

Report title

Review of Managing Attendance Policy

Report to

Date

People Board 17 May 2022 **Commissioner's Board**
London Fire Commissioner

8 June 2022

Report classification:

For Decision

The subject matter of this report deals with the following LFB strategic priorities:

The best people and the best place to work

The policy recognises that the majority of the workforce will, at some time during their career, suffer from a health condition. This policy aims to support those individuals, enabling them to remain at work where possible.

Report number – [LFC-0717] – COMPLETED BY GOVERNANCE TEAM

For Publication

PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DECISION-MAKER

I agree the recommended decision below.



Andy Roe
London Fire Commissioner

This decision was signed
Date remotely on 27 June 2022

Executive Summary

This report recommends the approval of the new Supporting your Health and Wellbeing policy for all staff of the London Fire Commissioner (LFC). It will replace the current Managing Attendance Policy (MAP) with an aim to provide improved support for staff who have a health condition and enable them to either remain at work or support them in returning to work following absence.

The policy will ensure that the LFC is supporting an inclusive work environment and meeting its responsibilities under the disability provisions of the Equality Act 2010 whilst achieving its aims under the LFC's Togetherness Strategy.

Proposed Decision

For the London Fire Commissioner

That the London Fire Commissioner approves the Supporting Your Health & Wellbeing Policy attached as appendix 1

That the London Fire Commissioner delegates authority to the Assistant Director for People Services to approve the final draft of the policy when full consultation has been completed

1. Introduction and background

1.1 The current MAP, attached as appendix 2, was issued on 7 April 2016. It is prescriptive and places focus on the management of sickness absence using the capability procedure.

1.2 The perception of the workforce is that having a health condition, in most cases, leads to management action under the capability procedure.

1.3 The current policy does not sufficiently support the LFC's current corporate objectives.

1.4 The drivers for implementing a new policy are:

- LFC's strategic aims set out in the now completed Transformation Delivery Plan and the London Fire Brigade Delivery plan to have the best people and the best place to work
- The Togetherness Strategy which aims to create a culture where all staff feel a sense of belonging and an ability to bring their whole selves to work
- The draft Wellbeing Strategy which aims to place more emphasis on promotion of positive wellbeing and the prevention of poor wellbeing
- Employment Tribunal outcomes have highlighted the improvements the LFC could make around the implementation of workplace adjustments
- Concerns raised by staff via Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) feedback and the trade unions regarding wellbeing support available to staff and the processes for managing staff with medical conditions being focussed on capability management.

Managing Attendance Policy: Current position

- 1.5 There are numerous references within the existing MAP policy instructing managers to manage both short and long-term sickness through the sickness capability policy reinforcing that unsatisfactory levels of attendance may result in dismissal.
- 1.6 The policy does not provide guidance for managers on how to support individuals either at work or off sick with a health condition and does not contain recommended supportive processes. This reinforces the feedback, via HMICFRS and the trade unions, that the LFC's focus is on the management of sickness absence via the capability procedure rather than focussing on providing support to the individual.
- 1.7 The policy does not include guidance for staff to understand the support they can expect from their manager and the wider organisation if they have a health condition. HMICFRS support this with findings that staff are unaware of the Wellbeing support available to them.
- 1.8 The MAP, combined with supporting documentation, comprises of forty-four pages of information. This is deemed to be too lengthy.
- 1.9 Many managers are not aware of the existence of the supporting documentation which can lead to inconsistency in case management and places greater pressure on the People Services Department through higher volumes of queries.
- 1.10 Whilst the MAP infers discretion, it is prescriptive and does not give managers the ability to tailor their approach dependent on individual circumstances.
- 1.11 The language of the policy is formal with an instructive style.
- 1.12 The tone of the current policy is reactive and focusses on managing absence rather than being proactive in supporting the health and wellbeing of the workforce to reduce the likelihood of absence. This has led to managers focussing more on managing health conditions by progressing through the sickness capability policy rather than supporting the health and wellbeing of the workforce.
- 1.13 There is no training for managers on how to apply the policy or how to support the wellbeing of individuals at work. This again can lead to inconsistent application and heavy reliance on the People Services Department to support management of sickness cases.
- 1.14 Sickness absence has continued to increase since the MAP was launched, increasing from five per cent lost working days per year in the year ending 31 March 2016 to seven per cent lost working days in the year ending 31 March 2022. Sickness absence has been steadily increasing since 2010.

Review

- 1.15 A thorough review of the MAP was undertaken.
- 1.16 Feedback was obtained from the Trade Unions. The feedback received was instrumental in the review and design of the new policy.

- 1.17 Feedback was sought from all Equality Support Groups and key stakeholders such as Operational managers, FRS managers, Control Managers, General Counsel's Department and People Services teams such as Employee Relations, HR Services and Learning Support.
- 1.18 Policies and information relating to supporting wellbeing were also obtained from external organisations such as CIPD, NHS, ACAS and the LFC's Occupational Health Provider.

New Supporting Health & Wellbeing Policy – Overall key improvements

- 1.19 It is proposed to introduce the new Supporting Health and Wellbeing Policy, attached as appendix 1.
- 1.20 This policy will support the corporate objectives and aims, resolve the issues identified above in 1.4 – 1.15 and bring closer the needs of the LFC with the needs of the staff.
- 1.21 It is a key tool in reducing absence through improved application of support therefore enabling LFC staff to meet their potential and ensuring that the LFC has the right people with the right skills in the right place at the right time, maximising their potential.
- 1.22 It is more proactive, providing clear guidance to managers on the steps needed to support individuals who declare a health condition whilst at work assisting them to remain at work as far as possible.
- 1.23 It provides clear guidance to the employee of the range of support they can expect and access.
- 1.24 Greater focus is placed on workplace adjustments including, for longer term medical conditions, the ability to reduce working hours for not normally more than six weeks period to support fluctuations in health.
- 1.25 Reference is given to the use and the value of the new workplace adjustment passport. This will allow individuals to understand and record the adjustments that have been considered and implemented for them.
- 1.26 Subject to development timelines the workplace adjustment passport may not be ready to be launched at the time that this policy goes live. In this eventuality consideration will be given as to whether this policy is put on hold so that both can be launched together or whether this information is temporarily removed.
- 1.27 It enables individuals to remain on light duties/restricted duties, if there is meaningful work, for a longer period of time (which is currently restricted to six months).
- 1.28 It is written in a person-oriented format targeted to its audience and considers staff who are neurodiverse. Flowcharts are to be provided in the appendices of the policy.
- 1.29 During the launch of the Supporting your Health and Wellbeing policy, mandatory training will be provided to all managers of people across the organisation. Managers will be identified through Brigade systems however support to identify managers amongst FRS staff will prove more challenging as grade alone is not an indicator. Support from Heads of Service will be sought in this matter. All training will be done in person or using MS Teams.

- 1.30 Thereafter computer-based training will be mandatory every two years, or upon joining or being promoted into a management role with people management responsibilities, with a 'wait list' option available to enable staff to attend a live training session. This training has been estimated to cost £6,000 and will be paid for by existing department budgets.
- 1.31 All staff, regardless of management responsibility will be able to access the computer-based training.
- 1.32 The capability procedure has not been updated as part of this process and will be reviewed later in 2022. The capability procedure has been updated to include paragraphs removed from the MAP which are relevant to progression under the capability procedure.

2. Objectives and expected outcomes

- 2.1 A reduction in sickness absence levels. This will be monitored through regular reporting.
- 2.2 Improved employee engagement and staff awareness of Wellbeing support. This will be monitored in feedback from Staff Surveys, HMICFRS and Employment Tribunals.
- 2.3 Increased awareness and understanding for managers as to how to support the wellbeing of their staff. This will be monitored through feedback obtained from the training provided for the launch of this policy. The training will also be adapted to consider any feedback given. This will also be monitored through questions received by the HR Helpdesk and HR Advisory team.
- 2.4 Improved application and consistency of workplace adjustments to support ongoing health conditions. This will be monitored through the workplace adjustments passports, reduction of staff in the capability procedure and feedback from Employment Tribunals.

3. Equality comments

- 3.1 The LFC and the Deputy Mayor for Fire and Resilience are required to have due regard to the Public Sector Equality Duty (section 149 of the Equality Act 2010) when taking decisions. This in broad terms involves understanding the potential impact of policy and decisions on different people, taking this into account and then evidencing how decisions were reached.
- 3.2 It is important to note that consideration of the Public Sector Equality Duty is not a one-off task. The duty must be fulfilled before taking a decision, at the time of taking a decision, and after the decision has been taken.
- 3.3 The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership (but only in respect of the requirements to have due regard to the need to eliminate discrimination), race (ethnic or national origins, colour or nationality), religion or belief (including lack of belief), sex, and sexual orientation.
- 3.4 The Public Sector Equality Duty requires decision-takers in the exercise of all their functions, to have due regard to the need to:
- eliminate discrimination, harassment and victimisation and other prohibited conduct

- advance equality of opportunity between people who share a relevant protected characteristic and persons who do not share it
- foster good relations between people who share a relevant protected characteristic and persons who do not share it.

3.5 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic where those disadvantages are connected to that characteristic
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

3.6 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

3.7 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- tackle prejudice
- promote understanding.

3.8 An Equality Impact Assessment (EIA), attached as appendix 3, has been completed and was undertaken whilst the policy was being developed with advice from the Inclusion Team. All Equality Support groups were consulted in the development of the policy to ensure a thorough understanding of the impact of the proposed policy. The overall impact of the policy is positive because it considers the protected characteristics of staff and other support needs when considering how to support the health and wellbeing of the employees of the LFC.

4. Other Considerations

Workforce comments

4.1 The new Supporting Health and Wellbeing policy will cover the whole of the Brigade's workforce and will have positive impacts as set out in this report, in particular at paragraphs 1.20-1.32 and 2.1-2.4. The new policy has been extensively consulted on with the Brigade's representative bodies: consultation commenced at a meeting of the LFC Joint Committee on 18 January 2022 and involved a number of subsequent side meetings where the policy was gone through in detail. Amendments were made during the course of the consultation to reflect comments made by the representative bodies, and broad agreement on the new policy was achieved by the time consultation concluded in early April 2022.

Sustainability comments

4.2 A Sustainable Development Impact Assessment (SDIA) was completed, attached as appendix 4, and identifies a low sustainability impact

Procurement comments

4.3 There are no procurement implications.

5. Financial comments

5.1 This report recommends that the principles of the Supporting Your Health & Wellbeing Policy are approved. The report also sets out that additional computed based training will be required at an estimated one-off revenue cost of £6,000 in 2022/23. This cost will be contained within the existing People Services training budget.

6. Legal comments

6.1 This report seeks approval of a new policy "Supporting your health and wellbeing", attached at Appendix 1.

6.2 The London Fire Commissioner ('Commissioner') has the functions of the fire and rescue authority for Greater London under the Fire and Rescue Services Act 2004 ('the Act'), with the core duties set out in sections 6-9 such as firefighting, dealing with road accidents, fire safety and other emergencies. In relation to staff, Section 7(1)(a) requires the Commissioner to secure the provision of the personnel, services, and equipment necessary to meet all requirements. Also, section 7(1)(b) requires the Commissioner to secure the provision of training for personnel.

6.3 Section 5A of the same Act enables the Commissioner to do anything he considers appropriate for the purpose's incidental or indirectly incidental for the purposes of carrying out any of the fire and rescue services functions.

6.4 Under s327A of the Greater London Authority Act 1999 the London Fire Commissioner must secure that the London Fire and Rescue Service is efficient and effective.

6.5 The introduction of the policy is within the Commissioners powers set out above.

6.6 The LFC's Scheme of Governance gives delegated authority to the Head of Service to approve changes to policies and procedures of which they are the designated custodian. Where a policy has significant corporate impact, it must be discussed at the appropriate corporate board prior to a decision being made. The Commissioners Board may receive the report where there are substantial or new policies to be implemented, due to the corporate impact.

List of Appendices

Appendix	Title	Open or confidential
1.	Supporting Health and Wellbeing Policy	Open
2.	Managing Attendance Policy (Pn 889)	Open
3.	Equality Impact Assessment	Open

Part 2 Confidentiality: Only the facts or advice considered to be exempt from disclosure under the FOI Act should be in the separate Part 2 form, together with the legal rationale for nonpublication.

Is there a part 2 form – ~~YES~~/NO

Supporting Health and Wellbeing Policy

New policy number:

Old instruction number:

Issue date:

Reviewed as current:

Owner: **Assistant Director, People Services**

Responsible work team: **Wellbeing Team**

Contents

1	Scope	3
2	Policy Aim	Error! Bookmark not defined.

SECTION 1 (Employee Section)

3	Employee Support Services	Error! Bookmark not defined.
4	Supporting your health at work	Error! Bookmark not defined.
	Employee responsibilities during sickness absence	Error! Bookmark not defined.
	Work related absence	Error! Bookmark not defined.
	Supporting your finances	Error! Bookmark not defined.
8	Outside Employment	Error! Bookmark not defined.
9	Returning to work	Error! Bookmark not defined.
	Redeployment	Error! Bookmark not defined.
	Ill Health Retirement	Error! Bookmark not defined.
	Dying to work charter	Error! Bookmark not defined.
	Sickness Absence Triggers	Error! Bookmark not defined.

SECTION 2 (Manager Section)

14	Managers Responsibilities	Error! Bookmark not defined.
	Employee Support Meetings	Error! Bookmark not defined.
	Agreeing a contact strategy	Error! Bookmark not defined.
	Working with Occupational Health	Error! Bookmark not defined.
	Outside Employment	Error! Bookmark not defined.

	Issue date: 1 of 26 19	Returning to Work	Error! Bookmark not defined.
20	Redeployment	Error! Bookmark not defined.	
21	Ill Health Retirement	Error! Bookmark not defined.	
	Risk Assessments	Error! Bookmark not defined.	
23	Medical Panels	Error! Bookmark not defined.	
	Sickness Absence Triggers	Error! Bookmark not defined.	

1 Scope

- 1.1 All staff employed by the London Fire Commissioner.

2 Policy Aim

- 2.1 The Brigade's Wellbeing Strategy focusses on the ***prevention*** and ***treatment*** of poor ***psychological, physical*** and ***workplace*** wellbeing as well as the promotion of good

psychological, physical and workplace wellbeing. The Supporting Health and Wellbeing Policy is a tool for bringing the Wellbeing strategy to life when staff need it most, during a period of illhealth.

The Brigade recognises that maintaining good health is an ongoing process and how employees feel can vary from day to day. Poor health can be exacerbated as a result of an ongoing health condition. The Brigade has a duty of care to support the health and wellbeing of its employees.

The aim of this policy is to equip employees and managers with the knowledge and tools to support themselves and each other in maintaining good levels of health and when recovering from a period of ill-health. Provision of the appropriate level of support at the right time can be instrumental in supporting employees to continue to succeed in the workplace and enables the Brigade to ***deliver excellence*** through having the ***best people*** and being the ***best place to work***.

The Supporting Health and Wellbeing policy aims to support employees to bring their whole selves to work in providing the reassurance that in cases of ill-health or disability employees will receive appropriate support to succeed in their roles as long as they are able. The policy also provides detail on how support will continue throughout a period of absence both through locally agreed arrangements and employee support services.

SECTION 1 – EMPLOYEE SECTION

Please note that if you are accessing this policy whilst at home you may not be able to access the links contained within this document. Should this be the case please contact your line manager or the HR Helpdesk (hrhelpdesk@london-fire.gov.uk) who will provide you with the information you need.

3 Employee Support Services

3.1 There are many services that can be supportive to your wellbeing. These include:

3.2 Wellworks

Wellworks is the Brigade's wellbeing platform that provides staff with access to:

- relevant wellbeing articles
- workout videos prepared by our Fitness Advice Team
- healthy recipes
- a confidential wellbeing assessment, that will assist in being provided with tailored advice to improve your wellbeing based on your responses

Wellworks can be accessed here or by downloading the 'LFB Wellworks' app from the App Store or Google Play Store on your Brigade or personal device. When registering, please use code '**LFB-18**'.

3.3 Occupational Health

Occupational health exists to keep people well, productive and safely 'in work', by providing independent specialist medical advice to employers and employees. This advice includes:

- Promotion of health and wellbeing
- Advice and strategies for managing risks to health from work
- The effects of work on health and health on work
- Interventions, adjustments and support to enable and sustain a return to work
- Clinical advice to manage health issues

Our Occupational Health Service provides a range of support including access to Occupational Health Physicians (Doctors), Occupational Health Advisers (Physiotherapists), Nurses, Wellperson screenings, Functional Restoration Programmes and Post Incident Support. Further detail can be found here or by contacting the Wellbeing Team on x30490 or Wellbeingteam@London-Fire.gov.uk.

3.4 Counselling & Trauma Services

This service provides an opportunity to talk in confidence to a professionally trained counsellor. The subjects that can be covered may be personal (e.g. relationship problems, sexual orientation, gender identity), work related (e.g. bullying, trauma) or health-related issues (e.g. Post Traumatic Stress Disorder, anxiety, depression).

Further detail can be found here or by contacting Counselling & Trauma Services by email using PSC&TS@london-fire.gov.uk

If you need to speak to a counsellor urgently or need to request a Post Critical Incident Contact (PCIC) please call Control on 0208 555 1200 ext.50208 and ask for the duty counsellor to be paged.

3.5 Mental Health First Aiders

The Brigade has a number of Mental Health First Aiders across staff groups and Brigade locations. Mental Health First Aiders are not professional counsellors, therapists or psychiatrists, they are colleagues who have been formally trained by Mental Health First Aid England to

administer mental health first aid in the workplace, and have attained a Mental Health First Aid Certificate. They are trained to:

- spot the early signs and symptoms of emotional distress and potential mental health issues
- start a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress
- explain and maintain confidentiality
- listen to a person non-judgementally with compassion and understanding
- assess the risk and severity of the situation and signpost a person to professional support

For more information about how to contact your local LFB Mental Health First Aider please contact the Mental Health and Trauma Team Co-ordinator at wellbeingteam@london-fire.gov.uk.

3.6 Local Wellbeing Partners

Much like the Mental Health First Aiders, Local Wellbeing Partners (LWPs) are employees across all staff groups and Brigade locations who have elected to provide peer support to their colleagues. LWP's provide a direct link into the central Wellbeing Team so that information, resources, guidance and advice can be directly obtained and implemented at a local level. LWP's attend informative sessions every two months regarding internal and external support services.

3.7 Fitness Advice Team

The Fitness Advice Team can provide all staff with information, advice and guidance related to physical wellbeing matters. This includes:

- helping to prepare for the periodic fitness testing programme (operational staff only)
- understanding more about the types of activities you should be undertaking
- learning about the food you should be eating to improve your overall fitness levels
- getting advice about returning to work following sickness or maternity leave
- specialist advice to women who may be experiencing episodes of poor health e.g. as a result of the menopause

Please contact wellbeingteam@london-fire.gov.uk if you need support in any of these areas.

3.8 Equality Support Groups

Equality Support groups (ESG's) provide independent and confidential support, signposting and guidance to their members. Our ESG's are listed below. Further information can be found here and in the Equality Support Group policy (PN965).

- Asian Fire Service Association
- Disability Working Group
- Emerald Society (Irish Group)
- Fairness – BAME group

- LGBT+ Network – Sexual Orientation and Gender Identity / Expression
- Neurodiversity and Dyslexia Group
- Parents and Carers Network
- United Minds
- Women in the Fire Service (WFS)
- The Menopause Action Group

3.9 Firefighters Charity

The Fire Fighters Charity offers specialist lifelong support for all staff groups, empowering individuals to achieve psychological, physical and social wellbeing throughout their lives. For further information on how they can provide support please contact them on 0800 3898820 or go to their website www.firefighterscharity.org.uk

3.10 Welfare Fund

The Welfare fund is a stand-alone membership organisation and can provide access to:

- gyms/health centres etc (via the Blue Light Card)
- Hardship Fund
- fortnightly huddles for all staff, a safe space for staff to attend, listen and engage if you choose
- welfare care packages for members who are suffering from an illness or bereavement

For further detail on this you can visit www.lfbwelfarefund.com , call 020 7407 3964 or email info@lfbwelfarefund.com

3.11 Chaplaincy

Guy's and St Thomas' Hospital Trust provide the London Fire Brigade with a multi-faith chaplaincy service. It comprises a chaplaincy team leader and a team of chaplains drawn from the major world faiths. The service is available during the normal working day with an on-call facility at other times and weekends.

The Chaplaincy Service provides:

- Pastoral support to members of staff on an individual and confidential basis
- Advice and support for funerals
- The conduct of funeral services
- Advice about faith issues to individual members of staff and managers to assist service delivery and employment requirements

The chaplaincy can be contacted via email to mia.holborn@gstt.nhs.net

3.12 Trade Unions

The Brigade has recognised trade unions who can offer advice and support on all issues affecting you at work including your health and wellbeing. Union representatives are trained to provide support and representation in any formal processes. Union membership also entitles you to free legal advice if appropriate.

3.13 People Services

People Services is a large department full of knowledge and expertise across a wide range of areas including Wellbeing, Inclusion and Diversity, Neurodiversity, Learning Support, Employee Relations and HR Services. People Services are here to support you and can answer any questions or concerns that you may have. If you have any questions or concerns, please contact the HR Helpdesk on 0208 555 1200 ext 89100 and they can advise you of the best person to speak to provide the necessary support.

3.14 Long Covid Support

Staff who have had symptoms of Covid-19 for more than four weeks and need support either to get back to work or to remain at work can access the following support:

- Occupational Health
- Royal Brompton Hospital
- Functional Restoration Programme
- Fitness Assessments (Operational staff only)

Further information regarding these services can be found here or by talking to your line manager.

3.15 For a complete list of useful resources/policies see appendix 1.

4 Supporting your health at work

Employee Support Meeting

- 4.1 An Employee Support Meeting (ESM) can take place at your request or at the request of your line manager where there is a concern regarding your health and any support that you may require.

The meetings will be held either with your line manager or an alternative agreed point of contact, and can take place whilst you are at work, or absent from work. They are used to discuss your health and wellbeing to understand what support you may need. You will be given at least 7 days' notice of this meeting, unless otherwise mutually agreed, and they will normally take place at either a Brigade location, via video call or via a telephone call.

- 4.2 You have the right to be accompanied by either a work colleague or a Trade Union Representative. You may instruct a work colleague or trade union representative to attend the meeting on your behalf and/or provide a written submission rather than attend the meeting in person.

- 4.3 The specific discussion at any ESM will be dependent on your needs at the time. During an ESM the following may be discussed, if appropriate:

- An update on your health and any support you may be receiving
- Signposting to additional services available
- Return to work plan such as a phased return to work, workplace adjustments, training or refamiliarisation
- Review of adjustments in place and their continued effectiveness

Where your health condition is likely to result in you being unable to return to your contractual role, an ESM may also be arranged to discuss:

- Redeployment
- Ill-Health Retirement

There is the potential for a lot of information to be discussed during an ESM and, particularly during a period of ill-health, it may be difficult to take it all in. A representative from People Services will also attend ESMs where redeployment and ill health retirement are discussed to ensure that you have all the information relating to these processes that you may need.

After the meeting your manager or alternative agreed point of contact will also send you an accurate summary of the meeting, including contact details of any support services discussed. A copy of this will be placed on your e:prf.

4.4 Stress Risk Assessments

If you believe your role or other work-related factors may be having a detrimental impact on your psychological health you can complete a workplace stress questionnaire. It is important that this is completed as soon as you realise that work may be the trigger for your stress. This is a useful tool to allow managers to understand the areas of concern and starts a conversation as to how a manager can support you. When used proactively, before illness, the Stress Risk Assessment can be used to reduce likelihood of future sickness through the implementation of proactive support. Further detail can be found in the Managing Stress within the LFB policy (690).

4.5 Reasonable Adjustments

If you have a health condition or a disability, in accordance with the disability provisions of the Equality Act 2010, reasonable adjustments should be made to support your health and wellbeing whilst at work. You are considered to be disabled under the Equality Act 2010 if you have a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal daily activities. Such adjustments will be referred to within the London Fire Commissioner as workplace adjustments.

4.6 Workplace Adjustments

Examples of workplace adjustments to support your health and wellbeing can include provision of specialist equipment, a change in working pattern or a change in working location. These adjustments will depend on the nature of your condition and can be temporary, or permanent, dependent on your needs, but their effectiveness will be reviewed in an ESM at least every 6 months. You should discuss, with your line manager, the adjustments available to you. Discussion regarding adjustments, including what has been agreed and what cannot be facilitated at present will be recorded in your Workplace Adjustment passport.

4.7 Reduced Hours

There may be times that your long term and substantial health condition impacts on your ability to undertake the full remit of your role and, although you have not had sickness absence, Occupational Health have advised that a period of reduced hours would support your wellbeing. Reduced working hours will not normally exceed a period of 6 weeks.

If you feel that you need more than 6 weeks of reduced hours you should discuss this with your line manager. It may be possible to facilitate this with the use of annual leave, unpaid special leave, or a change in your contractual hours.

5 Employee responsibilities during sickness absence

5.1 Sickness reporting procedure

Should you feel too unwell to attend work, you should contact your manager by telephoning at least one hour, or as soon as reasonably practicable, prior to the commencement of your work time. During this initial contact you should advise of the nature of your sickness absence and agree when future contact will take place i.e. will you call again before the following shift or do you know that you will be unable to work for a minimum period of time. It is acknowledged that in some circumstances you may not feel comfortable reporting your condition to your line manager. In this case you must let your manager know that you will not be able to attend work and agree who you would be most comfortable reporting your condition to.

If you feel that reporting your sickness to your line manager might be detrimental to your wellbeing, you should report your sickness to a more senior manager. For operational watchbased staff, where a more senior manager cannot be located prior to the commencement of the employee's shift, your sickness is to be reported to the Officer of the Day (OOD).

5.2 Certification

Up to 7 consecutive calendar days

Upon your return to work you will be required to complete a self-certification form. The form will be sent to your Brigade email address for you to complete.

8 consecutive calendar days or more

If your period of sickness lasts 8 consecutive calendar days or more you will be required to submit a 'Statement of Fitness for Work Note' also known as a 'Medical Certificate' from your GP or a hospital to cover your sickness absence from day 8. These should be submitted to your line manager, or agreed point of contact, as soon as practicable after they are obtained. They can be submitted electronically via email and should be clear and easy to read. If your certificate is not clear enough your line manager may ask you to provide the original.

You must provide consecutive medical certificates for the full period of sickness absence. This is for the purposes of paying Statutory Sick Pay (SSP) and occupational sick pay. Your GP is unable to backdate certificates, so it is advised that you schedule your appointments with the GP in good time to ensure you can obtain a medical certificate covering your dates of absence.

It is important to understand that failure to provide medical certificates may result in your entitlement to occupational sick pay and/or SSP ceasing.

Where the GP advises that you 'may be fit for work with recommendations' your manager will review the recommendations, seeking support from the Occupational Health Service if necessary. The recommendations will be discussed with you and you will be advised whether they can be accommodated. All agreed adjustments will be updated in your workplace adjustment passport.

If you become unwell whilst abroad and are unfit to travel back to the UK, you will need to follow normal sickness reporting procedures as detailed above. If your medical condition prevents you from returning to the UK by the 8th day of sickness, you will need to obtain an appropriate medical statement confirming that you are unfit to travel to the UK.

5.3 Contact

It is important that you and your line manager maintain regular contact during your sickness absence to:

- monitor your progress in terms of your return to health
- provide you with information relating to support services available
- provide you with information so that you can make informed decisions (for example, in relation to sick pay entitlement)
- ensure that you remain informed about events in the workplace

It is the joint responsibility of you and your line manager, or your agreed point of contact, to agree how often the contact should take place. This will be dependent on your individual circumstances, but contact should be made at least every 28 days. Contact can take place over the phone, via video call, in person or in certain circumstances via email.

It is important that you make yourself available for any agreed contact. If you become unavailable for any agreed contact, you must contact your line manager as soon as possible so that alternative arrangements can be made.

Staying connected with your team or watch can help you to continue to feel a part of the workplace and reduce anxiety when retuning to work. Your manager will speak to you about the type of contact you would like to receive from your colleagues and, if appropriate, ensure you remain engaged in non-work focussed team activities.

5.4 Referral to Occupational Health

There may be instances when you or your manager feels it is necessary to refer you to Occupational Health (OH). This may be because:

- You or your manager are concerned about your wellbeing or fitness for work
- You have reached a sickness absence trigger point (as set out in section 13)

Before you are referred to OH, your line manager will speak to you about the reason for the referral, the referral process, and obtain your verbal agreement. If you do not agree to a referral to the Occupational Health Service, or withdraw your consent to release the outcome report to your line manager, your line manager will only be able to provide support based on the information that they hold about your medical condition. This may limit the support that your

line manager is able to provide. More detail about what to expect from an OH referral can be found [here](#).

5.5 Attendance at OH appointments

It is important that you attend OH appointments as this will help your manager to understand your health condition and what support they may be able to give you. Failure to attend OH appointments or provide consent to release reports will mean that your manager will make a decision on your fitness to perform your role, and any support you may require, based on the information already available to them.

5.6 Physiotherapy

Training for and participating in sporting events may increase your risk of injury. Occupational Health Physios can support you with strengthening exercises and stretching routines to minimise this risk. All Occupational Health outcome reports will be sent to your line manager or alternative agreed contact, with consent. It is therefore important that you advise your line manager of your request to ensure that they are able to provide any necessary additional support. If you are fit for work and feel you would benefit from physiotherapy then appointments for watch-based, flexiduty and control staff will be made in off-duty time.

6 Work Related Absence

6.1 Due to Service

Within LFB, a Due to Service Injury is an injury which occurred whilst on duty having arisen out of or in connection with work as a result of an authorised duty.

Support on the Due to Service process can also be obtained by contacting the Wellbeing Team on X30490. Further detail on the Due to Service process and how to put in a request can be found [here](#).

Your sickness absence will automatically be recorded as 'Not Due to Service'. If you feel that your sickness should be considered as 'Due to Service' it is important that you have a conversation with your line manager as soon as possible. Applications for a due to service classification should be submitted to the line manager within three months of the event which caused the sickness absence, or three months of the commencement of the relevant period of sickness if later, unless the employee can demonstrate there are reasonable grounds for a longer period to apply. If you feel unable to approach your immediate line manager then you can contact either an alternative manager or, if you are a member, a Trade Union representative and ask for their support to initiate the process for you.

In order for Due to Service to be agreed three criteria must be met:

- the event occurred whilst on duty
- the event has arisen out of or in connection with work
- the event occurred as a result of an authorised duty

7 Supporting your finances

7.1 Sick Pay

Details of the sick pay you will receive during a period of sickness absence can be found in

- Policy 396 for operational staff
- the Staff Code for FRS and Control Staff

You will be notified in advance should your contractual sick pay be affected whilst you are off sick. A letter will be sent to you advising you of the change in pay and the date at which it will take effect. You will be provided with approximately 28 days' notice. In exceptional circumstances your sick pay may be extended, the letter you receive will detail how you can apply for an extension.

7.2 Welfare Fund

The London Fire Brigade Welfare Fund is a standalone membership organisation.

Some of the benefits of being a member, serving or retired include:

- The death benefit scheme
- Access to gyms/health centres etc (via the Blue Light Card)
- Hardship Fund
- The Welfare Fund arranges fortnightly Huddles for all staff, a safe space for staff to attend, listen and engage if they chose
- The Welfare Fund provides a welfare care package for members, who they know are suffering from an illness or bereavement, in the form of a card, flowers or voucher.

For further information on the fund visit www.lfbwelfarefund.com , call 020 7407 3964 or email info@lfbwelfarefund.com

7.3 Annual Leave

Sickness absence and an associated reduction in pay may have an impact on your wellbeing because of financial instability. If you are on half or nil pay it is possible for you take some of your accrued annual leave whilst on sickness absence resulting in you being paid full pay for the period of your annual leave.

If you wish to do this please contact your line manager or agreed contact who will support you to progress your request.

8 Outside Employment

8.1 You will not be able to undertake outside employment while you are off sick. However if your outside employment is considered to be beneficial to your recovery and will not aggravate or restrict your ability to recover and return to your substantive role, then you can contact your line manager to discuss this further.

8.2 Further detail regarding outside employment and sickness can be found in Policy 0551 here

9 Returning to work

9.1 Recovering from illness is not always a quick or straightforward process and there may be occasions where you are fit to return to work, however you are not well enough to undertake all the aspects of your role straight away. If you are well enough to undertake only some of the duties of your contractual role your manager will consider, in consultation with OH, whether it is possible for you to return to work and what support they can provide to gradually rebuild your resilience to return to your full role. In such circumstances, during an ESM prior to your return to work, your manager may discuss with you:

- Restricted Duties - this may be either a temporary change to your duties or only fulfilling certain aspects of your role until your condition improves further to allow you to undertake your full substantive role.
- Phased Return to work – this can help build your confidence and a gradual return to your full role. This would be a temporary arrangement to support a full return to your role. The first 6 weeks of a phased return to work will be paid at full pay, following this you will be paid for the hours worked. Leave may be used to further extend this period. If however you find that a change in working hours supports your condition on a longer term basis you can consider putting in a request to change your hours on a permanent basis via the Working with Choice: Flexible Working Options policy (0448) found [here](#)

9.2 Return to Work Meeting

Upon your return to work your line manager will arrange a return to work meeting. This will give them the opportunity to welcome you back, provide you with any updates or changes that may have occurred, confirm any temporary changes to your working arrangements and confirm any necessary support that you may require to support your return to work.

10 Redeployment

10.1 Whilst it is hoped that you can return to your role, there are occasions where this might not be possible, because of your health condition and the specific demands of your role. Occupational Health (OH) may advise that you are unlikely to be able to return to your current role but may be able to carry out alternative roles within the organisation.

10.2 If you have been advised by OH that you are not likely to be fit for the foreseeable future to carry out your role, or they are unable to give a timescale for a full return to your role, your manager will arrange an ESM to meet with you to discuss how they can support you. In the first instance every effort will be made to find you a role within the same staffing group. If this is not possible then your line manager will work with you, within your agreed redeployment period, to identify a suitable role within a different staffing group, subject to vacancies.

10.3 Upon identifying a role of interest, you may be required to participate in the recruitment process to ensure that you have the appropriate knowledge, skills and experience for the role. To secure redeployment you will be required to meet the minimum criteria for the role. Additionally, where available, short term development opportunities may be provided to support you to gain a better understanding of the role.

Should you be successful in securing the new role and your current salary is higher than that of your new role, you will be given 3 years pay protection if you are Operational, and 1 year pay protection if you are FRS or Control.

11 Ill health retirement

- 11.1 Occasionally when an employee is too unwell to undertake any work, ill health retirement (IHR) can be explored. This will only be considered when all reasonable avenues of support have been exhausted and Occupational Health have advised that they are not likely to become well enough to fulfil their role, they are unable to determine whether a recovery will be made or they are unable to provide a prognosis.
- 11.2 This can only be explored for members of the Firefighters Pension Scheme or the Local Government Pension Scheme once reasonable adjustments and/or redeployment have been fully considered (see section 4.3, 4.4 and 10).
- 11.3 Learning that you may be unable to work in the future can be very upsetting and difficult to take in. Support can be provided by:
- Your line manager or point of contact
 - Your colleagues
 - Counselling & Trauma Services
 - Firefighters Charity
 - Trade Union Representative
 - Pre-Retirement Workshops
- 11.4 Your manager will arrange an ESM with you to discuss the advice received from Occupational Health and the process for ill health retirement will only start with your consent.
- 11.5 The Brigade will obtain a medical opinion from an Independent Qualified Medical Practitioner (IQMP) for those individuals in the Firefighters Pension Scheme, or from an Independent Registered Medical Practitioner (IRMP) for those in the Local Government Pension Scheme on the individuals medical capability to undertake their role.
- 11.6 The medical opinion will be considered by the Brigade and a decision will be made as to whether you are to be ill health retired. Your line manager will contact you to discuss the outcome and you will also receive written confirmation of the decision, including the medical rationale for the IQMP/IRMP's opinion. If you are dissatisfied with the medical opinion provided, the letter will outline your rights of appeal.
- 11.7 Should the decision be that you are to be ill health retired you will be provided with notice on full pay in accordance with your contract of employment. You will not be required to provide a medical certificate for the period of your contractual notice.

12 Dying to Work Charter

- 12.1 In the unfortunate event that you become terminally ill, the Brigade has committed to providing support following a diagnosis by :
- (a) Allowing you to continue undertaking safe and reasonable work should you wish to do so

- (b) Providing you with security of work, peace of mind and allowing you to choose the best course of action for yourself and your family, to help you through the challenging period with dignity and without undue financial loss

Should you receive such a diagnosis, at a time that you feel able, you should share this with your line manager or point of contact so that they can support you.

13 Sickness Absence Triggers

13.1 Even though your manager may have taken steps to support your medical condition it is understood that this support may not avoid sickness absence.

13.2 The following sickness absence triggers have been set to provide you and your manager with a guideline as to the level of sickness absence(s) which may require additional support.

6 month rolling period

- 3 separate instances, or
- a total absence of 6 working days or over in any six-month period.

12 month rolling period

- 5 separate instances, or
- a total absence of 8 working days or over in any twelve-month period.

13.3 The sickness absence triggers set out in 13.2 will not include any maternity related illness or the first 10 days of a Covid-19 sickness absence.

13.4 An ESM may be arranged by your manager when these sickness absence triggers are reached and a conversation will take place to determine whether any further or additional support may be required and set targets for a sustained return to work.

13.5 If your sickness absence(s) is/ are considered to be as a direct result of a disability (see section 4.3) then your manager will consider this and, as a workplace adjustment, your sickness absence trigger thresholds will be doubled.

13.6 Sickness absence triggers are monitored over a 12 month rolling period, should you reach an absence trigger within an active monitoring period, your manager may invite you to a further meeting as provided for in the Capability Procedure.

SECTION 2 – MANAGERS SECTION

14 Training and Support

14.1 As a manager you are responsible for supporting the health and wellbeing of your team and at times you are likely to have a team member with a medical condition who requires support to enable them to come to work.

To assist you in providing support the following resources are available:

- Education sessions with Occupational Health on how to support employees
- Education sessions with People Services on supporting health in the workplace
- Support from your local HR Adviser
- Computer based training every 2 years on supporting individuals within the workplace
- Case Conferences with Occupational Health
- Medical Panels

14.2 It is appreciated that as a manager dealing with complex cases can sometimes have an impact on your wellbeing also. Support is also available to you from

- Counselling & Trauma Services
- People Services
- Your line manager

A full list of support services can be found in section 3 .

15 Employee Support Meetings

15.1 Creating a safe space to talk

An important part to having an ESM is to make sure that it takes place in an environment where the individual feels safe to be able share their thoughts and feelings.

You should allocate plenty of time for the meeting in a private, quiet, and neutral location, which in some cases may not be Brigade premises ,where you will not be interrupted. This can be at a Brigade location, via a video call or through a telephone call.

Remind the individual of the confidentiality that will be maintained and encourage the person to talk, using simple open questions whilst actively listening to what is being said, alongside not being judgemental and/or making any assumptions about what is discussed.

Respond calmly and clearly to any questions asked and be understanding and reassuring in relation to the matters raised. If you are unsure about the answers to any questions advise that you will have to seek further information/support and will get back to them within a given timeframe.

The ESM is in place to encourage the employee to be open about how they are feeling from both a psychological and physical perspective, so a safe space to be able to share this information is an important part of making the ESM successful.

15.2 Thinking of the Bigger Picture

A health condition can often be exacerbated by poor psychological ill health. This can be related to isolation from colleagues and friends.

The individual may suffer from:

- the absence of structure to their day
- worry about the financial implications of being off sick

- concerns that they may not be well enough to fulfil their role again and uncertainty in their future

When holding an ESM being mindful of these potential concerns will allow you to offer the appropriate support suited to their needs.

15.3 Notification of ESM

As a manager you are responsible for providing the individual with 7 days' notice of an ESM in writing and advise that they have a right to be accompanied by either a work colleague or a trade union representative. This can be either via letter or via email.

15.4 Recording Discussions

Once you have held the ESM it is important to provide a written summary of the meeting. This allows for the individual to have a copy of the information that has been shared with them in the meeting. A copy of the outcome letter or email must also be placed on the e:prf.

16 Agreeing a Contact Strategy

16.1 It is important to agree how you will keep in touch with the employee whilst they are off sick. This allows you as a manager to continue to understand how you can support the employee in a return to work. There is no set timetable as to when contact should be made as this will be dependent on the individual and their particular circumstances. It is important to have a conversation with the individual to mutually agree how often contact should take place. This will give you an opportunity to get updates on the individual's condition and will assist your

understanding as to whether the level of support you are providing needs to change. This also allows you to provide the individual with any updates or changes in the workplace such as any changes in the team or watch, changes to policies or changes to Occupational Health appointments etc. You should be mindful of the individual's ability to process information. If you are updating them on policy changes, consider the format of this information if necessary. It may be appropriate in some cases to delay sharing information.

16.2 When considering how frequent contact should be, consideration can be given to:

- When the individual's medical certificate is due to expire
- when the individual's next GP/ specialist appointment is
- when the next OH appointment is
- will it be by telephone or video call
- would the individual prefer to attend a Brigade location (this also offers the opportunity for them to remain engaged with their colleagues)

16.3 Contact should be at least once every 28 days if the sickness absence is long term and should be recorded on the Individual Contact Record on StARS. This should also include the details of any agreed Brigade alternative point of contact for the employee.

17 Working with Occupational Health

17.1 Managers should give consideration to referring an individual to Occupational Health when:

- they have been on sickness absence for 28 days or more
- there are concerns about their health or fitness to undertake their role
- they have exceeded a sickness absence trigger as set out in section 13.

17.2 Prior to referring an employee to Occupational Health, you must speak with them to discuss the referral, the purpose and the process. During this conversation you should ask the employee to confirm that they agree to the referral being made; this agreement can be verbal. Employees can withhold consent and can change the consent given at any time in the process. If consent is withheld, your decisions regarding the support that can be offered to them can only be made based on the information available. If consent is withdrawn, you should speak with the employee to understand their concerns and see what can be done to address these.

17.3 The purpose of a management referral to the Occupational Health service is to try to establish:

- How you can continue to support an individual's health at work where there are concerns
- The likely duration of absence or unavailability to undertake all aspects of their substantive role
- What support can be provided to assist an individual's recovery and full return to their substantive role
- 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
- 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

17.4 In cases of sickness absence, People Services will contact the manager to determine when a referral is required to the occupational health service. Managers should consider the following:

- How long the individual has been absent from work
- Information from the individual regarding their condition and any planned treatment

17.5 Further guidance on how to complete a management brief and get the best use out of it can be found [here](#).

18 Reduced Hours

18.1 When an employee has a health condition it is sometimes possible for it to affect their ability to undertake the full remit of their role.

18.2 If advice from Occupational Health is received that the employee would benefit from a reduction in hours to support their condition, consideration should be given as to whether this recommendation can be supported.

- 18.3 Reduced hours would not normally exceed 6 weeks. Whilst working reduced hours, employees can be supported on full pay. If an employee feels that they require more than 6 weeks then the request can be considered by using annual leave or a change to contractual hours.
- 18.4 If the condition is long term and the employee requests a further period of reduced hours in accordance with 18.3, there is no requirement to seek Occupational Health advice unless a new/additional medical condition is disclosed.
- 18.5 Any changes to hours to support a medical condition should be recorded in the workplace adjustment passports.

19 Outside Employment

- 19.1 If an individual contacts you to request that they continue to undertake outside employment whilst off sick, you must review the request. Consideration should be given to whether the outside employment is likely to aggravate their condition or restrict their ability to recover and return to their substantive role with the Brigade. Advice on the impact the outside employment may have on the individual's health can be sought from Occupational Health to assist you in your decision making.

Further detail regarding outside employment and sickness can be found in Policy 0551 [here](#).

20 Return to Work

- 20.1 When an individual is well enough to return to work, they may initially not be able to undertake their full substantive role. In such circumstances you should arrange an ESM with them to consider the following :

- Restricted Duties

Consider the medical advice from Occupational Health as to what they are well enough to undertake and determine whether there is alternative work, fitting this criteria, available for them to undertake

- Phased Return to work .

Consideration of a phased return to work can be given where you feel that this would support a return to full hours. Occupational Health advice may be sought if needed, however decisions regarding specific working hours are made by you, as you are better placed to understand what can be facilitated. Such arrangements will usually only last for one or two weeks, but this can be extended up to six weeks depending on the circumstances.

- 20.2 In exceptional circumstances where a phased return to work exceeds a six week period, these cases will need to be agreed by a Head of Service or DAC and the Assistant Director of People Services. This decision must be confirmed in writing and placed on the e:prf. A longer phased return to work may also be facilitated using outstanding annual leave with the employee's agreement.
- 20.3 Where, following the agreed phased return to work period, the employee is unable to return to their full contractual hours (either on a restricted duties or substantive role basis), but you are able to continue to accommodate their working pattern, the employee will be paid in accordance with the hours worked for the duration of the arrangement (which should last no longer than 6 months). Any requests for a permanent change to working hours/ pattern must be progressed in accordance with the Working with Choice: Flexible Working Options policy (0448) [found here](#).

20.4 Return to Work Meetings

When an employee returns to work following an episode of sickness absence you should conduct a return to work meeting and record the outcome on StARS. Ideally the return to work meeting should take place as soon as possible on the day they return to work.

The purpose of a return to work meeting is to:

- welcome the employee back
- provide updates on any changes in the employee's absence
- if necessary, discuss a return to work plan including training and introduction to new team members or workstreams
- discuss support required and any adjustments that may be made to support the employee's ability to remain at work

If the employee indicates at this point that their absence was a result of them undertaking their role, consideration should be given as to whether the sickness absence should be classed as Due to Service. Further detail as to how and when to record a due to service sickness absence can be found [here](#).

21 Redeployment

21.1 Redeployment is to be explored when one of the following applies:

An individual has been not been able to fulfil their substantive role due to either long term sickness or long term light/amended duties or a mixture of both and there is no clear indication as to when they are likely to be able to fulfil their substantive role

Or

Occupational Health has provided an opinion that an individual is not likely to be fit for their substantive role or they are unable to give a timescale for a full return to your role.

21.2 Discussions regarding redeployment can be very difficult for the employee as it can signify an end to their chosen career. You should arrange an employee support meeting with the individual to:

- understand their feelings around redeployment
- understand whether they feel they can apply for and succeed in any available roles
- understand what development they may need to support them into an alternative role
- discuss what contractual changes redeployment entails

Advice must be sought from People Services before an ESM is arranged to discuss redeployment and a representative from People Services will attend the ESM with you to provide support.

21.3 For further detail regarding what support can be provided please refer to section 10

22 Ill Health Retirement

- 22.1 In most cases the support mechanisms outlined within this policy will assist in supporting an employee's health and assist their ability to attend work on a regular basis. There may however be a small number of cases where these support mechanisms are not effective in assisting employees to attend work on a regular basis or be able to undertake their substantive role owing to the severity of their condition. In these cases, Ill health retirement can be explored for members of the Firefighters Pension Scheme and the Local Government Pension Scheme only.
- 22.2 Should you have an individual who you believe meets the criteria to be progressed to an Independent Qualified Medical Practitioner (IQMP) or an Independent Registered Medical Practitioner (IRMP) you must contact your local HR Adviser to discuss this further.
- 22.3 People Services will support you by arranging a meeting with you and the employee to discuss the process for ill-health retirement. They will obtain information regarding the individual's pension scheme, complete the necessary forms for Occupational Health and ensure an appointment is arranged with an IQMP or IRMP to review the case.
- 22.4 If a decision is reached that an employee is to be ill health retired, you will be contacted by a colleague in People Services to inform you of this decision. As the point of contact for the individual you will be asked to inform them of the decision and let them know that they will receive confirmation in writing. The outcome letter will confirm the decision made and any rights of appeal. It is important to keep regular contact with the individual once they have been notified of the decision as they will require support in coming to terms with it. You may wish to discuss at an appropriate time how they wish for the decision to be communicated to their colleagues and whether they are well enough to attend an event to celebrate their service.
- 22.5 It would be useful to remind them of the support that we will continue to provide until their last day of service and support that is available after they have left the organisation.

23 Risk Assessments

- 23.1 A health condition may result in a change of support that an individual requires.
- 23.2 When an employee notifies you of a health condition you will need to consider whether a risk assessment is required to understand whether there are any elements in the workplace that are likely to result in an increased risk to their wellbeing or safety. This can be done when the employee has declared a health condition and is continuing to work or, prior to them returning from sickness absence. This will allow you to understand what measures you can put in place to avoid or minimise that risk.
- 23.3 The Managing Stress within LFB (Pn 690) and the Risk Assessment Procedure (Pn 673) provide further information as to how to undertake a risk assessment.

24 Medical Panels

- 24.1 In some complex medical cases it may be necessary for you to seek advice from the Medical Panel.

- 24.2 If a case is to be put forward you should speak to the individual and, where possible, the Trade Union representative and update them on this process.
- 24.3 If the individual wishes they may provide a written submission to be considered by the panel.
- 24.4 The Medical Panel meet approximately every 6 weeks and is formed of representatives from Occupational Health, General Counsel, People Services, Health & Safety and Central Operations. These panel meetings can be used to discuss specific, complex medical cases where a view is required from all parties to determine whether an individual can remain safely at work.
- 24.5 The medical panel may also be used to provide support and advice when making adjustments and deciding whether recommended adjustments are reasonable. Further guidance on the Medical Panel and how to escalate a case to the medical panel for support can be found [here](#).
- 24.6 If you think that you may have such a case, then please discuss this with your local HR Adviser who will provide further assistance.

25 Sickness Absence Triggers

- 25.1 When a sickness absence trigger is reached, as set out in section 13, you should consider whether it is appropriate to arrange an ESM.
- 25.2 If the sickness absence(s) is/are considered to be as a direct result of a disability(see section 4.3) then, as a workplace adjustment, the sickness absence trigger threshold will be doubled.
- 25.3 If you are unsure whether the sickness absence is as a result of a disability, then advice can be sought from Occupational Health or your local HR Adviser.
- 25.4 An ESM can assist in determining whether the individual requires additional support as set out in section 15.

Appendix 1

Useful Resources

Occupational Health Hotwire Pages

Counselling and Trauma Services Hotwire Pages

Reasonable Adjustments Guidance Note

Mental Health Policy (XXX)

Managing stress within the LFB Policy (690)

Menopause Policy (969)

Transgender people in the workplace Policy (323)

Domestic violence Policy (653) Learning

Support Policy (553)

Paid Sick Leave Arrangements for Uniformed Staff Policy (396)

Alcohol & Drugs Policy (550)

Medical Charges Policy (198)

Outside Employment Policy (551)

Working with Choice: Flexible Working Options Policy (448)

Maternity , Maternity Support and Adoption Provisions (555a)

Parental Leave Policy (400)

Equality Support Groups Policy (965) and Hotwire Pages

Career Break Policy (438)

The control of infection and infectious diseases policy (707)

Special Leave Policy (512a /512b)

Grey Book Staff

Code

Document history

Assessments

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

EIA		SDIA		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		

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

Managing attendance policy

New policy number: **889**
 Old instruction number:
 Issue date: **7 April 2016**
 Reviewed as current: **13 August 2018**
 Owner: **Assistant Director, People Services**
 Responsible work team: **HR Policy Group**

Contents

1	Introduction	3
2	Roles and responsibilities	3
3	Definition of absence and support mechanisms for employees	4
4	Notification and certification requirements	5
5	Incomplete shifts due to sickness absence	7
6	Contact with employees	7 7
	Sickness and leave entitlement	8
8	Absence triggers	9
9	Short term intermittent absence	10
10	Return to work meetings	10 11
	Attendance support meetings.....	10 12
	Work related stress	11
13	Management of long term absence.....	11
14	Return to work following long term sickness absence	12
15	Alternative duties	12 16
	Sickness absence records	13
17	Referral to occupational health	13

18	Menopause	15
----	-----------------	----

Review date: 13 August 2021	Last amended date: 2 September 2021	19	Employees who become disabled	15
------------------------------------	--	----	-------------------------------------	----

20	Redeployment	16
21	Retirement due to ill health	16
22	Ill health – capability process - termination of employment	17
23	Sick pay entitlements	19
24	Third party damages	19
25	Contact with infectious diseases	19 26
	Data Protection Law – special category personal health data	19

Document history

.....	20
-------	-----------

1 Introduction

- 1.1 The 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 periods 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 financial pressure on an organisation. At a time of reducing budgets and increased scrutiny on how public money is spent, LFB recognises that supporting staff to maximise their attendance and minimise ill health are key principles.

Objectives

- 1.3 In order to support these principles, the main objectives of the managing attendance policy are to:

- Maximise attendance at work;
- Ensure timely intervention to provide appropriate support to those who are absent from their substantive role through illness or injury before considering the capability process;
- Minimise the disruption to service delivery caused by sickness absence.

Application

- (a) This policy applies to all LFB employees within the purview of the Authority Joint Committee.
- (b) Where a provision applies to either support staff or uniformed staff only, this will be clearly identified.
- (c) Training will be provided to all relevant managers involved in the policy both when a new manager takes up the post and where changes are made to the procedure. Managers are encouraged to invite their local trade union (TU) representative/s to attend joint training events where appropriate.
- (d) Advice and assistance is available from the Human Resources (HR) section and the Occupational Health Service.
- (e) Consultation and discussion with trade union representatives at all relevant stages as defined in this procedure.
- (f) A Managing Attendance Handbook on managing attendance (referred to in this policy as the 'Managing Attendance Handbook') accompanies this policy. The Managing Attendance Handbook provides further practical examples of the application of the policy and contains templates of the letters and forms referred to throughout the policy.

2 Roles and responsibilities

Employee responsibilities

- 2.1 The employee has responsibility for immediately notifying the manager of an absence in accordance with paragraph 4 below. Initial contact must be made by employees themselves and by telephone (text message and e-mail contact is not permitted), unless due to the nature of the illness they are unable to do so. In exceptional circumstances 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. Failure to attend meetings to discuss periods of absence (unless medical professional(s) have advised that illness/incapacity prevents attendance) or failure to attend Occupational Health appointments without prior notification of non-attendance may result in the employee's entitlement to occupational sick pay being withdrawn and may be progressed via the LFB disciplinary process. 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. 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. If consent is not given, decisions will be made in the absence of medical information. In addition, it is the responsibility of the employee to continue to submit Statements of Fitness for Work (fit notes) as and when required.
- 2.3 Employees must ensure their manager has a means of contacting them directly during periods of sickness absence. In the event the employee's contact details change, employees on sickness absence should notify their manager of the new details as soon as practicable.

Manager responsibilities

- 2.4 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 that they adhere to all reporting/certification requirements. It is the responsibility of the line manager to record 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 for employees are regularly reviewed and that confidentiality is maintained throughout the managing attendance process.

3 Definition of absence and support mechanisms for employees

- 3.1 For the purpose of this policy it is useful to define what is meant by both short term and long term absence:

Short term

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

Long term

- 3.3 Long term sickness absence is defined as a period of absence lasting 28 days or more.

Advice and support mechanisms

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

- The employee's line manager
- Human Resources
- Trade Union Representative
- Occupational Health service, which includes a physiotherapy service
- The employee's GP/treating consultant
- Counselling and Trauma Service (CTS)
- Fire Fighters Charity (in particular their rehabilitation services at Jubilee House/Marine Court/Harcombe House)

In addition the following may prove helpful:

- Flexible working
- Temporary alternative/modified duties
- Phased return to work
- Redeployment
- A temporary change in duties and/or work location

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.

When notifying sickness, employees must report the nature of the incapacity.

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), (020 8555 1200 and ask for Control who will page the OOD).

4.3 In those exceptional circumstances where the employee does not feel able to report their sickness *condition* to their line manager or a more senior manager/OOD, the sickness condition should be notified to the HR HelpDesk (020 8555 1200 x89100 option 3). In all cases the initial notification of sickness should follow the process set out at paragraph 4.1 or 4.2 above.

4.4 In all cases, officers, managers and HR staff receiving sickness notification calls must treat the employee compassionately and handle details of their sickness with discretion.

Note: Uniformed employees who have reported for work and subsequently book off sick during the course of that duty, must, if not reporting for work the following day, advise the line manager

of their 'remaining on sick leave' or 'no longer sick, but booking on to rota' prior to the commencement of the duty scheduled for that day.

Days 2-4

- 4.5 Should an absence persist (including Saturdays, Sundays 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.

Sickness of 4-7 calendar days

- 4.6 Where the absence is for 4-7 calendar days, the employee shall on return to work complete a selfcertificate form covering the full period of sickness.

Sickness of 8 consecutive calendar days or more

- 4.7 Where the absence extends beyond seven calendar days the employee will complete the selfcertificate for days 1-7 as soon as practicable. 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 period of absence beyond the first seven days. These should be submitted as soon as practicable after they are obtained, and the originals, or scanned copies, provided in each case.
- 4.8 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 employees 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. In these circumstances employees are required to maintain contact with their manager or any manager acting on their behalf on a weekly (or other agreeable time period between both parties) basis to provide an update on the situation for the duration of the illness.
- 4.9 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. 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 the steps they have taken, 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. Otherwise a fit note will normally be regarded as covering absence only from the date of issue of the certificate.
- 4.10 Where the GP advises that the employee 'may be fit for work' 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 and further advice sought from the Occupational Health service as necessary.
- 4.11 LFB will not normally accept a certificate for a duration of more than three months. Where a medical certificate for a longer duration has been submitted, the Brigade can require the employee to submit a further medical certificate after three months in order to meet the Brigade's sickness notification requirements.
- 4.12 Employees who fall sick abroad such that they are unfit to travel back to the UK will need to follow normal sickness reporting procedures, i.e. they are to notify their line manager at the earliest

opportunity, and if the sickness extends for 4 days or more, a self-certificate will need to be provided covering days 1-7 of sickness. 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 which confirms 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

- 4.13 Where an employee repeatedly (i.e. more than once) does not attend occupational health medical appointments, or fails to comply with the notification and certification procedures or any other general requirements of the Managing Attendance policy, entitlement to occupational sick pay and/or SSP may cease and disciplinary conduct action may be taken as appropriate. Further guidance is in the Managing Attendance Handbook.

Availability during sickness absence

- 4.14 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

- 4.15 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 Human Resources, who will seek the advice of occupational health. Outside employment whilst sick should not be conducted until and unless the request is approved.
- 4.16 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 progress and an assessment of work related issues such as temporary cover or re-organisation of work.
- 6.2 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.
- 6.3 The line manager may make arrangements to meet with an employee at regular intervals to provide support. 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.
- 6.4 The line manager will contact the employee beforehand to advise them of their wish to meet with them. The line manager should use the relevant [template letter](#) which is also available on the [Attendance management](#) page on Hotwire. The employee will also be expected to attend the meeting at their normal work location unless they indicate that this is an issue and asked to meet for example, in their own home, the nearest fire station, headquarters etc. The employee will be given the opportunity to have someone with them e.g. a work colleague or a trade union representative during all attendance support meetings. The line manager should seek advice from a HR adviser in advance of the meeting if HR support is likely to be required.
- 6.5 It is recognised that long periods of sick absence from work have the potential to increase stress and anxiety levels of an individual. Simple adjustments or modified duties can enable employees to return to work safely before symptoms completely disappear. The line manager, in conjunction with HR should discuss and explore this option involving the individual and in consultation with the Occupational Health service.
- 6.6 Employees are encouraged to discuss their medical situation with their manager to ensure they have all the information required in order to evaluate any support mechanisms that may already be in place or identify the need for support to be arranged.
- 6.7 All contact between an employee and their line manager during a period of absence should be recorded on the contact section of StARS.

7 Sickness and leave entitlement

- 7.1 Employees should be aware that extended periods of sickness absence covering more than one leave year may affect their contractual leave entitlement. Following periods 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:
- Inform their line manager of their illness or injury promptly, in line with normal sickness reporting procedures.
 - Provide a fit note, or other formal medical certification, covering the full period of their illness or incapacity.
- 7.3 Following a period 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 fifteen months from the end of the leave year in which it is accrued or will be forfeited.

Requests for annual leave during sickness absence

- 7.4 It is recognised that taking time away from home during a period of sick leave can be recuperative and may support recovery. However it is expected that, during periods of sickness, employees do not undertake activities that are likely to aggravate their condition or prolong their absence from work.
- 7.5 During periods of sickness absence, employees are required to inform their line manager prior to taking leave and to provide alternative contact details as appropriate.
- 7.6 Employees may request to take any accrued statutory annual leave entitlement, but not Option Absence (FRS staff) while absent from work due to sickness.
- 7.7 Where management has concerns about the proposed nature of holiday activities, the employee can be referred to the Occupational Health service for further information on the impact the proposed activity may have on the employee's condition and recovery.
- Employees taking leave away from home during periods of sickness absence are required to provide fit notes covering the full period that they are away.
- 7.8 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 Absence 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. Absence triggers are monitored over a 12 month rolling period.
- 8.2 Attendance support meetings are organised when the following absence triggers are reached:

6 month rolling period

- 3 separate instances, or
- a total absence of 6 working days or over in any six month period.

12 month rolling period

- 5 separate instances, or
- a total absence of 8 working days or over in any twelve month period.

- 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, within the 'grey book', Scheme of Conditions of Service, 6th edition.
- 8.4 If an employee's sickness absence is due to a maternity related illness the absence should not be included in the absence criteria outlined in section 8.1. Advice should be obtained from a HR Adviser in these circumstances.
- 8.5 Managers should be aware that they are entitled to raise and discuss concerns about attendance with employees at any stage if it is deemed reasonable and appropriate, e.g. any recurring, recognisable patterns, such as frequent absenteeism on a Friday or a Monday, before or after public holidays or during school holidays.
- 8.6 Attendance support meetings can be combined with return to work interviews where an employee agrees to this in advance. In such circumstances, the employee must be provided with an invite letter to the attendance support meeting providing the employee with time to arrange to be accompanied by a colleague or trade union representative, if they wish.

9 Short term intermittent absence

- 9.1 A short term absence can be defined as any single period of absence of less than 28 days.
- 9.2 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 continuing feature of the employee's attendance record and a management concern, the capability process may be considered. Please refer to paragraph 21.

10 Return to work meetings

- 10.1 When an employee returns to work following a period of either short or long term sickness absence, the manager will conduct a return to work meeting 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 meetings 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. Further information on what should be discussed at a return to work meeting is contained within the Managing Attendance Handbook, section 1.2.

11 Attendance support meetings

- 11.1 Attendance support meetings provide a structured approach for managing long and short term absence issues, in addition to the routine support provided by line managers, for example

through regular absence contact and return to work interviews. Attendance support meetings are in place to ensure line managers provide all possible support and advice to resolve attendance issues and, in the case where long or short term absence is causing a repeated concern, to ensure this is provided before the capability process is considered.

- 11.2 The success of attendance support meetings relies on a manager's ability to exercise common sense and judgement when supporting employees through the managing attendance process. 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.
- 11.3 Employees must receive written notification of the requirement to attend an attendance support meeting and of their right to be accompanied at least seven days in advance. This notification period may be varied by mutual consent. A checklist is available for those managers who require further guidance on the issues that should be discussed during the meeting. Copies of the checklists for [short term sickness](#) and [long term sickness](#) and [all the letters](#) used within the managing attendance process are also available on the [Attendance management](#) page on Hotwire.
- 11.4 Following the meeting, the manager should write to the employee confirming the content of the discussion and the outcomes e.g. targets and timescales for improvement and any support mechanisms that require to be arranged.
- 11.5 If no or only limited improvement has been achieved, or where no return to work or to the employee's substantive role is achieved, the reasons for this will be explored further. Employees may be advised that their level of absence is causing concern and be dealt with under the capability procedure and could ultimately lead to their employment being terminated on the grounds of capability as detailed in section 21 of this policy.
- 11.6 Advice should be sought from HR advisers in the management of all absence cases progressing via the capability process. However, the Brigade is committed to assisting employees to make a recovery to good health and achieve a return to work. Therefore termination of employment is a last resort and this decision will only be taken after all support mechanisms, reasonable adjustments and redeployment has been considered.

12 Work related stress

- 12.1 In cases where an employee cites work related stress as a perceived source and causal factor 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, they will be asked to complete the "[Workplace Stress Questionnaire](#)" and to discuss this with their line manager (or, where the employee would prefer, another appropriate Manager) in the first instance. Managers should refer to [Policy number 690](#) - Managing stress within the LFB and the stress risk assessment tool within this policy.

13 Management of long term absence

- 13.1 Long-term sickness absence is defined as a period of absence lasting 28 calendar days or more.

- 13.2 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).
- 13.3 In addition to the normal line manager contact and advice from the Occupational Health service outlined within this policy, attendance support meetings should be used to provide a structured mechanism for managing and supporting staff in relation to long term absences.
- 13.4 After the initial attendance support meeting which should be held after 28 days sickness, and after a medical outcome report from Occupational Health is provided, further attendance support meetings should be held dependant on the individual circumstances. As a guide it will generally be appropriate to hold a further attendance support meeting after no less than one month, and no more than three months, of long term absence. This is a guide and the frequency of attendance support meetings can vary depending on the circumstances of the case.
- 13.5 The Brigade needs to balance the needs of the employee with the need to maintain an efficient service. Prolonged absences away from work or from the substantive role, particularly in the light of a history of previous illness, may in certain circumstances, cause such severe difficulties that a decision has to be made on whether or not the employee's contract of employment can continue.
- 13.6 Each case is individual and all circumstances must be considered including:
- Expected duration of the absence
 - Prognosis for the return to work
 - Medical opinion from the Occupational Health service
 - Personal circumstances
 - Attendance history
 - The intentions of the employee
 - Whether the employee has a recognised disability
 - Impact on service delivery
 - Specialist medical information which may be available
 - Consideration of ill health retirement.

14 Return to work following long term sickness absence

- 14.1 Prior to returning to work following a period 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 in confirming an employee's fitness to return to duty.
- 14.2 When returning from a period of long-term sickness, the manager must meet with the employee to formulate a plan for the employee returning to work and the employee may not be deemed as fit to return to work until this meeting has taken place. This meeting can be arranged for the same time as the return to work meeting. During the meeting managers should consider 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 their return to work. 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.

15 Alternative duties

- 15.1 As per paragraph 1, the purpose of this policy is to maximise attendance at work and ensure appropriate support is provided to those who are absent through illness or injury before considering the capability process.
- 15.2 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 maintain their attendance 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 where 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.
- 15.3 In all cases, this is considered as a support mechanism that will result in the employee returning to their substantive post, and should therefore not be considered as a long-term solution. Similarly, duties of this nature should be meaningful and justifiable. Given the purpose of alternative/light duties is to provide support to an employee with a view to them returning to their substantive post, managers are encouraged to offer alternative/light duties for as short a period of time as possible but, in general, should not have this in place for any longer than a 6 month period. Where the employee has had more than one period of light duties in a rolling 12 month period, the periods of light duties may be aggregated when considering the 6 month (general) limit. Each case should be managed on an individual basis, taking into account the medical advice, and, if a manager determines that alternative/light duties may be required for a longer period, they should discuss this with an HR Adviser at least four weeks in advance of the 6 month period coming to an end, and this will need to be agreed by a manager at the appropriate level of seniority. See the [template letter](#) for confirming alternative/amended/light duties. The manager will need to clearly set out their reasoning in the event that light duties are extended beyond 6 months.
- 15.4 In considering whether alternative duties could be accommodated, management should seek advice from the Occupational Health service, who will have up to date medical information for the employee, in addition to seeking advice from HR. Thereafter, they should meet with the employee to discuss and seek to agree what these duties will be and how long they may be required for. The Managing Attendance Handbook provides further detail and guidance about alternative duties and reasonable timescales that should be considered.
- 15.5 From the commencement of alternative duties, employees must be made aware of the nature of the alternative duties/modifications, the duration this will be expected to be required for and of the fact the expectation is that they should be in a position to return to their substantive post within a determined period. Written confirmation of this discussion will be sent to the employee. A [template letter](#) is also available on the [Attendance management](#) page on Hotwire.
- 15.6 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 (having considered relevant medical evidence) that the employee is unlikely to be able to return to their substantive role within a reasonable timescale (6 months), or the employee is unable to undertake meaningful alternative duties, the manager should consider terminating the arrangement. If a decision is taken to terminate the alternative duties, the employee will be required to report sick as per section 4 of this policy.

16 Sickness absence records

- 16.1 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.
- 16.2 Access to sickness absence records will be treated in strict confidence and will be restricted to the HR section and the relevant manager carrying out any stage of this policy. Any unjustified disclosure may be subject to investigation and possible disciplinary action.
- 16.3 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. Periods of sickness absence related to maternity should not be taken into account when making a decision about an individual's employment, for example, for promotion, redundancy etc. Where sickness arises from a disability, reasonable adjustments must be made, and disabled staff must not be treated less favourably for a reason related to their impairment unless this can be justified within the constraints of the law. See section 18 regarding disability-related sickness.

17 Referral to occupational health

- 17.1 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.
- 17.2 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.
- 17.3 The purpose of a management referral to the Occupational Health service is to try to establish:-
- The underlying cause of and likely duration of the absence.
 - 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.
 - Whether there is anything that can be done to assist the individual's recovery and return to work.
 - Whether the absence is attributable to a disability as defined by the Equality Act 2010.
 - 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.
- 17.4 Managers should be encouraged to make a referral to Occupational Health when they have a concern about an employee's absence. Over and above this, however, automatic referrals to Occupational Health are made at the following points:
- Continuous absence between 7 days and 35 days, depending on the medical condition.
 - Reports of an injury at work, where an immediate medical referral is requested by the Health and Safety Services department.
 - Sickness recorded as 'Due to Service' which extends beyond 7 days.

- Commencement of sickness due to stress, anxiety or depression.
- Commencement of sickness due to cardio-vascular conditions.

In addition managers should make a medical referral where the employee pro-actively discloses that they have a potential substance/alcohol misuse problem.

- 17.5 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.
- 17.6 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.
- 17.7 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.
- 17.8 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 an entitlement to Statutory Sick Pay.

Physiotherapy

- 17.9 Where a manager considers that an employee could benefit from Physiotherapy, the manager will discuss this with their HR Adviser, 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 Attendance Management Medical Team; agreed appointments for watch-based and flexi-duty staff will be made in off-duty time.

Counselling

- 17.10 The Brigade provides a confidential in-house counselling service, Counselling and Trauma service (CTS), as a support mechanism to all employees. Self or management referrals can be made to CTS as appropriate. HR can provide further information if required. CTS also provides support to employees in relation to post incident welfare.

Self – referral

- 17.11 Employees can request that they are referred to the Occupational Health service for practical support and advice from a medical practitioner. This request must go via the Attendance Management Medical Team, and will not be unreasonably withheld.

18 Menopause

18.1 The Brigade has produced a booklet for staff and managers 'Menopause guidance' that can be accessed via LFB WellWorks. 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. Additional information on the menopause is available by contacting the LFB's Wellbeing Team.

19 Employees who become disabled

19.1 There will be occasions when, as a result of an illness or injury, an employee becomes disabled. In such cases the Brigade must, wherever possible, facilitate the employee's continuing employment.

19.2 The Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long term adverse effect on someone's ability to carry out normal daily activities. The definition includes people with hidden disabilities (such as diabetes, epilepsy, and mental health issues). An employer is under a legal obligation to make reasonable adjustments to enable a person with a disability to work or continue to work.

19.3 In order to ensure that the Brigade complies with the requirements of the Equality Act 2010 a meeting will take place between the employee, their representative (a work colleague or Trade Union representative), the manager, and a representative from HR to consider reasonable adjustments for an employee who becomes disabled where this proves necessary and is appropriate to the case.

19.4 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:

- Changing the job content to exclude things which may be badly affecting the employee's impairment and causing sickness absences;
- Where possible, the manager should review periods of sickness absence and identify periods of absence which are attributable due to a disability and consider this in relation to the management of the employee's absence.
- Providing equipment which enables an employee to carry out their job more effectively;
- Altering the workplace (including some home working if appropriate);
- Reallocating duties between the disabled employee and their colleagues;
- *Altering working hours;
- Transferring the disabled employee to another work area;
- Providing information in alternative formats;
- Redeploying the disabled employee (where possible);
- Providing a reader or signer;
- *Allowing time off (Disability Treatment Leave)** for rehabilitation, assessment or treatment;
- 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 longer term reduction of contractual hours, the employee, following their phased return to work, will be paid for the hours actually worked.

***"Disability Treatment Leave" is time off from work for attending clinic appointments or other assessment, medical treatment and/or in-patient or out-patient recuperation/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)). Disability Treatment Leave is normally limited to ten working days per year.

- 19.5 Where an employee's medical condition meets the definition of a disability under the Act, the absence triggers detailed in 8.1 will be applied to ensure that any support mechanisms can be identified at an early stage. However consideration will be given to the employee's disability in terms of the application of the managing attendance procedure and consideration given to the reasonable adjustments outlined in paragraph 18.4 above. Where absences occur that are not related to the employee's disability the managing attendance procedures will apply in the normal way. Further advice can be obtained from an HR Adviser where necessary.
- 19.6 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 [Policy number 873](#) - The sickness capability process, subject to disability related absence being managed in accordance with the Equality Act.

20 Redeployment

- 20.1 Where the Occupational Health service advises that an employee is unfit to carry out their current role but is not permanently unfit, suitable redeployment opportunities in relation to the relevant role map/job description should be considered.
- 20.2 The relevant manager and representative from the HR section 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 within the Brigade over a minimum of a three-month period.

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 the option of ill health retirement. This shall be progressed where:
- 21.2 In the case of uniformed employees, the employee is considered by the Independent Qualified Medical Practitioner (IQMP) to be permanently unfit to carry out the role for which they are employed in accordance with the provisions of the relevant Firefighters Pension Schemes and where a suitable alternative position is not available or appropriate;
- 21.3 In the case of FRS and Control employees, the employee is considered by the Independent Registered Medical Practitioner to be permanently unfit in accordance with the provisions of the Local Government Pension Scheme;
- 21.4 Every other option for return to work has been considered e.g. reasonable adjustments to duties, redeployment;

21.5 The employee is a member of the Local Government Pension Scheme, or one of the Firefighters Pension Schemes.

22 Ill health – capability process - termination of employment

22.1 In most cases the support mechanisms outlined within this policy will assist employees to attend work on a regular basis or alternatively, where an ill health retirement is appropriate, to retire from the Brigade under the provisions of the relevant pension scheme. There may however be a small number of cases where these support mechanisms are not effective in assisting employees to attend work on a regular basis or be able to undertake their substantive role.

22.2 Unless a redeployment opportunity is identified, an employee's inability to achieve and maintain acceptable levels of attendance (short term intermittent or long term) are issues of capability which may eventually result in either ill health retirement or termination of employment on the grounds of capability.

22.3 The same principle applies to employees who are unable to carry out the duties of their substantive post on the conclusion of a period of alternative duties although in these circumstances redeployment and ill health retirement will also be considered. For more information on alternative duties, please refer to paragraph 15.

22.4 Employees should be advised that their employment with the Brigade cannot be guaranteed if they are not able to attend work on a regular basis or be able to undertake their substantive role and ultimately their employment could be terminated on the grounds of capability. However, any decision to dismiss an employee on grounds of capability will be a last resort and will only be taken after all support mechanisms have been considered and implemented.

Assessing suitability for progression to the capability process

22.5 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:

- The intention of managing attendance, including formal action in [Policy number 873](#) - the sickness capability process, is to improve attendance.
- Where individuals are injured or ill they should be treated fairly and compassionately at all times.
- 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 [Policy number 873](#) - the sickness capability process.
- 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 HR.

22.6 Although each case must be reviewed on its own merits, as a guide, consideration should be given to initiating the capability process at the following points:

Long term absence

22.7 After 6 months of continued long term absence or unavailability from the substantive role, a first stage capability meeting may be considered.

- 22.8 After 9 months of continued long term absence or unavailability from the substantive role, a second stage meeting may be considered.
- 22.9 As a last resort, and after all other alternatives have been explored, if an employee remains absent from work after 12 months or is unavailable from the substantive role, a third stage hearing may be initiated. Managers should contact their HR Adviser for further advice.

Short term absence

- 22.10 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 due to the continuing nature within the employee's attendance record, the first stage of the capability process may be considered. Managers should contact their HR Adviser for further advice.
- 22.11 An individual should not normally be progressed to [Policy number 873](#) - the sickness capability process, unless:
- 22.12 Notwithstanding supportive management action having been taken, the individual continues to have unacceptable levels of persistent short-term absence and there is no sufficient improvement in their attendance; and/or
- 22.13 The individual is absent due to long-term sickness and, notwithstanding supportive management action having been taken; there is no realistic prospect of return to work or return to substantive duties in a reasonable timeframe.
- 22.14 The employee is unable to return to their substantive role and it is not anticipated will be able to do so within a reasonable timeframe.
- 22.15 The employee has been previously advised that their continued absence may result in progression through the capability process;
- 22.16 Earlier supportive action was offered but the individual either declined it or failed to co-operate and as a result there has not been the necessary improvement in the employee's attendance.
- 22.17 Capability has no informal or preliminary stage only 3 formal stages. These are outlined in [Policy number 873](#) - the sickness capability process. Line managers should always seek advice from HR when dealing with cases of capability.
- 22.18 Employees invited to a first or second stage capability meeting should be invited to do so in writing and using the [template invite letters](#) , also available on the [Attendance management](#) page on Hotwire.
- 22.19 The outcome of capability meetings should be detailed using the [template outcome letters](#). A template outcome letter for a first stage and second stage capability meeting are also available on the [Attendance management](#) page on Hotwire.
- 22.20 After considering all other options such as redeployment and Ill Health retirement, any manager considering progression to the third stage of the capability process must review the [management checklist](#), also available via the [Attendance management](#) page on Hotwire to ensure that all reasonable steps have been taken prior to initiating this stage, if appropriate.
- 22.21 An employee required to attend a third stage capability hearing will be invited using the [template letter](#), also available on the [Attendance management](#) page on Hotwire.

23 Sick pay entitlements

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

24 Third party damages

24.1 Where the employee is absent as a result of an accident the Brigade shall continue to pay the individual in accordance with their contractual entitlements. Any claim for damages against a third party should include a sum equivalent to the salary provided. The Brigade will, on application, provide a certificate to the employee as evidence to the third party.

25 Contact with infectious diseases

25.1 In the case of contact with infectious diseases, 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 their HR Adviser who will seek advice from occupational health.

25.2 If the employee feels unwell and cannot come to work then they should report their absence in the normal way to their line manager, ensuring that the manager is made aware of a possibility of a contracted infectious disease. The employee will seek to contact their GP as soon as possible, or report to the nearest A&E, who will make a decision as to whether the infectious disease is significant and the employee needs to have medical attention and/or refrain from work.

25.3 If an employee is in contact with another person who has an infectious disease and is concerned then they should seek advice either from their GP or their HR Adviser who will seek advice from occupational health. If the contact with an infectious disease takes place at work, the employee must report this to their line manager immediately.

25.4 Managers 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.

26 Data Protection Law – special category personal health data

26.1 It is the policy of the Brigade to fully comply with the provisions of the Data Protection Law and to observe the principles of the Law by maintaining the confidentiality of all personal sickness absence information held manually or electronically.

26.2 The Brigade's published a privacy information note (PIN) on "employment" on its website ([here](#)) it explains the information the Brigade collects about employees, why it collects it and how it is used. The PIN should be read alongside the LFB "General Privacy Notice" which is on our website [here](#).

Document history

Assessments

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

EIA		SDIA	21/03/2015	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
Page 15	New section 18 (Menopause)/paragraph 18.1 added.	25/03/2019
Page 5, para 4	New paragraphs 4.2-4.4 regarding notification of sickness; remaining paragraphs in section 4 renumbered accordingly.	27/11/2020
Page 19	Terminology updated from 'Act' to 'Law' and paragraph 26.2 added.	02/09/2021

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



Equality Impact Assessment (EIA) Form

The **purpose** of an EIA is to give **as much information as possible** about potential equality impacts, to demonstrate we meet our **legal duties** under the Equality Act 2010.

Please read the EIA Guidance [on Hotwire](#) before completing this form.

Once you open the template please save it on your OneDrive or SharePoint site. Do not open the template, fill it in and then click Save as this will override the template on Hotwire.

1. What is the name of the policy, project, decision or activity?

Reviewing the Managing Attendance Policy

*Overall Equality Impact of this policy, project, decision or activity (**see instructions at end of EIA to complete**):*

High		Medium		Low	X
------	--	--------	--	-----	---

2. Contact details

Name of EIA author	Paula Bayley
Department and Team	Wellbeing Team, People Services
Date of EIA	08.10.21

3. Aim and Purpose

What is the aim and purpose of the policy, project, decision or activity?	To review the policy and to ensure that the London Fire Brigade are supporting the health and wellbeing of its employees within the workplace.
Who is affected by this work (all staff, specific department, wider communities?)	All staff

4. Equality considerations: the EIA must be based on evidence and information.

Page **1** of **8**



LONDON FIRE BRIGADE

What consultation has taken place to support you to predict the equality impacts of this work?

Consultation is scheduled with the Equality Support Groups, Trade Unions and Learning Support Team

Page **2** of **8**

5. Assessing Equality Impacts

Use this section to record the impact this policy, project, decision or activity might have on people who have characteristics which are protected by the Equality Act.

Protected Characteristic	Impact: positive, neutral or adverse	Reason for the impact	What information have you used to come to this conclusion?
<i>Example: Age</i>	<i>Adverse</i>	<i>Moving this service online will adversely affect older people, who are least likely to have access to a computer or smart phone and may not be able to use the new service.</i>	<i>GLA Datastore: X% of the London community are aged 70 or over. GLA data shows that only 10% of those over the age of 70 have regular access to a computer or smart phone.</i>

Age (younger, older or particular age group)	Positive	<p>It is a well known fact that the older we are, the more health conditions we are likely to experience. Changing the approach to supporting people's health and wellbeing at work will provide individuals with the knowledge and understanding of what support is available .</p> <p>The policy will also provide clear support to managers as to how they can positively support an individual's health and wellbeing allowing them to remain at work.</p>	<p><i>Age range 40 – 49 years has the highest percentage at 36.4 % of the total number of long terms sickness cases in the last two years .</i></p> <p><i>Age range 40 – 49 has the highest percentage, at 46.6% of the total ill health retirements over the last 5 years</i></p> <p><i>Applying this policy to the workforce will support the wellbeing of the workforce with the aim to reduce sickness and ill health retirements in these age categories.</i></p>
--	----------	--	--

		This may have more of an impact on the older age ranges of the workforce as it allows that group of people to remain at work until they choose to retire.				
Disability (physical, sensory, mental health, learning disability, long term illness, hidden)	Positive	Recent Employment Tribunal rulings have highlighted the need for greater understanding and application of reasonable adjustments. The disability provisions of the Equality Act provide that an individual with a Disability is entitled to reasonable adjustments. This policy will provide understanding for both		Occupational Group		
					Total	%
				FRS Staff	125	13.17%
				Control Staff	12	10.91%
				Operational Staff	296	6.36%

	<p>managers and employees as to the support available for those individuals with a disability including those with physical health and mental health conditions</p> <p>It will provide greater clarity on reasonable adjustments and when and how they should be considered, referencing the workplace adjustments passport which is currently being developed</p> <p>With the assistance of the Learning Support team we will seek to ensure the format of the policy is accessible for those individuals who are neuro diverse. will also be in understanding how to support those individuals with a disability.</p>	<table><tr><th>Total</th><th>433</th><th>7.58%</th></tr><tr><td colspan="3"><i>rkforce have declared a disability</i></td></tr></table>	Total	433	7.58%	<i>rkforce have declared a disability</i>		
Total	433	7.58%						
<i>rkforce have declared a disability</i>								

		The Equality Support Groups will be consulted with to reinforce this.	
Gender reassignment (someone proposing to/undergoing/ undergone a transition from one gender to another)	Positive	The policy uses gender neutral language . The focus on supporting health and wellbeing will also support the physical and mental health of those individuals transitioning and will support the Trans policy	This isn't recorded by LFB currently.

Marriage / Civil Partnership (married as well as same-sex couples)	Neutral	This policy does not require the knowledge of whether an individual is married or in a civil partnership, however will consider the domestic violence policy when supporting the health and wellbeing of individuals	This is not recorded by LFB
Pregnancy and Maternity	Positive	This policy is to support the health and wellbeing of the workforce. This will improve the understanding of the employee of what support to expect. This will also improve the understanding of the managers as to how to support individuals and the health and wellbeing of pregnant staff and will support the maternity policy	
Race (including nationality, colour, national and/or ethnic origins)	Neutral	This policy is applicable to all staff at all levels.. This policy provides understanding of how we can support the health and wellbeing of all staff , thus enabling them to come to work and feel supported. It can provide support to BAME individuals who are more at risk from conditions such as Covid-19	
Religion or Belief (people of any religion, or no religion, or people who follow a particular belief (not political))	Neutral	This policy does not require the knowledge of whether an individual has a religious belief or not to be applied.	

Sex (men and women)	Neutral	This policy will be applicable to both men and women and will provide additional support and sign posting to supporting health in relation to female related conditions such as menopause and maternity wellbeing.	
Sexual Orientation (straight, bi, gay and lesbian people)	Neutral	This policy does not require the knowledge of an individual's sexual orientation to be applied.	

6. Impacts outside the Equality Act 2010

What other groups might be affected by this policy, project, decision or activity?

This policy will be available to all employees

Consultation is ongoing with the learning support team to ensure that the policy is accessible to a neurodiverse audience when the content has been finalised.

7. Legal duties under the Public Sector Equality Duty (s149 Equality Act 2010)

How does this work help LFB to:

Eliminate discrimination?

This policy will assist the Brigade in meeting its duties under the disability provisions of the Equality Act 2010. It aims to eliminate discrimination on the grounds of disability and age in providing support for individuals who are at work with a medical condition and supporting them to allow them to continue being at work .

Advance equality of opportunity between different groups?	<p>This policy will assist the Brigade in meeting its duties under the disability provisions of the Equality Act 2010. It will support and promote the ability to put into place reasonable workplace adjustments for individuals with a health condition that may be covered under the Disability Provisions of the Equality Act thus reducing the disadvantages of individuals with this protected characteristic.</p> <p>This policy will support those individuals who are of an older age allowing them to remain at work for as long as possible</p>
Foster good relations between different groups?	<p>This will provide the opportunity for the Brigade to support its employees with medical conditions particularly those with mental health conditions.</p>

8. Mitigating and justifying impacts		
Where an adverse impact has been identified, what steps are being taken to mitigate it? If you're unable to mitigate it, is it justified ?		
Characteristic with potential adverse impact (e.g. age, disability)	Action being taken to mitigate or justify	Lead person responsible for action

Now complete the RAG rating at the top of page 1:

High: as a result of this EIA there is evidence of significant adverse impact. This activity should be stopped until further work is done to mitigate the impact.



LONDON FIRE BRIGADE

Medium: as a result of this EIA there is potential adverse impact against one or more groups. The risk of impact may be removed or reduced by implementing the actions identified in box 8 above.

Low: as a result of this EIA there are no adverse impacts predicted. No further actions are recommended at this stage.

Document Control

Signed (lead for EIA / action plan)		Date	
Sign off by Inclusion Team	Shilla Patel	Date	13/01/22
Stored by			
Links			
External publication	Are you happy for this EIA to be published externally?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No state why: