

TITLE: ATTENDANCE MANAGEMENT (SICKNESS) POLICY

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1. INTRODUCTION

- 1.1 Staffordshire Fire and Rescue Service is committed to maintaining a healthy and safe working environment for all employees and its policies and practices will endeavour to set a positive attendance culture which also promotes employees' welfare.
- 1.2 The Fire and Rescue Service values the contribution its staff make in the delivery and maintenance of quality services to the community. Whilst recognising that employees may be prevented from attending work through ill health, on a short or long term basis, there is also a duty to maintain the service and minimise disruption. The Service is therefore committed to managing attendance and sickness absence and believes that it is the responsibility of all parties to work together to promote the effective management of sickness and ill health.

2. SCOPE AND OBJECTIVES

- 2.1 This policy applies to all employees of the Service, except those who are in their probationary period (initially six months, subject to any extension).
- 2.2 The objectives of this policy are to:
 - 2.2.1 Provide procedures to support staff and assist in the management of sickness absence.
 - 2.2.2 To provide a reference point for attendance related issues.
- 2.3 The following principles will apply:

- 2.3.1 Raising matters relating to an employee's attendance does not imply any distrust of employees, or concerns regarding their conduct.
- 2.3.2 Sickness absence will be dealt with in a way that is non-discriminatory and in accordance with the Service's [Equality Policy](#).
- 2.3.4 The Service will be sensitive and supportive to those suffering the effects of ill health.
- 2.3.5 This policy will be monitored to ensure that it continues to be fit for purpose.
- 2.3.6 An unacceptable level of ill-health attendance may become unsustainable for the Service and may lead to the termination of the contract of employment.
- 2.4 Employees are expected to:
 - 2.4.1 Attend work unless unfit to do so.
 - 2.4.2 Raise concerns with their Manager, Occupational Health or Human Resources.
 - 2.4.3 Make their Line Management if they are aware of any condition they have which may result in any impact on their ability to carry out their work or which may be affected by their working environment in order that the necessary reasonable adjustments can be made.
 - 2.4.4 Report sickness absence promptly and ensure the appropriate certificates are completed and submitted in accordance with the [Sickness certification](#).
 - 2.4.5 Maintain contact with their Line Manager or appropriate point of contact during their absence and communicate effectively about their absence, potential return date and any restrictions that may apply on return. This principle applies both for making contact with the Line Manager and engaging in contact monitoring by the Service where the Manager is making contact with the employee.
 - 2.4.6 Co-operate fully with the Occupational Health Department and/or other medical examination/consultation as may be requested by the Service in line with the contract of employment. Failure to co-operate will restrict the Service's ability to consider the medical implications of the condition on future employment.
 - 2.4.7 Consent to requests to obtain medical information. Failure to agree to such requests will restrict the Service's ability to consider the medical implications of the condition on future employment.
 - 2.4.8 Not abuse the sickness absence procedures or sick pay scheme. False claims for sickness are not tolerated and may result in disciplinary, civil and/or criminal sanctions, If you have any concerns about fraudulent behaviour, please report your concerns to either HR or the Secretary to the Authority.

- 2.4.9 Where an employee's absence is as a result of an accident, the Fire and Rescue Authority shall advance to the employee a sum in lieu of and equivalent to sick pay if damages may be receivable from a third party in respect of such accident. The employee shall be requested to include in any claim for damages against a third party, a sum equivalent to the said allowance and, where an element for loss of earnings is included in any reward, shall reimburse to the authority a sum representing the total amount of such allowance or the proportion thereof represented in the damages received.

3. NOTIFICATION PROCEDURE

- 3.1 In order for service delivery to be maintained, it is essential for Line Managers to know when a member of staff is unable to attend work due to illness or injury. Failure to inform the Service in accordance with this procedure may lead to the absence being considered as unauthorised, resulting in possible loss of pay and/or disciplinary action.
- 3.2 If the employee feels that they are able to attend work but with modifications to their role rather than booking sick, they should discuss this with their Line Manager who will consider what adjustments can be made to the role. Advice may be sought from Occupational Health where appropriate or the employee may be requested to attend their GP and request "fit note".
- 3.2.1 Employees must notify their Line Manager as soon as possible of their absence but in any event no later than 1 hour prior to the start of the working day. Notification must be made by telephone, a text or email is not an acceptable means of reporting absence. Where this is unavoidable, this must be followed up by a telephone call from the employee to the Line Manager within the first day of absence. In the exceptional circumstances where the employee is unable to call, they should arrange for someone else to call on their behalf in line with this procedure.
- 3.3 Action to be taken by employees:
- 3.3.1 Employees must notify their Line Manager as soon as possible of their absence but in any event no later than 1 hour prior to the start of the working day. Notification must be made by telephone, a text or email is not an acceptable means of reporting absence. Where this is unavoidable, this must be followed up by a telephone call from the employee to the Line Manager within the first day of absence. In the exceptional circumstances where the employee is unable to call, they should arrange for someone else to call on their behalf in line with this procedure.
- 3.3.2 The employee must report:
- The reason for the absence
 - If the absence is work related
 - The expected duration of the absence, if known
 - A contact number
 - Any work commitments that may need rearranging.

3.3.3 If the absence is muscular skeletal (muscle related) or a mental health reason (stress, anxiety, depression), contact details will be passed to Occupational Health. The in-house Physiotherapist (for muscular skeletal) or Welfare Advisor (for mental health) will call the employee to discuss their condition and, if appropriate, offer support and advice. The employee should state if they do not wish to receive this support and why.

3.3.4 The Manager will:

- Report the individual as absent due to sickness using the appropriate Service system (Interactive form/Firewatch)
- Notify Occupational Health immediately if the absence is related to a mental health or muscular skeletal condition
- Notify Health and Safety if the absence is due to an injury attributable to work
- Make the necessary arrangements to cover the individual and rearrange any appointments pending that will be affected by the absence.

3.4 If you have attended work and become unwell during your working day or shift, you should notify your Line Manager. Where the number of hours worked is at least 50% of the daily hours, this will not be considered as a day of absence when calculating periods of absence. Certification should still be provided upon your return to work for the duration of the absence, even if this is only for a part day.

3.5 Sickness during a holiday.

If you are sick whilst on holiday, then you must still follow the sickness notification procedure if you wish to make a request to have your holiday recorded as sickness absence, this is only possible if it has prevented you from undertaking the holiday. Where an employee is out of the country, holidays would only be able to be re-claimed in circumstances where the illness was severe and resulted in hospitalisation. In any event a medical certificate (obtained at the employee's cost) to cover the whole period of absence is required.

3.6 Future absences due to medical treatment

Employees should notify their Line Manager as soon as they are aware that they will need to be absent from work to receive medical treatment (surgery etc) to enable appropriate arrangements to be made to manage their period of absence.

4. **SICKNESS CERTIFICATION**

4.1 For periods of absence up to 7 calendar days, (other than if the sickness is during a holiday, see [3.4](#)) the employee must complete a [Sickness Absence -Self Certification form](#) (available on the intranet) as soon as they return to work and discuss this with their Line Manager upon their return to work. The completed form should be forwarded to Human Resources.

- 4.2 If the absence continues beyond 7 calendar days, the employee will be required to provide a Med 3 form – Fit Note – from their GP. This should cover any absence from the eighth day of absence until the return to work. This should be submitted to the Service, via their Line Manager or HR, as soon as possible. Delay in submitting the certificate may result in the suspension of occupational sick pay. Subsequent certificates, if required, should be submitted in a timely manner to ensure that continued payment is received during absence.
- 4.3 GPs may now issue a certificate which indicates you are “fit for work, taking account of the following advice”. If your GP issues you with such a note, you should discuss this with your Line Manager as soon as possible to enable any requirements to be taken into account. The Service may require you to meet with Occupational health to discuss suitable modifications to your role in the short term.
- 4.4 If you feel that you are able to return to work prior to the expiration of your GPs medical certificate, please notify your Line Manager who will discuss the feasibility of an early return and arrange for you to meet with Occupational Health if necessary to ensure that your health and wellbeing are not adversely impacted.

5. **MAINTAINING CONTACT**

- 5.1 It is important that during absence, contact is maintained. It is the responsibility of both the employee and the Manager to ensure that contact is on-going. This may be by telephone or, by prior arrangement, meetings at home, the workplace or a mutually agreed alternative venue. A member of HR may also attend at the request of the employee or the Manager.
- 5.2 Regular contact enables the Service to ensure it remains updated with the employee's condition and progress as well as the opportunity to provide any additional support that may be available. It also enables early consideration of any adjustments that may be beneficial upon the employee's return to work.
- 5.3 The level of contact should be appropriate to the situation and Managers should use their discretion in the level of contact to be maintained. Staff who are absent through illness or injury often feel isolated or a sense of estrangement and regular contact from their Manager can minimise this. It is important that the employee does not feel “out of sight, out of mind”. On the other hand, it is important not to make the employee feel pressured by the contact but to remember that the contact is to express concern for the employee's wellbeing and on-going treatment rather than just seeking additional medical certificates or a date for their return.

6. **RETURN TO WORK**

6.1 Return to work Interview

Return to work discussions are an essential tool in managing attendance and help Managers to fulfil their responsibility of communicating with employees and maintain an awareness of their general health and welfare. The objectives of the discussion are:

- To confirm the nature or cause of the absence

- To discuss any action that has been or needs to be taken to prevent a reoccurrence, particularly if it was a work related illness or injury
- To identify where additional support is required and refer to, or signpost, where this may be available
- Allow discussion of any temporary constraints on the employee's ability to perform his/her role e.g. affects of medication
- Demonstrate the Service's determination to address each instance of absence
- To highlight any underlying problem in the workplace or with the employee's health
- General discussion regarding the employee's absence record
- Confirm and pay arrangements if returning on modified duties – see [6.5](#)

Where any proportion of the absence is due to personal or family problems, this should be dealt with sensitively as the problems may be unavoidable. The Manager should be supportive, whilst at the same time explaining clearly to the employee that continuing frequent absences need to be addressed and do not meet the performance standards expected by the Service.

The Manager should complete the [Return to Work Interview form](#) (available on the intranet) and forward the completed form to HR. This should be completed on any return from absence even if the employee is returning to modified duties.

6.2 Short term absence (up to 28 days)

Upon their return to work, the employee should provide the necessary [Sickness Absence-Self-Certification](#) form for the first 7 days of absence if this has not already been provided (or is not covered by a medical certificate from the GP) and attend a return to work interview with their Line Manager. The Line Manager should complete the Service [Return to Work Interview form](#) and book the employee fit.

6.3 Long term absence (more than 28 days)

The employee should notify their Line Manager as soon as possible that they are intending to return to work and whether there are any restrictions or modifications that will be required to their role (as advised by the "Fit Note" from your GP). This will enable the Line Manager to make the following arrangements:

- Any modifications or reasonable adjustment to your current role
- Prepare a schedule of appropriate refresher or update and awareness training to enable you to carry out your normal duties
- Arrange a fitness test if appropriate (Operational staff)
- Arrange an appointment with occupational health, if necessary.

6.4 Returning on Modified duties (or phased return)

If you return to work in a modified role, either due to restricted duties, amended hours or phased return, please refer to the Service policy on [Modified Duties](#).

During the return to work interview, the Line Manager should confirm the payment arrangements during any period of modified duties, including highlighting any changes which may occur. Please refer to the Service policy on [Modified Duties](#) for detail.

- 6.5 If the Manager feels that it is appropriate to monitor someone's wellbeing following a return to work, particularly where this is to monitor the need for additional support, then this should be reviewed with them at agreed intervals.

7. **ABSENCE MONITORING**

The Service will monitor sickness absence and manage it as appropriate to ensure a consistent approach. Following each instance of sickness absence, the Line Manager should consider:

- The number of days absent over the previous 12 month period
- The number of periods of absence over the previous 12 month period
- The reasons for each period of absence, noting if any of these are related to a disability or pregnancy or if the pattern of absence causes concern
- Cumulative sickness absence over the previous 12 month period and whether the employee is receiving sick pay
- Any previous management of the absence e.g. informal or formal warnings.

8. **ABSENCE MANAGEMENT**

The Service will manage absence using its existing procedures in Line with the standards outlined in this policy at [9.2](#). Action will normally be taken with reference to the Service [Performance and Capability Policy and Procedure](#), however, there may be occasions when consideration under the Service [Disciplinary Procedure](#) is more appropriate. Advice should be sought from HR before commencing formal proceedings relating to absence.

9. **PERSISTENT OR INTERMITTENT SHORT TERM ABSENCE**

- 9.1 Where an employee's absence shows persistent or intermittent absence, the following should be used as a reference for further discussion:

- Absences totalling 8 days in a rolling 12 month period; or
- 3 periods of absence in a rolling 12 month period; or
- 6 days or 2 periods in a rolling 6 month period
- A mixture or pattern of absence that gives cause for concern.

9.2 Employees who trigger action under this policy will be dealt with informally in the first instance by the Line Manager. This should be an informal confidential discussion to discuss the overall absence record and the reasons for the absence. The Manager should discuss the impact of the absence and support the employee to consider ways to improve their attendance.

9.3 A written record should be kept of the discussion, including:

- Any explanation for the pattern or level of absence
- Any agreed action to help or support the employee
- A reminder that the situation will continue to be monitored and the possible consequences of not reaching the required attendance standards.

A copy of the record of the meeting should be sent to HR for retention on the personnel record file.

9.4 Where there is no underlying reason for the absence and it is deemed that there is a need to commence the informal stage of the Service procedures, then an informal note for file should be issued. A copy of the completed note should be sent to HR for recording on the employee's personal record file.

9.5 Where the absence record does not improve and the employee continues to have further periods of absence during the period of the informal warning, then the Manager should, in the first instance, repeat the steps outlined in [9.2](#) and [9.3](#). If further action is deemed necessary then this should be managed formally under the appropriate Service procedure ([Disciplinary Procedures](#) or [Performance and Capability Policy and Procedures](#)). The right to be accompanied at all formal meetings should be afforded to employees in line with Service procedures.

9.6 Where there is persistent absence and the Manager takes the decision not to take informal action, then the reasons for this decision should also be recorded.

10. **PROLONGED AND CONTINUOUS (LONG TERM) ABSENCE**

10.1 Long term absence can be identified as being continuous and can usually be traced to an underlying medical condition or injury. When a single period of absence extends to 28 days, it should be considered as long term.

10.2 Cases of long term absence should be handled consistently and sensitively, taking the specific circumstances into account, particularly where hospital treatment is involved. The Service will maintain contact with the employee and equally, the employee is required to maintain regular contact with their Line Manager and update them with any change in their circumstances.

10.3 The employee has an obligation to engage with all reasonable Service requests to support them or manage their absence, such as attending Occupational Health or consenting to medical information being sought.

10.4 Long term absence cases are reviewed monthly in order to:

- Monitor progress in the effective management of long term absence cases
- Review current support and consider alternatives for further support or intervention
- Monitor sick pay entitlement and ensure this is managed appropriately.

The review is undertaken by Occupational Health and Human Resources who will liaise with the Line management prior to each review meeting.

10.5 Employees in operational roles who have been absent for 28 days or more will not be guaranteed a return to their current Watch, except where the absence is pregnancy or maternity related.

10.6 Employees in operational roles who are allocated a motor vehicle for the use of responding to operational incidents will be required to surrender their vehicle for absences which continue in excess of 28 days.

10.7 During periods of long term absence, contact monitoring is vital in line with [Maintaining Contact](#).

11. OCCUPATIONAL HEALTH

11.1 A [Occupational Health Referral form](#) (available on the intranet) will be made as soon as the Service becomes aware that the employees absence can be identified as either:

- Related to mental ill health (eg stress, anxiety, depression, psychosis or neurosis); or
- A muscular skeletal injury; or
- Likely to exceed 28 days.

11.2 On receipt of the referral, Occupational Health may:

- Conduct a telephone review with the employee to ascertain if they can provide any immediate support or access to any specialist services, such as physiotherapy or counselling
- Arrange an appointment with either an Occupational Health Advisor or Occupational Health Physician.

11.3 Employees should attend appointments made with Occupational Health. Failure to attend more than one consecutive appointment may result in the suspension of occupational sick pay. Employees who are unable to attend should notify HR as soon as possible stating the reason they are unable to attend. Employees who have difficulty travelling to appointments should notify their Line Manager or HR at least 48 hours prior to the appointment so that arrangements may be made to assist them wherever possible.

- 11.4 Employees may also refer themselves to Occupational Health by contacting them direct. This is a confidential process between Occupational Health and the employee and neither the Line Manager or HR will be involved. The Service would encourage employees who do self-refer to discuss this with their Line Manager and consent for a report to be sent to them in order that appropriate support can be put in place where required. Employees should be aware that Occupational Health will not notify the Service of their consultation without the employee's consent and therefore they should not assume that their Manager is aware of any problems or conditions discussed with occupational health following a self-referral.
12. **ATTENDANCE AT RECUPERATION FACILITY (through Firefighters Charity ie Jubilee House)**
- 12.1 If an employee attends the facility whilst on a period of absence that certifies them unfit for work, then the time at the facility will be considered to be part of their on-going absence.
- 12.2 If the employee attends the facility whilst undertaking modified duties, then the payment arrangements will be consistent with that being made for the modified duty arrangements. Any time in excess of the time that the employee normally spends undertaking modified duties will be paid in line with the normal payment arrangements for employees on modified duties. (see [Modified Duties Policy](#), [Return to Work](#).)
- 12.3 If an employee is undertaking their normal duties and elects to attend the facility, then this should be taken as annual leave, lieu time or unpaid. Payment will only be made if the nature of the injury or condition being treated is as a result of an on duty injury/illness.
- 12.4 No payment will be made in respect of travel or other expenses.
13. **ILL HEALTH RETIREMENT**
- 13.1 Ill health retirements will be managed by the HR Department. All Ill health retirements are subject to agreement by the Chief Fire Officer or their nominated representative following a recommendation by the HR Manager.
- 13.2 Once a decision has been made to explore retirement on the grounds of ill health, a medical opinion will be sought from an Independent Qualified Medical Practitioner (IQMP). Ill health retirement will be subject to confirmation from the IQMP that the individual meets the criteria for ill health retirement under the provisions of the statutory pension schemes.
- 13.3 If an employee disagrees with the decision implemented by the Service, they have the right of appeal through the appropriate procedure.
14. **ENDING THE EMPLOYMENT CONTRACT**
- 14.1 Where an employee's medical condition does not satisfy the eligibility criteria for retirement on the grounds of ill health, it may be necessary to consider ending the contract of employment of an employee who has been on long-term sickness absence for a prolonged period of time and where there is little expectation that a return to full duties is likely in the medium term (3-6 months).

- 14.2 Medical advice will be sought in such instances from Occupational Health who, in order to provide a fully informed response, may request consent to obtain reports from the employee's medical advisors, consultants or GP. This information will enable the Service to make an informed decision on the prospect of a return to work. Employees are encouraged to give their consent otherwise should they refuse, then the Service will have no alternative but to base its decision on the information available but without the benefit of up to date medical information.
- 14.3 A review of the case will be held prior to proposing that the contract is terminated taking account of input from Occupational Health (medical viewpoint), Line Manager (role information) and HR (options and legal viewpoint).
- 14.4 If the decision is made to consider termination of the contract, then the employee will be invited to a meeting to discuss the situation in line with Stage 3 of the Service [Performance and Capability Policy and Procedure](#).
- 14.5 In the event that the contract of employment is brought to an end, then the employee will be paid their contractual notice pay and payment in lieu of any accrued but untaken holiday entitlement.
15. **ELECTIVE COSMETIC SURGERY**
- 15.1 Time needed by employees for elective cosmetic surgery appointments and procedures, including any recuperation period, should be taken from their annual leave entitlement (this includes laser eye treatment). The Service will consider each case on its merits and take into account exceptional circumstances where, for example, medical advice (and evidence is provided accordingly) recommends that such treatment is required for the health and wellbeing of the individual.
- 15.2 Should any complications ensue following the surgery and a doctor's note is provided, then consideration would be given to the employee's entitlement to sick pay.
16. **CONFIDENTIALITY**
- 16.1 The attendance record of employees and details about their health is confidential and Managers at all levels should ensure that confidentiality is maintained at all times. Information must only be disclosed to persons who require the information in order to effectively manage the absence or provide support or advice.
- 16.2 Records relating to reasons for and details about periods of absence should not be kept by individual Managers. All details should be forwarded to HR who will keep the records and any information required can be obtained on request. Where documentation is obtained to enable management of an employee's case, this should be kept securely and in line with the Service policy on [Information Security](#).
- 16.3 All discussions between Managers and employees, for example return to work interviews, must be held in private, notwithstanding the employees right to representation where applicable.
- 16.4 All attendance information held by the Service will be processed within the parameters of the Data Protection Act and with reference to the Service policy on [Information Security](#).

16.5 Occupational Health records will be managed within the guidelines of the Access Medical Records Act 1988.

FORMS

[Sickness Absence - Self Certification form](#)

[Return to Work Interview form](#)

[Occupational Health Referral form](#)

Consultation End Date: 13/05/2015				People Impact Assessed: 17/04/2015		
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Date of Issue	Title of Document:	Job No.	Author:	Department:	Director/Manager Approval:	Additional Information:
27/10/2016	Attendance Management (Sickness) Policy	851	Sue Wilkinson	HR	Tim Hyde 26/10/2016	Amendment to section 2.4.8 & 2.4.9
11/06/2015	Attendance Management (Sickness) Policy	851	Sue Wilkinson	HR	Rob Barber 11/06/2015	