



LONDON FIRE BRIGADE

Decision title

Delivering our Strategy: Wellbeing

Recommendation by
Assistant Director, People Services

Decision Number
LFC-0334-D

Protective marking: **NOT PROTECTIVELY MARKED**

Publication status: Published in full

Summary

Report LFC-0334 sets out the LFB's purpose as 'Trusted to Serve and Protect London'. Its vision is to be a dynamic, forward looking organisation of fully engaged people at the centre of the communities served, adapting to the changing needs of London. To fulfil this strategy it must deliver upon its four strategic pillars:

- The Best People and the Best Place to Work;
- Fit for the Future;
- Delivering Excellence; and,
- Outward Focus.

Whilst the Wellbeing Team has a role to play in delivering upon all four of the pillars, it is perfectly positioned to provide the Brigade with the best people and the best places to work by ensuring and promoting good staff wellbeing. This report outlines the strategy for developing better wellbeing by identifying the causes of poor health and taking steps to mitigate those effects where they cannot be eliminated.

Decision

That the London Fire Commissioner:

1. Approves the Wellbeing Strategy;
2. Approves the proposed governance arrangements summarised in paragraph 48 of this report; and
3. Approves the Managing Attendance policy (attached as Appendix 4) and gives delegated authority to the Assistant Director People Services to amend this policy in the future following staff side consultation.

Andy Roe
London Fire Commissioner

Date **This decision was remotely signed on Friday 3 April 2020**

Access to Information – Contact Officer

Name	Steven Adams
Telephone	020 8555 1200
Email	governance@london-fire.gov.uk



LONDON FIRE BRIGADE

Report title

Delivering our strategy: Wellbeing

Report to

Corporate Services DB
Commissioner's Board

Date

17 March 2020
25 March 2020

Report by

Assistant Director People Services

Report number

LFC-0334

Protective marking: **NOT PROTECTIVELY MARKED**

Publication status: Published in full

Summary

1. The LFB's purpose is 'Trusted to Serve and Protect London'. Its vision is to be a dynamic, forward looking organisation of fully engaged people at the centre of the communities served, adapting to the changing needs of London. To fulfil this strategy it must deliver upon its four strategic pillars:
 - The Best People and the Best Place to Work;
 - Fit for the Future;
 - Delivering Excellence; and,
 - Outward Focus.
2. Whilst the Wellbeing Team has a role to play in delivering upon all four of the pillars, it is perfectly positioned to provide the Brigade with the best people and the best places to work by ensuring and promoting good staff wellbeing.
3. This report outlines the strategy for developing better wellbeing by identifying the causes of poor health and taking steps to mitigate those effects where they cannot be eliminated.

Recommendation

4. That the London Fire Commissioner;
 1. Notes this report;
 2. Approves the Wellbeing Strategy;
 3. Approves the proposed governance arrangements summarised in paragraph 48 of this report; and
 4. Approves the Managing Attendance policy (attached as Appendix 4 to this report) and gives delegated authority to the Assistant Director People Services to amend this policy in the future following staff side consultation.

Background

5. The Chartered Institute of Personnel and Development (CIPD) recognises that fostering employee well-being is good for people and the organisation. Promoting it can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and well-being can be a core enabler of employee engagement and organisational performance.
6. The London Fire Brigade strongly believes that if employees are to serve and protect London to the best of their ability, it is essential that it supports them to be the best they can be, so that they are able to work effectively, efficiently and happily each day.
7. It also believes that the best way it can support its employees both in and out of the workplace is to adopt a physical, mental and social model of wellbeing. Physical conditions are generally more visible but both physical and mental health can have equally debilitating effects upon the other, it is therefore appropriate for the Brigade to apply 'parity of esteem' and afford both kinds of health equal priority.
8. This report addresses the HMI-CFRS report concern that the Brigade does not currently have a Wellbeing Strategy, explaining its priorities and how they will be achieved.
9. The Brigade strives to be a dynamic, forward-looking organisation of fully engaged people at the centre of the communities we serve, adapting to the changing needs of London, but the results of the 2018 staff survey indicates not all Brigade employees feel engaged. The Employee Engagement and Inclusion strategies are being launched concurrently with the Wellbeing Strategy and will together drive cultural change and help to provide a safe and inclusive working environment in which everyone feels valued and part of one team.
10. The occupational health service will be fundamental in helping the Brigade deliver its Wellbeing Strategy. It will continue to actively work under the direction of the Wellbeing Team and in concert with Counselling and Trauma Services and Health and Safety Services, with everyone aligning their activities to the Commissioner's four strategic pillars.
11. This will be achieved through:
 - Employee Engagement - Meaningful communications and the formation of networks of champions - employees who possess the necessary skills, have a genuine passion to assist colleagues and are empowered to provide support
 - Application of the Brigade's expected behaviours of compassion, togetherness and accountability through the application of the behavioural framework. Employees experiencing poor health will be supported in a sensitive, dignified and respectful way.
 - Health Needs assessment (HNA) - Health needs assessments play a crucial part in employee engagement and the occupational health service will optimise their effectiveness by better understanding the employee's desired expectations and seeking to meet or surpass them. In addition to the historic biometric data provided by

occupational health, every encounter will be used for the purpose of assessing the health needs of our employees.

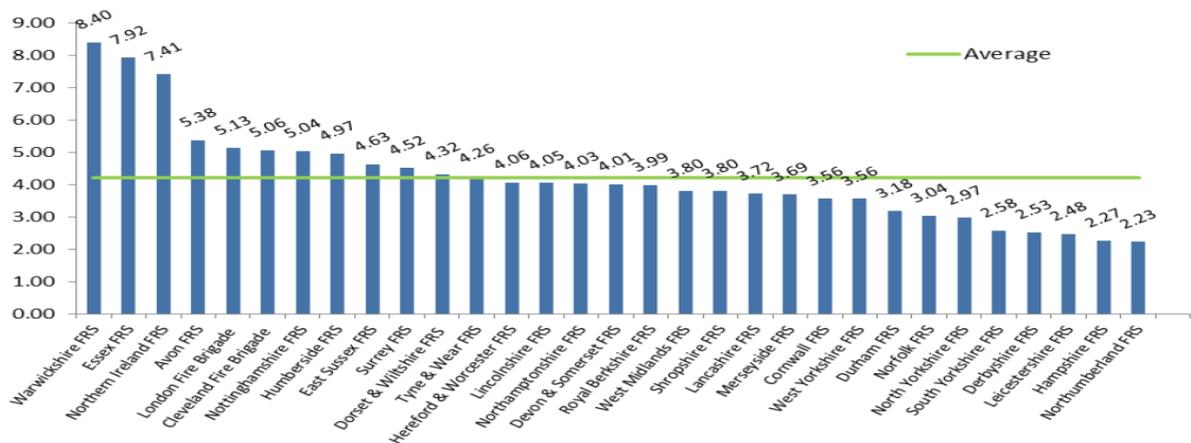
- Provision of high quality wellness programs - These will be informed by the health needs assessment and business continuity and the Wellbeing Team, employee support and 'Champion' networks (Mental Health First Aiders, Menopause Action, United MINDS, etc) will play a leading role in the design, delivery and the assessment of these programs.
- Effective Key Performance Indicators (KPIs) - Each wellness program will embody strategic objectives based on the Commissioner's vision detailed in the wellness strategy. Key performance indicators will be developed as an inherent part of each program to measure performance against a specific health or wellness goal. It will also be used to gauge trends and assess tactical course of action.
- Recognition and Rewards - This will be part of each health and wellness program as a vehicle for success and an enabler that promotes and encourages employee engagement.

12. The Brigade also has many means of wellbeing support and these are listed in Appendix 1. It has received external recognition of its work (London Healthy workplace Charter excellence accreditation/2019 Nutritionist of the year award/ Rehabilitation Initiative of the Year – Employer) of its accomplishments, however, the HMICFRS audit completed in 2019 concluded;

- The London Fire Brigade offers a range of wellbeing services for staff, although their effectiveness is mixed
- There are voluntary workplace mental health champions but wider provision is inconsistent. There are plans to give mental health awareness training to managers.
- There is no wellbeing strategy in place and, although occupational health staff monitor sickness rates, the brigade is significantly behind its targets.
- It stated that the Brigade's wellbeing activities 'Required improvement.'

13. Sickness absence costs the Brigade approximately £15.419k per annum in sick pay alone (source FEP 2751). Its sickness absence performance does not compare favourably to its peers across the country and this is reflected in the table overleaf;

Sickness absence of all staff groups for period 1 April – 30 September 2019



14. More needs to be done to transform wellbeing in the Brigade, particularly in the area of mental health and this strategy delivers that.

Where do we want to get to?

15. The Brigade wants to get to a position where its people are healthy, engaged and motivated to deliver the best possible service to the people of London and its communities.

How do we get there?

Physical, mental and social/workplace health form the pillars of the Wellbeing strategy that the Brigade believes will most benefit its people. Wellbeing support already exists within the Brigade (please see Appendix 1) but these are to be supplemented by initiatives that address particular health issues affecting Brigade employees and significantly contribute to poor health and attendance at work.

Physical health

16. Musculo skeletal conditions have always featured prominently within the Brigade and this is understandable given the very physical activities that a great many of its employees do. During 2019 23,319 days were lost to sickness absence due to a musculo skeletal condition, significantly more than any other cause. Employees with more sedentary roles are not immune to experiencing particular musculo skeletal conditions and this may be due to changing workplace trends (working longer hours and to an older age).
17. Health and Safety Services actively identifies the causes of injuries sustained in the workplace and takes steps to reduce them either via education or changing the workplace environment or equipment that is used.

Nutritional and dietary consumption

18. Personal lifestyle choices significantly influences the above. Health Survey for England data in 2014 showed shift workers were in worse health despite often being young and "Overall, people who are doing shift work are not quite as healthy as their counterparts doing regular working hours." The data showed 30% of shift workers were obese, compared with 24% of

men and 23% of women doing normal hours. This has influenced the Brigade's view of what its priorities are.

19. Diet and nutrition is the single biggest modifiable risk factor influencing health globally, having overtaken smoking as the leading cause of disease (Risk Factor Collaboration, 2016). This, alongside an ever increasing automated (more sedentary) environment has led to the UK becoming the 6th most obese nation in the world (OECD, 2017). And this prevalence is rising (HSE, 2017). Obese people are at increased risk of developing other significant diseases.
20. Weight issues amongst UK firefighters may be exceeding that of the UK general population (Munir et al, 2012). This compromises physical fitness and concomitant firefighter and public safety. Research has identified specific exposures related to firefighting, which may also contribute to uniquely high rates of coronary heart disease (CHD) and acute heart attacks seen in this occupational group.
21. Food consumption at work is significantly influenced by those station based employees who are designated Mess Managers and prepare food on behalf of watches. The Brigade's Nutritionist is currently delivering a pilot initiative to improve dietary and nutritional awareness and whilst it only commenced in 2019, the data available demonstrates the positive impact it is having upon participants.

Fitness testing of all operational employees

22. The Brigade has historically relied upon its occupational health service to advise if its operational employees are fit for role. Whilst this arrangement has broadly met the Brigade's needs, assessing cardio vascular fitness within the confines of a consulting room has its limitations. It was therefore decided to adopt the fitness testing arrangements recommended by the National Fire Chiefs Council (NFCC), the professional voice of the UK fire and rescue service. The new arrangements commenced in January 2020 but its application is currently limited to all station based employees. This will be extended to all operational employees by January 2021. Delivery of this will drive up fitness levels, improving the Brigade's operational physical capability and the service that London's firefighters provide to the communities that they serve.
23. Fitness testing has potentially far reaching consequences for the Brigade's operational people; the delivery model that has been implemented is considerate of the fact that not all operational employees currently possess the level of fitness that their roles demand. Conditional upon their current level of fitness not compromising their safety in the operational environment, they will be provided with a period of time in which to improve their fitness to the new standard before any managerial action is taken to address any fitness deficit. Whilst local managers and the Fitness Advice Team will provide every assistance to help people achieve the required fitness standard, those who do not will be managed accordingly. The expectation is that periodic fitness assessments of all operational people will become a normal daily activity.
24. While the fitness standards to be applied will be reflective of the job they do (Firefighters – Watch Officers will be required to demonstrate a cardio vascular fitness of 42.3 vo2 max whilst Station Commanders and above will be required to demonstrate a cardio vascular fitness of 36.2 vo2max), the aspiration is that all employees will seek to achieve or exceed the higher fitness level.

Life Style

25. Utilising the Biometric Data provided by Occupational Health the Wellbeing team will provide targeted Wellbeing sessions to staff groups where denser populations of high risk groups exist. Wellperson screenings are also to be held at various locations across the Brigade and at Occupational Health offices to provide employees with advice on healthier lifestyle choices on a self referral basis.

Substance Misuse and Addiction

26. Operational staff are regularly subject to drug and alcohol testing during their routine periodic medical and as and when deemed necessary by the Brigade. Furthermore Counselling and Trauma services and the Fire Fighters Charity can offer support or sign post those with addictions, not limited to drug misuse but also other common addictions such as smoking, gambling, food and alcoholism. The Wellbeing Team has committed to providing staff with more information on addiction and support that might be available either internally or externally. The Brigade acknowledges that substance misuse and addiction has an impact on both mental and physical health.

Mental (psychological) Health

27. As mentioned above, mental health conditions are now the primary cause of sickness absence (compared to specific musculo skeletal conditions) across all three staff groups. 13,793 days sickness absence were incurred due to stress/anxiety and depression.
28. The Brigade's provision of mental health support is provided principally by the Brigade's Counselling and Trauma Service (CTS). The service is British Association for Counselling and Psychotherapy (BACP) accredited and provides a range of validated treatments including National Institute for Health and Care Excellence (NICE) approved techniques for trauma focused work such as Cognitive Behavioural Therapy and Eye Movement Desensitization and Reprocessing (EMDR). CTS services are comprehensive but it continues to develop and implement organisation-wide initiatives which are pro-active and preventative and designed to equip people to better manage their mental health.
29. This focus upon preventative measures accepts the recommendation of paragraph 43 of FEP 2380 (Stress Survey 2014) which states 'Instead, interventions that focus on building and maintaining staff resilience in response to any pressure they experience – work and non-work – will be important in addition to initiatives focusing on workplace stressors.'
30. The Brigade recognises that more needs to be done if sickness absence due to mental health conditions is to reduce. Much of the Brigade's training provision concerns development of their abilities around job roles. Very little training (even management training) is provided to managers who will at some point likely need to provide support to a colleague with mental health issues, some quite severe. A number of instances have occurred during the past twelve months where colleagues have arrived at work and disclosed to their manager they are contemplating self harm. Managers have not been provided with any training on how to manage such a situation and this should be addressed. This has influenced the priorities which are;

Mental Health First Aiders (MHFA)

31. Introduction of trained, coordinated, supervised and supported LFB Mental Health First Aiders to offer peer support and referral to professional services from within watches and teams across the organisation and champion increased mental health awareness.

Mental Health training

32. Launch the computer based training mental health awareness training package for all LFB staff via Big Learning (training provider's digital platform). Plus the development and implementation of a mandatory training course for all LFB managers 'Recognizing and managing Stress, anxiety and depression (SAD)

Peer trauma supporters

33. Explore the feasibility of introducing trauma-trained Peer Trauma Support volunteers to attend watches after attendance at a critical / major incident. They will provide post incident support in conjunction with LFB's Counselling and Trauma Service (CTS) to mitigate, identify and treat adverse trauma responses.

Social/workplace

Ingestion of substances and their effect upon the respiratory system

34. The Brigade recognises and sees the effects that work can have on people. A good example of this was the Brigade's response to the Grenfell Tower, which involved the attendance of approximately 800 operational employees. Whilst they were wearing personal protective equipment, a number of employees subsequently noted a variety of symptoms that may or may not be a consequence of the incident. The Brigade will shortly be embarking upon a research project with the Brompton Hospital and Imperial University to identify the baseline respiratory health of firefighters following the incident and then monitoring them over a period of years to identify if they develop any conditions, and if so, whether they might be linked to their involvement in the Grenfell Tower response.

Application for London Healthy Workplace Award accreditation

35. Paragraph 12 refers to the London Healthy Workplace Charter 'Excellence' accreditation that the Brigade received from the Greater London Assembly (GLA) in 2018. Whilst pleasing, the accreditation has a shelf life; to identify if the support that it provides to everyone continues to be 'Excellent', an application for reassessment will be submitted to the GLA in advance of the current accreditation expiring in Spetember 2021 .
36. A diagram of the Brigade's Wellbeing Strategy framework is attached as Appendix 2.

What will help us get there (Enablers)

37. Whilst an enabler rather than part of the strategy itself, having a Managing Attendance Policy that clearly communicates what managers should do to help employees recover from poor health is a fundamental responsibility that demonstrates the value in which people are held.

38. The current Policy has been in place since 7 April 2016. Whilst it was hoped that sickness absence would reduce following its publication this has not materialised. A working group was set up comprising managers and other stakeholders to review the policy and identify what didn't work, a summary of which is below;

- The policy is too resource intensive and different meetings that have to take place comprise the same conversations.
- People Services taking a more active role in letting managers know when an employee has breached a sickness absence trigger. This will largely be seen in the development of StARS and the enhanced reporting functionality.
- Replace the existing 6 month sickness absence triggers of 3 instances or a total of 6 working days and the 12 month trigger of 5 instances or a total of 8 days sickness absence with a single trigger of 3 instances or 8 days sickness absence over a twelve month period.

39. The new Managing Attendance Policy (Appendix 4 of this report) addresses these concerns by;

- Removing meetings where they are not needed but still providing opportunity for managers to meet with employees to explore how the Brigade can support their recovery and assist their return to work
- Removing monitoring periods prior to and between sickness capability proceedings, providing for managers moving straight to sickness capability action when an employee's short term sickness absence record justifies doing so
- Allowing the formal sickness capability process for long term sickness to commence earlier (at 4 months sickness absence instead of 6)
- Simplifying the sickness absence triggers (1 twelve month trigger instead of both 6 and twelve month triggers)
- Subsuming the redeployment meeting into the stage 2 sickness capability meeting for long term sickness cases
- Removing requirement for an Attendance Support Meeting (ASM)/Employee Support Meeting (ESM) prior to a short term stage 1 sickness capability meeting.
- Providing employees with a longer period in which to explore redeployment opportunities
- Continuing the provision for allowing managers to defer formal capability action but providing clear parameters as to when this might be appropriate

40. The trade union consultation that has taken place on the new Managing Attendance Policy is at paragraph 53 under 'Workforce comments'. To make sure the new policy is applied effectively and efficiently a comprehensive series of presentations will be delivered to managers on how to do this and to make sure that this is done, senior managers will be

provided with monthly reports detailing where this is not being achieved. Preparation of a Managing Attendance Policy that is reflective of the Brigade's required behaviours of compassion, togetherness and accountability whilst also providing a framework in which to manage sickness in a timely and efficient way. The new Managing Attendance Policy is attached at Appendix 4.

41. Simply publishing a new Managing Attendance Policy will not help to improve wellbeing and reduce sickness absence; it is imperative that managers understand how it is to be applied, when to take action and in a way that demonstrates practice of the Brigade's expected behaviours of compassion, togetherness and accountability. Launch of the new Managing Attendance Policy will be accompanied by a comprehensive programme of presentations to managers which will provide managers with the tools to apply the policy fairly and consistently.
42. Research and Learning through various hospital and university led research projects to identify short and longer term causes of poor Wellbeing in Operational Staff as a result of their exposure.
43. Health and Safety initiatives to reduce any workplace risk which may have a negative impact on staff whilst in the workplace either at station or in an office based location.
44. Specialist individual support through the Fitness Advice Team and their assessments of operational staff during regular fitness testing to ensure that we are 'fit for the future'. Group and individual consultations available with the Brigade Nutritionist providing recommendations on healthier eating whilst at work. The Fitness Advice Team and the Brigade's Nutritionist, where capacity allows, will also offer bespoke advice to support staff to maintain or improve their Wellbeing.
45. Other enablers include the occupational health service, Counselling and Trauma Services Team and employee support groups, who will work collegiately where possible to help identify causes of poor wellbeing and devising services and ways of protecting people from these and help those already affected to manage their circumstances in the best possible way.

Risks

46. There are several risks that will compromise delivery of this strategy if they are not managed and not all of them are within the Brigade's control; the risks are that
 - With regards to the new Managing Attendance Policy, the Staff Attendance Recording System (StARS) is developed by an external company. Whilst it is responsive to the Brigade's development requirements, its recent takeover by another company may result in the resources deployed to deliver the next iteration of StARS being reduced, delaying its launch, and as a consequence, launch of the new Managing Attendance Policy (as both the policy and the application need to be launched simultaneously). The Brigade has only very limited influence in this matter and cannot control any decisions that the contractor makes.
 - User acceptance testing of the new StARs application from the developer being completed in a timely manner and does not identify any unforeseen performance issues that may have been inadvertently introduced by a change to another part of the application. This will be determined via completion of user acceptance testing and it cannot be guaranteed that no

issues with the application will be identified. To mitigate this risk as much as possible there is regular contact between the Brigade and the software developer so that any issues regarding delivery are known as soon as possible, providing opportunity to explore how any delay might be avoided/reduced.

- Employees don't engage and accept ownership for their own and other's wellbeing or apply the Brigade's expected behaviours when interacting with people
- Managers/employees applying and complying with the Managing Attendance policy. As previously mentioned a comprehensive programme of presentations will be delivered to managers to assist their understanding of it, but it will be for senior managers to be accountable for its application in their respective areas of responsibility.
- Identification of new diseases (e.g., Covid-19 virus) that could significantly disrupt the Brigade's ability to fulfil its day to day operations and require the Brigade to introduce new ways of working so that it continues to protect the communities that it serves and at the same time provide as safe a working environment as possible for its people.

Performance Metrics

47. The precise means of measuring the success or otherwise of the Brigade's initiatives have yet to be finalised however, the following information is maintained either by the Brigade or its occupational health service and will be used to define how effective the current objectives are once they have been implemented:

- Cause and number of days lost to sickness absence
- Cardio vascular fitness of operational employees
- Metrics captured by occupational health that reflects the organisation's level of wellness of operational employees
- Employee Engagement measure through Staff survey
- Sickness absence statistics
- Reduction of Grievance cases relating to ill-health

Governance

48. No specific governance arrangement is currently in place to oversee delivery of the Wellbeing Strategy; it is proposed this is fulfilled via six monthly reports to the Corporate Services Directorate Board, which will comprise recommendations to address any issues identified in the report.

Conclusion

49. This report identifies a number of wellbeing initiatives that are necessary if its support is to be pro-active and reactive, drive up personal resilience within the Brigade and provide managers with the ability to identify mental health issues amongst their teams at an early stage.

50. The Managing Attendance Policy provides managers with a more efficient means of managing long and short term sickness and light duties cases in a consistent and timely

way, whilst at the same time providing the employee with support using the three desired corporate behaviours of compassion, togetherness and accountability.

Finance comments

51. This report outlines the strategy for developing better wellbeing and steps to support this. There are potential cost implications that may arise from the initiatives set out in the Wellbeing Strategy Framework (Appendix 2) but the financial implications are not clear at this stage.
52. The Board is also asked to note that the cost of approximately £15,419k per annum in sick pay set out in paragraph 13 is not an additional cost to the Brigade.

Workforce comments

53. This report concerns the wellbeing of the Brigade's workforce. With regards to staff side consultation, this has been extensive in relation to the new Managing Attendance Policy, and has taken place under the aegis of the pan-trade union 'LFC Joint Committee' as it affects all occupational groups. This commenced with a presentation at an LFC JC meeting on 30 October 2019, followed by two joint side meetings on 11 and 23 December 2019 at which the trade union comments on the proposed revisions were systematically gone through and discussed. The Brigade has compromised on a number of issues important to the trade unions with a view to reaching agreement on the revisions (e.g. continuing to allow trade union representation at ASMs (ESMs), although there will be a reduction in the number of ESMs, particularly for short-term sickness). Whilst most issues with the trade unions have now been resolved, there may be scope for minor amendments prior to the launch of the policy, scheduled for July 2020, and it is therefore recommended that the AD People Services is given delegated authority to make further amendments to this policy.
54. With regards to the general Wellbeing Strategy within this report, it is proposed to provide this to the trade unions after Corporate Services Directorate Board for their comments and input. This is a living document, and the intention is that this is developed and implemented in partnership with the trade unions.

Legal comments

55. Under Section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office. Under 327D of the GLA Act 1999, as amended by the Policing and Crime Act 2017, the Mayor may issue to the Commissioner specific or general directions as to the manner in which the holder of that office is to exercise his or her functions.
56. Section 1 of the Fire and Rescue Services Act 2004 (FRSA 2004) states that the Commissioner is the fire and rescue authority for Greater London. The Commissioner is also a 'best value' authority under the Local Government Act 1999 and must make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
57. In accordance with Section 5A of the FRSA 2004, the Commissioner, being a 'relevant authority,' may do 'anything it considers appropriate for the purposes of the carrying out of any of its functions... '.

58. The law has long accepted the advantages of policies within public bodies. Lord Clyde, in *R v Secretary of State for the Environment, ex p Alconbury Developments Ltd*, set out that, "The formulation of policies is a perfectly proper course for the provision of guidance in the exercise of an administrative discretion. Indeed policies are an essential element in securing the coherent and consistent performance of administrative functions. There are advantages both to the public and the administrators in having such policies."
59. The wellbeing strategy and draft managing attendance policy seeks to improve the effectiveness and efficiency of the Brigade.

Sustainability implications

60. This policy is designed to assist people who have experienced poor health to recover and return to work at the earliest reasonable opportunity and reduce the amount of time on sickness absence and light duties and consequent impact upon the Brigade.
61. Whilst the main wellbeing priorities summarised in Appendix 2 of this report do not focus specifically upon sustainability, opportunities to reduce its impact upon the environment continue to be explored, such as increasing the number of telephone based occupational health appointments, which where appropriate will result in reduced business travel.
62. The revised Managing Attendance policy will likely result in a reduced number of meetings between employee and manager, resulting in a small reduction in business travel.
63. Other initiatives such as scheduling more occupational health telephone conversations where this does not reduce the quality of advice received will also be explored, together with other innovative ways of delivering sustainable wellbeing support (such as occupational health nurses delivering wellbeing clinics within the workplace to avoid multiple journeys by employees to the occupational health facility) will form part of the Wellbeing Team's objective of delivering sustainable wellbeing support.

Equalities implications

64. The Wellbeing Strategy provides for identifying the principal causes of poor health amongst Brigade employees and identifying ways of mitigating their effects where they cannot be eliminated. Significant effort is being applied to introducing initiatives that help to identify poor mental health within the Brigade at an early stage and before the condition becomes moderate or severe. Introducing mandatory training for all managers on Recognizing and managing Stress, anxiety and depression (SAD) in the workplace should enable managers to identify colleagues who are experiencing difficulties with their mental health and discuss with them what help and support is available to them.
65. The Managing Attendance Policy, which is attached to this strategy, also provides people with opportunity to discuss with their manager what might be available to help them maintain regular attendance and good productivity at work. However the policy does include attendance targets and those who are predisposed to poor health and these include people principally who have an underlying medical condition, but there is data to suggest that as people age they become more predisposed to contracting or being diagnosed with conditions than young people. It is therefore possible that these groups of people may be more likely to be subject to formal capability action than young people in good health. The Brigade is cognisant of these people and has provided for them having

more sickness absence before formal capability action is considered and progressed. These groups may be at greater risk of receiving formal capability action than other groups of staff however, the policy seeks to strike a balance between enabling managers to manage cases where poor health is impacting upon an employee's ability to fulfil their substantive role and enabling the Brigade to fulfil its responsibilities to the communities that it serves.

66. The Managing Attendance Policy has had an EIA undertaken at the development stage;

67. Although the Wellbeing Strategy proposal has not had an EIA undertaken, any activity which is a significant project, policy or change which will affect staff will undergo a full equality impact assessment to ensure that any positive impacts under the PSED are advanced, and any adverse potential impacts mitigated or justified.

List of Appendices: Appendix	Title	Protective Marking
1	Summary of wellbeing support currently and to be available to Brigade employees	None
2	Wellbeing Strategy framework	None
3	Wellbeing programme	None
4	Managing Attendance Policy	None

Consultation

Name/role	Method consulted
Anne Scoging, Head of Counselling and Trauma Services	By email/telephone
Nicole Fletcher, Sustainability	By telephone
Michele Rolfe, General Counsel	By draft circulation of this report.
Dominic Johnson, People Services	By email/draft circulation of this report and meetings
Adrian Bloomfield, Finance Services	By email
Abby Crawford, Cultural Change	By email

This page is intentionally left blank

Wellbeing Support currently available to Brigade employees

- Counselling and Trauma Services
- Occupational Health
- Mental Health First Aiders (Peer Support)
- People Services - Wellbeing, HR Helpdesk, HR Advisers
- Computer based training application - Menopause awareness
- Training and Professional Development
- Trade Unions
- Occupational Health Management Advice Line
- Wellworks (wellbeing portal)
- Equality Support Groups
- Menopause Action Group
- Emerald Society
- Asian Fire Service Association
- Disability Working Group
- Lesbian, Gay, Bisexual, Transgender
- United Minds
- Women in the Fire Service
- FBU Black and Ethnic Minority Members
- FBU Women's Action Committee
- Fairness Support Group (FRS staff)
- Brigade Chaplaincy services
- Fire Fighters Charity
- Retired Members Association
- Welfare Fund (membership required)
- Brigade Chaplaincy

This page is intentionally left blank

Wellbeing Strategy framework

Why do we exist?

Trusted to serve and protect London

Where do we want to get to?

We want to have a motivated, healthy and engaged workforce who feel heard & valued

How do we get there?

Strategy

Physical

Mental

Workplace

Fitness Testing

Mental Health First Aiders

Application for London Healthy Workplace Accreditation

Diet and Nutrition

Mental Health Training

Research & Learning

Lifestyle

Peer Trauma Support

Health and Safety Strategy

What helps us get there?

Enablers

1. Managing Attendance Policy (MAP)
2. Counselling and Trauma Services
3. Fitness Advice Team & Brigade Nutritionist
4. Employee Support Groups
5. Health & Safety Services
6. Research and Learning

Barriers

1. Resistance to change
2. Resources
3. Budget

How do we know we're getting there?

1. Staff survey results
2. Sickness absence statistics
3. Instances of employees experiencing stress/anxiety/depression
4. StARS outstanding actions report

Wellbeing support to be provided to Brigade people

Initiative	Why	When	Risks	Barriers	Anticipated benefit
Delivery of a mental health awareness package for all managers/employees	To provide staff with a better understanding of mental health wellbeing	Jan 2020	Staff do not engage	<ul style="list-style-type: none"> • Conflicting training priorities 	<ul style="list-style-type: none"> • Agreed understanding of mental health wellbeing in LFB • Promotion of LFBs CTS service
Development of a Managing Stress, Anxiety and Depression training intervention for all people managers to be piloted in summer 2020	To build upon mental health awareness CBT package with a one day face to face intervention with a trained mental health trainer	Sept 2020	<ul style="list-style-type: none"> • Product not delivered by Babcock on time • Staff do not engage • Impact on staff of attending and raising issues that affects their wellbeing and that of others 	<ul style="list-style-type: none"> • Costs • Time to train all staff with people management responsibilities • Classroom availability • Conflicting training priorities 	<ul style="list-style-type: none"> • Agreed approach to managing SAD in LFB • Managers better prepared and able to deal with SAD
Launch of Mental Health First Aid (MHFA) initiative with training courses beginning in early 2020	To provide the workforce with a mental health peer support network	Mar 2020	<ul style="list-style-type: none"> • Not enough volunteers available • Staff do not want to engage with MHFAs • MHFAs go beyond role remit 	<ul style="list-style-type: none"> • Costs • Getting MHFAs to be proactive • Time/space available for MHFAs to operate 	<ul style="list-style-type: none"> • Staff feeling more able, and wanting to engage with peers to talk about mental health issues

Initiative	Why	When	Risks	Barriers	Anticipated benefit
Constitution of staff mental health support group – United MINDs – as an ESG sub group	So that staff have a forum in which they can raise issues that can then be discussed with management	Ongoing	<ul style="list-style-type: none"> • Staff do not engage • Group existence causes confusion about corporate approach to mental health wellbeing • Members do not engage with MHFA initiative but still offer "support" to staff 	<ul style="list-style-type: none"> • Time available for staff to progress matters • Lack of consensus amongst group members in progressing issues • Too much crossover with corporate initiatives 	<ul style="list-style-type: none"> • Addressing mental health as an issue and establishing a support group that has parity with other LFB support groups
Introduction of a Pets as Therapy (PAT) dog	To determine whether a PAT approach would complement LFBs wider mental health wellbeing service provision	Oct 2020	<ul style="list-style-type: none"> • Trade unions do not support initiative • Practicalities of dog deployment are not sustainable • Staff do not engage • Dog not suitable 	<ul style="list-style-type: none"> • Difficult to evaluate benefits • Costs • Longer term sustainability 	<ul style="list-style-type: none"> • Achieving an understanding of whether such an initiative would be of value to LFBs workforce

Initiative	Why	When	Risks	Barriers	Anticipated benefit
Delivery of a training input by Counselling and Trauma Services Team (currently part of the Welcome Day) into LFBs Firefighter Development Programme for summer 2020, subject to the Firefighter Development (FFD) Review Board agreeing appropriate timelines for this change to be made	To make mental health wellbeing a core component of learning for new staff	Jan 2021	<ul style="list-style-type: none"> • Babcock unable to accommodate and find space in an already tight programme of learning • Costs of an extension to the existing FFD programme • Staff not engaging as their focus is on practical firefighting issues 	<ul style="list-style-type: none"> • Time • Individual perception as to the importance of the subject matter 	<ul style="list-style-type: none"> • New staff better informed about how to manage their own mental health wellbeing and the CTS service provision
Work to explore the feasibility of introducing a dedicated Peer Trauma Support Group to support the work of Counselling and Trauma Services continues. It is envisaged that a new post will be established in early 2020 to co-ordinate this work.	To provide the workforce with a mental health peer support intervention	Jan 2021	<ul style="list-style-type: none"> • Not enough volunteers • Practicalities of releasing staff to provide the service is not achievable • Initiative is not sustainable in the long term 	<ul style="list-style-type: none"> • Costs • Release from duties to perform role • Staff unwilling to engage 	<ul style="list-style-type: none"> • Staff feeling more able, and wanting to engage with peers to talk about mental health issues
Participation in the launch of a Crisis Messenger service for all blue light service workers on 9 September	To support the Royal Foundation initiative that LFB is a stakeholder in and to provide staff with	Ongoing	<ul style="list-style-type: none"> • Staff not engaging • Staff using service to 	<ul style="list-style-type: none"> • External resource provision • Not able to 	<ul style="list-style-type: none"> • Active support for the Royal Foundation • Another option of service provision for

Initiative	Why	When	Risks	Barriers	Anticipated benefit
2019 and continues the support the work of the Royal Foundation group by being an active member of its First Responders Stakeholders Group	a different option to help deal with mental health issues		<p>detriment of internal service provision</p> <ul style="list-style-type: none"> • Service provision is not properly resourced • Training is not adequate and/or appropriate for the types of interactions encountered 	<p>monitor effectiveness</p> <ul style="list-style-type: none"> • Staff want to engage face to face as opposed to via text 	LFBs workforce
LFB's continued work with the Firefighters Charity will see a pilot of a blue light service resilience programme being made available to staff in early 2020	To assist in the work to establish a resilience approach to the management of mental health	July 2020	<ul style="list-style-type: none"> • Programme is not suitable for LFB 	<ul style="list-style-type: none"> • External provider • Inability to monitor effectiveness 	<ul style="list-style-type: none"> • Enhancing working relationship with FFs Charity • Building on resilience work already started by LFB
Collaborative work with employee stakeholder groups (Firefighters Charity, Chaplaincy, Welfare Fund) to focus resources and efforts on staff wellbeing initiatives.	To better engage with, use the resources of other stakeholders, to improve wellbeing provision for staff in the LFB, soon to leave LFB and those who have left LFB	Ongoing	<ul style="list-style-type: none"> • Inability to reach agreement with stakeholders as to what interventions can be facilitated • Costs of introducing new interventions 	<ul style="list-style-type: none"> • Different working agendas • Unrealistic expectations 	<ul style="list-style-type: none"> • Wider wellbeing service provision to existing and ex LFB personnel

Initiative	Why	When	Risks	Barriers	Anticipated benefit
			<ul style="list-style-type: none"> • Workload conflicts • Staff feeling "left out" or not engaged with 		
<p>Collaborative work with the London School of Economics to facilitate a research project and survey related to the effects of trauma on a watch based culture. The survey document is due for release to staff in Firefighter, Leading FF, Sub Officer and Station Officer roles in the early part of 2020</p>	<p>To better understand dynamics of LFB Watch culture and how that can assist in coping with traumatic incidents/events</p>	<p>Jan 2021</p>	<ul style="list-style-type: none"> • Staff not engaging; poor response rate that means data is not reliable • Staff not being honest in responses 	<ul style="list-style-type: none"> • Staff being suspicious about motives of study • Researchers misinterpreting data • Researchers not being aware of how LFB operates • Researchers treating initiative more as an academic exercise than a vehicle for establishing a practical intervention 	<ul style="list-style-type: none"> • Providing a foundation upon which further work can be progressed to establish a integral resilience programme for staff
<p>Review of policy on assessment of arthroplasty recipients and their ability to resume full duties</p>	<p>Assessment process to determine if arthroplasty recipient is able to resume substantive role does not consider their work activities.</p>	<p>Sept' 2020</p>	<ul style="list-style-type: none"> • Possible rise in expenditure due to increased number of referrals to independent 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Reduced pension costs • Improved retention of employees • Revised process could provide greater scope for employees resuming their

Initiative	Why	When	Risks	Barriers	Anticipated benefit
			orthopaedic consultants		substantive role
Ongoing review of people policies to ensure that managers are made aware of the necessity of early mental health wellbeing interventions where appropriate	Not all managers are currently equipped to identify instances of poor mental health in the workplace	Ongoing	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • People not viewing mental health as a priority 	<ul style="list-style-type: none"> • Reduced number of chronic cases of poor mental health as identified and addressed earlier • Increased awareness of colleagues' mental health
Review of the phrasing and content of sickness absence letters to ensure that they are better received and more considerate of the impact that such correspondence has on members of staff that have been off long term sick.	Several instances of feedback received from both managers and employees that current correspondence does not reflect the Brigade's desired behaviours of compassion and togetherness Some of the templates are 'clumsily' worded and require updating	June 2020	<ul style="list-style-type: none"> • Some recipients may consider themselves absolved of fulfilling their sickness absence reporting responsibilities and jeopardise entitlement to sick pay 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Tangible demonstration of the Brigade's desired behaviours • Revised correspondence will be more supportive to employees and signpost them to the support that is available to them
Promote the effects of the menopause and provide a better understanding to managers about the possible issues faced by women	To educate and better inform LFBs workforce about the impacts of the menopause	Dec 2020	<ul style="list-style-type: none"> • Staff do not engage • Staff do not see it as an issue that affects them • Initiative is not sustained in the longer term 	<ul style="list-style-type: none"> • Initiative overload and not enough resources are available to progress matters • Small proportion of the workforce 	<ul style="list-style-type: none"> • Raising the issue and educating the workforce about what can be done to support staff going through the menopause

Initiative	Why	When	Risks	Barriers	Anticipated benefit
			<ul style="list-style-type: none"> Agreement cannot be reached as to the content/extent of a new policy document 	<p>is affected</p> <ul style="list-style-type: none"> Conflicting advice about how to manage the effects of the menopause Not all staff present with same issues and do not want them "labelled" 	
<p>Delivery of workshops for mess managers at fire stations during 2019 and 2020, designed to encourage mess managers to prepare suitably portioned and healthier meals</p>	<p>Mess managers are key influencers of what food is consumed at fire stations. Initiative will help them prepare healthier, more nutritionally balanced and suitably portioned meals to watch members</p>	<p>Commenced October 2019 and ongoing</p>	<ul style="list-style-type: none"> Employees do not adopt healthier eating habits 	<ul style="list-style-type: none"> Need to overcome appetite for unhealthy meals Shift workers are generally healthier than day workers 	<ul style="list-style-type: none"> Over time, employees will adopt healthier eating habits, in turn reducing the risk of contracting particular diseases and likelihood of obesity
<p>Brigade and its occupational health service to devise ways for OH clinicians to visit fire stations and control to deliver targeted wellbeing initiatives</p>	<p>Many employees view OH as the service to visit when they are ill, this perception needs to be changed and visiting employees in the workplace will help to achieve this</p>	<p>To commence Oct 2020</p>	<ul style="list-style-type: none"> Other unforeseen priorities/events prevent clinicians from visiting workplaces 		<ul style="list-style-type: none"> Employees will become more comfortable and open when interacting with occupational health service, providing for more informed advice being provided to the Brigade

This page is intentionally left blank

Managing attendance policy

New policy number: **889**
 Old instruction number:
 Issue date: **7 April 2016**
 Reviewed as current: **21 October 2019**
 Owner: **Assistant Director, People Services**
 Responsible work team: **HR Policy Group**

Contents

1	Introduction	3
2	Roles and responsibilities	4
3	Definition of short/long term absence	5
4	Notification and certification requirements	5
5	Incomplete shifts due to sickness absence	7
6	Contact with employees	8
7	Sickness and leave entitlement	8
8	Absence triggers	10
9	Return to work interviews	
10	Employee support meetings	11
11	Work related stress	13
12	Management of long term absence	13
13	Return to work following long term sickness absence	13
14	Temporary alternative/light duties	14
15	Sickness absence records	15
16	Referral to occupational health	15
17	Employees with disabilities	17
18	Menopause	19

19	Managing employees with a terminal illness	XX
20	Redeployment	19
21	Retirement due to ill health	19
22	Sick pay entitlements	19
23	Contact with infectious diseases	19
24	Sickness Capability Process	19
25	The appeals procedure for termination of employment due to capability	24
	Document history	25

DRAFT

1 Introduction

- 1.1 London Fire Brigade (LFB) is committed to promoting a healthy working environment and to supporting staff in maximising attendance and minimising ill health. It is recognised that most employees are able to attend work on a regular basis but may occasionally experience illness which will require managerial support.
- 1.2 Sickness absence, and all other episodes when an employee is unavailable to carry out their substantive role owing to sickness/incapacity, can put additional pressure on colleagues who have to cover workload which subsequently has the potential to cause low morale and reduce the efficiency of a business. In addition, absence from work puts both operational and financial pressure on an organisation. Sickness Absence can have an adverse impact on the Wellbeing of the members of staff who remain in attendance. As such LFB recognises that supporting staff to maximise their attendance and minimise ill health are key principles. Managing attendance also improves employee engagement and demonstrates the value that the Brigade places upon its employees.

Objectives

- 1.3 In order to support these principles, the main objectives of the managing attendance policy are to:
- a) Maximise attendance at work;
 - b) Ensure timely intervention to provide support to employees to maintain attendance and to support those who are absent from their substantive role through illness or injury before considering the capability process;
 - c) Minimise the disruption to service delivery caused by sickness absence.

Application

- 1.4 This policy applies to all LFB employees regardless of grade or posting

Advice and Support

- 1.5
- (a) The LFB endeavours to ensure training will be provided to all relevant managers involved in applying and advising on this policy and when a new manager takes up the post. Where changes are made to the procedure all relevant managers involved in the policy will be expected to attend workshops. Managers are encouraged to invite their local trade union (TU) representative/s to attend joint training events where appropriate.
 - (b) Advice and assistance is available from the People Services Helpdesk. Additionally, managers can approach their local HR Adviser and the Wellbeing Medical Team, who can if appropriate, seek advice from the occupational health service.
 - (c) A Managing Attendance Handbook on managing attendance (referred to in this policy as the 'Managing Attendance Handbook') accompanies this policy and can be found on Hotwire. It provides further practical examples of the application of the policy and contains templates of the letters and forms referred to throughout the policy.
 - (d) In accordance with [policy 884](#), the relevant support group leads may also provide advice regarding the management and support of individuals.
- 1.6 All templates, checklist and support information referenced within this policy are also available on the [Attendance management](#) page on Hotwire.

1.7 It is recognised that employees may require support and assistance during an absence and the following sources of assistance may prove helpful:

- a) The employee's line manager
- b) People Services
- c) Trade Union Representative
- d) Occupational Health service, which includes a physiotherapy service
- e) The employee's GP/treating consultant
- f) Counselling and Trauma Services Team (CTS)
- g) Fire Fighters Charity (in particular their rehabilitation services at Jubilee House/Marine Court/Harcombe House)
- h) Chaplaincy
- i) Equality Support Group Leads
- j) LFB Wellworks
- k) *The employee's local Community Services Mental Health Team*

In addition the following adjustments may prove helpful:

- l) *Flexible working*
- m) Temporary alternative/modified duties
- n) Phased return to work
- o) Redeployment
- p) A temporary change in duties and/or work location

Please note this list is not exhaustive and other support mechanisms or adjustments may be identified.

2 Roles and responsibilities

Employee responsibilities

- 2.1 Employees are responsible for immediately notifying the manager of an absence in accordance with paragraph 4.1 below. Initial contact must be made by employees themselves and by telephone (text message, e-mail or contact via Social Media is **not** permitted), unless due to the nature of the illness they are unable to do so. In exceptional circumstances (such as employee hospitalisation or inability to do it themselves), the employee can ask someone to do this on their behalf.
- 2.2 Employees **must** attend medical assessments/appointments and sickness absence meetings arranged by LFB if required unless medical professional(s) have advised that illness/incapacity prevents attendance. Failure to attend will likely result in the employee's entitlement to occupational sick pay being withdrawn/suspended and may be dealt with/managed via the LFB disciplinary process – see paragraphs 4.10-4.12 below. If employees do not attend medical assessments/appointments and sickness absence meetings, managers will make decisions based upon available information at that time.
- 2.3 It is the responsibility of the employee to continue to submit Statements of Fitness for Work (fit notes) as and when required. Failure to do so will likely jeopardise the employee's entitlement to occupational and statutory sick pay.
- 2.4 Employees **must** ensure their manager has a means of contacting them directly during episodes of sickness absence. If employees cannot be contacted by managers directly, then next of kin/emergency contact details may be used. It is the responsibility of employees to ensure that their contact/emergency contact details are up to date and this can be done via [Hot Wire](#). If the

manager is unable to contact the employee, either directly or via their emergency contact and there continues to be no contact made by employees occupational sick pay may be withdrawn and disciplinary action may be taken. Managers should consider arranging for sick pay to be deducted or commencing disciplinary action only after several failed attempts to contact the employee and after seeking advice from a HR Adviser.

- 2.5 Employees on sickness absence must reply to requests for contact (telephone, email, letter) from managers so that their sickness absence can be discussed.

Manager responsibilities

- 2.6 The success of any managing attendance policy lies primarily with the managers responsible for monitoring and managing attendance within their department. It is the manager's responsibility to ensure that their employees are fully aware of what is expected of them and they adhere to all reporting/certification requirements. Managers are responsible for recording sickness, including certification details, on StARS, see the **Managing Attendance Handbook** for instructions on this. They must also ensure that employees are referred to an occupational health professional as and when required and that support mechanisms and any reasonable adjustments for employees are regularly reviewed. Confidentiality of medical information **must** be ensured by any manager dealing with an absence case who has access to any medical information for an employee.
- 2.7 Managers must ensure they attend Managing Attendance training sessions and workshops as set out in paragraph 1.5a.
- 2.8 Managers must provide a management referral brief prior to the initial Occupational Health appointment for both clinician and physiotherapy appointments taking place relating to the current episode of absence. This should explain, where applicable, how the condition is impacting upon the employee's role. Additional management briefs should also be submitted to the occupational health service following any significant development regarding the employee's wellbeing or changes to the environment in which the employee works.

3 Definition of short/long term absence

Short term

- 3.1 A short term absence is defined as any single episode of absence of less than 28 days.

Long term

- 3.2 Long term sickness absence is defined as an episode of absence lasting 28 days or more.

4 Notification and certification requirements

Day 1

- 4.1 In recognition of being employed within an emergency service any employee unable to come to work must notify the line manager of their place of duty as soon as reasonably practicable. For watch-based staff, including control staff, and flexi-duty staff this should be at least one hour or as soon as reasonably practicable prior to the commencement of their shift. For FRS and day duty staff this should normally be within one hour of commencement of the working day/shift.
- 4.2 On occasions where the employee feels that reporting their sickness to their line manager might be detrimental to their wellbeing, they should report their sickness to a more senior manager. For operational watch-based staff, where a more senior manager cannot be located prior to the

commencement of the employee's shift, the sickness is to be reported to the Officer of the Day (OOD).

Days 2-4

- 4.3 Should an absence persist (including Saturdays, Sunday and Public Holidays), the employee must contact the manager again on Days 2-3 of the absence where these are duty days, within the same timescale as for Day 1, unless the manager has been informed that the sickness is likely to extend to Day 4. The employee must contact the manager again on Day 4 of the absence and indicate whether or not the absence is likely to continue.

Note: Employees taking leave away from home during episodes of sickness absence are required to provide fit notes covering the full period that they are away, unless leave is taken during this time.

Sickness of 4-7 calendar days

- 4.4 Where the absence is for 4-7 calendar days, the employee shall on return to work complete a **self-certificate form** covering the full episode of sickness.

Sickness of 8 consecutive calendar days or more

- 4.5 Where the absence extends beyond seven calendar days the employee will complete a self-certificate for days 1-7 as soon as practicable (normally immediately upon their return to work). In respect of sickness on and after the 8th day, the employee will submit a 'Statement of Fitness for Work Note' from a GP or a hospital certificate to cover the episode of absence beyond the first seven days. These should be submitted as soon as practicable after they are obtained, and the originals, or clear scanned copies, provided in each case.
- 4.6 Where the GP has advised that the employee is 'not fit for work', the information on the fit note should be reviewed to determine the likely length of the employee's absence. Subsequent fit notes should be continuous and consecutive to ensure there are no gaps for the purposes of paying Statutory Sick Pay (SSP) and occupational sick pay, where appropriate.
- 4.7 Where an employee considers they are likely to remain unfit at the expiry of their current fit note, they should contact their GP's surgery up to 7 days before the expiry of the fit note so that the GP appointment can be arranged before, or on the day, the fit note expires. In instances where the employee has taken these steps, but the GP surgery is unable to offer an appointment before the expiry of the certificate, the employee will contact their manager to advise of this, and the date of the GP appointment which has been offered. In these circumstances the Brigade will accept the back-dating of a fit note. If a manager hasn't been advised of any actions taken, the fit note will normally be regarded as covering absence only from the certificate's issue date.
- 4.8 Where the GP advises that the employee 'may be fit for work with recommendations' consideration will be given to the specific advice provided by the GP, for the manager to determine if a return to meaningful work can be accommodated. This will be discussed with the employee during an employee support meeting and further advice sought from the Occupational Health service as necessary.
- 4.9 Employees who fall sick whilst abroad and are unfit to travel back to the UK will need to follow normal sickness reporting procedures as detailed above. If the employee's incapacity prevents them from returning to the UK by the 8th day of sickness, this should be supported by an appropriate medical statement confirming in English that they are unfit to travel to the UK, and if the sickness continues these medical statements should be obtained and submitted every 7 days

for sick pay purposes, unless the circumstances justify medical statements being provided less frequently.

Non-Compliance

- 4.10 Where an employee repeatedly does not attend an occupational health medical appointment and does not provide what the Brigade considers to be a satisfactory reason, one day's occupational sick pay may be deducted from the employee's salary on the second occasion. Where the employee does not attend a further occupational health medical appointment without a satisfactory reason, occupational sick pay will cease from the date of the third missed appointment until such time as an appointment is attended, when payment will resume. There will be no entitlement to payment of any occupational sick pay that was stopped following the failure to attend the third unattended occupational health appointment from that day until the date an appointment is attended.
- 4.11 If operational employees do not comply with the Brigade's sickness absence reporting procedures, entitlement to occupational sick pay may cease, as provided for in Section 5, paragraph 21 of the [Grey Book](#).
- 4.12 Additionally, disciplinary action may be taken against any employee who does not fulfil these responsibilities.

Availability during sickness absence

- 4.13 Individuals on sick leave must notify their line manager of periods when they will be unavailable for contact visits, medical referrals etc. and if they are planning to take leave away from home. Please refer to section 7.

Outside Employment

- 4.14 In normal circumstances outside employment will not be permitted whilst an employee is unable to work because of sickness, whether short-term or long-term. However if an employee believes that the outside employment does not affect their current medical condition and will not aggravate or restrict the employee's ability to recover and return to their primary employment with the Brigade, then they should contact the relevant line manager. The manager will review this request in consultation with People Services, who will seek the advice of occupational health. Outside employment whilst sick should not be conducted until and unless the request is approved and anyone who does will be considered to be working whilst off sick.
- 4.15 Employees who undertake outside employment whilst in sickness absence without specific permission to do so may be subject to the Brigade's disciplinary process and the outcome of this could be dismissal from the Brigade.
- 4.16 Employees on sickness absence who wish to undertake outside employment should first seek permission from their manager and desist from undertaking outside employment until any decision is made.
- 4.17 For the relationship between outside employment and sickness, the relevant provisions of [Policy number 551](#) - Outside employment policy applies.

5 Incomplete shifts due to sickness absence

- 5.1 Where an employee is unable to complete a shift because of illness the following will apply:

- (a) In circumstances where an employee is unavailable for work on account of sickness within one hour of commencing their shift/duty, this will be recorded as sickness absence for that day/shift.
- (b) Otherwise the incomplete attendance will be recorded as 'Incomplete Duty' (I). The StARS Code 'I' is only to be used on account of incomplete attendance due to sickness. Any other reason for incomplete attendance should be recorded using another appropriate code, e.g. special leave (partial).

Further information is contained in [Policy number 888](#) – Partial attendance – policy and guidance.

6 Contact with employees

- 6.1 It is important to maintain regular contact with employees who are on sickness absence as this allows a continuing update of the employee's recovery and provides the Brigade the opportunity to consider if there is anything that can be done to support the employee's return to work. It also enables the Brigade to consider work related issues such as temporary cover or re-organisation of work and is also often considered by the absent employee to be a good indicator of the value that the manager places upon them.
- 6.2 Employees absent for 7 days or more are required to maintain contact with their manager or any manager acting on their behalf on a weekly (or other mutually agreeable time period) basis to provide an update on the situation for the duration of the illness.
- 6.3 Contact can take place over the phone, in person or in certain circumstances via email. However contact should take place directly between the manager and the employee, unless exceptional circumstances preclude this.
- 6.4 The line manager may make arrangements to meet with an employee at regular intervals to provide support and maintain contact. This in turn should assist with the employee's rehabilitation in order to ensure a smooth return to work at the end of the absence.
- 6.5 The line manager will contact the employee beforehand to advise them of their wish to meet with them.
- 6.6 It is recognised that long episodes of sick absence from work have the potential to negatively impact upon an employee's mental health. Adjustments or modified duties can enable employees to return to work safely before symptoms completely disappear. The line manager, in conjunction with People Services, should discuss and explore this option involving the individual and consider seeking advice from the Occupational Health service.
- 6.7 Employees are encouraged to discuss their medical situation with their manager so that there can be a joint discussion regarding any support mechanisms that may already be in place or identify the need for support to be arranged or modified.
- 6.8 All contact between an employee and their line manager during an episode of absence should be recorded on the contact section of StARS. Managers should wherever possible seek to maintain confidentiality but record sufficient information on StARS so that the circumstances of the case can be understood

7 Sickness and leave entitlement

- 7.1 Employees should be aware that extended episodes of sickness absence covering more than one leave year may affect their contractual leave entitlement. Following episodes of extended absence, leave entitlement will be adjusted on an individual case by case basis as appropriate. Statutory leave entitlement will not be affected.

- 7.2 An individual who becomes ill or is injured at the beginning of, or during a period of leave may be entitled to claim this back if they were ill or incapacitated provided that they:
- a) Inform their line manager of their illness or injury promptly, in line with normal sickness reporting procedures.
 - b) Provide a fit note, or other formal medical certification, covering the full period of their illness or incapacity.
- 7.3 Following an episode of long term sickness absence an employee may request to take any outstanding annual leave and should endeavour to take this in the same year in which it was accrued. This will be facilitated by the Brigade as far as possible. However where the outstanding leave cannot be taken, the Brigade shall allow the employee to carry forward statutory leave into the next holiday year. Please note that this statutory leave (up to 28 days including Public Holidays) **must** be taken up to eighteen months from the end of the leave year in which it is accrued or will be forfeited.
- 7.4 Option absence does not accrue in respect of days on long term absence, e.g. sickness and maternity absence, that is more than one complete calendar month. Please see **policy 367** for further information.

Requests for annual leave during sickness absence

- 7.5 It is recognised that taking time away from home during an episode of sick leave can be recuperative and may support recovery. However it is expected that, during episodes of sickness, employees do not undertake activities that are likely to aggravate their condition or prolong their absence from work.
- 7.6 Where management have concerns about the proposed nature of holiday activities, advice may be sought from the occupational health service. This may require the employee to attend an occupational health appointment so that the potential impact the proposed activity may have on their condition and recovery can be understood.
- 7.7 During episodes of sickness absence, employees are required to seek approval to take a period of annual leave prior to going on holiday, and employees will need to take annual leave if they do not wish to be contacted by the Brigade, or to attend occupational health appointments and/or management meetings, over this period.
- 7.8 Employees may request to take any accrued annual leave entitlement, but not Option Absence (FRS staff) while absent from work due to sickness.
- 7.9 Employees may request to receive payment in lieu of any accrued but untaken annual leave to top up their pay whilst on half or nil pay. Payment for annual leave received whilst on half pay will be made up to the maximum of a full days pay. Employees will not be considered as 'booked fit' for days in which they receive payment in lieu of annual leave.
- 7.10 Where it is necessary for the effective delivery of the service, the Brigade reserves the right to invoke statutory notice in accordance with the Working Time Regulations to employees returning to work in respect of when annual leave will be taken. Notice may be given to employees as follows:
- To take annual leave accrued from previous leave years on the conclusion of sick leave, where due to the exigencies of the service it is deemed appropriate that employees take the balance of any accrued leave outstanding prior to their return to work.
 - To take annual leave during a notice period prior to termination of employment.

8 Attendance Management triggers

8.1 To ensure support can be provided at the earliest opportunity, the absence triggers identified below are particularly relevant when dealing with short term intermittent absence;

- when employees incur 4 or more episodes of sickness absence or 8 or more working days over a 12 month period.

Absence triggers are monitored over a 12 month rolling period.

- Recurring, recognisable patterns occurring over a 3 year rolling period, such as frequent absenteeism on a Friday or a Monday, before or after holidays or during school holidays. Examples of recognisable patterns are:

- (a) The same day or date in the last 3 years. For example the last Friday before Christmas.
- (b) 3 occurrences of absences in 3 years which fall following or prior to prearranged leave

8.2 Following identification that an employee has reached a short-term absence trigger, the capability process should be invoked. Discretion may be applied where the absences are related to a condition which the organisation considers to be covered under the disability provisions of the Equality Act 2010; as a general guide, disability-related sickness counts as 50% when determining if the 8 day sickness absence trigger has been reached, see the case studies in the Managing Attendance Handbook.

- (a) Managers, in consultation with of their HR Adviser, may apply discretion before proceeding to the first stage of the capability process. Clear parameters should be set regarding the extent of the discretion and the employee should be informed, in writing, that exceeding any further absence triggers will lead to progression through the capability process. See paragraph 5.1 of the Managing Attendance Handbook in relation to the discretion which may be applied where the employee has had a good sickness record in the previous three years.

8.3 Where an employee reports a due to service injury, as defined within the [Guidance Note 'Classification of Due to Service Sickness Absence'](#), the manager should consider seeking advice from the Occupational Health service even where it does not result in an absence from duty. Absences will only be recorded as a due to service injury following an appropriate investigation and consideration of all the individual circumstances. Where there is a divergence of opinion between the Brigade's medical adviser and a uniformed employee's treating medical practitioner over either the employee's fitness for duty, or for the purpose of calculating sick pay entitlement, the question of whether an illness or injury has arisen out of authorised duty, an independent medical opinion should be sought to resolve the matter, as per [Section 5](#), part B, of the 'Grey book', Scheme of Conditions of Service, 6th edition.

8.4 Employees considering making an application for promotion should be mindful that in accordance with the Brigade's reference policy, consideration of an individual's sickness record over the preceding three year period is an integral part of the reference process; this may in itself form grounds for deciding that the reference is unsatisfactory. Additionally, for some roles, an application for promotion may not be supported by a line manager if the individual's sickness record is unsatisfactory. Due regard will be taken for absence which is likely to be disability related and covered by the Equality Act 2010.

8.5 If an employee's sickness absence is due to a maternity related illness the absence should not be included in the absence trigger criteria outlined in paragraph 8.1. Advice should be obtained from a HR Adviser in these circumstances.

- 8.6 Any manager considering using the sickness category 'Approved by HR – undisclosed' **must** first seek approval from the Wellbeing Medical Team providing justification to explain why the category is to be used.

9 Return to Work interviews

- 9.1 When an employee returns to work following an episode of either short or long term sickness absence, the manager will conduct a return to work interview and record the outcome on StARS. Ideally the return to work interview should take place at the start of the employee's shift or as soon as possible on the day they return to work. It is expected that all return to work interviews will be conducted face-to-face and not via telephone. During the meeting managers will welcome the employee back at work and enquire as to the employee's current state of health. They should also explore the reasons for the employee's absence, support mechanisms the employee may require, determine whether the employee is fit and able to return to meaningful duties, and review the employee's overall attendance record to ascertain whether they meet an absence trigger and what steps need to be taken.
- 9.2 Where an employee has met a short-term absence trigger, Stage 1 of the sickness capability process should be invoked, see paragraphs 8.1-8.2 above which includes information on where discretion may be applied. The manager may choose to hold an employee support meeting before invoking the sickness capability process, see paragraph 10.4 for further information on when this may be appropriate.
- 9.3 Further information on what should be discussed at a return to work interview is contained within the Managing Attendance Handbook, section 2.

10 Employee support meetings

- 10.1 To help support an employee's sustained attendance at work, managers are to meet with employees to discuss their wellbeing where they have been made aware that this may be jeopardised. Examples of this include but are not limited to;
- (a) Where an employee is not off sick but has shared medical information regarding a recent diagnosis or reoccurring symptoms. In such cases support mechanisms should be discussed to mitigate the risk of future absence.
 - (b) A manager has identified a pattern of sickness absence
 - (c) An employee commences long term sickness (28 days)
 - (d) When an employee returns to work following an episode of sickness
 - (e) During an episode of light duties
- 10.2 Guidance on what is to be discussed when managing the above scenarios can be found in the Managing Attendance Handbook.
- 10.3 These meetings provide a structured approach for managing attendance concerns and are always to focus upon the support and reasonable adjustments that can be provided to resolve any issues.
- 10.4 Where an employee has met a short-term sickness absence trigger, see paragraph 8.1, the manager should hold an employee support meeting where some or all of the sickness may be menopause-related, see paragraph 18.4. Otherwise there is no requirement for the manager to hold an employee support meeting before moving to the sickness capability process. The manager has discretion to hold an employee support meeting, and this may be appropriate, for

example, where some or all of the sickness is disability-related, or is due to work-related factors, and where provision of support may assist in resolving issues.

- 10.5 Managers should consider holding an employee support meeting where there is a new diagnosis, change to an existing condition or any concern regarding wellbeing. Requests for an employee support meeting made by an employee should not be unreasonably refused.
- 10.6 Managers are to formally invite employees to employee support meetings and a minimum of seven days notice of the meeting is to be provided, unless the employee agrees to the meeting taking place within seven days.
- 10.7 Employees are entitled to be accompanied by a colleague or trades union representative if desired.
- 10.8 Where it is not possible for the employee to attend the employee support meeting personally the meeting may be held over the telephone. Examples of when a meeting may be held via the telephone are: fitness to attend face to face meetings, medically unfit to travel to and from the meeting. Where the employee is considered by the manager to be unable to participate in any form of employee support meeting, this will be deferred until the employee is able to do so.
- 10.9 The employee's overall attendance record should be reviewed to ascertain whether they have met/exceeded an absence trigger and if so, advise of what steps are to be taken.
- 10.10 Where applicable, one employee support meeting can be scheduled to address any and all of the issues in paragraph 10.1. Please refer to section 12.
- 10.11 Following the meeting, the manager is to write to the employee confirming the content of the discussion and the outcomes e.g. targets and timescales for improvement and any support mechanisms/ reasonable adjustments that are to be provided and if applicable, for how long. It will also include notification of whether the sickness capability process is to be applied, if applicable. This document is to be saved to the employees e-PRF.
- 10.12 In terms of setting absence targets, managers must consider the following:
 - (a) Any emerging patterns so that support/assistance can be offered to the employee if necessary e.g. alcohol/drug dependency/caring issues;
 - (b) The period of time that the absence target will be set for and whether this is realistic and achievable for the employee;
 - (c) Discuss any practical support/assistance and reasonable adjustments that are required to allow the employee to improve over the timescales set.
- 10.13 The outcome of the meeting will be put in writing using the standard letter and a copy filed in the employee's e-PRF. Where there is a requirement to request further medical information from Occupational Health, a referral should be made and specific information requested.
- 10.14 The success of employee support meetings relies on a manager's ability to exercise common sense and judgement. The manager's knowledge of the employee and the relevant personal circumstances will assist in determining the content and tone of the discussion. This meeting should also help to identify if there are any work related issues or any personal/domestic problems which may be contributing to the employee's absence. For further guidance and support on what services may be available to employees in certain scenarios please see the managing attendance handbook.
- 10.15 Advice should be sought from HR advisers, the HR Helpdesk or the Wellbeing Medical Team in the management of all absence/light duties cases progressing via the capability process. However, the Brigade is committed to helping employees return to good health and achieve a

return to their substantive role, or if this is not possible, explore the possibility of redeployment into another role. Termination of employment is a last resort and this decision will only be taken after all support mechanisms, reasonable adjustments, redeployment and ill health retirement (if applicable) have been considered.

11 Work related stress

- 11.1 In cases where an employee cites work related stress as the perceived cause of their absence, the Brigade undertakes an automatic referral to the Occupational Health service (and also in all other cases of stress, anxiety and/or depression). The Brigade has a duty of care to support employees and to ensure early and appropriate support to employees who feel they are suffering from work-related stress. Where appropriate, managers may ask the employee to complete the "[Workplace Stress Questionnaire](#)" unless there is reason not to do so. Managers should refer to [Policy number 690](#) - Managing stress within the LFB and the stress risk assessment tool within this policy for further assistance.

12 Management of long term absence

- 12.1 In cases of long term absence it is particularly important that line managers maintain regular contact with the absent employee and make appropriate use of referrals to the Occupational Health service and Counselling and Trauma Service (CTS). Regular contact by the manager will assist in the employee feeling valued and 'connected' to the Brigade. Frequency of contact between manager and employee should be jointly agreed.
- 12.2 The first Employee Support Meeting should be held before the employee accrues 28 days sickness. This may be delayed if the employee is temporarily unfit (e.g., up to two weeks) to attend an employee support meeting; if the employee continues to be unfit to attend, it may be held over the telephone, see paragraph 10. 8. At this meeting, the manager is to advise the employee that they may request further employee support meetings if there is a change in their circumstances that supports a further meeting taking place (e.g., change in their condition). However it is possible that no further support meetings take place before a manager commences/continues with the sickness capability process. Further employee support meetings may take place to discuss reasonable adjustments, redeployment and/or Ill-Health retirement when required. Please see sections 17 and 20-21 for further information. The frequency of employee support meetings can vary depending on the circumstances of the case

13 Return to work following long term sickness absence

- 13.1 Prior to returning to work following an episode of long term sickness absence, managers may require that the employee's GP has confirmed they are fit to return. In certain circumstances, the manager may also require advice from the Occupational Health service confirming an employee's fitness to return to duty.
- 13.2 When returning from an episode of long-term sickness, the manager must hold an employee support meeting to formulate a plan with the employee for them returning to their substantive role (via temporary modified/light duties if appropriate). The employee may not be deemed as fit to return to work until this meeting has taken place. This can be discussed during the employee support meeting before any decision by the manager as to whether the employee is sufficiently recovered to return to work. During the meeting managers may consider it appropriate to facilitate a phased return to work, adjustments to working arrangements/hours and, dependent on the length of time the employee has been absent, redeployment/re-training. Managers should take every reasonable step to support an employee in their recovery and return

to their substantive role. Where necessary, arrangements should also be made for functional assessment tests such as hearing tests and refresher drills to be carried out for uniformed employees.

- 13.3 Staff should not be retrospectively booked fit in StARS. For staff who have been absent for their shift, but then subsequently book fit for work later that day, StARS should be updated to reflect that they are fit to work from the following day.

14 Temporary alternative/light duties

- 14.1 The Brigade recognises that it may support an employee to have a period of time where they carry out different duties to those of their substantive post, or have other modifications put in place e.g. different working hours/shift pattern, thus allowing them to remain at work when they might otherwise be absent because they would be unable to fulfil their substantive post. Such alterations can boost an employee's confidence (especially when they have been away from their workplace for a long period of time) and help ease them back into their normal day to day working environment. Examples of such circumstances in which this may be considered include waiting to undergo surgery or recovering from a long term illness.
- 14.2 In all cases, this is considered a short term support mechanism that will result in the employee returning to their substantive post, and should not be considered a long-term solution. Managers are encouraged to offer alternative/light duties however, employees on light duties for more than four months will be subject to sickness capability action, unless there are exceptional circumstances to defer this action. If a manager considers it unlikely that the employee will resume their substantive role before four months light duties or a combination of light duties and sickness absence elapses, they are to send the [template letter](#) advising that whilst they will be allowed to continue working light duties, they will be managed in accordance with the sickness capability process.
- 14.3 Whilst employees are eligible to fulfil light duties, this cannot be sustained for extended periods of time. Employees whose episodes of light duties/sickness absence exceed four months (122 days) over a twelve month period will be invited to a formal sickness capability meeting.
- 14.4 In considering whether alternative duties could be accommodated, it is important that the alternative work is meaningful and there is a real need for it to be undertaken. Management should seek advice from the Occupational Health service regarding the proposed activities if there is any concern that undertaking the modified duties might exacerbate the employee's medical condition. Advice should also be sought from HR Advisers, the HR Helpdesk or the Wellbeing Medical Team regarding the type of temporary alternative/light duties it is proposed the employee undertake before any arrangements are put in place. Thereafter, they should meet with the employee to discuss and agree what these duties will be and for how long they may be required. The Managing Attendance Handbook provides further detail and guidance about alternative duties and reasonable timescales that should be considered.
- 14.5 From the commencement of alternative duties, an employee support meeting should be held to ensure employees are made aware of the nature of the alternative duties/modifications, the duration this will be expected to be required for and the expectation that they should be in a position to return to their substantive post within a determined period. If the employee refuses to undertake the proposed alternative/light duties, the employee can be instructed to report sick in accordance with section 4 of this policy. A **letter** confirming this discussion will be sent to the employee.
- 14.6 In order to support the arrangements and the eventual goal of returning to their substantive post, regular discussions should take place between the employee and the manager during which the

employee's progress should be discussed. If at any point it is determined by the manager that the light duties arrangement is unproductive or, (having considered relevant medical evidence), that the employee is unable to undertake meaningful alternative duties, the manager should consider terminating the arrangement and instructing the employee to report sick as per section 4 of this policy. Managers considering terminating a light duties arrangements and instructing an employee to report sick should consult a HR Adviser before making any decision.

15 Sickiness absence records

- 15.1 Individual sickness absence records will be recorded for each employee on StARS and will include details of absences, whether the sickness is due to service, and whether the absences are self-certified or medically certified.
- 15.2 Access to sickness absence records will be treated in strict confidence and will be restricted to People Services and the relevant manager carrying out any stage of this policy. Any unjustified disclosure would be subject to investigation and possible disciplinary action.
- 15.3 Sickness absence records will be used for statistics, sickness absence management, health, safety and welfare monitoring and Occupational Health referrals. They will also be used for monitoring on the basis of protected characteristic(s) to allow the Brigade to analyse any trends and take action where necessary.

16 Referral to occupational health

- 16.1 The Occupational Health service is an advisory service that supports the promotion of a healthy workforce and assists the Brigade in maximising attendance and reducing ill health by providing advice on potential interventions and support measures.
- 16.2 Although the primary care provider for an employee is their GP, the Occupational Health service may liaise with other health specialists, including GPs/Consultants (subject to appropriate consent from the individual concerned), in order to gather as much information as possible in providing their medical advice.
- 16.3 Employees attending appointments with an Occupational Health professional will be asked to sign a consent form at the commencement of their consultation, agreeing to the consultation and also allowing any subsequent medical reports to be released to the employee's line manager, any other senior manager with responsibility for managing the absence case, and HR Adviser.
- 16.4 The purpose of a management referral to the Occupational Health service is to try to establish:
 - a) The underlying cause of and likely duration of the absence.
 - b) Whether there are likely to be any limitations upon the individual's ability to return to their existing role and if these are temporary/permanent.
 - c) Whether there is anything that can be done to assist the individual's recovery and return to work.
 - d) Whether the absence is caused by a condition that is likely to last beyond 12 months that has a 'substantial' and 'long-term' negative effect on the employee's ability to do normal daily activities.
 - e) Following discussions with the employee and advice from Occupational Health regarding their absence, whether grounds exist to terminate/retire the employee's employment on the grounds of ill health or capability.
- 16.5 People Services will automatically refer an employee to the occupational health service following;
 - (a) Continuous absence of between 7 days and 35 days, depending on the medical condition.

- (b) Reports of an injury at work, where an immediate medical referral is requested by the Health and Safety Services department.
 - (c) Sickness recorded as 'Due to Service' which extends beyond 7 days.
 - (d) Commencement of sickness due to stress, anxiety or depression.
 - (e) Commencement of sickness due to cardio-vascular conditions.
- 16.6 However managers are encouraged to request that an employee be referred to the occupational health service before they are referred by People Services if it is known that they are unlikely to return in the coming weeks, or even if they are at work but there is concern about their health or fitness to fulfil their role. In addition managers should immediately make a medical referral where the employee pro-actively discloses that they have a potential substance/alcohol misuse problem.
- 16.7 The Access to Medical Reports Act 1988 gives employees the right to check the accuracy of medical reports prepared by their medical practitioner, in response to a request for medical information from their employer. The Act also gives employees the right to see medical reports prepared by occupational health before they are sent to the employer.
- 16.8 A medical report from the employee's GP can only be obtained with the employee's written consent. Employees can withhold their consent if they wish, but if it is refused, the employer will have to make decisions regarding their employment without the benefit of the medical information sought and based only on the information available to them.
- 16.9 Where it is documented by the Occupational Health service that an employee has caused or substantially aggravated or prolonged any medical condition by neglect or default or has refused or neglected to cooperate fully in any recommended medical treatment that may assist their recovery, the Brigade will be entitled to withhold occupational sick pay as deemed appropriate to the circumstances.
- 16.10 If, in the opinion of the relevant manager acting on medical advice from the Occupational Health section, 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 professional or semi-professional, they shall not receive any pay other than any entitlement to Statutory Sick Pay.

Physiotherapy

- 16.11 Where a manager considers that an employee could benefit from Physiotherapy, the manager will discuss this with the Wellbeing Medical Team, and refer the employee to the Occupational Health service as appropriate. Where an employee who is fit for full duties considers they could benefit from Physiotherapy, they may seek an appointment via the Wellbeing Medical Team; agreed appointments for watch-based and flexi-duty staff will be made in off-duty time.

Counselling

- 16.12 The Brigade provides a confidential in-house Counselling and Trauma service (CTS). Self or management referrals can be made to CTS as appropriate. The Wellbeing Medical Team can provide further information if required. CTS also provides support to employees in relation to post incident welfare. The Firefighters Charity and Chaplaincy can also provide Mental Health support.

Self – Referral

- 16.13 Employees can request that they are referred to the Occupational Health service for practical support and advice from a medical practitioner. However employees are to advise their manager of their request. This request must be submitted to the Wellbeing Medical Team, and will not be unreasonably withheld upon disclosure of the reason for referral.

17 Employees with disabilities

- 17.1 There will be occasions when, as a result of an illness or injury, an employee becomes disabled or where a pre-existing condition escalates. In such cases the Brigade must, wherever possible, facilitate the employee's continuing employment.
- 17.2 An employee support meeting will take place between the employee, their representative if applicable, the manager, and a representative from the Wellbeing Medical Team to consider reasonable adjustments for an employee who becomes disabled where this proves necessary and is appropriate to the case. An employee support meeting will take place between the manager, the employee, and their representative if applicable, no later than during any stage 2 meeting under the sickness capability process to determine if there are any other reasonable adjustments that can be made to the employee's role to support their continued employment. If this is not possible discussions will proceed to whether redeployment might be possible. Discussion regarding redeployment can happen at any stage in the managing attendance cycle where it has been identified that an employee is unable to fulfil their substantive role.
- 17.3 Consideration should be given to making reasonable adjustments to the relevant role map/job description, for the employee to continue in employment. Reasonable adjustments may include:
- a) Changing the job content to exclude things which may be negatively affecting the employee's impairment and causing sickness absences;
 - b) Where possible, the manager should review episodes of sickness absence and identify episodes which are due to a disability and consider this in relation to the management of the employee's absence.
 - c) Providing equipment which enables an employee to carry out their job more effectively;
 - d) Altering the workplace (including some home working if appropriate);
 - e) Re-allocating duties between the disabled employee and their colleagues;
 - f) *Altering working hours;
 - g) Transferring the disabled employee to another work area;
 - h) Providing information in alternative formats;
 - i) Redeploying the disabled employee (where possible);
 - j) Providing a reader or signer;
 - k) *Allowing time off (Disability Treatment Leave)** for rehabilitation, assessment or treatment;
 - l) Additional training.

* The altering of hours (e.g. earlier start and finish times) should be accommodated where reasonably possible taking into account the exigencies of the service. However, where the altering of hours results in a reduction of contractual hours exceeding six weeks, the employee will only be paid for the hours actually worked beyond the first six weeks.

**"Disability Treatment Leave" is time off from work for attending clinic appointments or other assessment, medical treatment and/or in-patient or out-patient rehabilitation, for a reason relating to someone's disability, where it lasts for one or more whole days (part day absences for disability treatment will be recorded as GTV (Gone to Visit)).

- 17.4 Where an employee's medical condition meets the definition of a disability under the Equality Act, the manager should seek to identify any support mechanisms at an early stage. Consideration will be given to the employee's disability when applying the sickness capability process (see paragraph 8.2) and to reasonable adjustments as described in paragraph 17.3 above. Where absences occur that are not related to the employee's disability the sickness capability process will apply in the normal way. Further advice can be obtained from an HR Adviser/HR Helpdesk/Wellbeing Medical Team where necessary.
- 17.5 The Brigade must ensure that maximum attendance is maintained in the interest of ensuring effective service delivery to the communities across London. Therefore to ensure it meets this aim, employees with disabilities who are unable to attend work on a regular basis, will be managed in accordance with the sickness capability process, subject to disability related absence being managed in accordance with the Equality Act.

18 Menopause

- 18.1 The Brigade has produced a booklet for staff and managers 'Menopause guidance' that can be found here: [Menopause Guidance](#). This explains some of the symptoms women may experience, signposts staff to further advice and guidance and lists some of the ways managers can best support their staff in the workplace if they need it.
- 18.2 This guidance can also be accessed via LFB WellWorks: once on the LFB Wellworks home page, go to 'LFB Resources'/'Good Practice for Menopause'; this page also has a presentation 'Menopause is not just a women's issue, everyone needs to know about it'. LFB Wellworks has other dedicated pages to the menopause, hosted by our external provider, with articles and resources about the subject matter, search on 'menopause' in the LFB Wellworks search bar.
- 18.3 In addition, information on the menopause is available by contacting the LFB's Wellbeing Team and/or the LFBs support group Menopause Action Group (MAG) – e-mail >MAG.
- 18.4 Managers should manage employees who are experiencing the menopause sympathetically and sensitively. Some employees may feel embarrassed or awkward discussing the matter with their manager, and if so, managers should consider offering the employee the option of discussing their case with another manager.
- 18.5 Further information regarding managing employees who are experiencing the menopause can be found in policy ***.
- 18.6 Where an employee has sickness which reaches an absence trigger, and some or all of this sickness may be menopause-related, the manager should hold an Employee Support Meeting in the first instance to discuss the support and reasonable adjustments which may be provided. Managers should consider exercising discretion before proceeding with capability action in these cases, and should first seek advice from their HR Adviser before pursuing capability action where some or all of the relevant sickness is menopause-related.

19 Managing employees with a terminal illness

- 19.1 The Brigade has signed up to the TUC Dying to work charter and pledged not to take sickness capability action in where the employee has been diagnosed with a terminal illness. This is to recognise that employees with such a condition require support and understanding and not additional and avoidable stress and worry. This makes sure that all employees have their death in service benefits protected for their dependents.

20 Redeployment

- 20.1 Where the Occupational Health service advises that an employee may be unfit to fulfil their substantive role for the foreseeable future, suitable redeployment opportunities, that the employee is fit to undertake, should be considered.
- 20.2 The relevant manager and representative from the Wellbeing Medical Team will meet with the employee, and their representative if requested, to discuss the report received from the Occupational Health service and the process to be followed for consideration of redeployment opportunities.
- 20.3 The employee will be assessed for eligibility for redeployment and notified of relevant potential vacancies for a period of four months and possibly extended for a short period where the employee is participating in a selection process.
- 20.4 Employees may not be eligible for redeployment where, following an assessment with Occupational Health it is confirmed that there are no roles within the Brigade that the employee may be fit to undertake or that the employee will likely be unfit to undertake any work during the period in which redeployment would normally be explored.

21 Retirement due to ill health

- 21.1 Where there is an underlying health condition or inability to fulfil the full duties of their substantive role which results in the employee being unable to return to work or attend work on a regular basis, consideration should be given to exploring ill health retirement however, this will only be explored where the employee is a member of either the Firefighters Pension Schemes or the Local Government Pension Scheme (or where the employee may be entitled to a form of financial benefit via the Firefighters Compensation Scheme/Staff Code and every other option for returning to work has been considered, e.g., reasonable adjustments to duties or redeployment). It is the Brigades decision to refer an employee for ill health retirement, however the referral is subject to the employee's consent. In the event the employee does not consent to the referral for ill health retirement and does not meet the absence targets set by the Brigade, the employee will be progressed in line with the capability procedure in Section 24 of this policy.

22 Sick pay entitlements

- 22.1 Sick pay entitlements are as those detailed within the relevant conditions of service for support staff and uniformed staff. Further guidance is available from People Services.

23 Contact with infectious diseases

- 23.1 In the case of contact with infectious diseases either directly or indirectly, employees should decide if they are fit enough to attend work. If an employee is concerned about their contact with an infectious disease, they should speak to their line manager or contact the Wellbeing Medical Team who will seek advice from occupational health.
- 23.2 Managers and employees should always refer to the relevant provisions of [Policy number 707](#) - the control of infection and infectious diseases policy, when dealing with an employee in such circumstances. The provisions of this policy are applicable to all employees.

24 Sickness Capability Process

- 24.1 In most cases the support mechanisms outlined within this policy will assist employees to attend work on a regular basis or alternatively, where ill health retirement is appropriate, to retire from

the Brigade under the provisions of the relevant pension scheme. In instances where all other avenues have been explored and the employee remains unfit to resume their substantive role, they will be managed in accordance with the Sickness Capability Process which could result in their dismissal from the Brigade on the grounds of capability.

- 24.2 This capability procedure will be used for managing short term and long term sickness absence, episodes of light duties, or a combination of the three and where, despite supportive action, has not resulted in the employee returning to their full contractual role. Capability has no informal or preliminary stage; only 3 formal stages. Line managers should always seek advice from People Services before invoking sickness capability action and whilst managing employees under this process.
- 24.3 For long term absence moving from the First to the Second and the Second to the Third Stages will normally occur at four month intervals, dependent on the individual circumstances of the case. For short term absence, moving from the First to the Second and the Second to the Third Stages will normally occur when an absence trigger has been hit either for the first time, or within the monitoring period set following a previous episode of absence. For individual episodes of light duties exceeding four months and repeated episodes of light duties which total four months during the preceding twelve month period, sickness capability meetings will be scheduled the same as long term absence and will normally occur at four month intervals. During each stage of the process, the case will remain "live". However, there may be occasions where an employee's absence is satisfactory during the monitoring period, but lapses within 3 months of completion of the monitoring period. In these instances, managers may elect to proceed to the next stage of the sickness capability process.
- 24.4 Employment support meetings may be combined with a sickness capability meeting or may run in tandem however are not compulsory at this stage of the process.
- 24.5 The process has a structured approach to dealing with capability issues in a reasonable and fair way that affords the employee every opportunity to address the issues being brought to their attention by management.
- 24.6 The employee is entitled to be accompanied at meetings held at all stages of the Capability process by a trade union representative or other work colleague.
- 24.7 The outcome of capability meetings should be detailed using the [template outcome letters](#).
- 24.8 Each stage must be clearly documented, setting out the requirements of management and the employee's obligations. Management must also be able to demonstrate consistency and reasonableness in their approach to the actions previously taken. All cases should have a consistent record of absences, supporting medical opinion of the reasons for the absences, knowledge of the employee's intentions and a record of unfulfilled employee obligations and the reason for unfulfilled obligations.

Assessing suitability for progression to the capability process

- 24.9 The Brigade needs to balance the needs of the employee with the need to maintain an efficient service. In instances where, despite support being provided, an employee remains unavailable for their substantive role for an extended period of time, and the application (where applicable) for Ill Health Retirement has been unsuccessful, it may be necessary as a last resort to consider dismissal on the grounds of capability. Each case is individual and all circumstances must be considered including:
 - a) Expected duration of the absence
 - b) Prognosis for the return to work

- c) Medical opinion from the Occupational Health service
- d) Attendance history
- e) Whether the employee has a recognised disability
- f) Impact on service delivery
- g) Specialist medical information which may be available

24.10 There is no single formula for determining the point at which an individual's attendance should be progressed through the capability process. Each case must be based on its own merits, but will always be based on the following principles:

- a) The intention of managing attendance, including formal action, is to improve attendance.
- b) Where individuals are injured or ill they should be treated fairly, compassionately and with dignity at all times.
- c) Managers should be able to demonstrate that they have acted reasonably in all actions taken at all stage of the managing attendance process, including any decision to progress to the sickness capability process.
- d) In certain circumstances, it may be appropriate to consider redeployment or ill health retirement in discussion with the employee. In these circumstances, advice must be sought from People Services.
- e) If an employee fails to achieve the targets for improvement given to them as part of their employee support meetings and short term persistent absence remains a continuing feature of the employee's attendance record and a management concern, the capability process may be considered.
- f) Episodes of sickness absence related to maternity are **not** to be taken into account when making a decision about an individual's employment, for example, for promotion, redundancy etc.

24.11 Management of long term absence - Although each case must be reviewed on its own merits, managers are to commence the sickness capability process when the employee has been unavailable to fulfil their substantive role for four months. Thereafter the manager will manage the employee via the sickness capability process until they have achieved a return to their substantive role or has been managed in accordance with the sickness capability process, which may result in the employee being dismissed on the grounds of sickness capability. Management of recurrent short term sickness absence - If an employee fails to achieve the targets for improvement given to them as part of their attendance support meetings and short term persistent absence remains a management concern, the first stage of the capability process may be considered. Managers should contact their HR Adviser/HR Helpdesk or the Wellbeing Medical Team for further advice.

Stage 1

24.12 A First Stage Meeting will be held to discuss the employee's attendance record and determine any support mechanisms that could be put in place to assist the employee to return to work or achieve the targets set for improvement. The first stage meeting will be held following 4 months of unavailability for their contractual role due to either continuous absence or 4 months combined sickness absence and light duties. Where an employee on long-term sickness believes that their sickness is 'Due to Service', they have requested this through the proper channels, and a decision has not yet been reached on the sickness classification, the manager has discretion to defer holding the stage 1 meeting until a decision has been reached.

24.13 An employee who hits an absence trigger as set out in Section 8 will also progress directly to a stage 1 capability meeting. There are occasions where discretion may be applied, in all cases the HR Adviser should be made aware, with the manager providing reasons in writing for exercising

that discretion. Please see the managing attendance handbook for more support. The employee will be advised of this meeting in writing (there is a template letter contained within the Managing Attendance Handbook) and a copy filed in the employee's e-PRF. It is recommended that the manager consults their HR Adviser when this stage is reached.

24.14 The First Stage is the start of management "expressing concern" about the employee's attendance or inability to fulfil their substantive role. The approach taken should continue to be supportive with the focus being on how to resolve the employee's absence issues. The employee should be made aware of the impact their absence is having on the service delivery and work of their colleagues. A target for improvement should be set if appropriate and the employee informed of the consequences if they do not meet this target or achieve a return to work and substantive duties i.e. they will be required to attend a Second Stage Meeting. Should the employee not be able to meet the target set during the following 4 months the second stage of the capability process may be progressed.

In terms of setting absence targets, managers must consider the following:

- a) Any emerging patterns so that support/assistance can be offered to the employee if necessary e.g. alcohol/drug addiction/caring issues;
- b) The period of time that the absence target will be set for and whether this is realistic and achievable for the employee;
- c) Discuss any practical support/assistance that is required to allow the employee to improve over the timescales set.

24.15 The employee's line Manager or other designated officer, no lower than Sub Officer/FRSC/Operations Manager, should chair this meeting.

24.16 The outcome of the meeting will be put in writing using the standard letter and a copy filed in the employee's e-PRF. Where there is a requirement to request further medical information from Occupational Health at this stage, a referral should be made and specific information requested.

Stage 2

24.17 Employees will be invited to a stage 2 capability meeting following 8 months of unavailability for their contractual role due to either continuous absence or 8 months combined sickness absence and light duties. An employee who does not meet the absence target during their monitoring period following a Stage 1 capability meeting will also progress to a stage 2 capability meeting. There are occasions where discretion may be applied, in all cases the HR Adviser should be made aware, with the manager providing reasons in writing for exercising that discretion. Please see the managing attendance handbook for more support.

24.18 Employees invited to a second stage capability meeting should be invited to do so in writing and using the [template invite letters](#).

24.19 Where it is necessary to hold a Second Stage Meeting, a discussion should take place with the employee as to why they have failed to achieve the target set during the employment support meetings or achieve a return to work and substantive duties. Again support mechanisms should be considered, if appropriate and a referral made to Occupational Health (if no previous referral arranged) to obtain further medical information in relation to the employee's medical condition (if appropriate). A further target for improvement should be set, if appropriate and the employee informed that failure to meet the target or achieve a return to work and substantive duties could ultimately result in their employment being terminated on the grounds of capability. Should the employee not be able to meet the target set during the following 4 months the final stage of the capability process may be progressed.

- 24.20 This is the penultimate stage to potential dismissal and presents another chance for the employee to make the necessary improvements in attendance. The employee should be invited to the second stage capability meeting in writing (see template letter contained within the Managing Attendance Handbook). The outcome of the second stage meeting should be detailed (see template letter) and a copy filed in the employee's e-PRF. Management, whilst still taking a reasoned and understanding approach to the employee's position, will be at the point where the employee's lack of improvement is of **considerable** concern. Accordingly, it will be important to ensure absolute clarity in understanding where the improvements are required and of the case put forward by the employee. It is therefore important that a discussion should take place with the employee as to why they have been unable to achieve the target set at the first stage capability meeting and/or been unable to achieve a return to work/substantive duties.
- 24.21 A manager, no lower than Group Manager/FRSE/Senior Operations Manager should chair this meeting. Where an employee's absence record continues to give cause for concern following a Second Stage Meeting, the matter will be discussed with the Wellbeing Medical Team.

Stage 3

- 24.22 Managers should consider proceeding to stage 3 of the sickness capability process if following a stage 2 meeting, the employee remains unavailable for their substantive due to;
- 12 months of unavailability for their substantive role due to continuous absence,
 - 12 months combined sickness absence and light duties, or
 - where an employee has not met the absence target during their monitoring period following a Stage 2 capability meeting.
- 24.23 It is recommended that a management of sickness absence case review checklist is completed (contained within the Managing Attendance Handbook). This checklist should ordinarily be completed by the manager who held the second stage capability meeting, and the checklist should be forwarded to the Wellbeing Medical Team for review prior to the third stage meeting being arranged.
- 24.24 If it is agreed to proceed to the Third Stage of the sickness capability process, the employee should be advised of the arrangements in writing, see template letter within the Managing Attendance Handbook, and a copy filed in the employee's e-PRF. This is the **final stage** in the capability procedure at which dismissal can be the outcome. Only instances for which there is a strong case for dismissal should be brought to this stage but it is for the Senior Manager conducting the meeting, no lower than DAC/FRSG/Principal Operations Manager, to decide on the outcome based on the information and case put forward, including new information presented by the employee.
- 24.25 Where new information has been presented, and the employee is likely to be able to return to work, or their substantive role within a reasonable timeframe, and if it is likely that the employee will be able to maintain a satisfactory level of attendance going forward, a further monitoring period may be agreed. A further target for improvement should be set, if appropriate and the employee informed that if they are unable to meet this target or achieve a return to work and substantive duties, this could ultimately result in their employment being terminated on the grounds of capability. An agreed monitoring period should be added to StARS and should the employee be unable to meet the target set during the monitoring period a further Stage 3 capability meeting may be scheduled.
- 24.26 To sustain dismissal there needs to be a consistent record of insufficient improvement in the employee's record of absence as required at the Stage 2 meeting and ,no foreseeable date

identified for a return to work and substantive duties, depending on circumstances. A decision may also be taken to dismiss an employee where it is considered that the employee will be unlikely to be able to maintain a satisfactory level of attendance in the future.

24.27 Any decision to dismiss an employee will only be taken when:

- a) The employee has been formally advised that failure to attend work on a regular basis could lead to dismissal. This applies equally to cases of short term persistent, long term absence or a combination of sickness absence and light duties.
- b) The employee and trade union representative have had an opportunity to explain the absence record and the reasons for it.
- c) Management has explained the requirement for the employee to attend work on a regular basis and has given him/her the opportunity to prove that they can attend work on a regular basis.
- d) Reasonable adjustments to the post have been considered, as required under the Equality Act, and it has been determined that no further adjustments can be made.
- e) Where applicable, the option of a suitable alternative position has been fully considered.
- f) Medical advice has been obtained to ascertain the nature of the illness / ailment, its likely duration, whether the employee is likely to make a full recovery and if not what work he / she is able to perform.
- g) Ill Health Retirement has been considered where appropriate.

IMPORTANT: Clearly each case will require to be considered on its own merits and careful judgement exercised before reaching a decision to dismiss on the basis of capability. Management should consult their HR Adviser for advice at any stage where it is felt this could be of assistance.

25 The appeals procedure for termination of employment due to capability

25.1 Where an employee is dismissed on the grounds of capability, the employee has the right to appeal the decision. Appeals should be in writing and within seven days of receipt of the letter detailing the outcome. The appeal shall be heard by a Head of Service/Brigade Manager. The grounds of appeal will normally be one or more of the following:

- a) The principles of the Managing Attendance Policy have not been adhered to.
- b) Decision to dismiss was too severe.
- c) Medical information has not been considered or new information has come to light.

Document history

Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA		SDIA	11/03/20	HSWIA		RA	
-----	--	------	----------	-------	--	----	--

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Throughout	New attendance management policy and PN888 - partial attendance policy issued to replace the previous version (PN712) which has now been deleted.	07/04/2016
Throughout	This policy has been reviewed as current with minor changes made following a trade union consultation. Please re-read to familiarise yourself with the content.	13/08/2018

Subject list

You can find this policy under the following subjects.

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

Considered by: (responsible work team)	FOIA exemption	Security marking classification

This page is intentionally left blank