LONDON FIRE BRIGADE

Supporting health and wellbeing policy

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1 Introduction

1.1 This policy sets out the arrangements for supporting staff health and wellbeing and applies to all employees.

1.2 The Brigade's Wellbeing Strategy focusses on the **prevention** and **treatment** of poor **psychological**, **physical** and **workplace** wellbeing, as well as the promotion of good psychological, physical and workplace wellbeing. The Supporting health and wellbeing policy is a tool for bringing the Wellbeing strategy to life when you need it most, during a period of ill-health.

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

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

1.5 This policy should be applied in line with the Brigade's values:

- Service – We put the public first.
- Courage – We step up to the challenge.
- Learning – We listen so that we can improve.
- Teamwork – We work together and include everyone.
- Equity – We treat everyone fairly according to their needs.
- Integrity – We act with honesty.

Section 1 – Employee section

2 Employee support services

2.1 The Brigade shall support you and provides you with access to a wide range of support services for both your mental physical wellbeing. Please see below employee support services and click on the link for further information how to use them and who to contact:

- Employee Assistance Programme (EAP)

  This is a new service designed to help you navigate both the emotional and practical sides of life. The service is completely confidential; no-one at LFB will know you have contacted them. You and your immediate family members* can access the service 24 hours a day, 365 days a year for:
  - In the moment support via counsellors.
  - Financial support – guidance from qualified money advisers to help with budgeting, debt consolidation, and long-term planning.
  - Legal support - practical advice on housing disputes, consumer rights, family law, and more.

- Family care – professional support for relationship challenges, bereavement, and other family matters.
- Emotional wellbeing – up to six sessions of short-term, solution-focused counselling per year, available by phone, video, or in person.
- Digital tools for everyday wellbeing.

*Immediate family members is defined as your partner and children aged 16-24 in full time education and residing at the same household address.

You can contact the EAP in a few different ways; to speak to one of the helpline team you can call 0800 882 4102. If you prefer typing over talking, you can also access the live chat service via the Champion Health app and portal at app.pamwellness.co.uk Organisation code: lfb999.

- Occupational Health.
- Counselling and Trauma Services.
- Mental Health First Aiders.
- Fitness Advice Team.
- Equality Support Groups.
- Walk and Talk 999.
- Firefighters Charity.
- Welfare Fund.
- Chaplaincy.
- Samaritans.
- Trade Unions.
- Union Street Gym.

3 Supporting your health at work

Employee support meeting

3.1 An Employee Support Meeting (ESM) can take place at your request or at the request of your line manager where there is a concern regarding your health and any support that you may require. The meetings will be held either with your line manager or an alternative agreed point of contact, and can take place whilst you are at work, or absent from work. They are used to discuss your health and wellbeing to understand what support you may need. You will be given at least 7 days' notice of this meeting unless otherwise mutually agreed and they will normally take place at either a Brigade location, via video call or via a telephone call.

3.2 You may be accompanied by either a work colleague or a Trade Union Representative. You may instruct a work colleague or Trade Union Representative to attend the meeting on your behalf and/or provide a written submission rather than attend the meeting in person.

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

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

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

- Redeployment.

- Ill-Health Retirement.

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

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

Stress risk assessments

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

Reasonable adjustments

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

Workplace adjustments

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

Reduced hours

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

3.11 If you feel that you need more than 6 weeks of reduced hours within a 12-month rolling period, you should discuss this with your line manager. It may be possible to facilitate this with the use of annual leave, unpaid special leave, or a temporary change in your contractual hours.

Medical appointments

3.12 It is recognised that from time to time in order to support your overall wellbeing you may need to attend a medical appointment. These appointments can happen when you are fit to work as well

as when you are off sick. If these appointments take place whilst you are fit for work you should arrange for them to take place on an off-duty, or rota day. This applies in particular to watch-based staff (all occupational groups), flexi-duty staff, and FRS/Control/9 day-fortnight staff who work part-time. It is accepted that occasionally it is not possible for this to happen and if this is the case you will need to ask permission from your line manager to attend during working hours along with providing evidence of your appointment. Whilst your manager will consider your request on its merits, they may have grounds to refuse your request if they consider it necessary.

The types of medical appointments you may attend are:

Brigade Medical Appointment (MA)– an appointment with the Brigades' Occupational Health Service to provide support and advice on fitness for work

Gone To Visit (GTV)– an appointment with your GP, treating consultant, dentist etc.

Routine Periodic Medicals (RPM) – a mandatory 3 yearly appointment for all operational staff to monitor your health and levels of fitness to enable us to provide support where possible to enable you to remain fit for role

Cancer Screening - an appointment to detect cancer at an early stage or to prevent cancer from developing . This can be taken as special leave , the process to apply for this is set out in Policy number 512 - Special leave and public duties leave policy.

Disability treatment leave

3.13 It is recognised that if you have a disability, you may require time off from work for attending clinic appointments, assessments or medical treatment as an in-patient or out-patient for a reason relating to your disability. Where it lasts for one or more whole days (part day absences for disability treatment will be recorded as GTV (Gone to Visit), Disability Treatment Leave (DTL) will be given. This will normally be limited to sixteen working days per year.

Surgical treatment for visual deficiencies

3.14 There are several surgical techniques available for the purpose of correcting vision to avoid or reduce the requirement for glasses or contact lenses. If you are considering refractive surgery, then you should seek an assessment with a reputable eye surgeon to discuss the risks and benefits of the various options. All staff are advised to consult with the OHS.

3.15 If you are operational, then it is likely that a minimum period of two months light duties will be recommended post operatively. After two months you will need to attend for a medical assessment with the OHS to present the post-surgery check-up report from the surgeon to confirm that the operation has been successful and not resulted in any complications. The OH will advise on your fitness to return to full duties. The OHS will undertake further investigations as necessary to determine your fitness for role and this may include a referral for further assessment/investigation to confirm that a satisfactory recovery from surgery has been made and there are no visual impairments that might compromise ability to safely discharge your role.

Tetanus vaccinations

3.16 Due to risk of exposure to the bacterium *clostridium tetani* involved in firefighting and other operational duties, you are encouraged to ensure you are adequately protected against tetanus by means of vaccination. Treatment of a tetanus prone wound (puncture wounds, burns or scratches) by qualified staff is possible, however many injuries that could cause tetanus could go unrecognised. Immunisation will reduce the risk of this occurring.

3.17 You are advised to check with your general practitioner (GP) records to determine your immune status and arrange vaccination through the National Health Service (NHS). Early recognition and treatment can be lifesaving.

3.18 Operational staff who are deployed outside of the UK are advised to contact the Wellbeing Medical Team in advance of travelling, so that advice can be sought as to whether any additional booster injections are recommended.

3.19 You are advised to keep a record with you at all times when on duty to confirm when and what combination type of anti-tetanus injections have been received. Appropriate cards can be provided on request from GPs at the time of immunisation or from previous medical history also available from the GP.

4 Employee responsibilities during sickness absence

Sickness reporting procedure

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

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

4.3 If you attend work and become too unwell to continue to be at work within one hour of commencing your shift/duty, this will be recorded as sickness absence for that day/shift.

4.4 If you become too unwell to continue to work more than one hour after starting your shift your absence will be recorded as an incomplete duty.

Certification

Up to 7 consecutive calendar days

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

8 consecutive calendar days or more

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

4.7 You must provide consecutive medical certificates for the full period of sickness absence. This is for the purposes of paying Statutory Sick Pay (SSP) and occupational sick pay. Your GP is unable

to backdate certificates, so it is advised that you schedule your appointments with the GP in good time to ensure you are able to obtain a medical certificate covering your dates of absence.

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

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

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

Contact

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

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

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

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

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

Referral to Occupational Health Service

4.15 There may be instances when your manager feels it is necessary to refer you to OHS. This may be because:

- You or your manager are concerned about your wellbeing or fitness for work.
- You have reached a sickness absence trigger point (as set out in section 12).

4.16 Before you are referred to the OHS, your line manager will speak to you about the reason for the referral, the referral process, and obtain your verbal agreement. If you do not agree to a referral to the OHS or withdraw your consent to release the outcome report to your line manager, your line manager will only be able to provide support based on the information that they hold about your medical condition. This may limit the support that your line manager is able to provide. More detail about what to expect from an OHS referral can be found here.

Attendance at OHS appointments

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

Physiotherapy

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

5 Work related absence

Due to service

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

5.2 Support on the 'Due to Service' process can also be obtained by contacting the HR Helpdesk on extension 89100. Further detail on the 'Due to Service' process and how to put in a request can be found here.

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

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

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

Industrial injuries disablement benefit

5.5 You are entitled to Disablement Benefit if an injury arising out of and in the course of your employment results in incapacity lasting more than 15 weeks. For Disablement Benefit purposes, an accident means any unexpected happening or incident at work. Benefit is paid only if the accident results in personal injury, whether or not the effect of the injury is immediate (for example, breaking a leg in a fall) or delayed (for example if a minor cut later turns septic). Generally, an accident which happens at work is treated as having occurred as a result of the work and Disablement Benefit will be paid unless there is evidence to the contrary.

5.6 If you have an accident on duty which may cause continuing disability, you are advised to inform the Department for Work and Pensions (DWP) of the accident as soon as possible even if you do not proceed on sick leave at the time of the accident to ensure there is no undue delay in the payment of any subsequent Disablement Benefit. Form BI 100A, which is available from local social security offices or via the DWP web site, should be used for this purpose.

5,7 In cases where a Form BI 100A (Industrial accident) or BI 100PD (Industrial diseases) is received from the DWP in respect of your sickness absence and your sick pay is being adjusted as though State benefit for sickness were receivable, deductions will be continued at sickness benefit rates, but you will be required, in writing (a) to agree, that, in the event of benefit for injury being ultimately received, any excess sick pay granted shall be recoverable by the Brigade, by deductions from future pay, or if you are not still in the Brigade's service, you shall repay the excess sick pay and (b) to undertake to inform People Services Department immediately notification is received from the DWP that State benefit for injury is payable.

5.8 For the purpose of the Social Security Acts and Regulations any accident at work must be entered promptly in the Accident Book. In compliance with these requirements, the provisions of Policy number 463 – Accident books must be followed.

5.9 The reporting and investigation of accidents resulting in personal injury are required under both Social Security and Health and Safety legislation. Instructions for dealing with investigations are contained in the Brigade's Policy number 368 - Health, safety and environmental event investigation policy (personal injuries near misses and traffic accidents). All injury events details are to be recorded within the Safety Event Reporting Database (SERD) in accordance with the policy.

6 Supporting your finances

Sick pay

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

- Policy number 558 – Operational staff pay rates and sick pay policy.
- The Staff Code for FRS and Control Staff.

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

Welfare Fund

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

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

- The death benefit scheme.
- Access to gyms/health centres etc (via the Blue Light Card).
- Hardship Fund.
- The Welfare Fund provides a welfare care package for members, who they know are suffering from an illness or bereavement, in the form of a card, flowers or voucher.

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

Annual leave

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

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

7 Outside Employment

7.1 Further detail regarding outside employment and sickness can be found in Policy number 551 - Outside employment.

8 Returning to work

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

- **Restricted Duties** - This may be either a temporary change to your duties or only fulfilling certain aspects of your role until your condition improves further to allow you to undertake your full substantive role.
- **Phased Return to work** - This can help build your confidence and a gradual return to your full role. This would be a temporary arrangement to support a full return to your role. The first 6 weeks of a phased return to work will be paid at full pay, following this you will be paid for the hours worked. Leave may be used to further extend this period. If however you find that a change in working hours supports your condition on a longer term basis you can consider putting in a request to change your hours on a permanent basis via Policy number 448 - Working with choice – flexible working options.

Return to work meeting

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

9 Redeployment

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

9.2 If you have been advised by the OHS that you are not likely to be fit for the foreseeable future to carry out your role, or they are unable to give a timescale for a full return to your role, your manager will arrange an ESM to meet with you to discuss how they can support you. In the first instance every effort will be made to find you a role within the same staffing group. If this is not

possible then your line manager will work with you, within your agreed redeployment period, to identify a suitable role within a different staffing group, subject to vacancies.

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

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

10 Ill health retirement

10.1 Occasionally when an employee is too unwell to undertake any work, ill health retirement (IHR) can be explored. This will only be considered when all reasonable avenues of support have been exhausted and the OHS have advised that they are not likely to become well enough to fulfil their role, they are unable to determine whether a recovery will be made, or they are unable to provide a prognosis.

10.2 This can only be explored for members of the Firefighters Pension Scheme or the Local Government Pension Scheme once reasonable adjustments and/or redeployment have been fully considered (see sections 3.8, 3.9 and all of 9).

10.3 Learning that you may be unable to work in the future can be very upsetting and difficult to take in. Support can be provided by:

- Your line manager or point of contact.
- Your colleagues.
- Counselling and Trauma Services.
- Firefighters Charity.
- Trade Union Representative.
- Pre-retirement workshops.

10.4 Your manager will arrange an ESM with you to discuss the advice received from Occupational Health and the process for ill health retirement will only start with your consent.

10.5 The Brigade will obtain a medical opinion from an Independent Qualified Medical Practitioner (IQMP) for those individuals in the Firefighters Pension Scheme, or from an Independent Registered Medical Practitioner (IRMP) for those in the Local Government Pension Scheme on the individual's medical capability to undertake their role.

10.6 The medical opinion will be considered by the Brigade and a decision will be made as to whether you are to be ill health retired. Your line manager will contact you to discuss the outcome and you will also receive written confirmation of the decision, including the medical rationale for the IQMP/IRMP's opinion. If you are dissatisfied with the medical opinion provided, the letter will outline your rights of appeal.

10.7 Should the decision be that you are to be ill health retired you will be provided with notice on full pay in accordance with your contract of employment. You will not be required to provide a medical certificate for the period of your contractual notice.

11 Dying to work charter

11.1 In the unfortunate event that you become terminally ill, the Brigade has committed to providing support following a diagnosis by:

(a) Allowing you to continue undertaking safe and reasonable work should you wish to do so.

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

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

12 Sickness absence triggers

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

12.2 Sickness absence triggers are monitored over a 12 month rolling period, should you reach an absence trigger within an active monitoring period, your manager may invite you to a further meeting. Please refer to Policy number 873 – sickness capability policy for further information on this.

Section 2 – Managers section

13 Training and support

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

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

- Education sessions with the OHS on how to support employees.
- Education sessions with People Services on supporting health in the workplace.
- Support from People Services.
- Case conferences with the OHS.
- Medical Panels.

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

- Counselling and Trauma Services.
- People Services.
- Your line manager.

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

14 Recording Sickness

14.1 When an individual reports sick you must record them as absent from work on StARS immediately.

14.2 To assist you with recording sickness , further information on how to do so can be found on Hotwire: https://londonfire.sharepoint.com/sites/HW-WorkingHere/SitePages/Sickness.aspx.

15 Employee support meetings

Creating a safe space to talk

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

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

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

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

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

Thinking of the bigger picture

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

15.7 The individual may suffer from:

- The absence of structure to their day.
- Worry about the financial implications of being off sick.
- Concerns that they may not be well enough to fulfil their role again and uncertainty in their future.

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

Notification of ESM

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

Recording discussions

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

16 Incomplete duties

16.1 If an employee attends work and becomes too unwell to continue to be at work within one hour of commencing their shift/duty, this must be recorded as sickness absence for that day/shift.

16.2 If they become too unwell to continue to work more than one hour after starting their shift their absence must be recorded as an incomplete duty on their PARC in StARS.

16.3 The PARC must be annotated to record the time they worked prior to leaving duty, the time they left duty, and the reasons/circumstances (taking into account confidentiality).

16.4 It is your responsibility to ensure a return to work interview is undertaken following an Incomplete duty. A note should then be recorded on the PARC card: 'informal discussion has taken place following incomplete duty'.

17 Agreeing a contact strategy

17.1 It is important to agree how you will keep in touch with the employee whilst they are off sick. This allows you as a manager to continue to understand how you can support the employee in a return to work. There is no set timetable as to when contact should be made as this will be dependent on the individual and their particular circumstances.

17.2 It is important to have a conversation with the individual to mutually agree how often contact should take place. This will give you an opportunity to get updates on the individual's condition and will assist your understanding as to whether the level of support you are providing needs to change. This also allows you to provide the individual with any updates or changes in the workplace such as any changes in the team or watch, changes to policies or changes to OHS appointments etc.

17.3 You should be mindful of the individual's ability to process information. If you are updating them on policy changes, consider the format of this information if necessary. It may be appropriate in some cases to delay sharing information.

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

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

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

18 Working with Occupational Health Service

18.1 Managers should give consideration to referring an individual to the OHS when:

- They have been on sickness absence for 28 days or more.
- There are concerns about their health or fitness to undertake their role.
- They have exceeded a sickness absence trigger as set out in section 12.

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

18.3 The purpose of a management referral to the OHS service is to try to establish:

- How you can continue to support an individual's health at work where there are concerns.
- The likely duration of absence or unavailability to undertake all aspects of their substantive role.
- What support can be provided to assist an individual's recovery and full return to their substantive role.
- Whether there are likely to be any limitations upon the individual's ability to return to their existing role and if these are temporary/permanent.
- Whether the absence is caused by a condition that is likely to last beyond 12 months that has a 'substantial' and **'long-term'** negative effect on the employee's ability to do normal daily activities.

18.4 In cases of sickness absence, the Wellbeing Team will contact the manager to determine when a referral is required to the OHS. Managers should consider the following:

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

18.5 Further guidance on how to complete a management brief and get the best use out of it can be found here.

19 Medical appointments

19.1 Managers should ensure, where an employee is fit for their full role, that medical appointments should take place on an off-duty, or rota day where possible. This applies in particular to watch-based staff (all occupational groups), flexi-duty staff, and FRS/Control/9 day-fortnight staff who work part-time. It is accepted that occasionally it is not possible for this to happen and if this is the case the employees must ask your permission to attend during working hours along with providing evidence of their appointment.

19.2 You must obtain sufficient documentation, such as an appointment letter, to support the request for time off.

19.3 Each case must be considered individually, however you are entitled to refuse the request on reasonable grounds if you so consider.

The types of medical appointments are:

Brigade Medical Appointment (MA)– an appointment with the Brigade's Occupational Health Service to provide support and advice on fitness for work - this will automatically be placed on their Personal Attendance Record Card (PARC) on StARS.

Gone To Visit (GTV) – an appointment with their GP, treating consultant, dentist etc - you must record this as a GTV on their PARC on StARS and include the time required for travel to and from the appointment. If the employee does not attend work for a whole day as a result of this you must record the absence as sickness.

Routine Periodic Medicals (RPM) – a mandatory 3 yearly appointment for all operational staff to monitor their health and levels of fitness to enable us to provide support where possible to enable them to remain fit for role this will automatically be recorded as ORM on StARS.

Cancer Screening - an appointment to detect cancer at an early stage or to prevent cancer from developing . This can be taken as special leave, the process to apply for this is set out in Policy 512.

Disability Treatment Leave (DTL) – individuals with a disability may require time off from work for attending clinic appointments, assessments or medical treatment as an in-patient or out-patient for a reason relating to their disability. Where it lasts for one or more whole days (part day absences for disability treatment will be recorded as GTV (Gone to Visit),DTL will be given. This will normally be limited to sixteen working days per year and you must record the absence on StARS as soon as possible.

19.4 Medical appointments taking place outside of working hours do not need to be recorded on StARS.

20 Reduced hours

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

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

20.3 Reduced hours would not normally exceed 6 weeks. Whilst working reduced hours, employees can be supported on full pay. If an employee feels that they require more than 6 weeks, then the request can be considered by using annual leave or a change to contractual hours.

20.4 If the condition is long term and the employee requests a further period of reduced hours in accordance with 18.3, there is no requirement to seek OHS advice unless a new/additional medical condition is disclosed.

20.5 Any changes to hours to support a medical condition should be recorded in the workplace adjustment passports.

21 Outside employment

21.1 Further detail regarding outside employment and sickness can be found in Policy number 551 – Outside employment.

22 Return to work

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

- **Restricted Duties**
  Consider the medical advice from the OHS as to what they are well enough to undertake and determine whether there is alternative work, fitting these criteria, available for them to undertake.
- **Phased Return to work**
  Consideration of a phased return to work can be given where you feel that this would support a return to full hours. OHS advice may be sought if needed, however decisions regarding specific working hours are made by you, as you are better placed to understand what can be facilitated. Such arrangements will usually only last for one or two weeks, but this can be extended up to six weeks depending on the circumstances.

22.2 In exceptional circumstances where a phased return to work exceeds a six week period, these cases will need to be agreed by a Head of Service or DAC and the Assistant Director of People Services. This decision must be confirmed in writing and placed on the e-prf. A longer phased

return to work may also be facilitated using outstanding annual leave with the employee's agreement.

22.3 Where, following the agreed phased return to work period, the employee is unable to return to their full contractual hours (either on a restricted duties or substantive role basis), but you are able to continue to accommodate their working pattern, the employee will be paid in accordance with the hours worked for the duration of the arrangement (which should last no longer than 6 months). Any requests for a permanent change to working hours/pattern must be progressed in accordance with Policy number 448 - Working with choice - flexible working options.

Return to work meetings

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

22.5 The purpose of a return to work meeting is to:

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

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

23 Redeployment

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

- An individual has not been able to fulfil their substantive role due to either long term sickness or long term light/amended duties or a mixture of both and there is no clear indication as to when they are likely to be able to fulfil their substantive role; or,
- occupational Health has provided an opinion that an individual is not likely to be fit for their substantive role or they are unable to give a timescale for a full return to their role.

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

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

23.3 Advice must be sought from People Services before an ESM is arranged to discuss redeployment.

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

24 Ill health retirement

24.1 In most cases the support mechanisms outlined within this policy will assist in supporting an employee's health and assist their ability to attend work on a regular basis. There may however be a small number of cases where these support mechanisms are not effective in assisting employees to attend work on a regular basis or be able to undertake their substantive role owing to the severity of their condition. In these cases, Ill health retirement can be explored for members of the Firefighters Pension Scheme and the Local Government Pension Scheme only.

24.2 Should you have an individual who you believe meets the criteria to be progressed to an Independent Qualified Medical Practitioner (IQMP) or an Independent Registered Medical Practitioner (IRMP) you must contact People Services to discuss this further.

24.3 People Services will support you by attending a meeting with you and the employee to discuss the process for ill-health retirement. They will obtain information regarding the individuals pension scheme, complete the necessary forms for OHS and ensure an appointment is arranged with an IQMP or IRMP to review the case.

24.4 If a decision is reached that an employee is to be ill health retired, you will be contacted by a colleague in People Services to inform you of this decision. As the point of contact for the individual you will be asked to inform them of the decision and let them know that they will receive confirmation in writing. The outcome letter will confirm the decision made and any rights of appeal. It is important to keep regular contact with the individual once they have been notified of the decision as they will require support in coming to terms with it. You may wish to discuss at an appropriate time how they wish for the decision to be communicated to their colleagues and whether they are well enough to attend an event to celebrate their service.

24.5 It would be useful to remind them of the support that we will continue to provide until their last day of service and support that is available after they have left the organisation.

25 Risk assessments

25.1 A health condition may result in a change of support that an individual requires.

25.2 When an employee notifies you of a health condition you will need to consider whether a risk assessment is required to understand whether there are any elements in the workplace that are likely to result in an increased risk to their wellbeing or safety. This can be done when the employee has declared a health condition and is continuing to work or, prior to them returning from sickness absence This will allow you to understand what measures you can put in place to avoid or minimise that risk.

25.3 Policy number 690 - Managing stress within LFB and Policy number 673 - Risk assessment procedure, provide further information as to how to undertake a risk assessment.

26 Medical Advisory Panels

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

26.2 If a case is to be put forward you should speak to the individual and, where possible, the Trade Union representative and update them on this process.

26.3 If the individual wishes they may provide a written submission to be considered by the panel.

26.4 The Medical Advisory Panel is convened upon demand and is formed of representatives from OHS, General Counsel, People Services, Health and Safety, Central Operations and Wellbeing.

These panel meetings can be used to discuss specific, complex medical cases where a view is required from all parties to determine whether an individual can remain safely at work.

26.5 The Medical Advisory Panel may also be used to provide support and advice when making adjustments and deciding whether recommended adjustments are reasonable. If you require further guidance on and how to escalate a case to the Medical Panel, please contact wellbeingteam@london-fire.gov.uk.

27 Sickness absence triggers

27.1 Sickness absence triggers are monitored over a 12-month rolling period. Please refer to Policy number 873 – sickness capability policy for further information on the triggers and actions you should take.

28 Records

28.1 Please send records by email to RecordsServices@london-fire.gov.uk. Records will be kept on your electronic personal record file (e-PRF) and retained in accordance with Policy number 788 - Electronic personal record file (ePRF) policy. Personal data shall be processed in accordance with Policy number 351 – Data protection and privacy policy.

29 Help and support

29.1 Please contact the HR Helpdesk on ext. 89100 option 3 or by email to IT.HR@london-fire.gov.uk for help, support or further information.

29.2 This policy may also be available on request in other alternative accessible formats as set out in Policy number 290 – Guidance note on translation and interpretation. Please contact Communications on extension 30753 and by email to communications.team@london-fire.gov.uk to discuss your needs and options.

29.3 The Brigade invites your engagement so that it can learn so if you have a suggestion that can improve this policy then please submit your idea via the Staff Suggestion Scheme on Hotwire as set out in Policy number 887 – Staff suggestion scheme. Any changes do need to go through the agreed engagement, consultation, negotiation or governance requirements.

Document history

Assessments

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

EIA	09/05/24	SDIA	**L** - 17/09/24	HSWIA	10/11/25	RA	N/A

Audit trail

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

Page/para nos.	Brief description of change	Date
Page 2 Page 5, para 3.12 Page 7, para 4.3 and 4.4 Page 10 , para 7.1 Page 13, para 12.2 – 12.4 Page 15 Page 16, para 18.1-18.2 Page 17, para 20.1 Page 20, para 25 Page 20, para 26.1 – 26.5	Updated title of Medical Panel to be Medical Advisory Panel. Medical Appointments paragraph added – included from PN 0888. Paragraphs about incomplete duties added - included from PN0888. Removal of paragraph about outside employment – included in PN551. Removal of paragraphs - placed in policy PN0873. Inclusion of information relating to Incomplete Duties from PN00888. Inclusion of information relating to medical appointments from PN0888. Removal of paragraph about outside employment – included in PN0551. Change in name of panel to Medical Advisory Panel and inclusion of wellbeing mailbox to refer cases to panel. Removal of information relating to sickness absence triggers - included sign posting to PN873	11/08/2025
Page 20 Page 3-4, para 2.1	Health, Safety and Welfare impact assessment date updated. Inclusion of information relating to the Employee Assistance Programme.	11/11/2025
Page 6 ,para 3.13 Page 19 Para 25.4	Removal of wording 'recuperation and rehabilitation'. Removal of panel meeting every 6 weeks – to upon demand – update panel members to include a rep from Wellbeing	26/02/2025
Page 6 , para 3.12 Page 13 , para 13.2 Page 13- 14 , para 14.1 -14.2 Page 16 para 19.2 Page 1, para 19.3	Inclusion of Cancer Screening. Removal of wording 'Computer based training every 2 years on supporting individuals within the workplace'. Inclusion of information relating to recording sickness. Inclusion of requirement for proof of requested absence. Inclusion of information relating to DTL and Cancer Screening.	23/07/2026

Subject list

You can find this policy under the following subjects.

Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

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