



0501 Attendance Management Policy

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inviting employee to formal attendance review meeting

1. STRATEGY

West Midlands Fire Service is committed to promoting the health, safety and wellbeing of its employees. Absence from work represents a significant financial cost to the organisation through reduced staffing levels as well as putting additional pressure on colleagues and can affect the level and quality of service we provide. Absence must be managed effectively both to ensure the wellbeing of employees and to control and minimise the cost and impact. Employee attendance is an important part of the Service's performance capability and its ability to meet organisational targets. This framework is designed to promote good practice for attendance management.

2. AIM

This document aims to provide a framework in which to manage and review attendance in a fair and consistent manner which will help to:

- make a positive contribution to the health and wellbeing of our employees;
- reduce costs and deliver an effective and efficient Service;
- set standards of attendance;
- provide a structured process when standards are not met;
- provide guidance for managers to manage sickness absence whilst taking into consideration their obligations under the Equality Act 2010;
- apply the process fairly and consistently taking the individual circumstances into consideration;
- enable early dialogue/engagement between manager and employee and provide appropriate support to prevent absence from work.

The following triggers should be considered when reviewing an individual's attendance levels (this is not intended to be a full or rigid list):

- 3 or more absences in a rolling period of 12 months, that is, from the current or latest period of absence looking back for 12 months and including absences in that period;
- 6 or more working days absence in a rolling period of 12 months;
- A pattern of absence, for example absence that regularly coincides with annual leave, weekends or rota days, particular shifts, during summer or school holidays, etc;
- Continued high levels of absence over the years/poor employee absence history.

3. RESPONSIBILITIES

3.1 Employee Responsibilities

Employees have a personal responsibility to maintain as far as reasonably practicable their own health and fitness to attend work and to comply with the terms and condition of employment and the requirements of this framework.

Employees must take responsibility to inform their manager of any concerns about their health and wellbeing which are likely to impact on their attendance at work so appropriate early interventions can be considered.

Occupational Health Services are available to support employees' health and well-being and employees would benefit from speaking to their Manager to access this service.

Regular contact with the manager should be maintained and the employee is required to share information throughout the absence.

It is important to note that terms and conditions of employment continue to apply whilst the employee is absent due to ill health or injury.

Notification of absence

The employee should make every effort to report their absence as soon as they know they are unable to attend work and those who are operational and on fixed hours should aim to notify the Manager **within a minimum of one hour prior to start of work.**

It is important that the employee calls to report their sickness as sending a text or email messages is not an appropriate means of reporting sickness absence. Alternatives may be used in exceptional circumstances only, e.g., hospitalisation.

If still absent on the 8th consecutive day (including rota days), employee should send the 'Statement of Fitness to Work' (Fit Note) as soon as it is received. This can be sent to the line manager electronically and the original sent in by post or hand delivered soon thereafter.

(Refer to Appendix 1 – Employee's Guide and Appendix 8 – Frequently asked questions)

3.2 Manager Responsibilities

To manage attendance and apply the process fairly and consistently taking the individual circumstances into consideration.

Managers must take responsibility to identify and engage early with their employees to discuss health and wellbeing concerns, so appropriate and timely interventions can be considered and implemented. Early referrals to Occupational Health could be beneficial to employees and promote attendance at work. Support mechanisms should be regularly reviewed (Refer to Appendix 3 – The Role of Occupational Health).

After receiving initial notification from the employee, ensure that contact is maintained with the employee as soon as possible. Agree level of contact to ensure regular updates are received to provide support and aid return to work.

The nature of employee sickness is sensitive personal data. Information and paperwork about the employee's illness are strictly confidential and should be maintained accordingly. It is very important to record the key details on the HR Management System and attach relevant supporting documentation as soon as possible. (Refer to SO 1/5 - Management of Information).

(Refer to Appendix 2 – Manager's Guide and Appendix 8 – Frequently asked questions).

3.3 Joint Responsibilities (Manager and Employee)

It is the responsibility of both the manager and the employee to understand their role and responsibilities and what is expected of them in accordance with this framework.

It is a 'joint' responsibility to engage in early communication to promote openness, transparency and sharing of information to assist with employee health and wellbeing. Employees should be encouraged to provide information about their health and well-being, work-life balance, including disability, etc., so support mechanisms and reasonable adjustments can be put in place for the employee.

(Also refer to Appendix 5 - Disability Related Sickness)

4. DYING TO WORK CHARTER

The Service is committed to providing additional support to Employees diagnosed with a terminal illness and we will work with the individual to secure the best outcome for them whilst considering Service

requirements. Each case will be reviewed on their individual circumstances.

(Refer to Appendix 9 – The Dying to Work Charter).

5. ATTENDANCE AND SHORT TERM ABSENCE MANAGEMENT

This is any absence lasting 27 calendar days (including rota days) or less.

Following on from the regular (daily or weekly) contact, if the employee continues to be absent for two weeks or more, the manager should conduct a welfare meeting. A suitable location and time should be agreed by both the employee and the line manager.

5.1 Stage 1 – Return to work interview

Normally the return to work interview is conducted by the employee's line manager. If this is not possible, a relevant manager on site can conduct the interview from a health, safety and general wellbeing perspective to ensure that the employee is fit to be in work and appropriate restrictions or adjustments are in place.

The 'Attendance Management' part of the Return to Work interview will be conducted by the employee's line manager as soon as this is practicably possible. Ensure the meeting is held in private but relaxed settings. The concerns and support discussed should be recorded (on HR Management System) and provided to the employee.

Manager should review the employee's absence history and consider the triggers outlined above (Section 2 - Aims).

5.2 Stage 2 – Support Plan Meeting

This will be a formal meeting.

The employee has the right to be accompanied at the meeting (Refer to Appendix 1 - Employee's guide and Appendix 2 – Manager's guide)

This meeting is held when the targets are triggered (see Section 2. Aims) or there are patterns of absence which are a concern. If an attendance support plan is not already in place, then one may be agreed now. The employee should work with their line manager to agree the support plan. The manager will confirm the agreed support plan and timescale in writing to the employee. The plan can be for a duration of up to 12 months or more depending on the individual circumstances of the case.

The manager should meet with the employee at regular intervals throughout the support plan period to assess improvements and agree if any further support or adjustments are required. The employee should make every effort to improve their health and attendance at work. If the required improvement has been made within the review period, the employee should be advised of this and encouraged to maintain the improvement.

If there is insufficient improvement with attendance within the review period, it may progress to the next stage of the attendance management process.

5.3 Stage 3 – Case Review

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 – Employee's guide and 2 – Manager's guide).

The attendance support plan should be jointly reviewed to explore what further support or adjustments are required to support the employee's attendance at work.

A case review may be held with the Occupational Health Practitioner and the PSS Representative in attendance to review medical information, OH Reports (GP/Consultant reports) and if any further treatment, support or reasonable adjustments would help improve the employee's attendance at work. Possible outcomes from this meeting could be an extension of the Support plan to up to 12 months.

The manager should write to the employee informing them of the outcome of the meeting, the revised attendance support plan agreed, inform the employee about the next stage and that continued absence will put their job at risk and explain the reason why. If the expectations have been met within the review period, the employee should be advised of this and encouraged/supported to maintain the improvement.

If there is insufficient improvement with attendance within the review period, it may progress to the next stage of the attendance management process.

5.4 Stage 4 – Final Resolution Meeting

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 - Employee's guide and 2 – Manager's guide).

This forms part of the final resolution process and a Senior Manager will review relevant information relating to the individual and case; this may include OH reports (GP/Consultant reports), employee absence history/patterns, the impact of the absence, actions taken to date including options and alternatives considered, flexible working, reasonable adjustments, redeployment, etc., and these will be discussed with the employee, as appropriate.

Having considered the management and employee representations and facts from the meeting, it may be concluded that the employee's level of absence is unacceptable. One of the possible outcomes could be a further and final extension of the support plan up to 18 months, or the decision may be taken to dismiss the employee from the Service (Refer to Section 7: Making a decision).

If the support plan has been reviewed and extended and improvements have not been made within the extended review period, the Senior Manager should reconsider the decision to continue with the employment and reconvene the final resolution meeting.

6. LONG TERM ABSENCE MANAGEMENT

This is absence which extends for 28 calendar days (including rota days) or more.

In the case of long term absence, the manager and employee should agree a plan to maintain regular contact; good practice suggests that this should be weekly. This can be via telephone and welfare meetings.

If the employee were to return back to work after an absence of more than 28 calendar days, the attendance will be managed in line with Attendance and Short Term Absence Management process (Section 5).

6.1 Meeting 1 - Welfare Meetings

This is an informal meeting.

Welfare meetings should be arranged to take place within the first couple of weeks of the absence and continue throughout the employee's absence. These meetings should take place regularly to provide support to the employee, share information and aid return to work. OH intervention and a rehabilitation plan to assist the employee to return to work (including flexibility, restricted duties, alternative duties, reasonable adjustments, etc., as appropriate) may be discussed and considered at this meeting.

A suitable time and location should be agreed by the employee and the manager (Refer to Appendix 4 – Rehabilitation Plan (including restricted duties)).

If the absence continues beyond the initial welfare meetings and a return to work has not been achieved, then the next stage, Meeting 2 will take place.

6.2 Meeting 2 – Continued Absence from Work

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 Employee's guide, 2 Manager's guide)

The purpose of this meeting is to review relevant information relating to supporting the individual to improve their health and achieving a return to work. This may include reviewing OH reports (GP/Consultant reports), employee absence history/patterns, actions taken to date, explore options and alternatives with the employee, as appropriate. In addition to the above, a case review may be held with the Occupational Health Practitioner, to review medical information and if any further treatment and/or support, would assist the employee to return back to work.

The manager should write to the employee with an overview and outcomes that have been agreed at the meeting.

If the absence continues and a return to work is not achieved, then the next stage, Meeting 3, will take place.

6.3 Meeting 3 – No Predicted Return to Work

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 Employee's guide and 2 Manager's guide).

The purpose of this meeting is to review relevant information relating to supporting the individual to improve their health and achieving a return to work. This may include reviewing up to date OH reports (which includes GP/consultant reports), employee absence history/patterns, actions taken to date, explore options and alternatives with the employee, as appropriate. In addition to the above, a case review may also be held with the Occupational Health Practitioner to review medical information and if any further treatment and/or support including redeployment would assist the employee return to work.

It is the intention of the Service to support employees to return to work; however, there may be circumstances where this is not possible due to the employee's health, in which case ill health retirement may need to be considered. Ill health retirement (with a pension) is subject to approval by the Independent Qualified Medical Practitioner /Independent Registered Medical Practitioner (IQMP/IRMP). (Refer to Appendix 6 – Ill health Retirement and Medical Redeployment).

The manager should write to the employee with an overview and outcomes that have been agreed at the meeting.

If the absence continues and ill-health retirement (with or without a pension) or redeployment is not an option, then the next stage, Meeting 4 will take place.

6.4 Meeting 4 – Capability hearing

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 - Employee's guide and 2 Manager's guide). If at this stage the employee is unable to return to work within a reasonable period or in the foreseeable future, a final meeting should be convened to consider the employment options.

This forms part of the final resolution process and a Senior Manager will review relevant information relating to the individual and case, this may include up to date OH reports (GP/consultant reports), information from IQMP/IRMP, employee absence history/patterns, actions taken to date, options and alternatives considered and these will be discussed with the employee, as appropriate.

Having considered the management and employee representations and facts from the meeting, it may be concluded that the employee's level of absence cannot be sustained. Meeting 4 forms part of the final resolution process and an outcome of this could be dismissal. (Refer to Section 7 - Making a Decision).

7. MAKING A DECISION

7.1 Dismissal on the Grounds of Ill-Health

If the medical opinion is that there is no prospect of the employee being able to return to work in the foreseeable future and where ill health retirement and redeployment are not possible, the nominated senior manager may make the decision to terminate the contract of employment on the grounds of Capability under the Attendance Management framework.

7.2 Dismissal on the Grounds of 'Some Other Substantial Reason' or 'Misconduct'

Where all the stages have been exhausted, an employee whose attendance is unsatisfactory due to absences for a number of reasons or where it does not appear to be linked by an underlying condition and the absence is having an impact on the team and service delivery, the employee may be dismissed for "some other substantial reason".

An employee who fails to co-operate or comply with their responsibilities under the Attendance Management Framework may be managed for misconduct.

This dismissal will be under the WMFS Disciplinary Procedure (refer to Standing Order 2/1 – Disciplinary Procedure).

8. RIGHT OF APPEAL

Employees have a right of appeal against any decision taken under the formal process. The appeal should be in writing, submitted within seven days after the receipt of the outcome letter and relate to any of the following:

- the framework was not followed;
- new information has come to light that could not have been known at the time of the formal meeting; or
- employee challenges the evidence that was presented and the decision taken and provides reasons for this.

This is a formal meeting. The employee has the right to be accompanied at the meeting (Refer to Appendix 1 Employee's guide and 2 – Manager's guide)

The appeal will usually be heard by a manager more senior to the one who originally made the decision. Where this is not practical, it will be heard by a manager who has the authority to review and change the original decision.

The appeal hearing manager's decision will be final.

9. MATURE WORKERS AND MENOPAUSE

Changing demographics in the workplace mean that later life or mature workers are now the fastest growing age group in the labour market. It is important to take account of mature workers' needs, including support for women through the menopause.

Menopause is a natural part of ageing for women. Symptoms can vary enormously and can adversely affect the quality of both personal and working life for the employee.

Regular, informal conversations may enable discussion of changes in health and well-being and this will enable the Manager to provide appropriate support for the employee. (Refer to Appendix 2 – Manager's guide).

10. CARRY OVER OF ANNUAL LEAVE WHEN ON LONG TERM SICK

Employees on long-term sick leave can only automatically carry over four weeks' annual leave if they are unable to take the leave during the holiday year due to sickness absence. There is also a limit on carry-over of annual leave of 18 months from the end of the holiday year in which it was accrued.

(Grey book staff to also refer to the requirements of the Staffing guidelines).

11. SICKNESS ABSENCE AND SECONDARY EMPLOYMENT

Employees should consider their activities outside of work and the impact it has on the workplace and attendance. Employees who are absent from work on ill health grounds must ensure that they do not engage in activities which may impact or hinder their return to work with the Service. Where employees continue to have persistent or intermittent sickness and are unable to maintain a satisfactory attendance, the manager should discuss the reasons with the employee including the impact of the secondary employment, if applicable, and it is expected that the employee will prioritise their primary employment with the Service. (Refer to SO 2/25 Outside and Secondary Employment).

12. PAY DURING ABSENCE

12.1 All Employees

Periods of absence in respect of an on-duty injury shall not count against other sickness absences for the purposes of calculating sick pay. This will be reviewed by the manager, for example, if the accident investigation determines the on-duty injury to be due to 'own fault/negligence'.

Employees injured either on or off duty should notify their managers as soon as is reasonably practicable. Employees with an on-duty injury/illness are required to complete the WMFS PR12 Personal Injury form and the manager will arrange for an accident investigation.

For off duty injuries, employees are required to complete WMFS PR96 off duty injury report providing full details of the cause of injury to the Manager. If a personal injury insurance claim can be made, this claim should be made by the employee and the service refunded the sick pay.

If an employee does not comply with the reporting procedure or fails to cooperate or advise the relevant manager of their absence, this could possibly be deemed to be an unauthorised absence and pay may be

stopped (Refer to Appendix 7 – Entitlement to Sick Pay).

12.2 Grey Book Employees

Payments are in accordance with the NJC for Local Authorities Fire Services Scheme of Conditions of Service.

For sickness absence, full pay will be paid up to a cumulative total of 6 months' absence in any 12-month period followed by half pay for any other period within the 12 months. Absence longer than 12 months may not be paid.

For on-duty injuries absence, 12 months at full pay will be paid followed by 6 months at half pay. Absence longer than 18 months may not be paid. (Also refer to Section 12.1 above).

12.3 Green Book Employees

Payments are in accordance with the National Joint Council for Local Government Services National Agreement on Pay and Conditions of Service (Green Book) and are dependent on the employee's length of service:

During 1st year of service: two months' half pay	One month's full pay and (after completing four months' service)
During 2nd year of service:	Two months' full pay and two months' half pay
During 3rd year of service:	Four months' full pay and four months' half pay
During 4th and 5th year:	Five months' full pay and five months' half pay
After 5 years of service:	Six months' full pay and six months' half pay

On-duty injuries will be paid in accordance with the above (Refer to Section 12.1).

13. CROSS REFERENCES

[0201 Disciplinary Procedure](#)

[0224 Re-organisation Redeployment and Redundancy Policy](#)

[0225 Outside Employment and Secondary Contracts Policy](#)

[0403 Special Leave](#)

[0408 Pregnancy, Maternity, Paternity, Adoption SP Provisions Leave and Pay 06](#)

[1611 Alcohol, Drugs and Other Substances](#)

14. KEY CONSULTEES

Fire Brigades' Union

Unison

Fire Officers' Association

Strategic Enabling Team

Group Commanders

Diversity, Inclusion, Cohesion & Equality Team

People Support Services

Safety, Health & Environment Team

15. EQUALITY IMPACT ASSESSMENT

A full equality impact assessment has been undertaken on this framework.

16. OWNERSHIP

People Support Services

17. RESPONSIBILITY AND REVIEW/AMENDMENT DETAILS

17.1 Responsible Strategic Enabling Team Member

SET Member for People.

17.2 Created/fully reviewed/amended

Fully reviewed by Policy Team and People Support Services, August 2017.

If you have followed any of the processes included in this Policy please complete the following debrief form by clicking [here](#)

Appendix 1

Employee's Guide

Regular, punctual attendance is an implied term of every employee's contract of employment so employees should take responsibility for achieving and maintaining good attendance at work.

It is the responsibility of WMFS employees to:

- Be proactive and take responsibility for their health, safety and well-being;
- Discuss with the manager as soon as possible if there are any concerns which may be having an impact at work, so that the Manager can offer suitable support;
- Familiarise yourself with the Attendance Management Framework and the requirements;
- Follow correct notification/certification processes, ensuring the manager has as much information as possible about the absence to enable them to provide appropriate support and advice;
- Engage with the Manager and maintain regular contact to share information about their health, support and follow recommendations from GP/Consultant/OH (the frequency and means of contact should be agreed with the manager);
- Ensure that medical certification is provided for any absences of eight days or more;
- Where it is perceived that the absence is due to or aggravated by either a work or disability related issue, employees are encouraged to raise this with the manager as soon as possible or, failing that, raise it when initially reporting the absence or during the return to work discussion;
- Attend OH appointments and meetings as arranged and inform OH in advance if unable to attend an appointment;
- Return to work as soon as fit to do so and is practicably possible, i.e. fully engage and explore rehabilitation/restricted duties;
- Ensure that appropriate procedures are used to request time off from work for reasons other than sickness, such as dealing with family or home responsibilities; seeking advice from the manager when necessary;
- Proactively work with the line manager to improve attendance levels where appropriate. If it is felt that the absence is not being managed appropriately, talk to the Manager or Senior Manager about this as early as possible;

- Recognise workplace and lifestyle risk factors which may be adversely affecting their health and wellbeing at work;
- Consider the impact of leisure, sporting or outside activities which could be detrimental to their health, recovery and return to work;
- Comply with safe working practices and co-operate with the Service in all matters of sickness absence, welfare and OH initiatives;
- Work in line with safe working practices and OH advice to maintain health and wellbeing.

Formal Meetings

Employees have a right to be accompanied at the meeting by a Trade Union Representative or a work colleague. Your Manager will write to you giving you 5 days' written notice with date, time, venue details and informing you that you are entering a formal stage of the process.

If injured on or off Duty

If the employee is injured on duty the manager should be notified of this as soon as possible and this should be reported on a PR12 Personal Injury form and sent to the **Health and Safety Environmental Team** within 21 days as set out in the Health and Safety Portfolio. The local manager will undertake an accident investigation and prepare a report.

If the employee is injured off duty the employee should send the line manager full details of the cause of the injury on a PR96 off duty injury report as soon as possible after the injury occurs. Any subsequent claim made for damages should include the total amount of pay received from the Service during the period of absence. In the event of the claim being successful, the employee will be required to refund the whole of the amount of sick pay paid by the Service during the absence.

Employee Assistance Service (EAS)

As a caring employer, we understand that our employees sometimes need extra support to help them through challenging times. WMFS are dedicated to providing that extra support in a safe and confidential environment where employees can receive professional advice and support.

Our current Employee Assistance Provider is Birmingham Hospital Saturday Fund (BHSF). BHSF are available 24/7 and they have specialist advisors providing information on matters related to legal, financial, health, wellbeing, etc. Information given to BHSF is confidential and is not disclosed to WMFS. The telephone contact no is 0800 1076147 and website address is www.colleaguesupport.co.uk (enter code 72135 as your username and password).

Links to external websites for information:

<http://www.mind.org.uk/news-campaigns/campaigns/bluelight/blue-light-infoline/>

<http://www.mindmatterstraining.co.uk/get-support-now/>

[http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?](http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter)

[utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter](http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter)

Appendix 2

Manager's Guide

There are significant costs associated with sickness absence and Management 'ownership' is the critical factor in increasing attendance. Line managers are required to monitor and handle sickness absence levels within their team and take timely and appropriate action as necessary.

High absence levels are often caused by deeper rooted problems within an organisation (ACAS, Attendance Management, October 2006). Managers should measure and manage absence but can also take positive steps to improve morale and motivation by creating a good working environment and by providing support and information to employees that will affect or impact them and the Service.

Manager's responsibilities:

- It is important for Managers to engage and develop a professional relationship with their employees which will build trust and enable sensitive and difficult conversations to take place.

- Regularly brief employees and ensure that they fully understand their responsibilities and the requirements of the Attendance Management framework.
- Encourage attendance and seek to establish an attendance culture.
- Apply the framework fairly, consistently and in a reasonable manner.
- Take responsibility to identify and engage early with employees to discuss health and wellbeing concerns so appropriate and timely interventions can be considered and implemented.
- Monitor and take action on an individual's sickness at the trigger points and invoke formal meetings, as appropriate.
- Maintain regular contact with employees who are absent from work and provide support and information.
- Follow the procedure for referring an employee to Occupational Health Services and seek advice/guidance from People Support Services as and when required.
- Prepare and conduct a return to work discussion within the timescales outlined in the Framework.
- In some cases, understanding the root cause of the absence will be important. Until the cause is correctly identified, it may not be possible to identify an appropriate course of action to remedy it.
- Ensure that accurate sickness data/discussions/outcomes are maintained for review purposes and that relevant information is updated in the HR Management systems promptly.
- Regularly analyse data identifying areas of concern because of patterns of absence or duration and/or frequency of absence within the team with a view to identifying causes and initiating action which could alleviate the problem. Discuss with your PSS representative.
- Support the Service and Occupational Health initiatives for employee health and wellbeing.
- Consult your PSS representative for advice on managing attendance and especially when progressing to formal stages of the process.

Confidentiality

The attendance record of employees and other personal details about their health and wellbeing is confidential and managers must not disclose information to anyone else other than to people who need to know as part of operating the Attendance Management framework (Refer also to SO 1/5 - Management of Information).

Maintaining contact during sickness absence

A successful return to work is more likely to be achieved where managers have remained in contact with employees throughout their absence and demonstrated a supportive, sensitive and caring approach.

Maintaining ongoing and open communication allows the manager to stay informed about the employee's health and progress, and gives the employee the opportunity to raise and discuss any issues or concerns.

Having regular contact can also be used to keep the employee up to date with workplace events and news, e.g. information relating to work updates, training, restructuring, etc. This can be beneficial to employees as it reduces feelings of isolation from work. However, consult with the employee before sending such information and agree method of communication. Employees can feel anxious about returning to work, especially if they have been absent for a long time, but understanding what has been happening during their absence could help their return to work when they are well enough to do so.

Employee Assistance Service (EAS)

As a caring employer we understand that our employees sometimes need extra support to help them through challenging times, especially when off sick. WMFS are dedicated to providing that extra support in a safe and confidential environment where employees can receive professional advice and support.

Our current Employee Assistance Provider is Birmingham Holiday Saturday Fund (BHSF). BHSF are available 24/7 and they have specialist advisors providing information on matters related to legal, financial, health, wellbeing, etc. Information given to BHSF is confidential and is not disclosed to WMFS. The telephone contact no is 0800 1076147 and website address is www.colleaguesupport.co.uk. Enter code 72135 as your username and password.

Return to Work Meeting

Return to work discussions are an integral part of the process of managing sickness absence. The line manager needs to ensure that a return to work meeting takes place on the employee's first day back at their normal place of work, or at the earliest opportunity. If the manager is away, the covering manager should conduct a brief meeting to welcome the employee, ensure from a health and safety and general wellbeing perspective that the employee is fit to be in work and ensure any agreed restrictions or adjustments are in place.

A full return to work meeting should be conducted by the employee's immediate Manager after every instance of absence, without exception.

The purpose of the return to work discussion is to:

- Welcome the employee back and check that they are fit to be back.
- Ensure that support in place for the employee is adequate and satisfactory.
- Consider conducting an individual risk assessment with the purpose of identifying reasonable adjustments and further support required in the workplace.
- Explore if there are any underlying reasons or any non-medical reasons for the absence, e.g., dependent's responsibilities, work concerns, etc.
- Manager may also wish to discuss any patterns of absence or concerns they may have about the employee's absence.
- Consider what, if any, measures might improve the employee's health/attendance. Offer support and encouragement. Signpost employees to a range of rehabilitation techniques to support them e.g. Occupational Health, Employee Assistance programmes, Flexible Working, Access to Work, etc.
- Brief the employee on key areas of work/give an update on any key information/changes, training that they may have missed during their absence.
- Ask the employee if they have any concerns or questions.

For grey book employees returning from short or long term absence, it is essential that their PPE is re-sized to confirm it fits properly as it is recognised that incorrectly fitted PPE can contribute to burns. This must be done before any Fire Behaviour training and before the firefighter is deemed ready for operational duties. This is to limit any potential burns due to incorrectly fitting PPE. If the sickness is disability related, if this has not been done already, it is during the return to work that a manager needs to explore with the employee if there are any reasonable adjustments that need to be made to support the employee.

The manager should ensure that the appropriate time and attendance system is accurately updated. The details of the return to work meeting and support provided should be recorded on the HR Management System.

Welfare Meeting

This is an informal meeting and should take place after 2 weeks from the first day of absence and continue after every 4 weeks during the duration of the absence. It is a meeting arranged by the line manager with the employee. The purpose is to discuss the employee's absence and to address any concerns that the employee may have. This meeting can take place at the most suitable venue for the employee, i.e., at the home of the employee with their consent or it can take place at a local station, headquarters or other suggested suitable/private location.

Line Manager could discuss to understand:

- The employee's illness, treatment plan and likely duration of absence.
- Discuss the GP/Consultant/Occupational Health advice/recommendations but not delay the meeting if report is not received, this can be discussed at a further meeting.
- If not already done, agree regular telephone contact plan and the next welfare meeting date. Determine whether the employee would like to receive relevant company/team information while away from work.
- If the employee has not been referred to OH already, assess whether a referral to OH would benefit the employee and provide information. Discuss with the employee and obtain consent.
- Discuss if there is anything the Service can do to support the employee's recovery and return to work, including sharing information about the Employee Assistance Service and/or explore reasonable adjustments and or rehabilitation plan.
- Provide information on sick pay, if appropriate.
- Give the employee the opportunity to ask any questions or seek clarification on any issues/concerns they may have.

If an employee has a disability, particularly where this is having an increased adverse impact on the employee's attendance, the manager may wish to seek support and advice specifically related to this from Occupational Health.

The outcome to confirm the key points of discussion and agreed plan may be communicated to the employee with details of the next meeting. Line Manager should upload all relevant information/documents on the HR Management Systems.

Formal Meeting

A formal meeting is a planned meeting; it has a predetermined agenda to be discussed.

- Formal meetings are confirmed in writing.

- Any employee attending a formal meeting should be given 5 days' written notice with dates, time and venue.
- The employee must be informed of the right to be accompanied by a Trade Union Representative or a work colleague.
- It is important that the employee is aware that they are entering into a formal stage of the process.

Role of the Accompanying person:

They may:

- Fully participate in the meeting in order to sum up the employee's case.
- Respond on behalf of the employee to any view expressed during the process.
- Confer with the employee during the meeting/interview.

They may not:

- Answer questions on the employee's behalf.
 - Prevent the relevant Manager from exploring the case.
- Employees have a right to postpone a formal meeting for up to seven days if their Representative or work colleague is unavailable to accompany them at the meeting. Every effort must be made to accommodate the availability of the accompanying person, however, where this might cause the process undue delay, the employee will be requested to seek someone else to accompany them.

The Management of Short Term Absence:

Whenever a trigger point is activated, the manager should consider the following action:

- Check the employee's absence record to gain an accurate assessment of the number of days' absence that the employee has had and the number of separate occasions on which the employee has been absent including the reason for the absence.
- If there is any evidence about possible underlying causes of absence.
- If there is any discernible pattern to the absence (review absence history).
- What proportion of the absence is certified or uncertified?
- What reasons have been given for the absence? Are the causes varied or does there appear to be a link between the various absences?
- Review information gathered from previous return-to-work meetings, support plans, OH reports, welfare meetings, etc.
- Write to the employee inviting them to a formal attendance review meeting.
- If you need support at the meeting, notify your PSS representative who may be present at the meeting.

Each case will require different treatment, and the Manager needs to start by gathering as much information as possible which will help to identify potential issues to explore with the employee in the review meetings.

Formal Meetings (Stages 2 and 3)

Attendance meetings should not be viewed as a punitive measure but as a method of ensuring that attendance issues are addressed quickly and that, whenever possible, appropriate support is identified and provided to the employee.

The purpose and style of the meeting should be a positive and constructive one. The employee should be helped and encouraged to understand that their absence levels present a problem to the organisation, and the discussion should then explore the reasons for the absence with the aim of identifying practical steps that might be taken to reduce the absence levels in the future.

If there is concern of underlying medical cause, then it may be appropriate to focus on the provision of OH advice and support.

The manager should make sure that the employee is given an opportunity to respond to the points raised and explain any difficulties they may be experiencing. Review the effectiveness of any action or support already provided and identify if any further action or support could improve the employee's attendance. Establish the improvement required in attendance levels and timescales for achieving such an improvement and agree an attendance support plan.

The employee's attendance support plan will be agreed for a set period. The employee should be informed that the absence is monitored on a rolling 12-month basis and any further absences can lead to the next stage.

Key points discussed at the meeting and an outcome letter with the attendance support plan and targets, which have been mutually agreed with the employee should be sent to the employee and uploaded onto the HR Management System. Inform the employee about their appeal rights against the issue of the outcome.

During the review period, regular discussions should be undertaken by the manager to discuss the progress that has been made towards meetings the attendance levels and the need for any further

support.

Line managers do not have to wait until the end of the review period before moving the employee to the next stage of the procedure - if the employee's attendance is continuing to give cause for concern they may do this earlier.

The purpose of the next stage is to restate the continued areas of attendance, to discuss whether the remedial measures previously identified should continue, or if additional support might be helpful. Consideration is given as to whether extending and/or increasing the assistance, adjustments and timescales offered under the previous stages is appropriate. A further OH/Case review to look at further practical support through additional treatment, resources and guidance should be considered.

The employee should be informed that if there is insufficient improvement in the attendance, it will progress to the final stage which could lead to dismissal from the Service.

If, following the agreed extended period of time, the individual has still not achieved an acceptable standard the final stage of the formal process may be initiated, which is the Final Resolution/Capability Hearing.

The Service is not expected to tolerate an employee's frequent absences indefinitely especially if it is having an impact on the team and service delivery and irrespective of the genuineness of the reasons for the absences it is possible to dismiss an employee fairly for unsatisfactory attendance at work.

Management of Long Term Absence

Long term absence is defined as a period of absence lasting 28 days or longer.

Where an employee is facing a prolonged period of absence from work due to ill health they may be particularly anxious or vulnerable. Managers need to be sensitive to these feelings and should provide support and reassurance whenever needed.

Welfare Meetings and Maintaining Contact

See notes above (Welfare Meeting)

Dying to Work Campaign

WMFS supports the TUC Dying to Work Campaign. We recognise that employees diagnosed with a terminal illness require support and understanding and not additional stress and worry. We will aim to provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which will empower them through this challenging period. Each case will be reviewed on their individual circumstance

Meeting 2 and 3

Each case is individual and all circumstances must be considered when progressing to Meeting 2 and 3. The Manager will consider all information: the outcome of the OH report and any other medical advice received to date; prognosis for the return to work or when the employee thinks they might be able to return to work, whether any temporary/permanent adjustments or support mechanisms might assist the employee's return to work; redeployment, ill health retirement.

Provide clarification as necessary regarding the provision of sick pay, discuss the impact and possible consequences of prolonged absence from work including dismissal from the Service.

Final Resolution/Capability Hearing (short or long term sickness)

The employee's inability to achieve and maintain acceptable levels of attendance (short and long term absence) may eventually result in either deployment, ill-health retirement or termination of employment on the grounds of capability, conduct or some other substantial reason. Individuals injured or ill should be treated fairly and compassionately at all times. Managers should be able to demonstrate that they have acted reasonably in actions taken at all stages of the attendance management process, including any decision to progress to the Capability Hearing.

This is a formal meeting and will be heard by a Senior Manager. The employee will be given at least 5 working days' notice of the meeting and will have right to be accompanied at the meeting (see Formal Meeting notes).

Both the Line Manager and the Employee or their Representative will present the case to the Senior Manager. The purpose of the meeting is:

- To review the employee's attendance record during the relevant period;
- To discuss the up to date OH/GP/Consultant advice that has been received and the prognosis;
- To review the support that has been given to the employee to achieve the required level of attendance;
- To give the employee the opportunity to discuss any problems or raise any concerns or to highlight any mitigating circumstances that they wish to be considered;
- Depending on the case, whether all other alternative options have been considered.
- To decide whether any new information requires further referral to OH;
- To consider any other information relevant to the case.

The Senior Manager will make a decision after reviewing all of the information whether the outcome could possibly be an extension of the improvement plan (up to 18 months) or final resolution dismissal from the Service. Each case will be considered on its own merits and careful judgement exercised before reaching a decision to dismiss

The individual should receive written confirmation of the outcomes of the final resolution process within five working days of the meeting. The employee will be informed about their right of appeal against the decision.

Appeals Process

Employees have a right of appeal against any formal decisions taken under this Framework, this can only be done through the appeal process.

The appeal will usually be heard by a manager more senior to the one who originally heard the case. Where this is not practical, it will be heard by a manager who has the authority to review and change the original decision.

An employee wishing to appeal against the decision should submit written notice of appeal to People Support Services within five working days of receipt of the written confirmation of the outcome, stating the grounds of appeal.

The appeal hearing manager will confirm in writing receipt of the appeal letter. Arrangements will be made for the appeal to be heard as soon as reasonably practicable following receipt of the notice of appeal.

The result of the original meeting will remain in force until the outcome of the appeal is known. Where an appeal against dismissal is upheld, the employee shall be reinstated/re-engaged from the date of dismissal and continuity of service will be maintained.

The result of the appeal and the reason for the decision will normally be notified to the employee orally at the end of the hearing and in writing within five working days of the appeal hearing with a copy to the employee's line manager.

The appeal will form the final decision at each stage of the internal procedure.

Managing Stress Related Absence

The Health and Safety Executive (HSE) define stress as "the adverse reaction people have to excessive pressures or other types of demand placed on them". Employers have a duty under health and safety law to assess and take measures to control risks from work-related stress. Work-related stress (WRS) can also be caused where there is 'a mismatch between job requirements and the individual's abilities, resources or needs'. These can be categorised as:

- Demands: employees often become overloaded if they cannot cope with the amount of work or type of work they are asked to do.
- Control: employees can feel disaffected and perform poorly if they have no say over how and when they do their work.
- Support: levels of sick absence often rise if employees feel they cannot talk to managers about issues that are troubling them.
- Relationships: a failure to build relationships based on good behaviour and trust can lead to problems related to discipline, grievances and bullying.
- Role: employees will feel anxious about their work and the organisation if they don't know what is expected of them.
- Change: change needs to be managed and communicated effectively or it can lead to huge uncertainty and insecurity.

Managers are required to identify and manage stress in the workplace by identifying excessively stressful situations, signs and symptoms of stress amongst employees and putting appropriate support plan in place.

An early referral to Occupational Health is important to provide support, aid the employee's recovery and to facilitate a return to work.

An employee who recognises symptoms of stress in themselves (see links below) should discuss this with the Manager. Anxiety and depression are medical conditions which can be effectively treated through medicine, counselling and a structured return to work environment.

Where an employee is absent from work as a result of work-related stress, it may be appropriate to call a meeting with the employee to consider the situation. The circumstances of the employee's stress can be considered and an appropriate strategy for the individual to return to work developed with assistance from OH.

For additional information on Stress at work, click below:

<http://www.acas.org.uk/index.aspx?articleid=815>

[http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?](http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter)

[utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter](http://sites.unum.co.uk/stress-awareness/HTML/Homepage.html?utm_campaign=Social%20News&utm_content=25532640&utm_medium=social&utm_source=twitter)

Dealing with my mental health - <http://www.hse.gov.uk/stress/mymental.htm>

Dealing with my stress <http://www.hse.gov.uk/stress/mystress.htm>

Dealing with my personal issues <http://www.hse.gov.uk/stress/dealingwith.htm>

Managing Drug and Alcohol Related Absence

Drug and/or alcohol dependency is viewed as an illness. The Service actively encourages those employees who are experiencing difficulties with substance misuse to seek help as soon as possible. Some drugs can rapidly affect physical and mental health than alcohol, so the earlier the problem can be dealt with, the greater chance there is of rehabilitation. Where appropriate, the Service will offer assistance in seeking relevant treatment. Employees suffering from such problems will be given the same consideration, support and treatment provisions, as extended to employees with other health problems (Refer to SO 16/11 - Misuse of Alcohol and Drugs).

Mature Workers and Menopause

It is estimated by 2020 that people aged 50 and over will comprise almost a third of the working age population. Older workers still experience prejudice from employers, colleagues and society in general, with stereotypical attitudes often reflecting misconceptions about their flexibility, health, ability to learn and their general skills and qualification levels (CIPD, May 2016)

Managers have a responsibility to create an inclusive and age-diverse working environment where people of all generations feel comfortable and appreciated by management and their peers, regardless of age.

Around 30-60% of women experience intermittent physical and/or psychological symptoms during the menopause. There is good reason to consider the needs of this group of workers.

Regular, informal conversations may enable discussion of changes in health and wellbeing and this will enable the Manager to provide appropriate support for the employee. Some women may be reluctant to have discussions about their experience with their manager and in these cases, a referral to OH can be useful.

FAQ

What Managers should do if an employee is not following the Notification Procedure?

If an employee is not following the notification procedure then you should firstly try to contact them to understand the reason for not calling in, this may be that the employee has been admitted into hospital or the impact of their disability maybe incapacitating them.

If this is not the case, and the employee has not met their responsibilities, it is important as the manager that you reaffirm the employee's responsibility and provide a copy of the Attendance Management framework for their understanding and clarity. It is good practice during team meetings to confirm what the Service's reporting procedures are.

What Managers should do if they are in doubt about the Employee's fitness to return to work?

The manager should consider whether Occupational Health advice or guidance is necessary if there is any doubt about the employee's fitness to return to work.

If there is cause for concern the manager may decide to temporarily place the employee on restricted duties (for example over a weekend) to allow time to seek Occupational Health advice. Managers should discuss this with the PSS Representative.

What to do when employee goes on a holiday whilst on sick leave?

Employees who wish to take holidays whilst already on sick leave will notify their Manager of their intention to take annual leave and they will be required to 'sign off' sick leave for the duration of the holiday and 'sign in' at the conclusion of the holiday; the amount of days' holiday taken will be deducted from their annual holiday entitlement.

This does not apply where in the case of a pre-planned/pre-booked holiday, the employee's GP, Consultant or OH will need to provide a Fit note stating that in their opinion the holiday will form part of a recovery or convalescence. In these circumstances the period of pre-planned/pre-booked leave will be considered as sickness absence.

Appendix 3

Role of the Occupational Health

Occupational Health (OH) is a valuable resource in helping WMFS to maintain a workforce that is fit and healthy. They are responsible for providing a confidential service to employees and delivering specialist

advice to managers in relation to the management of employee ill-health and wellbeing.

The strategic aims of OH are to:

- Provide proactive interventions, medical and fitness assessments and health surveillance to maintain employee health and wellbeing;
- Provide professional advice on impact of work on health and ill-health on work;
- Provide advice and support to remove barriers that prevent employees with health conditions or disabilities from achieving their potential and optimising their wellbeing;
- Provide advice on a return to work/rehabilitation plans including restricted duties, phased return, etc., to support the employee's return to work;
- Encourage and support employees to develop and maintain a healthy lifestyle.

Referrals

Early engagement referral by the Manager into the OH is recommended for a successful outcome, especially in cases of stress, anxiety, depression and some musculoskeletal conditions.

Referrals should be made using the referral form and with the employee's agreement. It is important to complete the referral form with as much detail as possible by completing all the sections. Managers should discuss the referral with the employee and get agreement before issuing it to OH.

If employees have any health or wellbeing concerns and would like to be referred to OH, it should be discussed with the Manager who will then complete the referral form. Self-referrals by employees will be accepted by OH only in exceptional circumstances. However, in these circumstances an employee will need to agree and sign the report release consent form for the manager to receive the medical report.

Occupational health toolkit including referral form http://wm-srv-alf-01.wmfs.net:8080/share/page/site/hr-occupational-health/wiki-page?title=Occupational_Heath_Toolkit

Appendix 4

Rehabilitation Plan (including Restricted Duties)

In certain cases, usually following a long-term illness, post operation or in support of a serious health condition, an individual may require a rehabilitation plan. This is utilised to support and facilitate an early and safe return to work for employees.

Occupational Health Practitioner will offer guidance to the employee and line manager on the rehabilitation and duration of the plan, which will depend on the employee's health. Any additional recommendations indicated by the GP/Consultant will be considered by Occupational Health. Manager should consult with their PSS Representative if there are any concerns.

The rehabilitation plan may include some or all of the following:

1. Phased return/Restricted duties; this could include shorter working hours or avoidance/restriction of certain tasks/activities;
2. Reasonable adjustments, i.e. modification of workstation and or provision of appropriate equipment etc. (Refer to Appendix 5 – Disability).
3. Referral for more specialist treatment, e.g., Physiotherapy, Counselling, etc.

Phased Return/Restricted duties

A phased return refers to an arrangement made for an employee by their manager following a long-term sickness absence to return to work on either reduced hours; reduced workload; responsibilities or a combination of these factors.

Restricted duties can form part of a structured rehabilitation programme when individuals are recovering from many types of sickness, injury, post-operation, etc. It is implemented when an employee is deemed unfit to undertake the full occupational role.

Phased return/ restricted duties should be on the advice of the individual's GP or the Occupational Health Advisor and in consultation with the employee.

These are a '**temporary**' adjustment for an interim fixed period only and is non-contractual. It is the manager's responsibility to ensure that this is on an interim basis considering information provided by Occupational Health and the employee.

The Manager will agree the phased return/restricted working arrangements and this will be detailed in a Plan and given to the employee. It will include the following information:

- the start and end date of the phased return to work/restricted duties program.
- agreed attendance pattern (hours of work/activities should incrementally increase over the phased return/restricted duties period with the potential of working to full time/full duties).
- the duties being undertaken and location.
- any additional support required.
- set regular review dates to monitor progress and if further support is required.
- have an end date for a formal review of the return to full duties.

Regular (weekly/fortnightly) reviews and discussions should take place and outcomes confirmed to the employee. The plan and information on the reviews should be confirmed to the employee and uploaded onto HR Management System.

Should an employee need to remain on phased return/restricted duties beyond the scheduled end date, it is important that the manager could evidence their decision through the review meetings discussions/actions and engagement with Occupational Health and the Senior Team Manager and update the records.

A phased return would usually be no longer than 4 weeks. However, in exceptional circumstances the Manager can agree up to a 6-week cycle in any twelve-month period. Where GP/Occupational Health recommends part-time working for an extended period, then a temporary reduction in pay and hours should be agreed as reasonable adjustments with the fully informed consent of the employee. Advice from the PSS Representative should be sought in this matter.

Where GP/Occupational Health recommends restricted duties and employees are unable to return to full occupational role for an extended period, the manager should discuss with the employee and commence management through the attendance management framework (long term sickness process – this would include the consideration of options such as redeployment, etc.). Advice from the PSS Representative should be sought in this matter.

The Manager in consultation with the employee will make a decision on the most effective and efficient use of the employee on phased return/restricted duties taking into consideration the employee's health and wellbeing. In some instances, this may require the employee to move to another station or work location, within a reasonable distance, to work on a project or assignment. The line manager will co-ordinate the location in conjunction with the appropriate Station Commander/Manager.

Employees on phased return/restricted duty will take the Public and Concessionary Holiday leave that they are entitled to, as and when it occurs.

Whilst undertaking restricted duties (working full time) the employee will be permitted to take reasonable time out for remedial treatment as part of their rehabilitation back to full duties, dependent upon instructions from the Occupational Health Practitioner.

Pregnancy

Any issues relating to pregnant employees should be considered in line with Standing Order 4/8 Pregnancy and Maternity Provisions and New and Expectant Mother Returning to work.

General Guidance Notes

When an employee's own GP decides they should be transferred from being fit for work to maybe unfit for work, this should be confirmed on the 'Statement of Fitness to Work' (Fit Note) and Occupational Health informed. If the Occupational Health Practitioner considers the employee is fit to return to full duties, the employee should return to their GP to confirm the opinion and should be certified fit to return to work.

Appendix 5 Disability Related Sickness

What is the definition of Disability under the Equality Act 2010 (hereon is referred to as the Act)?

The Act defines "disability" as "any physical or mental impairment which has a substantial and long-term adverse effect on someone's ability to carry out normal day to day activities."

What does 'substantial' and 'long-term' mean?

'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed. If a person is under medical treatment; if it is likely that their condition will be worse without their treatment, then they are covered by the Act. 'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection.

A Disability can arise from a wide range of impairments which can be:

- Sensory impairments, such as those affecting sight or hearing;
- Impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgia encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy;
- Progressive, such as motor neurone disease, muscular dystrophy, forms of dementia and lupus (SLE);
- Organ specific, including respiratory conditions such as asthma and cardiovascular diseases, including thrombosis, stroke and heart disease;
- Developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia;
- Learning difficulties;
- Mental health conditions and mental illnesses, such as depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour;
- Produced by injury to the body or brain.

The Act states that a person who has cancer, HIV infection or multiple sclerosis (MS) is a disabled person. This means that the person is protected by the Act effectively from the point of diagnosis.

It may not always be possible, nor is it necessary, to categorise a condition as either a physical or a mental impairment. The underlying cause of the impairment may be hard to establish. There may be adverse effects which are both physical and mental in nature.

Progressive Conditions

A progressive condition is a condition that gets worse over time. People with progressive conditions can be classed as disabled.

Managing and Understanding Disability in the Workplace

The Equality Act protects employees with a disability from:

1. Direct discrimination: where an employee is being treated less favourably because of their own disability, a perceived disability or because of their association with someone who is disabled.
2. Indirect discrimination: where an apparently neutral provision, criteria or practice is applied, which puts people with a disability at a disadvantage.
3. Failure to make a reasonable adjustment (please see below for more guidance).
4. Discrimination *arising from disability* occurs when:
 - an individual/manager treats the person with a disability unfavourably;
 - this treatment is because of something arising in consequence of the disabled person's disability; and
 - the employer cannot show that this treatment is a proportionate means of achieving a legitimate aim.

What is the duty to make reasonable adjustments?

The duty to make reasonable adjustments comprises of three requirements. Managers are required to take reasonable steps with a supportive approach to:

1. Avoid the substantial disadvantage where a provision, criterion or practice applied by or on behalf of the employer puts a disabled person at a substantial disadvantage compared to those who are not disabled. For example, changes to working arrangements (workload, hours of work, time allowed to complete tasks, breaks, training, supervision, allowing the employee to work flexibly).
2. Remove or alter a physical feature or provide a reasonable means of avoiding such a feature where it puts a disabled person at a substantial disadvantage compared to those who are not disabled. These could include changes to premises, equipment or workstation (adapted toilets, ramps, computer software).
3. Provide an auxiliary aid which includes an auxiliary service where a disabled person would, but for the provision of that auxiliary aid, be put at a substantial disadvantage compared to those who are not disabled. For example, a sign language interpreter; information in Braille, using specific computer software to support the person with a disability.

Reasonable adjustments need to be made in the following circumstances:

- Where someone has declared a disability and requested reasonable adjustments,
- Where it might reasonably be expected that someone would need an adjustment, or
- Where it might reasonably be expected that someone is disabled.

Reasonable adjustments need to be made in discussion and with the consent of the employee. Each case of disability related sickness and making reasonable adjustments will be different as disabilities impact people in different ways. The circumstances of each case needs to be considered by the Manager in making reasonable adjustments.

Employees' Responsibility

We encourage the employee to inform their Manager of their disability; Managers can only provide support such as reasonable adjustments if they are aware of the employee's disability.

Manager's Responsibilities

The Manager should ensure that reasonable adjustment/s are considered for a disabled employee.

This will include exploring options for reasonable adjustments with the employee and other sources of support, for example Occupational Health and Access to Work.

A culture should be developed that removes barriers so that an employee with a disability can carry out their job effectively and perform to a high standard.

The following are some of the factors which might be taken into account when deciding the reasonable adjustments that should be considered:

- whether taking any particular steps would be effective in preventing the substantial disadvantage?
- how practical it is?
- the financial and other costs of making the adjustment and the extent of any disruption caused;
- the extent of the Service's financial or other resources; please note that the full financial resources of the organisation will be considered when deciding to make a reasonable adjustment and not that of just a department.
- the availability to the employer of financial or other assistance to help make an adjustment (such as advice through Access to Work).
- reasonable adjustments need to be made in a timely way and at times there may be a requirement for more than one reasonable adjustment.
- a reasonable adjustment would assist with keeping the employee at work.

If a Manager suspects an employee may have a disability that is impacting on their attendance at work, then they may seek support from Occupational Health to explore this further by asking specific questions. Referrals to Occupational Health should only be made with employee's consent. The Framework provides specific advice of how different stages and aspects of its procedures need to consider the needs of employees with a disability in its application and we expect Managers to work with employees to provide this support.

Further support and guidance is available from the DICE team and Occupational Health.

Appendix 6

Ill-Health Retirement and Medical Redeployment

Ill health Retirement

There have been some important changes to the law that directly affect the ill health retirement process in the Fire Service. Specifically:

- Changes to the Firefighters' Pension Schemes
 - Changes to the Disability Equality Legislation
- The Firefighters' Pension Schemes have clarified the definition of 'permanent' in respect of medical disability. This is now defined as 'disabled until normal pensionable age'. The removal of the compulsory retirement age of 55 now means this could be until 60, or until 30 years' service is reached. The Firefighters' Pension Schemes also changed the definition of 'regular firefighter' so there is no longer a need to be fit for full firefighting duties.
- The application of Equality Act 2010 places a requirement on WMFS to ensure that, where possible, reasonable adjustments are made to enable an individual to remain in their current post; or, if this is not possible, to consider redeployment to suitable alternative employment.
- If an employee is likely to remain incapacitated due to medical reasons until retirement age, it may be possible to consider retirement on medical grounds. The Occupational Health Practitioner will make a recommendation on redeployment or ill health retirement, taking into consideration any GP or specialist reports and their own assessment of the case. The medical records will then be sent to an independent consultant for consideration (Independent Qualified Medical Practitioner – IQMP for Grey book staff and IRMP for Green book staff). Ill-health retirement (with a pension) will be subject to confirmation from the IQMP that an individual meets the criteria for ill-health retirement under the provisions of the relevant pension scheme.

The criteria for medical redeployment are that:

- There needs to be a vacancy;
- Where Occupational Health have advised that an employee is not fit to carry out the duties of their current post, but that they are fit to carry out another role, medical redeployment to a suitable alternative post will be considered.
- The individual has to be fit to undertake the post and suitably skilled to the minimum level to carry out the duties, although where necessary reasonable training and development will be provided. The selection for a post may involve taking part in a professional discussion or where there is more than one employee on the redeployment list, it may involve an assessment and/or interview.
- Any redeployment will be in accordance with [0224 Re-organisation Redeployment and Redundancy Policy](#). If redeployed, the employee will be subject to the terms and conditions of the new role.
- Subject to confirmation by the Occupational Health Practitioner, individuals could apply to return to their previous role at any time in the future, if there is a vacancy.

Appendix 7

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How is sick pay calculated?

An employee who commences sick leave will have their entitlement to sick pay calculated by reference to the amount of paid sick leave taken in the previous twelve months.

How much notice will employees receive when sick pay changes?

Where possible, employees will be given 4 weeks' notice that their pay is to be reduced. We will attempt to notify employees of this but there may be circumstances when this may not be possible.

Can employees appeal against reductions to their pay?

All employees have the right to appeal against a decision to reduce their pay, if they feel there are either exceptional or mitigating circumstances surrounding their absence. In order to appeal, employees should do so in writing to the Area Manager or equivalent, stating the circumstances which should be taken into account.

Each case will be considered on its merits and the Service has discretion to extend the period of pay in exceptional circumstances including provisions arising from disability that are having a significant impact on the employee. Managers will have considered all other options including reasonable adjustments to enable the employee to return to work, before making a decision to extend full pay.

What happens when an employee returns to work?

The employee's pay will be reinstated from their first day back at work, regardless of whether this is on a phased return or restricted duties. It is essential that the Manager notifies Payroll in order for their pay to be reinstated. The manager may also wish to speak to their PSS Representative for any support and guidance.

If an employee books fit but then subsequently is absent from work due to further illness or injury, their pay may be reduced again without prior notice.

Sickness or injury relating to outside Employment

The Fire Service will not pay for any absence from duty or sick leave caused by outside employment. Any injury, illness or medical condition sustained during such off duty employment or any exposure to hazardous substances whilst carrying out outside employment, should be notified to the Line Manager who will seek guidance from Occupational Health/People Support Services team as soon as possible.

Conditions employees should meet in order to be eligible for sick pay:

- Employees should attend medical examinations as required or give consent to access information and Occupational Health advice.
- Employees should fully co-operate with the requirements of the Attendance Management framework and Occupational Health advice.
- Employees should make every effort to facilitate their return to work.
- Employees should comply with the requirements of keeping in contact with the line manager during absence.

Appendix 8

Frequently Asked Questions

Sick when on Annual Leave

If an employee is sick whilst they are on annual leave or scheduled to be on holiday, they will be regarded as being on sick leave, provided that all of the absence is covered by a 'Statement of Fitness to Work' (Fit Note). In this event, they may request to take annual leave at a later date, normally before the end of the current leave year.

Sick when on a Bank Holiday

If an employee is absent on sick leave on a Public/Bank Holiday they will not be entitled to a day in lieu later.

Sick during Industrial Action

Any employee reporting sickness absence starting on or including strike days must produce evidence in the form of a doctor's medical certificate. West Midlands Fire Service will not pay for medical certificates. In the absence of a doctor's medical certificate, absence will be treated as unpaid absence and you may be ineligible for Statutory Sick Pay. This applies to time off immediately after the cessation of each industrial actions event.

Difference of Medical Opinion

Where there is a difference of opinion between the Occupational Health Practitioner and the employee's treating Medical Practitioner over the employee's fitness for work 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 opinion by a qualified OH practitioner may be sought to resolve the matter; this can be arranged by Occupational Health.

Infectious Diseases

If you have come into contact with infectious diseases but feel well, then you should come to work but ensure that you report this to your line manager who may seek advice from Occupational Health.

If you are suspected, or confirmed as suffering from the following diseases, you should immediately cease work or remain absent from work and notify your line manager: Meningitis, Chicken Pox, Measles, Mumps, Poliomyelitis, Scarlet Fever, Typhoid Fever, Typhus Fever, Whooping Cough, Hepatitis A, Hepatitis B and Tuberculosis.

G.P., Hospital or Dentist Appointments

Wherever possible all appointments should be made outside of working hours. In circumstances where this is not possible, e.g. a long awaited hospital appointment which cannot be changed, reasonable time off to attend appointments will be allowed during work time.

Non-Essential Surgical Procedures

Non-essential surgical procedures, for example laser eye surgery, tattoo removal, vasectomy, sterilisation, breast enhancement or reduction, without a medical reason, should be carried out in your own time utilising leave or unpaid special leave. For further guidance please contact your PSS Representative.

Appendix 9

The Dying to Work Charter

WMFS supports the TUC Dying to Work Campaign. We recognize that employees diagnosed with a terminal illness require support and understanding. Each case will be reviewed on the individual circumstances and we will aim to provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which will help them through this challenging period.

The Dying to Work Charter states:

- We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.
- Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.
- We will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period, with dignity and without undue financial loss.
- We support the TUC's Dying to Work campaign so that all employees facing a terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

How will the Service continue to achieve this?

The Service will achieve this by working collaboratively and sympathetically with the employee and their representative through this difficult time and will:

- Support employees with a terminal illness diagnosis to maintain dignity and be empowered to explore appropriate options that provide them with choices giving some peace of mind and financial security to them and their families through this difficult time.
- Liaise with medical and Occupational Health professionals and the employee directly to consider reasonable adjustments to support them in undertaking valuable work and provide some improved measure of wellbeing. Whilst ensuring health, safety and wellbeing implications for the employee, the requirements of the Service and Community are also considered.
- To work with the employee to assist them to achieve an appropriate work life balance and flexible working to support improved end of life care and support.
- To consider each case on its own merits and create specific support package for each employee diagnosed as being terminally ill.

Appendices 10-14 are available individually on the Mesh Library