and Annual Leave

2-212.20 At the end of the leave year, any individual who has not taken their statutory entitlement (pro rata for part time staff) because of sickness will have any untaken leave reimbursed up to the statutory minimum entitlement (5.6 weeks/28 days including bank holidays) This carried forward entitlement must be taken within three months of the new leave year starting.

2-222.21 When an individual has their leave planned (leave set or booked leave) but they fall sick before or during their leave then they will be regarded as being on sick leave. (If this occurs on a public holiday then the procedure for the respective duty system will cover this). The planned leave will not be reimbursed until the end of the year and then only if they have not had the statutory entitlement.

2-232.22 For those individuals who are on long term sick leave which triggers a move onto half or nil pay, accrued annual leave can be substituted for sick pay. This is to enable the individual not to suffer a financial detriment when they are on half or nil pay. This can be initiated either through the request of the individual or upon the advice of the Brigade. Sick leave will be suspended for the duration of the period of the application of annual leave and restarted if the individual remains absent after this period.

2.242.23 Any employee whilst on sick leave from the Brigade who wishes to go away on holiday must consult the Human Resources Department prior to making final arrangements. The Brigade recognises that a holiday may be beneficial to recuperation but it needs to be aware of the individual going away so that necessary arrangements can be made. This is also due to the fact that staff should be available for welfare visits and medical appointments at all times. Employees should also be aware that travel policies may be affected if they are on sickness absence leave and should seek advice from their insurer on this matter.

Retained Duty System Staff

2.252.24 When Retained Staff report sick, the individual booking sick must inform the Watch/Crew Manager who will update Softworks. ~~who will in turn inform the Retained Support Officer and HR.~~ The individual must ensure they enter the information onto the Fire Service Rota availability system as either Sickness Medically Certified or Sickness Self Certified. If they cannot for any reason change their availability they must immediately inform the OIC or Fire Control who will update the Rota for them.

2.262.25 When staff book fit for duty, the Watch/Crew Manager will ensure that the Fire Service Rota availability system is updated to reflect the change. They should also update Softworks with the last day of sickness. ~~enter date and time booked fit on the PNL7A.~~ The WM/CM ~~to Complete PNL7B~~ will also complete the return to work interview which is recorded in Softworks. ~~'return to work interview' and forward all paperwork to Human Resources.~~

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2.272.26 Where an employee holds more than one post with the Authority the period of sickness absence will be recorded in Softworks and Fire Service Rota against each post for which the employee has been unfit for duty.

Returning to Work

2.282.27 The individual must inform their manager of their intention to return to work and not simply present themselves for duty; this is to ensure firstly that they are confirmed as being fit to take up either their normal role or a modified role and secondly to assist the Brigade in meeting our critical staffing levels.

2.292.28 Where there is a concern over an employee's fitness a manager should seek advice from Occupational Health as to whether the individual needs to be reviewed or can just return to work. This advice will always be subject to the specific illness or condition of the individual. Without this advice they will not be allowed to return to work. There may also be some management issues that may need to be addressed before the individual returns to work such as reinstatement training or any modifications that may be required.

2.302.29 When employees are declared fit to return to duty (including modified duties), they must make every effort to inform their line manager of the intended date of return at the earliest opportunity. Operational staff should not wait until the end of their rota period. Notification of fitness made during rota days shall, if possible, be made before 1300 hours. Any notification after this time may result in that day being included in the period of sickness absence.

2.342.30 The Brigade takes medical advice from its approved Occupational Health provider. When Occupational Health provide advice that an individual is fit to return to work from a current period of sickness absence on normal or modified duties then this advice will supersede an employee's fit note.

2.322.31 Where there is a difference of opinion between the individual's own Doctor and Occupational Health then the Brigade may refer them to an Independent Medical Physician.

2.332.32 Reinstatement Duties – After an absence of 12 weeks or more an employee must undergo reinstatement duties as detailed in Learning and Development Procedure 8. A fitness test must be carried out by the Health and Wellbeing Coordinator or Occupational Health Advisor prior to an individual commencing reinstatement duties.

3 **Conditions of Service Provisions**

Entitlement to Sick Pay

- 3.1 The entitlement to sick pay is not automatic and is conditional on the individual complying fully with this sickness absence management procedure.
- 3.2 Where the individual does not comply with the sickness absence procedure then pay may be reduced or withheld. The individual will be informed of this together with the reasons why.
- 3.3 These provisions detailed below are intended to supplement any payments received by the Department of Work and Pensions (DWP) in order to maintain normal pay during any period when an employee is entitled to full pay.
- 3.4 Where an employee is on authorised sick leave the expression "full pay" means an amount which, when added to any payments received by the Department of Work and Pensions, is equivalent to the contractual earnings that would be paid during a period of normal working but this will not exceed their normal salary. In no circumstances shall sick pay be calculated in such a way that, when added to payments from DWP exceeds normal pay. In calculating "half pay" any payments

from DWP shall be disregarded except where the resulting amount, when added to Occupational Sick Pay exceeds normal pay.

- 3.5 The period during which sick pay shall be paid and the rate of sick pay in respect of any period of absence shall be calculated by deducting from the employee's entitlement on the first day the aggregate of periods of paid absence during the twelve months immediately preceeding the first day of absence.

Grey Book Provisions

- 3.6 An employee on authorised sick leave shall be entitled to full pay for six months in any twelve month period. Thereafter the Fire Authority may reduce pay by up to half for six months.
- 3.7 An employee on authorised sick leave as a result of an illness or injury arising out of authorised duty which has been determined as such by the Health & Safety ~~Advisor~~ **Manager** shall be entitled to full pay for twelve months. Thereafter the Fire Authority may reduce pay by up to half for six months. Absence in respect of normal sickness shall be recorded separately from absence in respect of illness or injury arising out of authorised duty. Periods of absence in respect of one shall not count against the other for the purpose of calculating sick pay entitlement.
- 3.8 Where an employee on the retained duty system is on authorised sick leave as a result of an illness or injury arising out of authorised duty and can provide satisfactory evidence that , as a direct result of the illness or injury, they are suffering a financial loss in respect of his or her usual occupation, 'full pay' means the amount of the actual loss (including his or her average weekly wage as defined in Appendix C, paragraph C of the Grey Book) subject to the maximum basic weekly rate of an Area Manager.
- 3.9 For the purpose of paragraph 3.8 above 'authorised duty' includes occasions on which the employee is responding directly or promptly to an emergency call. It shall not include travelling to the station for any other purposes. Where the fire and rescue authority is satisfied that the employee has been injured as a result of returning to his or her home or work immediately after attending the station in response to an emergency call the authority may treat that journey as authorised duty. Any decision to regard such a journey as authorised duty shall concern only the question of calculating entitlement to sick pay. It shall not be regarded as determining whether the employee was on duty for any other purposes.
- 3.10 Fire Authorities have the discretion to extend the period of sick pay in exceptional cases, in line with the National Conditions of Service.

Green Book and Control Staff Provision

- 3.11 An employee on authorised sick leave shall be entitled to sick pay in line with the table below. Thereafter the Fire Authority may reduce pay as also illustrated in the table below.

Qualifying period	Full Pay	Half Pay
During 1st year of service	1 months full pay (and after completing 4 months service)	2 months
During 2nd year of service	2 months	2 months
During 3rd year of service	4 months	4 months
During 4th and 5th year	5 months	5 months
After 5 years' service	6 months	6 months

- 3.12 Fire Authorities have the discretion to extend the period of sick pay in exceptional cases, in line with the National Conditions of Service.

Neglect or Default

- 3.13 If an employee refuses to undergo any medical examination required by the Fire Authority or has, in the opinion of the Brigade acting on medical advice, caused or substantially aggravated any illness or injury by neglect or default, or refused or neglected fully to co-operate in any medical treatment which the Brigade considers necessary, they shall be entitled only to such paid sick leave as the Fire Authority may determine.
- 3.14 If, in the opinion of the Brigade acting on medical advice, the absence from duty is by reason of an illness or injury that is wholly attributable to the employee holding any other office or employment for hire or gain, or carrying on a trade or business, or participation in sport as a profession, they shall be entitled only to such paid sick leave as the Fire Authority may determine.

Notification to Employers regarding Reduction in Pay

- 3.15 All employees will be advised approximately four weeks before moving to half or nil pay or at the earliest opportunity.
- 3.16 Prior to moving to half pay or nil pay, the Head of Human Resources will ~~initiate a review of the individual's case and circumstances with the relevant Head of Department/Group Manager in order to prepare a submission to the ACFOSPR~~

~~who will authorise the continuance or otherwise of sick pay notify the individual in writing of the reduction in pay.~~

- 3.17 ~~Individuals will be provided with the right of appeal to the Assistant Chief Fire Officer for their directorate.~~ Each case will be decided on its merits including the nature of the illness, the individual's compliance with the sickness absence procedure and not on the basis of precedence. ~~There is a right of appeal to the Chief Fire Officer.~~

Third Party Damages

- 3.18 Where an employee is absent as a result of an accident the Brigade shall advance to the employee a sum in lieu of and equivalent to sick pay if damages may be receivable from a third party in respect of such accident. The employee shall be requested to include in any claim for damages against a third party a sum equivalent to the said allowance and, where an element for loss of earnings is included in any award, shall reimburse to the Fire Brigade a sum representing the total amount of such allowance or the proportion thereof represented in the damages received.
- 3.19 Any employee absent as a result of an accident for which damages may be receivable from a third party in respect of such accident shall complete Form SW38 undertaking to repay sickness payment and notification of accident; the Form should be forwarded to the Payroll Team at Brigade Headquarters immediately.
- 3.20 Details of the repayable amount will be sent to the legal representative, or other person named in the undertaking, in due course.

4 Occupational Health and Health Interventions

- 4.1 The Brigade may refer individuals to Occupational Health for a number of reasons in order to effectively manage sickness absence, provide support to the individual and give information to management to help them make appropriate decisions.

Management Referrals

- 4.2 Making of referrals are the responsibility of Line Manager; Human Resources are available to provide advice and guidance in respect of this matter.

Disability Provisions – The Equality Act

- 4.3 Where sickness absence relates to a disability, we may need to make reasonable adjustments to working arrangements and physical changes to premises or equipment to alleviate any disadvantage to the individual. The Equality Act states

that it is unlawful to discriminate against an employee because of a physical or mental disability or fail to make reasonable adjustments to accommodate a worker with a disability.

- 4.4 Under the Equality Act 2010 a person is defined as disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
- 4.5 We will consider making reasonable adjustments for all staff that have a ~~long term~~long-term health condition. We want to support individuals through the provision of reasonable adjustments if appropriate, whether or not their condition would meet the Equality Acts definition of disability. Consideration of disability under the Equality Act is a legal process and our intention is to focus on supporting all staff who require support or adjustments, where such support can be reasonably provided. Wherever possible we will consider what reasonable adjustments we can make to facilitate an individual's return to work or assist them after a return to work. To determine what are reasonable adjustments advice should be sought from Occupational Health and any other relevant professionals. Reasonable adjustments may ~~include~~include ergonomic factors; equipment; working environment; work load; training; working arrangements and role.
- 4.6 Such Adjustments may be adopted on a temporary or permanent basis depending upon the specific circumstances of each individual case however if they have a long term medical health issues or a diagnosed disability reasonable adjustments will typically be long term or permanent and may remain in place indefinitely, subject to regular review (once a year as a minimum) and may change as the medical condition evolves or their needs for support change.
- 4.7 There may be occasions where reasonable adjustments cannot be made due to the nature of the individual's role, in such cases advice should be sought from Human Resources in relation to their capability to continue in post.
- 4.8 Referrals to Occupational Health must take place in accordance with the following:
- no later than 4 weeks after the commencement of the absence, although the referral can be made sooner depending on the circumstances
 - where the absence appears to be stress related/mental health issues the referral must be done immediately
 - where the individual needs the services of physiotherapy the referral must be done immediately
 - where an individual cites that the absence is caused or related to work then the referral must be done immediately

- where their absence record is of concern- and the manager requires further information to help manage the individual's sickness absence
- where there is some other substantial reason or cause for concern

4.9 The Occupational Health department upon receipt of the referral will determine whether an appointment should be with the Occupational Health Advisor or Physician.

4.10 Any referral for counselling or physiotherapy also needs to be made through Occupational Health who will make appropriate arrangements.

4.11 Counselling support can also be accessed by self-referral to our Employee Assistance Programme (EAP), this can be accessed by telephone or website/app. Following a remote assessment, appropriate arrangements for support will be provided directly to the employee. This is a completely confidential service and will not be recorded on an individual's Occupational Health or Personnel record.

4.12 The referring line manager must make a detailed referral to Occupational Health or contact HR for assistance to make the referral. ~~by submitting an OH6.~~ The information the manager gives on the referral form ~~will~~ may be shared during the consultation with the individual by Occupational Health. The ~~referral form~~ should include sufficient detail so that the Occupational Health Advisor can understand the situation that is of concern to the manager and thus provide an answer that will help the Brigade effectively support and manage the individual. The referring Manager should consider the following points for inclusion in the referral:

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- the reason that referral is being made
- details of the individual's sickness absence record (copy of absence record to be attached)
- any relevant background information, including support that has already been put into place.
- any concerns they may have about the individual's condition that may be impacting on their ability to carry out normal workplace activities
- to request information from Occupational Health as to what the condition is that is preventing the individual from attending work/affecting their attendance record/performance, how long it may last, treatment options and what support the Brigade may need to give
- to ask Occupational Health as to what may have caused/contributed to the individual's condition and any causal factors
- ask Occupational Health to comment on the individual's fitness to work and any difficulties that may prevent them from working normally

- any possible reasonable adjustments that might help the individual return to work/work normally
- are there factors in the workplace that might make the condition worse
- what their Doctor has recommended and what specialist treatment the individual is receiving
- if the individual is off work, whether they would benefit from a phased return or modified duties

4.13 Following the Consultation, Occupational Health will complete a report which will be sent to HR, the Line Manager/Referring Manager and the individual. The Line Manager will consider any recommendations made within the report against organisational needs before meeting with the individual to discuss what actions will be taken. The Line Manager will then be responsible for implementing actions as appropriate.

Self-Referrals

4.14 There may be occasions where an individual may wish to self-refer to Occupational Health. Occupational Health will support all individuals with regard to their health and wellbeing. However, the manager ideally should be involved in referrals so that appropriate support and advice can be given by the line manager to the individual. Whilst Occupational Health may offer a confidential appointment at which the details remain in confidence, wherever possible they will, with the employee's consent, provide a report to the Line Manager or HR to outline if there is any practical support the organisation can offer to try to sustain the employee's attendance and performance at work.

Appointment with Occupational Health

4.15 It is a reasonable request for managers to ask Individuals to attend Occupational Health and therefore all individuals will be expected to attend appointments. ~~Occupational~~ Occupational Health will ~~Human Resources will arrange book~~ the appointment ~~with Occupational Health who and~~ will notify the individual ~~directly~~.

4.16 The Manager will be responsible ~~for completing the~~ for ensuring that the referral is referral form and making sure it is submitted to HR made in in a timely and confidential manner in order for an appointment to be scheduled.

4.17 Individuals will be expected to attend the first available appointment regardless of their duty or rota day (appointments can be changed providing the individual has good reason for wanting the change) and must make their own arrangements to attend. It would normally be expected that people attend appointments on their own, however, there may be exceptional circumstances where someone may

wish for a friend or family member to accompany them but they should not get involved in the assessment process.

- 4.18 As much notice as possible must be given to the Brigade when requesting a change in appointments. A record will be kept by ~~Human Resources~~Occupational Health ~~of the occasions where appointments are changed~~ and provided to the HR Department during the quarterly contract management meetings. ~~and the reasons for the changes.~~ Where there are more than two changes this information may be taken into account by managers as they manage sickness absence.
- 4.19 Appointments will ~~normally~~ take place either by telephone or face to face in the Occupational Health department at Brigade Training & Admin Hub depending on the needs of the individual or as requested by the line manager on the referral. ~~as this ensures the best use of the Occupational Health time and majority of the equipment will be kept there.~~ There may however be exceptional circumstances where the Occupational Health Advisor may be able to meet the individual at an alternative location but this will be at their discretion and is not automatic.
- 4.20 Counselling sessions arranged through EAP will take place either by telephone or face to face at a venue not associated to the Brigade. A preferred option for how these will be facilitated will be agreed between the counsellor and the individual at the time of the initial remote assessment.
- 4.21 Any individual who fails to attend their appointment (without good reason) will be invoiced for the cost of the appointment and, where appropriate, disciplinary action may also be taken. Failure to attend appointments may also be taken into consideration during the application of sick pay which may be reduced or withheld.

Medical Examination

- 4.22 An employee shall, when required, submit to an examination by a Medical Practitioner nominated by the Brigade subject to the appropriate provisions of the Access to Medical Reports Act 1988. Any costs associated with the examination shall be met by the Brigade.

Independent Medical Opinion

- 4.23 An independent medical opinion should be sought by an Independent Medical Physician to resolve the matter where there is a divergence of opinion between the Brigade's Medical Advisor and the Employee's General Practitioner over the employee's fitness for duty.

- 4.24 Independent is someone who has not been involved to date in the individual's current sickness and may be either a Medical Physician employed by the Brigade's Occupational Health Provider or another local organisation.

Accelerated Medical Support Service

- 4.25 Where there is a delay in diagnosis due to the current NHS waiting list, the individual can apply to the Brigade for funding of a private medical consultation, thereby reducing the waiting time for diagnosis. The cost of the private consultation will normally be fully met, but the Brigade is unable to provide funding for any treatment or scans arising from the diagnosis.
- 4.26 The Accelerated Medical Support service is to provide assistance to employees through providing financial support to facilitate access to a Medical Consultant who is able to diagnose their condition and advise on the most appropriate course of action, reducing the potential for aggravating and prolonging the medical condition.
- 4.27 The criteria is that prior to any application to the Brigade for support, employees must ensure that they have first been referred to a Consultant by their G.P. No applications will be considered without this G.P. referral.
- 4.28 Form PNL 97 shall be used to apply for all medical support funding.

Fire-fighter Charity Rehabilitation

- 4.29 Staff have access to Fire Fighter Charity Rehabilitation facilities. The use of the facilities is to help prevent staff from going on sick leave or for any staff who are on sick leave to help support an earlier return to work.
- 4.30 Occupational Health will recommend as appropriate for staff to attend the rehabilitation facilities. When staff wish to be supported by the Brigade in taking time off work to attend these facilities then prior to booking a place they should make an appointment with Occupational Health. It is usually recommended that there is only one visit per 12 month period or one visit per medical condition and where this is supported by Occupational Health then paid leave will be granted. They must complete a special leave request form and get approval prior to attendance.
- 4.31 If staff do not consult Occupational Health prior to booking a place or would like a repeat visit or wish to use the facilities in their own time then they can utilise the rehabilitation facilities by using their own leave.

5. Managing Sickness Absence

- 5.1 Line Managers are responsible for managing all of the sickness absence of their employees. The Human Resources department are available to advise on matters of policy, procedure and employment law whilst Occupational Health can provide information that will help the manager support and manage the individual's sickness.
- 5.2 For all long term sickness absence cases a nominated member of the HR team will be allocated to case manage the absence, they will provide support to the line manager in dealing with the individual circumstances of the case and monitor and review progress against the milestones set within this policy and procedure.
- 5.3 In order that the Brigade can take positive measures to support any employee with unacceptable sickness absence, it will use triggers as part of the proactive management of absence as detailed in Section 6.

Welfare Arrangements and Staff Contact

- 5.4 An important part of sickness absence management is the establishment and maintenance of frequent contact between the Brigade and employees absent from the workplace due to illness or injury.
- 5.5 The Line Manager will monitor all absence from the workplace and arrangements shall be made for early contact to be established after taking into account all the circumstances of the absence. The individual equally has a responsibility to keep in touch with their manager.

Nominated Contact Officer (NCO)

- 5.6 The Nominated Contact Officer will be the line manager. In exceptional circumstances, where this is not appropriate, an alternative NCO can be appointed by the line manager. The role of the NCO is to take responsibility for maintaining regular contact with the individual.
- 5.7 Notes must be kept of all contact made between the NCO and the individual including dates and any agreed action. The details of such contact should also be ~~submitted on PNL 18 and sent under confidential cover to Brigade Headquarters for the attention of Human Resources~~ recorded in the private comments section of the absence record on Softworks .
- 5.8 The contact between the NCO and the individual should:
- be made as soon as possible but certainly no later than after 2 weeks of the commencement of the sickness
 - provide the opportunity for the line manager to appropriately support the individual

- establish the current position in relation to the employee's health and current absence situation so the Brigade is aware of the issues the individual is facing and how they feel
- ascertain what steps the employee and/or the Brigade can take to aid their recovery and help with their return to work
- determine what action, if any requires to be taken such as a referral to occupational health, access to counselling or physiotherapy services
- agree on the frequency, duration and form of contact. The frequency should be determined on a case by case basis but there should never be more than 7 days between contact
- where appropriate and helpful, a face to face meeting should be arranged to discuss any issues that might support the individual as well as managing a return to work
- consideration should be given during contact as to whether the individual could return on a phased return or modified duties and/or whether any reasonable adjustments could be made. Discussion could also take place as to whether a return to work plan would be appropriate so to support a facilitated return to the workplace
- allow the manager the opportunity to keep the individual appraised of their pay situation and any other work related issues that the individual needs to be aware of
- discuss whether Reinstatement training should take place and any other relevant workplace requirements

5.9 Where the individual is not responding to contact or refuses to be contactable, a letter should be sent to the individual together with a copy of the sickness absence procedure to remind them of their responsibility to keep in touch and that sick pay could be withdrawn. Advice from HR and Occupational Health must be taken in all such situations. The individual will also need to be made aware that where the individual is failing to make/keep contact then the Brigade will have to make any decisions about their situation based on all available information.

Return to Work Plan

- 5.10 Depending on the length of absence, in order to facilitate a return to work the manager should discuss with the individual and subsequently develop a return to work plan. This plan should include:
- an approximate return to work date
 - any reasonable adjustments that are deemed to be necessary and that can be made
 - the nature of these adjustments - due consideration also needs to be given to the disability provisions of the Equality Act
 - appropriate agreed milestones

- 5.11 The Return to Work plan may include a phased return or modified duties which are detailed as below.

Phased Return

- 5.12 The purpose of a phased return is to rehabilitate the member of staff to full duties and gradually build back up to undertake their normal working hours within the earliest agreed timescales.
- 5.13 Not all staff will need to have a phased return back to the workplace and a phased return may only be recommended in certain circumstances. There is no single pattern as it is a flexible but structured and supportive approach to returning the individual to work. A Phased return would normally be discussed and structured by Occupational Health.
- 5.14 In general, a phased return will:
- be for a period up to 4 weeks but in extenuating circumstances it may be longer
 - in the majority of circumstances, the individual should be able to work a minimum of 4 hours per day from the start of the period of modified duties
 - targets should be set on a weekly basis in terms of attendance and work to be undertaken
 - The individual will be credited and paid for their normal working week for the duration of the phased return. However normal contracted hours should not be exceeded. The Line Manager should update [Kronos-Softworks and Fire Service Rota](#) in order to make these adjustments
 - If the individual wants to extend this period of phased return, then they can use annual leave, annualised hours or request a temporary reduction in hours. HR and Occupational Health should be involved in all circumstances.

Modified Duties

- 5.15 Modifications or changes to the job role which enable continuation of, or return to, full contractual duties (substantive role) following minor injuries or other temporary incapacity, maternity leave, or whilst waiting for medical treatment or

redeployment will be introduced to support individuals. It should be considered on all occasions when an employee is deemed unfit to undertake their full occupational role by either their GP or Occupational Health. Modified duties is a temporary adjustment for an interim fixed period, refer to section 5.21.

- 5.16 Modified duties may be undertaken in any Department/Section depending upon the availability of suitable and meaningful alternative duties, organisational priorities, the knowledge, skills or interests of the individual, supervision that can be provided and a full risk assessment provided by Occupational Health. Each case will be assessed on an individual basis.
- 5.17 The Occupational Health Advisor, after confirming the individual can return on modified duties, will complete a risk assessment ~~form and~~ detailing the tier level of modified duties that an individual can perform within the Occupational Health report (Appendix 1). Where it is not possible to identify meaningful work then modified duties may not be an appropriate way forward and the individual will remain on sickness absence. A copy of the ~~risk assessment form~~ Occupational Health Report will be forwarded to the individual's Line Manager and the HR Department, a copy will also be provided to the Line Manager that will be responsible for their day to day supervision whilst undertaking modified duties and will be discussed with the employee prior to the commencement of modified duties.
- 5.18 If following advice from Occupational Health an employee is unhappy about returning to work on modified duties, Occupational Health will contact the individual's GP with the details of the proposed modified duties to sanction a return to work on this basis. If Occupational Health advises that a return to work on modified duties is suitable then the employee and their Doctor will be informed in writing of this decision. Should the employee and/or their Doctor continue to disagree with this decision then the Brigade will consult an Independent Medical Physician. If the IMP concurs with the decision of the Brigade's Occupational Health department, the employee will be requested to return to work on an agreed date. The employee/their Doctor will be informed in writing of this decision. Failure to return will result in the employee's pay being suspended and the disciplinary procedure may be activated.
- 5.19 A start date for Modified Duties will be determined along with a Line Manager to whom the individual will be responsible. This Line Manager will take responsibility for carrying out an induction with the employee and for managing the employee until the modified duties period ends in relation to annual leave, and other managerial issues. The individual's substantive line manager will retain responsibility for the case management of the period of sickness absence/modified duties.

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- 5.20 In the event of any dispute as to the placement, the final decision will be made by the Head of Service. Where possible and practicable the Brigade will attempt to take into consideration transport availability, cost of travelling and the individual's home address when determining where they will be placed.
- 5.21 The employee's situation will be reviewed on a monthly basis by the Occupational Health Advisor in consultation with the Manager and HR. Modified duties should not last longer than two months except in exceptional circumstances. The period of modified duties will end only following advice from the Occupational Health Advisor and arrangements will then be made by the Manager to facilitate a return to the employee's substantive position.
- 5.22 The individual will be responsible for making their own transport arrangements.
- 5.23 Normal contractual hours should not be exceeded by anyone undertaking Modified Duties.
- 5.24 Whilst on Modified Duties those staff who have programmed leave must continue to take it as structured so that there is no excess of leave remaining to take once they return to their substantive post
- 5.25 Operational Employees undertaking modified duties will be required to work the Brigade Day Duty system using the annualised hour's scheme. In exceptional circumstances HR may agree a different working system following consultation with all appropriate parties and approval of the Senior Head of People.
- 5.26 The duration of Modified duties will be determined on an individual basis and will be subject to regular review. During periods of modified duties normal salary levels will be maintained providing the individual maintains the agreed programme of modified duties.

Return to Work Interviews

- 5.27 The main purpose of the return to work interview is to ensure that the health and welfare needs of the employee are addressed. This meeting also enables Line Managers to discuss with the individual their absence record and to establish if further action is necessary. For those individuals who are on modified duties, the Line Manager of where they are working will do the return to work interview.
- 5.28 The nature of the interview in the majority of cases will be informal and will take place on the first day of return (or as soon as practicably possible) by the most appropriate Manager available which in most circumstances will be the Individual's Line Manager. The Manager must ensure that the contents of the interview are appropriately recorded and any actions that have been discussed

are completed. All complete paperwork should be submitted to HR for monitoring and information purposes.

- 5.29 The Manager conducting the interview should consider the need to maintain privacy and confidentiality and therefore the venue must be appropriate to this requirement.
- 5.30 The individual should be welcomed back to work and the meeting should be conducted in a supportive and constructive manner. The manager should also check that the individual is well enough to be back at work.
- 5.31 The Manager should ensure that all certification has been received and if there were any issues with contact whilst the individual was absent then these should be raised during the meeting.
- 5.32 The Manager should discuss with the individual the reasons for absence and give the employee the opportunity to discuss the individual's health in general terms and any other concerns the individual may have that could impact upon their work or future attendance. Any issues that are flagged up need to be addressed to minimise any impact upon attendance.
- 5.33 Where the individual has an underlying health condition then the Line Manager should discuss with the individual how they are managing this and what support the Brigade can provide. This may also include a discussion as to how any medication may impact on the individual or their performance. Consideration should also be given as to whether this condition would be regarded as a disability and what provisions may apply. Where appropriate, it may be necessary to consider modified duties or a review of the employee's workload. This may involve input from HR or Occupational Health.
- 5.34 The manager should ensure they have a copy of the employee's sickness absence record with them at the interview and make the individual aware of this information. They should discuss the Brigade's sickness absence management procedure and triggers and the potential consequence of hitting them. If appropriate, at this point they should agree on appropriate or sustained improvement in the individual's attendance record.
- 5.35 Should the individual's sickness absence record require further action then the individual should be informed of this and the appropriate action be implemented in accordance with the relevant procedure.
- 5.36 If the Manager is going to refer the employee to Occupational Health, they should explain to the individual why they are making this referral, what will happen as a consequence of the referral and when they may meet to discuss the outcome. Referral to and advice from Occupational Health is only part of the management

of sickness absence, it is still for the manager to take responsibility in ensuring compliance with this procedure.

- 5.37 The Manager should also use the return to work interview as an opportunity to bring the individual up to date and inform them what has happened in their absence, such as any changes in working practices.
- 5.38 In some cases it may be useful for the individual to participate in some form of rehabilitation. Any individual can self-refer to Jubilee House and attend in their own time. However if it is deemed to be to assist in the return to work then the leave may be granted for a period up to 2 weeks per employee per illness. This should only be considered after consultation with Occupational Health and for absences where a concentrated physiotherapy programme can be undertaken to assist a return to work.

6. Management of Unacceptable Levels of Sickness

- 6.1 There may be occasions where despite the management of sickness absence, the individual's attendance record remains unacceptable. The Brigade needs to deal sensitively but effectively with all individuals who have an unacceptable attendance record. All individuals need to be aware that an unacceptable sickness absence record could impact on their career progression opportunities or lead to dismissal from the organisation. This could happen through the individual receiving disciplinary sanctions which can lead to their dismissal or through their dismissal on the grounds of capability.

Case Management

- 6.2 In order to ensure the effective and timely management of sickness absence members of the HR team will be allocated long term or complex cases to manage with the relevant line manager. The Head of HR will review these cases regularly to monitor progress against key milestones defined within this procedure and report outcomes to Senior Head of People and ACFO SPR.
- 6.3 The aim of the case management discussions is to ensure that all individuals who are sickness absent from work (regardless of whether they have hit a trigger or are deemed to have an unacceptable level of sickness) are receiving appropriate support, advice and management.
- 6.4 This will also support the proactive management of sickness so that an individual's sickness is managed from the very start of their absence. We can support individuals to return early to work, where possible minimise or avoid any further episodes of absence and make sure their situation is being actively managed.

- 6.5 Case Management may also provide the opportunity for identifying any trends which the Brigade can then appropriately respond to.

Triggers

- 6.6 In order that the Brigade can take positive measures to support any employee with unacceptable sickness absence, it will use the following triggers as part of the proactive management of absence. The triggers measure:
- short term intermittent absence
 - repeated absence
 - long term absence where a return to work date is unclear
 - any trends or patterns specific to the individual which may cause concern
- 6.7 The Line Manager will review the individual's attendance record to determine whether a trigger has been hit and consequently consider all available information in order to determine whether to implement either informal or formal action.
- 6.8 The Brigade considers the following absences as a cause for concern and will be used as a trigger point for action (more than one trigger point may have been hit):
- A **Bradford Score*** of 63 over a rolling 12 month period
 - **4 or more episodes** of sickness absence in a rolling 12 month period
 - **8 uncertified days or more** in a rolling 12 month period
 - further sickness **whilst a Discipline Sanction** is live
 - **Long term absence** – where there is an absence from work for 28 days (or more) and/or where is no prospect of a return to work in the near future
 - A **pattern of absences** specific to individual which causes concern such as absence which occurs regularly on the same day of the week, pre or post leave sickness, sickness during school holidays or sickness occurring straight after a sanction expires

Bradford Score

The Bradford Score is calculated by multiplying the square of the number of episodes of sickness absence by the total number of days' sickness to give an individual a Bradford Score.

For e.g. 5 absences with a total of 14 days sickness would give a score of $5 \times 5 \times 14 = 350$

- 6.9 In exceptional circumstances these procedures may be adjusted in the management of sickness absence resulting from a disability, gender reassignment treatment, an underlying medical condition, including menopause or pregnancy, e.g. by discounting a reasonable proportion of these absences for the purposes of triggering stages of the formal attendance management process. In these circumstances managers must confirm the nature of the sickness absence with Occupational Health and seek guidance from the HR Department before making any adjustments.
- 6.10 Whilst Line Managers can use their discretion when dealing with sickness absence in order to ensure a consistent approach to the management of absence, HR must be consulted in all circumstances. All decisions Line Managers make must be in line with this procedure and must be objectively justified and must be signed off by the Group Manager/Head of Department.
- 6.11 When making a decision, the Line Manager must carefully consider all the circumstances of the individual's case including their absence record, what warnings they may have had and what action the individual is taking to manage their medical condition. As far as reasonably practicable they should begin with the informal stage of the disciplinary process.
- 6.12 Non-compliance of an employee's responsibilities under the sickness absence management procedures or failure to attend occupational health appointments or medical examinations need to be dealt with under the disciplinary procedure.

Informal Stage

- 6.13 The aim of the informal stage is to afford the employee the opportunity to improve their attendance and to be provided with the necessary support and assistance in relation to any health problems. It is also about making the individual aware that their absence record is unacceptable.

6.14 It is recommended that the meeting under the Informal Stage is held separate to the return to work meeting as the return to work meeting is about welcoming the individual back to the workplace.

6.146.15 To support the monitoring of Attendance throughout the Informal Stage a Sickness Absence Support Plan (SASP) see Appendix 2 should be completed and targets agreed with the employee, including regular reviews.

6.156.16 The informal stage meeting must be conducted in accordance with the Disciplinary procedure and is structured to discuss:

- their current attendance record

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- what needs to be done to improve their attendance and how this may be achieved
- what support the Brigade will offer the individual including any necessary adjustments that the Brigade are able to make
- what action the individual needs to take to improve their attendance record
- any agreed milestones that are to be achieved
- there should be a clear understanding between the manager and the individual as to the expected outcome
- that there will be a review at the end of the monitoring period including an evaluation of support measures that have been agreed
- what could happen if improvement is not achieved i.e. formal action

~~6-166.17~~ Following the meeting, a copy of the SASP should be sent to HR to be saved in the employees personal file and a further copy sent at the end the monitoring period. In most cases the monitoring period will be for 3 months, although there may be justifications for a longer monitoring period which should be reflected in the SASP. A reference to the SASP should be made in return to work interview in Softworks. ~~the Line Manager must immediately put the details of the discussion in a letter to the employee with a copy sent to Human Resources to be placed on the Personal Record File where it will remain live for a period of 3 months. The date this is effective from is the date of the meeting.~~

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~~6-176.18~~ The individual's sickness must however be monitored throughout the whole period and if further intervention is required then this must take place immediately rather than wait for the end of the note.

~~6-186.19~~ A follow up meeting must take place in a timely manner before the informal letterSASP expires to ensure that progress has been made and any further action is sanctioned.

Formal Stage

~~6-196.20~~ When appropriate support measures have been applied including the informal stage and the sickness absence record has not improved, or where there has only been limited improvement including further sickness absence when a sanction is live, then the Formal stages of the Disciplinary Procedure should be invoked. The Disciplinary Procedure must be followed in such circumstances.

~~6-206.21~~ Individuals need to be aware that progression through the disciplinary sanctions could result in dismissal.

Redeployment

~~6-216.22~~ If an individual cannot return to their original job for medical reasons and if there are no reasonable adjustments or control measures that we can put in place to enable the individual to return to their original role then the Brigade will need to consider if there is any alternative work the individual can do. If redeployment is a possibility then the application of the Brigade's Redeployment Policy and Procedure will apply.

Termination on the Grounds of Capability (Ill Health)

~~6-226.23~~ When an individual has been absent from work and there is no agreed date for return or where the individual is unable to undertake their role due to medical issues then the Brigade will need to consider terminating the employment of the individual on the grounds of capability.

~~6-236.24~~ A meeting should be held as soon as possible. The employee should be invited to the meeting by way of letter advising that they are to be investigated under Stage Three of the Capability Policy, the potential outcomes of the procedure and confirming that they have the right to be accompanied by a Trade Union representative or a work colleague.

~~6-246.25~~ At the meeting the employee should be informed that a 2-month monitoring period will commence whilst the investigation manager considers all available information and options available to prevent a termination of employment. At the end of the 2-month monitoring period, and once the investigating manager has considered whether:

- adequate recent medical evidence is available which indicates that a return to work in any capacity or to their role is unlikely within a reasonable timescale
- ill health retirement has been considered but they do not meet the criteria
- any feasible modification to the role/workplace have been explored and are either not possible or have not worked
- redeployment has been considered but there are no vacancies, no suitable alternative employment or the redeployment opportunity has not worked
- there has been full and meaningful consultation with the individual in respect of their sickness and opportunities to return to work

The process that is used is the Formal Stage 3 Hearing from the Capability Procedure and should be heard by the relevant level of Hearing Manager.

6.25 Prior to the Formal Stage 3 Capability Hearing, the designated HR Representative must write to the employee explaining the purpose of the Capability (Ill Health) Hearing and the potential outcome. This must include the possibility that they may be dismissed on the grounds of Capability due to Ill Health.

- 6.26 At the Capability Hearing, the Hearing Managers must ensure that recent Occupational Health advice is available and that all alternatives to dismissal have been explored.
- 6.27 If Occupational Health advice suggests that the employee remains unfit to return to any work but is unlikely to meet the criteria for permanent ill health, the Hearing Manager must consider the employee's likelihood of returning to work in the future and service needs.
- 6.28 Any dismissal will be with immediate effect on the grounds of capability due to ill health paying the relevant notice period in line with service. Any such dismissal is sanctioned by the Chief Fire Officer under the Scheme of Delegation. This should be in the form of a letter sent to the employee no later than 7-calendar days after the date of the hearing.
- 6.29 The letter confirming the decision of the Hearing Manager should include: (a) The evidence and information taken into consideration (b) the support that has been provided (c) The reason why employment cannot be continued. (d) The options/ alternatives considered (e) Where dismissal is the only option, then confirmation that after consideration of all alternatives the decision was made to dismiss the employee on grounds of capability due to ill health. Including any notice period and outstanding annual leave. (f) Their right of appeal. Appeals must be submitted within seven-calendar days of the date of the letter confirming the outcome of the Formal Stage 3 Capability Hearing. The letter should outline the grounds on which the appeal is being submitted.

Appeal

- 6.30 Employees may appeal against dismissal. Appeals must be submitted, in writing, to the Head of Human Resources within 7 calendar days of the date of the letter confirming the outcome of the formal hearings. The deadline date for receipt of appeals will be detailed in the initial correspondence from the Hearing Manager.
- 6.31 Where an employee appeals they must provide sufficient evidence of the grounds for appeal in writing.
- 6.32 In the case of appeals against dismissal, the appeal will be heard by the Fire Authority. Once a date and time has been established both parties will be informed via letter from the Head of Human Resources. Following the invite the original Hearing Manager (in liaison with a HR) and the employee must each submit the following documents to Head of Human Resources at least 10-calendar days prior to the Hearing: (a) A full written statement of the case

including the grounds upon which the appeal is presented (or resisted, as appropriate). (b) Copies of any documents the party concerned intends to use in evidence and identities of any witnesses the party concerned intends to call.

- 6.33 Every effort will be made to conclude any appeal process within the contractual notice period following the notice of dismissal. If the employee has been dismissed and their appeal is upheld, the employee will be reinstated to the date in which their employment ceased to ensure continuity of service.
- 6.34 The employee is advised of the outcome of the appeal and the reasons for the decision in writing within 7 calendar days of the Appeal Hearing or review. This decision of the appeal hearing is final.

III Health Retirement

- 6.35 Depending upon the circumstances of the individual (which may also include being a member of the pension scheme) it may be appropriate to discuss whether ill health retirement may be an option in order to appropriately manage their sickness.
- 6.36 If an individual is unable to carry out their role they will be referred to the Independent Qualified Medical Practitioner for determination of a prognosis/opinion regarding a return to work. This decision as to whether an individual can go on Ill Health Retirement will only be made following medical advice and after exploring all other possibilities.

7 Health and Wellbeing

- 7.1 To support the Health & Wellbeing Strategy and to underpin the Sickness Absence Management procedure, there are a number of complementary areas:

Health Promotion

- 7.2 The Brigade will use opportunities for increasing staff awareness of and knowledge of health-related issues and will support individuals in achieving positive changes in health behaviours. The Brigade is also committed to encouraging employees to take personal responsibility for their health and wellbeing such as:

- Men's health
- Women's health
- Smoking cessation
- Healthy living
- Alcohol & drugs awareness
- Healthy eating

- Physical Activity
- Mental Health awareness
- Weight Control
- Back Pain
- Social and behavioural factors that can affect an individual's health.

7.3 To achieve this, the Brigade will adopt a proactive approach to workforce health through a rolling programme of health promotion which will include activities, promotional materials and events to address a range of health issues.

Welfare, Counselling and Trauma Support

7.4 We will support individuals through the provision of and access to counselling services either via Occupational Health or through the Employee Assistance Programme (EAP).

7.5 The Brigade also has a number of TRIMS (Trauma Risk Management System) Assessors who will make contact with Brigade staff following a traumatic event and provide necessary intervention. Where necessary, the individual will be referred for specialist counselling sessions.

Work Life Balance

7.6 The Brigade will ensure that as far as reasonably possible all individuals achieve a work life balance. This also has an important role in the management of sickness absence as we have a number of provisions that staff can adopt so to minimise sickness absence. It is also especially important that managers ensure that all staff take their annual leave allowance throughout the year so to allow for rest and recuperation. Regular monitoring of hours is equally as important to ensure that staff work in accordance with their contractual hours as opposed to building up an excess of hours. The annualised hours systems that we have in place support flexibility and can allow for a short term solution to an immediate situation.

Tier One Modified Duties

Following an appropriate Occupational Health assessment the individual has been deemed fit to perform the following modified duties:

- (1) Home Fire Safety Visits - participating in the delivery of information to a resident, including home audit(s).
- (2) Home Fire Safety Visits - installation of and removing smoke alarms, working in pairs. Able to work at height.
- (3) Stay Safe & Warm - collection of equipment from stores. Able to fully engage in manual handling activities.
- (4) Stay Safe & Warm - delivery of equipment to residents. Able to fully engage in manual handling activities.
- (5) School education delivery - participate & contribute in educational talks, able to fully engage in any group work activities.
- (6) Driving - Able to drive Brigade non-emergency vehicles (subject to any individual DVLA licence restrictions).
- (7) Hub - Refuelling Brigade vehicles.
- (8) Hub / HQ - Support the administrative team, respond to phone calls and able to use DSE equipment.
- (9) Hub / HQ - Self direct study PDR statements and electronic training.
- (10) Hub / HQ / Watch - The individual would be fit to attend classroom based theory training/lectures, either on Station or at the LDC.
- (11) Hub / HQ / Station - Physical fitness, utilise gym facilities to engage in any rehabilitative training exercises as directed by the OH, Physiotherapist or the Brigades Fitness Advisor.
- (12) Rehabilitation - The individual would benefit supportive rehabilitation from the Fire Fighters Charity – Penrith.
- (13) Whilst on modified duties the individual is actively encouraged to continue to attend any physiotherapy or counselling appointments, until time of discharge.

Exclusions: Should any task be deemed unsuitable for the individual to perform it will be highlighted within the context of the OH report (eg) THE INDIVIDUAL IS FIT TO IMMEDIATELY COMMENCE TIER 1 MODIFIED DUTIES WITH THE EXCEPTION TO ITEMS (6) AND (10).

Tier Two Modified Duties

Following an appropriate Occupational Health assessment the individual has been deemed fit to perform the following modified duties:

- (1) Home Fire Safety Visits - participating in the delivery of information to a resident, only safe to perform home audit(s).
- (2) School education delivery - participate & contribute in educational talks, able to fully engage in any group work activities.
- (3) Driving - Able to drive Brigade non-emergency vehicles (subject to any individual DVLA licence restrictions).
- (4) Hub - Refuelling Brigade vehicles.
- (5) Hub / HQ - Support the administrative team, respond to phone calls and able to use DSE equipment, however encouraged taking frequent breaks.
- (6) Hub - Self direct study PDR statements and electronic training.
- (7) Hub / HQ / Watch - The individual would be fit to attend classroom based theory training/lectures, either on Station or at the LDC. However not to engage in any physical activity or wear BA sets.
- (8) **Hub / HQ / Station - Physical fitness, utilise gym facilities to engage in any rehabilitative training exercises as directed by the OH, Physiotherapist or the Brigades Fitness Advisor.**
- (9) Rehabilitation - The individual would benefit supportive rehabilitation from the Fire Fighters Charity - Penrith.
- (10) Whilst on modified duties the individual is actively encouraged to continue to attend any physiotherapy or counselling appointments, until time of discharge.

Exclusions: Should any task be deemed unsuitable for the individual to perform it will be highlighted within the context of the OH report (eg) THE INDIVIDUAL IS FIT TO IMMEDIATELY COMMENCE TIER 2 MODIFIED DUTIES WITH THE EXCEPTION TO ITEMS (6).

Tier Three Modified Duties

Following an appropriate Occupational Health assessment the individual has been deemed fit to perform the following modified duties:

- (1) School education delivery - participate & contribute in educational talks, able to fully engage in any group work activities.
- (2) Hub / HQ - Support the administrative team, respond to phone calls and able to use DSE equipment, however encouraged to take frequent breaks.
- (3) Hub - Self direct study PDR statements and electronic training.
- (4) Hub / HQ / Watch - The individual would benefit to attend classroom based theory training/lectures, either on Station or at the LDC. However not to engage in any physical activity or wear BA sets.
- (5) Hub / HQ / Station - Physical fitness, utilise gym facilities to engage in any rehabilitative training exercises as directed by the OH, Physiotherapist or the Brigades Fitness Advisor.
- (6) Rehabilitation - The individual would benefit supportive rehabilitation from the Fire Fighters Charity – Penrith.
- (7) Whilst on modified duties the individual is actively encouraged to continue to attend any physiotherapy or counselling appointments, until time of discharge.

Exclusions: Should any task be deemed unsuitable for the individual to perform it will be highlighted within the context of the OH report (eg) THE INDIVIDUAL IS FIT TO IMMEDIATELY COMMENCE TIER 3 MODIFIED DUTIES WITH THE EXCEPTION TO ITEMS (1) AND (4).