

meeting

**NOTTINGHAMSHIRE AND CITY OF NOTTINGHAM
FIRE & RESCUE AUTHORITY**

HUMAN RESOURCES COMMITTEE

date

7 July 2006

agenda item number

REPORT OF THE CHIEF FIRE OFFICER

ABSENCE MANAGEMENT

1. PURPOSE OF REPORT

The purpose of this report is to advise the Human Resources Committee of the procedure for managing sickness absence.

2. BACKGROUND

2.1 At the meeting of the Human Resources Committee on 7 April 2006, a request was made to report back to the Committee on the procedures in place for managing sickness absence, to enable Members to fully understand the managerial process and interventions in place to manage individual absence, and to set out the support available to employees through occupational health and other provisions. The process is summarised in the flowchart attached as Appendix A to this report.

2.2 The Service implemented an Attendance Management Policy in 2001 and this is attached as Appendix B. This policy is currently under review.

3. REPORT

3.1 Short-Term Absence

3.1.1 This is defined as absence of less than 28 continuous days.

3.1.2 **Notification** – employees are required to notify their absence to the Service at least one hour before commencement of their normal shift. Notification is made to Firstcare who take details of the absence and likely return date. Employees are asked whether they wish to speak with a nurse who is able to provide advice on the basis of the symptoms described. The nurse will arrange to call back the employee on an agreed date to establish whether there has been any improvement and to provide further advice. The Service is advised of the absence by e-mail. The employee is required to re-notify Firstcare if they continue to be absent on the fourth day of the absence or if they subsequently return to work.

3.1.3 On the eighth day of absence, the employee must submit a medical certificate to the Authority.

3.1.4 The arrangement with Firstcare is currently operating on a trial basis. A specification is currently being prepared in advance of a competitive tendering process, which will commence over the next month.

3.1.5 **Monitoring** – on a return to work, the employee undertakes a return to work interview with their line manager to establish the reason for absence and to identify any issues of concern. This is generally an opportunity for the manager to welcome the employee back to work, however on occasion it

may also lead to a workplace assessment if the injury/illness is work-related or, where appropriate, to a referral to the Occupational Health nurse for further advice. If the trigger points have been reached (see below) it will also lead to a formal review.

- 3.1.6 Managers have discretion to refer individuals to the Consultant Occupational Health Physician where it is felt appropriate to do so.
- 3.1.8 Where the employee submits a medical certificate and is likely to be absent for a number of weeks, the manager will retain contact with the employee and will determine whether the matter should be referred to the Occupational Health team for further advice.
- 3.1.8 **Triggers** – the Service has established that in instances where individual absence, over a rolling six month period, exceeds twelve days in total or three separate spells, then managerial action must be instigated. This takes the form of a meeting with the employee to express concern at the level of absence and to allow them the opportunity to raise any issues regarding their health. Depending on the reasons for the absence, the manager will initiate a six-month review period, during which the employee is required to show an improvement in attendance. In some cases, the employee may be referred to the Occupational Health team to establish whether there is an underlying medical condition which may be contributing to the absence. If there is insufficient improvement during the review period, the Service may consider withdrawing the right to self-certification or refer the matter through the disciplinary process. Managers are supported throughout this process by a Personnel Officer.
- 3.1.9. It should be noted that where the absence is related to a disability as determined by the Disability Discrimination Act 1995, the Service will seek to implement any reasonable adjustments which can be put in place to assist the employee to undertake their role, and will take the disability into account when reviewing individual absence levels.

3.2 Long-Term Absence

- 3.2.1 This is defined as absence in excess of 28 continuous days.
- 3.2.2 **Monitoring** - at the point at which absence becomes long-term in nature, the Personnel Section will become actively involved in the monitoring process. A referral will be made to the Occupational Health team and a report submitted advising of the reason for absence, likely duration and any specific advice regarding a return to work – ie: modifications to duty, adjustments to the workplace or working hours.
- 3.2.3 Regular appointments are made with the Occupational Health Physician throughout the period of the absence to establish any changes to the medical condition, treatments etc. This involves liaison with the employee's primary health providers.
- 3.2.4 The Personnel Section maintain an overview of each absence and undertake a monthly case review with the Head of Human Resources.
- 3.2.5 Throughout the absence, contact is maintained through links with the line manager, personnel officers and Occupational Health.
- 3.2.6 **Sickness Payments** – employees are covered by the NJC sickness schemes applied to uniformed or non-uniformed employees. Absence which is related to an injury or illness arising from work are paid at full pay rates for twelve months and half pay rates for a further six months. Non-work related injury or illness is paid subject to service length. Ordinarily employees are

paid at full pay rates for six months and half pay rates plus statutory sick pay for six months. Employees may request an extension to pay rates at the end of each pay period by application to the Head of Human Resources. Extensions will only be granted in very exceptional personal circumstances.

- 3.2.7 **Return to Work** - at the point at which the Service Consultant Occupational Health Physician advises that an employee may resume work after an extended absence, consideration is given to a return to work plan. Where operational personnel have been absent for more than six months, a return to work programme will include a period of refresher training to ensure operational effectiveness. In some instances, operational personnel are placed on modified (non-operational) duties whilst they are improving their fitness levels. Consideration is also given to phased returns – ie: short periods of reduced hours working. Occupational Health may also become involved in implementing and supporting an individual rehabilitation programme.
- 3.2.8 **Ill-Health Retirement** – in cases where absence is over an extended period and where a return to work is not imminent, the Service Consultant Occupational Health Physician will be asked by the Head of Human Resources to advise whether the individual meets the criteria for ill-health retirement under either the Firefighters' or Local Government Pension Schemes. Under both pension schemes, referral must be made to an Independent Qualified Medical Practitioner who will review the medical history and advise whether the employee qualifies as permanently disabled. This decision is binding. If they do meet the definition of permanent disability, employees are given the option of retiring from Service on an enhanced pension or redeployment into an alternative role.
- 3.2.9 **Termination of Employment** – in cases where absence is protracted and where a return to work is not imminent, and where the Service cannot re-deploy the employee into an alternative role, the Service will give notice of termination of employment on the grounds of capability.
- 3.2.10 **Employee Support** - the Service provides on-going support to employees who are absent due to sickness through the Occupational Health Team. This comprises of a Consultant Occupational Health Physician, an Occupational Nurse/Advisor and Fitness Advisor. Regular appointments are made with the Consultant Occupational Health Physician to review progress and to recommend appropriate actions or further referrals. The Occupational Health Nurse/Advisor also undertakes referrals on issues referred through the line manager or the Personnel Section, or through self-referral and acts as a point of contact with absent employees.
- 3.2.11 Through membership of the Westfield Health Scheme, referrals can be made to specialist practitioners for diagnostic purposes (up to £200 per year) or for treatments such as physiotherapy, osteopathy and other therapeutic treatments. Westfield also provide access to free MRI/PET scans in appropriate cases. This provision can greatly reduce the waiting time for NHS referrals.
- 3.2.12 The Service also fund counselling sessions through Relate for all employees (counselling can also be sourced through Westfield). The Occupational Health team have also developed links with a local Mental Health Trust to provide post-traumatic counselling in appropriate cases.
- 3.2.13 The Occupational Health team can provide individual rehabilitation programmes for those returning from musculo/skeletal injuries to assist in re-building fitness. The Service Fitness Advisor will work with individuals to implement a fitness regime. Consideration is currently being given to an additional Westfield provision, termed Prism Centres, which will provide in-depth diagnosis and treatment plans for those with musculo/skeletal injury.

3.2.14 Statutory Medical Assessments are also undertaken by the Occupational Health team for all operational personnel on a three-yearly basis.

4. FINANCIAL IMPLICATIONS

Whilst there are no direct financial implications arising from the report, provision of Occupational Health and support services cost the Service in the financial year 2005/06 :

Occupational Health costs: £146,660
Westfield membership : £ 66,910
Relate contract: £ 2,690
Firstcare: £ 15,340*

These are direct costs and do not take account of managerial time.

* Firstcare costs are based on the first five months of the contract at a discounted fee. The average cost of this service is in the region of £5,500 per month (£66K per annum) .

5. PERSONNEL IMPLICATIONS

Support for the absence management process accounts for a significant proportion of working time for the Personnel Section and for line managers. The work undertaken in monitoring and managing absence is contained within the body of the report. The Service is currently working to reduce sickness absence to an average of 6.5 working days lost per annum per person, in line with the requirements of the National Framework 2006-08.

6. EQUALITY IMPACT ASSESSMENT

The Service is sensitive to its duty under the Disability Discrimination Act 1995 and works to assist employees to remain at work wherever possible – this may be through the implementation of workplace adjustments, redeployment into alternate roles or temporary modified duties.

7. RISK MANAGEMENT IMPLICATIONS

Maintaining a high level of sickness absence seriously affects the ability of the Service to meet the commitments of its Community Safety Plan and diverts resources away from development of new initiatives to enhance service delivery.

8. RECOMMENDATIONS

That the Human Resources Committee note the report.

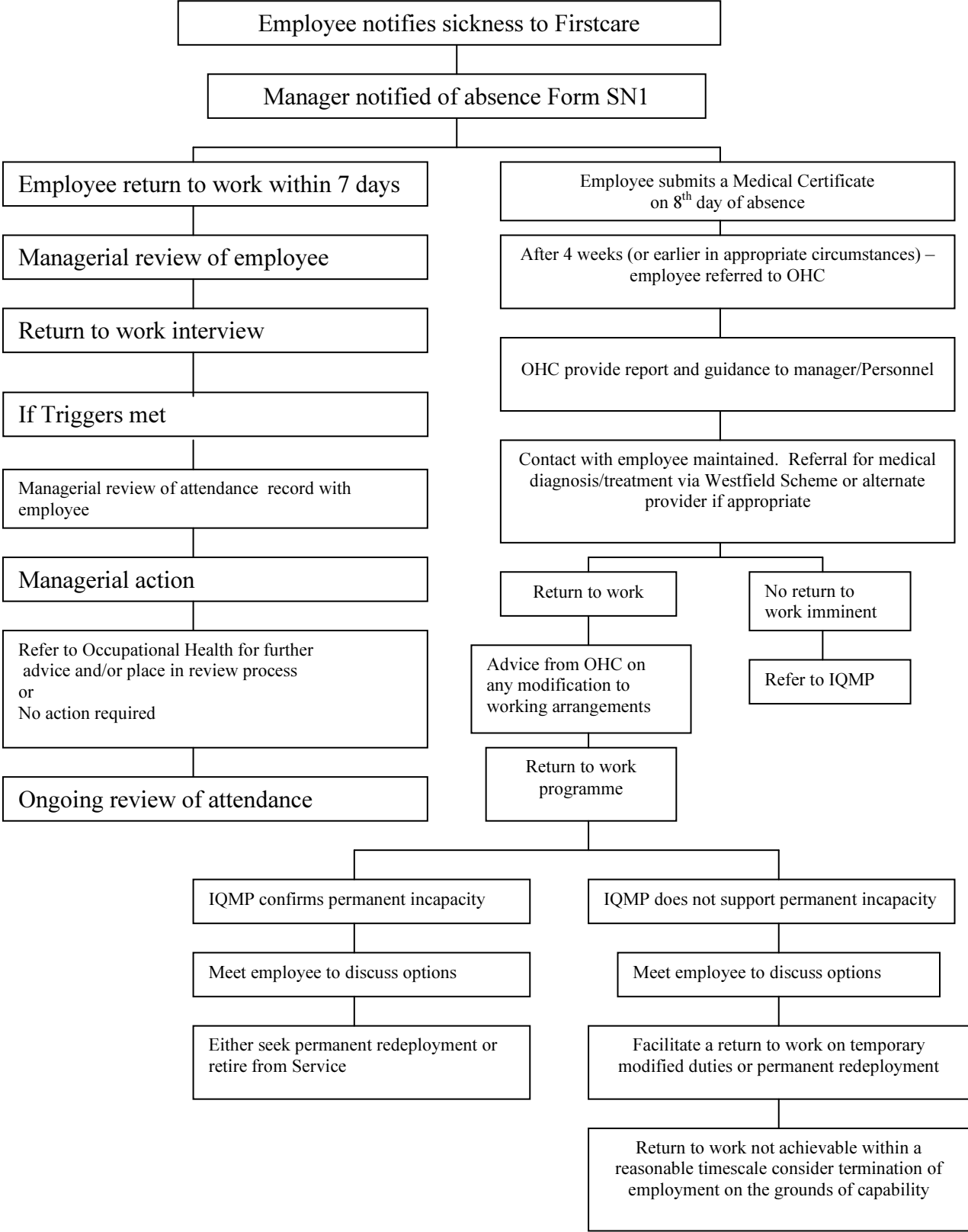
9. BACKGROUND PAPERS FOR INSPECTION

None.

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FLOWCHART – ABSENCE MANAGEMENT PROCESS



NOTTINGHAMSHIRE FIRE & RESCUE SERVICE

ABSENCE MANAGEMENT

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Introduction

Managing sickness absence is an emotive issue - but it is an issue which organisations cannot afford to ignore. The cost of absence is well documented in terms of productive time lost, the stress on work colleagues who have to cover for absence and the budget strain caused by temporary replacements. The business case for managing absence effectively is undeniable.

Yet to restrict the impact of absence simply to an analysis of cost is to miss the point of implementing an effective absence management strategy. Absence can also be an indicator of other "issues" within an organisation, these may include:-

- * issues of morale
- * management 'style' (how managers deal with and support their staff)
- * how we deal with workplace relationships
- * the effectiveness of our job training
- * how we tackle health and safety issues

For this reason, any effective absence strategy is a collaborative effort involving line managers, Personnel, Occupational Health and Health & Safety expertise and , to an extent, input from Trade Unions.

The ultimate aim of any absence management strategy (let's not deny it) is to reduce the levels of absence within an organisation. Our aim is to achieve this - not through draconian measures - but by preventing ill-health and injury in the first place. By working with employees and their representatives. By changing attitudes and views. As a demonstration of its commitment to a preventative approach and to offering support to individuals the Brigade has resourced corporate membership of the Westfield Health Scheme.

The production of a cohesive strategy is a sign of the Brigade's determination to approach all issues surrounding absence in a open and positive manner - particularly the sensitive issue of sickness absence.

Head of Personnel
Nottinghamshire Fire & Rescue Service

Implementing an Effective Sickness Absence Management Policy

Requires:

A clear and unambiguous statement of policy

Clear and unambiguous procedures

Clear delineation of roles and responsibilities

The early involvement of Line Managers who are confident in dealing with sensitive employment situations

Support for both managers and staff throughout the process (from Personnel, Occupational Health, Health and Safety or external contacts as appropriate)

Continuing dialogue with employees who are absent due to sickness or injury

A strategy for monitoring, preventing and reducing absence levels

Statement of Policy - Absence due to Sickness or Injury

The Nottinghamshire Fire & Rescue Service is committed to pursuing a fair and effective Absence Management Policy. A Policy which balances the needs of individual employees with the needs of the organisation.

We will do all we can, provide all the support that we are able, to ensure that we:

- have a fit and healthy workforce
- have a safe working environment where injury and ill health can be avoided
- provide appropriate support to those who are sick or injured, when they need it, whilst they are away from work
- seek specialist medical advice to ensure that any return to work is safe, medically, Health and Safety as appropriate and effectively managed
- assist in rehabilitation following sickness or injury
- assist in building fitness following sickness or injury

This is the commitment given to its staff by the Nottinghamshire Fire and Rescue Service.

Brigade employees also have a responsibility within this policy framework. A personal responsibility to safeguard their own health and safety and ensure their personal fitness levels are appropriate to the requirements of their job; to co-operate with appropriate procedures and guidelines and, when absent due to sickness or injury, to work with Brigade management to effect a return to work.

As part of its management of absence, the Brigade will monitor and investigate absence levels and the reasons for absence. The results of this on-going review will be reported at Brigade Management Team level. Some information will also be cascaded to District Management Teams and Trade Unions.

The absence Management policy will be reviewed on an ongoing basis and this will fully include the Trade Unions. In the first instance the first review will take place 6 months from the introduction of the policy.

Roles and Responsibilities

The key role in managing absence effectively is taken by the immediate Line Manager or Supervisor. Whilst Personnel Officers, Occupational Health specialists and, sometimes, Health and Safety Advisers may have a role to play in particular circumstances, essentially theirs is a support and guidance role.

Absence must always be treated with the utmost respect, sensitivity and confidentiality. Assumptions, in this particular area, are very dangerous. A careless remark can cause immeasurable upset to a vulnerable person already going through a difficult time. On a more pragmatic level, it can also lead to accusations of harassment and cause long-term damage to working relationships.

It is important therefore that all parties involved in the process are aware of their responsibilities, have the skills and knowledge to carry out their role effectively and, of most importance, maintain effective communication throughout the absence - both with the absent employee and with each other.

The Line Management Role

This is **the** pivotal role in the management of absence.

Line Managers may be a Section Head, a Supervisor, a Station Officer, a Sub Officer, an OIC - whatever the term, it should denote a person who has authority over the day-to-day work and employment conditions of a more junior employee. It is not acceptable for a person who collates information about absence, for instance someone who completes an F1, to question the absence of another employee.

It is the Line Manager's role to:

1. **Maintain an ongoing overview of absence.**

This involves retaining a overview of the levels of individual and collective team absence. Looking out for any patterns. Being aware of reasons and, in particular, any recurring or potentially serious issues which need following up.

2. **Approach staff on an informal basis**

Under the Brigade's Absence Management Policy, all employees should have an informal discussion with their Line Manager about their absence on their return to work. Advise on how this should be undertaken is attached in the Procedural Guidelines.

Be aware that absence can sometimes signify problems other than ill-health. Stress can be a major contributor to workplace absence and this could be linked to the work itself or to relationships at work. Encourage a little where there are suspicions of an underlying problem. However be wary of being too intrusive.

If there are concerns about any aspect of an individual's absence then it is probably worth speaking with a Personnel Officer or the Occupational Health Nurse before taking any further action.

If it is felt that there is a Health and Safety aspect to the issue, then Line Manager's should consult with the Brigade's Health and Safety Adviser at the first opportunity.

3. Retain contact with staff who are absent

No less important than the more "formal" aspects of the Line Manager's role is the need to retain contact with absent employees. As a suggestion this may only be a weekly phone call but it is very valuable as an indication of the Brigade's interest in an employee's welfare and in maintaining links with the workplace. *However, dependant on the individual circumstances this level of contact may not be appropriate and does not need to be maintained in these cases. Primarily, contact is an important mechanism for identifying the support needs an employee may have.*

4. Interview staff on a formal basis

Where a Line Manager has genuine concerns about an individual's absence record or reasons for absence then a more formal interview may be necessary to investigate the incident/incidences. This is not part of formal disciplinary process but an opportunity to make the employee aware of the nature of the concern and allow them to respond. Such an interview would be recorded and retained confidentially. Advice on how this type of interview should be undertaken is attached in the Procedural Guidelines.

If, as in the rare cases which identify misconduct,, this interview may lead to further disciplinary action being taken it is advisable to consult a Personnel Officer for advice prior to instigating the meeting.

5. Disability Discrimination Act (DDA)

Managers should be aware of the DDA, its content and how this may impact on staff. Subsequently, decisions taken by the Line Manager must take this into account

A programme of training to raise awareness in this area is to be implemented.

Support Roles

Personnel

Play both a corporate and hands-on role in the management of absence.

Corporately the Head of Personnel is involved in producing Absence Policy and Procedures, and ensuring these are followed by all Brigade staff. This role also monitors absence and reports back to BMT and the Home Office.

On a practical level, Personnel Officers offer advice to both managers and staff on issues relating to absence and become involved in referrals and home visits. In instances of long-term absence, they are an important element in retaining contact with the absent employee.

Occupational Health Centre

Has a joint, and equally important, prevention and consultation role.

The Nurse and Fitness Adviser work in a complementary way to raise awareness of health issues and encourage a positive approach to both health and fitness in Brigade staff. The Nurse also undertakes medical screenings.

The Consultant Occupational Physician examines employees who have a known, or suspected, medical condition which is/may be affecting the way they can do their work, or even their ability to attend work. This will usually involve consultation with GP's or other medical consultants to establish a full picture of an individual's medical condition. The Occupational Physician will liaise with Personnel Officers throughout the referral process, but all medical records will remain confidential.

The Consultant Occupational Physician and/or the Occupational Health Nurse may recommend a course of physiotherapy or refer on to specialist medical or counselling services. Through membership of the Westfield Scheme such specialist referrals should be far more accessible and not subject to time delays as may have occurred in the past. Any referrals are again undertaken in the strictest confidence.

In the event of a return to work following injury, the Fitness Adviser may become involved in drawing up an individual Rehabilitation Programme to ensure that an employee builds up and maintains an appropriate level of fitness.

Health and Safety

A referral to the Health and Safety Adviser may arise as a result of an injury or ill health arising from an accident at work which requires investigation or from a request for specialist advice. This may be made by a Line Manager, an individual employee or by referral from Personnel or Occupational Health.

In the context of Absence Management, the Health and Safety Adviser can advise on safe working practices or systems of work and the working environment where this has been a factor in an injury or illness - or if it may be a determining factor in an employee being able to return to work safely. In some instances this may involve adjustments to the workstation or systems of work.

Whilst the Health and Safety Adviser can make recommendations regarding working practices and adjustments, it is the organisation's responsibility through the Line Managers to ensure these recommendations are actioned and that the employee is working in a safe way and in a way that will not exacerbate the previous/existing illness or injury.

Trade Unions

Employees may at any time in the absence management process, seek advice and support from their Trade Union representation or from other sources. The Unions will also be actively involved in the policy review mechanisms.

**ABSENCE MANAGEMENT STRATEGY
PROCEDURAL GUIDELINES**

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ABSENCE MANAGEMENT : PROCEDURAL GUIDELINES

SECTION ONE

NOTIFICATION PROCEDURE

The starting point for any absence management system must be an understanding of, and compliance with, an agreed notification procedure. This is essential to ensure that the organisation can account for an individual's absence and provide the necessary cover but also so that there are no misunderstandings about the nature of the absence.

If an employee is too ill to contact the workplace themselves then they have a duty, under the absence notification procedure, to authorise another person to make contact on their behalf. However the employee should make personal contact as soon as they are fit to do so. If notification is not received in accordance with the agreed procedure then the Fire Authority have a right to deem the absence unauthorised.

It is of paramount importance, in maintaining effective cover for uniformed employees, that as much notice as possible is given of sickness absence. The 24 hour cover provided by the Control section ensures that all employees always have a point of contact.

The notification procedure followed by the Fire Authority is summarised in the flowchart overleaf.

SUMMARY OF SICKNESS NOTIFICATION PROCEDURE

1ST DAY OF ABSENCE

EMPLOYEE'S RESPONSIBILITY

CONTACT LINE MANAGER/OFFICER IN CHARGE AS EARLY AS POSSIBLE AND BEFORE YOUR NORMAL START TIME

GIVE DETAILS OF THE REASON FOR THE ABSENCE, WHEN IT STARTED AND LIKELY RETURN DATE (IF POSSIBLE)

MANAGER'S RESPONSIBILITY

RECORD ABSENCE DETAILS ON FORM SSP1 (BLUE MONITORING FORM)

4TH DAY OF ABSENCE

EMPLOYEE'S RESPONSIBILITY

RE-NOTIFY LINE MANAGER OF CONTINUED ABSENCE

MANAGER'S RESPONSIBILITY

COMPLETE SECTION 3 OF FORM SSP1

8TH DAY OF ABSENCE

EMPLOYEE'S RESPONSIBILITY

OBTAIN MEDICAL CERTIFICATE FROM GP AND FORWARD IMMEDIATELY TO YOUR LINE MANAGER

MANAGER'S RESPONSIBILITY

FORWARD MEDICAL CERTIFICATE TO PAY SECTION AT HEADQUARTERS
ESTABLISH CONTACT WITH THE ABSENT EMPLOYEE

SECTION TWO

(i) SELF-CERTIFIED ABSENCE : QUESTIONS ANSWERED

The following guidance notes are set out in a question and answer format and aim to clarify, in more detail, the Brigade's procedure and policy on sickness absence. As this is a complex area, there may be specific issues/situations which are not addressed – please contact the Personnel section if you need further guidance.

Which days are counted for the purpose of self-certified absence?

The seven day "rule" is not confined to working days. It therefore includes rota days bank holidays and weekends if they form part of the sickness absence. Therefore if the absence starts on a Monday, the period of self-certification will only extend to the following Monday irrespective of the working pattern which would normally have applied. This is also the case for part-time employees who may not normally work for part of the week during which the absence occurred. All employees must obtain a Medical Certificate from a GP on the 8th day of continuing sickness and submit it to the Brigade as a matter of urgency.

Is there a maximum number of days which can be taken as Self-Certified?

There are no rules defining the "maximum" episodes or days, which may be taken as self-certified absence during the year. However, it is part of each manager's defined role to follow up each period of self-certified absence with individual employees. Persistent spells of absence will be investigated.

It should also be noted that SSP payments are affected by aggregated periods of paid sickness absence over a rolling year and so the amount of self-certified absence which has been claimed may have some effect, in certain circumstances, upon an individual's SSP entitlement.

Is my pay affected by self-certified absence?

During a period of self-certified absence, and as long as the agreed notification procedure has been followed, employees will be paid normally in line with their contractual entitlements.

It should be stressed that the Brigade will not meet any claims for planned non-contractual overtime, or additional/enhanced payments which are linked to a particular work event which the employee has missed as a result of sickness – this may include attendance at events held outside normal working hours (ie. at the weekend or in the evening when enhanced payments would normally apply).

What happens when I return to work?

You should inform your line manager of your return as soon as possible. This allows the appropriate paperwork to be completed, as well as ensuring an opportunity for you to discuss your recent absence.

Individual Line Managers are expected to follow-up each spell of absence with individual employees as an integral part of the Brigade's absence management procedure. If the absence is, in any way, linked to a problem at work – whether this be the work environment, personal relationships, workloads – or if the nature of the illness/injury is likely to impact upon your ability to do your job effectively then you must raise this with your line manager.

Whilst this stage of the process should remain informal as possible, there may be individuals who will choose to involve Trade Union representation at this point and as at every other stage of the procedure, it is purely a matter for individuals themselves.

If you do not feel able to speak with your manager about personal or health issues then you can always ask to speak with a Personnel Officer or, if preferred, to our Occupational Health Nurse. All discussions of this nature are confidential and your permission will always be sought before any information is disclosed to a third party.

As an employer that genuinely cares about its staff, the Brigade is very aware of the need to encourage openness between managers and staff and to provide support and understanding for employees who are having difficulties – for whatever reason. Managers are encouraged to listen to their staff in a non-judgemental way and to seek to resolve issues which are contributing to poor health or feelings of stress.

Managers are required to complete a Return to Work monitoring form (SM1), but they must not disclose any confidential or personal information without the individuals consent. This is only a record that a discussion has taken place. Once the form has been completed and signed by both the individual and Line Manager it should be forwarded to the Personnel section at HQ for insertion into the individual's Personal Record File. (A copy of this form is attached as Appendix 1.)

When will the Brigade feel justified in investigating periods of absence and what will happen?

Deciding at what stage to raise with an employee the issue of attendance will need to take account of a number of factors such as previous sickness absence record, the length of absence, the number of separate incidents and any identifiable patterns. Determining 'levels of absence' that may require discussion with an employee can be achieved in a number of ways, as follows:

- A certain number of days sickness absence in a given time period.
- A certain number of separate incidents in a given time period.
- Unacceptable patterns of absence on certain days of the week or year.
- Sickness absence levels above the departmental/ section average.

Absence review points are used as a guide to help managers and individuals be aware of the point at which a discussion of the circumstances may be necessary. Levels of absence of 12 or more working days or 3 or more episodes in a 6-month period will require further investigation in some instances. However, in making a decision as to whether or not this is necessary, managers must consider all relevant factors e.g. gender, disability, domestic circumstances etc.

At this point, Line Managers may need to investigate the particular circumstances of the individual's absence, which includes the need to explore the welfare aspects of the absence.

However difficult such investigations may be for all those concerned, the Brigade does have an obligation to pursue any evidence of impropriety by its employees in all financial matters – including paid absence. Repeated and regular absence may after investigation highlight that an individual requires additional support or that the absences are inappropriate.

The process of investigation will normally involve gathering information and interviewing the employee concerned to discuss the nature of the concern and to allow the employee to express their view on the matter.

Such a meeting can be helpful in identifying issues which, hitherto, may not have been disclosed to the manager so that he/she can initiate action which may improve the situation. This may include a referral to the Occupational Health Service on medical matters, seeking advice from the Health and Safety Adviser about workstation design (which may be contributing to a medical condition) and possible adjustments, tackling a work situation which may be causing stress or discussing a personal problem outside of work which is resulting in the absence. In the latter two cases, the manager may suggest that a Personnel Officer/Occupational Health Nurse becomes involved in offering assistance. All those involved are reminded of the Disability Discrimination Act and its implications.

In exceptional cases, a decision may be taken to invoke the disciplinary procedure if it is assessed that misconduct has taken place.

Depending on the circumstances of each individual situation, a line manager will outline to the employee the action which will follow the meeting and both will agree a period of review. Any required improvement in attendance will be clearly set out and a written confirmation of the outcome of the meeting will be issued to the employee, containing reference to whatever further action may result from monitoring of the employee. A copy of all information relating to the case will be held on the personal file.

What if I do not wish to discuss medical/personal matters with my line manager?

If an employee feels uncomfortable in discussing personal or medical issues with their line manager, then they can ask to speak with the Brigade's Occupational Health Nurse or to a Personnel Officer in complete confidence. It must be accepted that a manager will need to have some understanding of a situation in order to offer adequate support and therefore some exchange of information will need to take place at an appropriate level.

The sort of information which is disclosed to line managers will always be discussed and agreed with the individual concerned prior to any contact with a third party.

I'm still concerned about confidentiality.

Absolute confidentiality and discretion are integral to the operation of the Brigade's Health and Welfare provision. It is essential that employees have complete trust in the support being given and all those involved in providing this support are fully aware of their obligation to protect an individual's right to confidentiality.

Message from the Head of Personnel

There are a number of ways in which support can be offered to assist staff who have medical, work or personal problems which may result in short-term sickness absence. Employees are encouraged to put their trust in the support network that exists for them and seek assistance from whichever source is most appropriate.

SECTION THREE

(ii) MEDICAL CERTIFIED ABSENCE : QUESTIONS ANSWERED

When do I need to obtain a medical certificate?

Under SSP regulations, a medical certificate must be submitted on the 8th day of continuous absence.

What if I have difficulty in arranging an appointment with my GP on the 8th day?

We are aware that there can be problems in obtaining a GP appointment. If you are not able to see your GP on the 8th day then please ensure that you make an appointment for a consultation at the earliest opportunity. Contact your line manager and advise him/her of the problem and also of the date of your future appointment. A note will be taken of your call and passed on to the Pay section.

You will need to submit a Medical Certificate as soon as possible and certainly at some point during the second week of absence. This Certificate must be backdated to the 8th day of absence or days which are not covered by the Certificate will be treated as unpaid absence.

What sort of contact am I expected to maintain during my absence?

It is of benefit to everyone to retain a good level of communication during a period of absence. This usually just takes the form of a phone call every now and then. Although in periods of longer absence, it may also involve home visits and information about what's going on in the workplace.

The level of contact very much depends upon the individuals concerned, the nature of the illness/injury and advice given by medical practitioners.

You must notify the workplace of any changes to your personal circumstances, such as a change of address or contact number or if you are likely to be unattainable for period of time (longer than a few days).

It would also be useful to notify your line manager of any changes to your condition or diagnosis which you feel comfortable to share.

At the very least, it is expected that contact should be made as the Medical Certificate approaches its expiry date so that appropriate arrangements can be made to prepare for a continued absence or for a return to work.

What is the purpose of a home visit?

As a normal part of the Brigade's absence monitoring process, each absence which extends beyond four consecutive weeks triggers a series of events. (Although in some circumstance this may be sooner.) One of these events is a home visit undertaken by a Personnel Officer, usually accompanied by the line manager (but not always), to establish formal contact with the absent employee and explain the Sickness Absence procedure. As this is probably the first contact between the

Personnel Officer assigned to liaise with the absent employee and the employee him/her self, this is a useful meeting for both parties.

However, if an individual employee does not wish to receive a home visit, for whatever reason, then it is their prerogative to refuse the request and a Personnel Officer will retain contact via the telephone and correspondence.

What role do the Personnel Officers play?

A Personnel Officer will be assigned to liaise with an absent employee, both formally and informally, during the course of an absence. It is their role to:

- (i) provide advice about procedures and policies
- (ii) follow up queries and concerns on behalf of the employee
- (iii) provide information about the health and welfare provisions available through the Brigade
- (iv) arrange occupational health referrals and
- (v) prepare the way for a safe return to work (which may involve arranging workplace adjustments)

What is the purpose of an Occupational Health referral?

A referral to the Occupational Health service is generally undertaken after 4 – 6 weeks of absence, although the timing may vary depending on the specific situation and may be sooner dependant on the circumstances.

The referral is made by the Personnel Officer assigned to support the employee and will ask the Brigade's Consultant Occupational Health Physician to

- (i) establish the nature of the illness/injury*
- (ii) the possible timescale involved in recovery*
- (iii) whether there are any work-related aspects to the illness/injury which need to be addressed*
- (iv) whether the Brigade can offer any further support to assist recovery eg Physiotherapy, counselling etc.
- (v) for disabled employees, advise on whether 'reasonable adjustments' can be made to prevent the employees suffering substantial disadvantage as outlined in the Disability Discrimination Act 1995.

This will usually involve the Occupational Health Physician in gaining the employee's permission to approach an appropriate medical practitioner for further information about the condition and involve a consultation at the Occupational Health Centre.

When the Occupational Health Physician is satisfied that he/she has attained all the available information about the condition, he/she will send a report answering the specific questions raised by the original referral, to the referring officer. This report will then be copied to the employee and discussed with them during a home visit.

How confidential is the information about my medical condition?

The information received by the Consultant Occupational Health Physician from other medical practitioners is held in complete confidence and will not be disclosed to any person who is not registered as a "named person" under the Medical Reports Act

1990 ie in this Brigade this would mean Brigade Medical Officer and Occupational Health Nurse.

The role of the Consultant Occupational Health Physician is to interpret the information on behalf of the Brigade as it impinges on work-related matters – not to represent the Brigade's interests in any other way. To do otherwise, would be to transgress the code of professional conduct which operates within the medical profession.

All medical records are retained within the Occupational Health Centre in locked cabinets and are accessible only to named persons.

A copy of the Confidentiality Guidelines which operate within the Occupational Health Service are available on request and are also issued with each referral letter.

Can the Brigade offer any other support?

In addition to the Occupational Health Service, the Brigade has access to physiotherapy services and to an independent Counselling Service. Referral to these services are usually through the Occupational Health Service but must be undertaken with the full knowledge of your own GP or other medical practitioner. Access to the Counselling Service can also be on a self-referral basis although again it may be advisable to keep your General Practitioner informed.

The Brigade's Fitness Adviser can offer personal rehabilitation programmes for those who are recovering from injury and need to build up fitness and stamina and can also offer more general advice on a healthy lifestyle.

The Fire Service Benevolent Fund operates Jubilee House which is a rehabilitation centre based in Penrith, Cumbria, for fire service personnel who are recovering from injury or illness and who would benefit from a personal rehabilitation programme and an intensive period of physiotherapy. Harcombe House, Devon, and Marine Court, Littlehampton, offer convalescence/beneficial rest to fire service personnel recovering from illness or injury for periods of up to 13 days. Visits to all these facilities are arranged through the Benevolent Fund. Please contact the Personnel section for a contact name.

What happens to my pay?

The number of weeks that employees are eligible to receive Occupational Sickness Payments and Statutory Sick Pay (SSP) will vary depending on their length of service (non-uniformed staff only) and previous absence history (over the last rolling 12 month period). The Personnel section or Payroll section will be able to advise individual employees of their eligibility on request or as part of the information discussed during a home visit.

Information about the different levels of eligibility are contained in Contracts of Employment.

In some circumstances, and subject to the agreement of the Head of Human Resources, extensions to full pay may be made.

This may be made on the appropriate forms available from the Personnel Department.

What about if I am absent as a result of an injury at work?

The rule governing sickness payments for uniformed personnel is different if absence is linked to an injury sustained whilst at work. In this case, full sickness payments are made for up to 12 months. Normal sickness payments apply for non-uniformed personnel.

What happens when I'm ready to return to work?

Your GP or other medical practitioner must sign a MED3 form certifying that you are fit to return to work. You must contact your line manager at the earliest opportunity to ensure that he/she can prepare for your return – particularly after long term absence, as this may involve the reversion of temporary duties, changes to office layout, finalise workplace adjustments etc. –it is essential that as much notice as possible is given.

Uniformed employees may be referred to the Occupational Health Service to undergo a “Back to Work Medical” and revert to light duties until this medical clearance is attained. This primarily depends on the reasons for the absence, but will be required where the absence has been longer than 6 weeks.

Non uniformed employees, dependant on their type of work, may be referred to the Occupational Health Service before returning to full duties.

Details of light duties are explained in another section of this procedure.

In order to re-introduce you to the workplace, managers are advised to provide some initial time to allow you to familiarise yourself with the job and also to consider some aspects of re-training.

Do I have to return to work on a full-time basis straightaway?

In some instances, your GP/Consultant may recommend that a return to work is advisable on a phased basis, particularly after a long period of absence.. This is to allow you time to gradually build up your strength and ability to return to the responsibilities of a full time job

In these cases, the employee will be referred to the Brigades Occupational Health Doctor and subject to approval by the Brigade Doctor, an employee may return to work on a phased basis with an agreed full time return date. The employee will receive normal pay, subject to review by the Brigade doctor and Head of Personnel for a period, which will not normally exceed several weeks. .

There may be instances that, although a recommendation has been made for a full return to work, the employee may choose a phased return on a short term basis. In these cases they can use accrued annual leave, or switch to part time working on a temporary basis. Each case will be treated on an individual basis involving the Head of Personnel , relevant managers and the Brigade Doctor. The Brigade will be as flexible as possible in permitting a phased return..

Notwithstanding the fact that the foregoing paragraph makes reference to a phased based return, it is acknowledged that there may be occasions for , employees when, due to the nature of their employment, the rehabilitation referred to above, includes temporarily modifying their work. As above, this will be for a finite period and arranged in consultation with the Brigade's Occupational Health Physician

Annual leave for non-uniformed employees

where an employee has been unable to take their annual leave, it is their right that 3 days may be carried forward to the next year. However, in the case of long term sickness there may be instances where a variation to this rule is both appropriate and reasonable. Individual cases should be discussed with the Head of Personnel.

Message from the Head of Personnel

There are a number of ways in which support can be offered to staff who are absent on long-term sick leave. Help and support is available from a number of sources, both within and outside the Brigade, and there is a defined procedure for ensuring that contact is retained with absent employees throughout their period of sickness and recovery.

SECTION FOUR

RESTRICTED DUTIES

The “restricted duties” system allows operational personnel who are not fully fit to undertake the full range of firefighter duties, to undertake restricted duties without exposing them to any undue risk.

A switch to restricted duties need not be linked to a period of absence but may result from a risk assessment of a particular situation at a particular time by a Station Officer.

Wholetime firefighters must always revert to restricted duties after a period of medically certified absence whilst they await a Return to Work medical by the Occupational Health Physician or Occupational Health Nurse. In this instance the level of duties to be undertaken may only be those defined in Category 1.

It is important to stress that a reversion to restricted duties does not affect the pay or conditions of Brigade employees in any way.

Categories of Restricted Duties

(a) Ranks of firefighter, Leading Firefighter, Sub Officer and Rider Station Officer*

The Brigade has identified five levels of restricted duties, graded according to the capabilities of the individual concerned with regard to the nature and severity of their particular injury/illness.

Category 1 is the least physically demanding and category 5 is the closest to operational fitness. Where a high number is indicated, it is assumed that lower ranked duties are also included in the duties to be undertaken. Where appropriate, a qualifying clause may be added to any category which takes account of specific restrictions or exempted activities linked to an individual condition.

Category 1 Fit to undertake office work, office based fire safety work, project work, station administration or delivery of non-strenuous training. Also fit to participate in any rehabilitation programme devised by the Occupational Health Service or Brigade Fitness Adviser.

Category 2 Fit for driving Service light vehicles

Category 3 Fit for manual work such as external fire safety work, hydrant testing, movement of stores and equipment etc.

Category 4 Fit for driving LGV under non operational conditions

Category 5 Fit for general duties and participation in drills, but not fit to undertake operational duties

* Retained personnel who are receiving loss of earnings remuneration linked to an operational injury are also expected to make themselves available for light duties

(b) Ranks of Station Officer and above(excluding Rider Station Officer)

The Brigade has identified three levels of restricted duties, graded according to the capabilities of the individual concerned with regard to the nature and severity of their particular injury/illness.

Category 1 is the least physically demanding and category 3 is the closest to operational fitness. Where a high number is indicated, it is assumed that lower ranked duties are also included in the duties to be undertaken. Where appropriate, a qualifying clause may be added to any category which takes account of specific restrictions or exempted activities linked to an individual condition.

Category 1 Fit to undertake administrative and/or project work within the workplace and the delivery of non-strenuous training. Also able to participate in a rehabilitation programme devised by the Occupational Health Service or Brigade Fitness Adviser

Category 2 Fit to conduct administrative/project work outside the workplace and fit for limited participation in physically active training as agreed by the Occupational Health Service or Brigade Fitness Adviser

Category 3 Fit to undertake all non-operational duties

<u>Referral to the Occupational Health Service</u>
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A referral to the Brigade's Consultant Occupational Health Physician will usually be initiated by a Personnel Officer and may occur because

- (i) they have been approached by a Station Officer about a particular health concern which has led to a temporary switch to light duties for health and safety reasons
- (ii) you have been absent from work
- (iii) you are deemed fit to return to work by your own GP after a period of medically certified absence

The Consultant Occupational Health Physician (COHP) will arrange an appointment to see you and will make an assessment as to whether you are fit to undertake light duties and discuss the assessment with you.

The COHP will ask your permission to approach your GP or other medical practitioner to obtain more information about your condition. Please be assured that any information obtained in this way will only be viewed by the Occupational Health Physician and will help to form an opinion about your health and recommendations as to appropriate action which might assist in your recovery and ultimate return to full operational duties.

When the Occupational Health Physician writes to your GP, a list of light duties will be attached so that he/she can assess the duties and decide whether you should be

signed fit to perform the agreed light duties. You must then make an appointment to your GP and be formally signed off.

A review of your condition will be undertaken at regular intervals by the COHP so that an assessment can be made as to the category of light duties which you can safely undertake as your condition progresses.

<p style="text-align: center;">Return to Work on Restricted Duties</p>

All wholetime personnel on light duties will be temporarily transferred to the Crewing Section at Fire Service Headquarters and found appropriate work within the Brigade unless a case is made by the individual's Line Manager , following consultation with the employee, that appropriate light duties can be identified on Station. Any restrictions as to the category of work to be undertaken, or other relevant factors relating to your medical condition, will be relayed to the Crewing Officer on a "need to know" basis and will only include details that you have agreed may be disclosed.