

Attendance Management – Outcomes of the Health and Safety Executive and Communities and Local Government Joint Study

Report of the Chief Fire Officer

For further information about this report please contact Alan Taylor, Chief Fire Officer, on 01743 260225 or Louise McKenzie, Assistant Chief Officer, on 01743 260205.

1 Purpose of Report:

To bring to Human Resources Committee's attention the recent circular on attendance management in the Fire and Rescue Service (FSC 30/2008), the recommendations therein and Shropshire Fire and Rescue Service's current position in relation to those recommendations.

2 Recommendations

The Human Resources Committee is asked to:

- a) Note the comparative position of Shropshire Fire and Rescue Service against the best practice activities listed, including current levels of sickness absence; and
- b) Consider whether there are any outstanding areas for improvement they wish to direct Officers to address.

3 Background

Fire Service Circular 49/2006 announced a study of sickness absence management across the Fire and Rescue Service in England. This evolved in to a study of attendance management which included sickness absence management. The results were subsequently reported in the circular issued in July 2008.

4 Recommendations arising from the study

The circular highlights a number of so-called overarching factors for successful attendance management. The table below lists those factors and illustrates the position of Shropshire Fire and Rescue Service against each.

Observations associated with superior sickness absence performance	Current activity taking place within Shropshire Fire and Rescue Service
<p>Effective use of performance management information</p>	<ul style="list-style-type: none"> • Whilst Best Value Performance Indicators (BVPIs) are reported on monthly regarding sickness and reports are produced for monthly absence management meetings, this is an area that has been identified for development • Currently coming towards the end of implementing 'Resourcelink', a new management information system within the organisation. Absence will now be booked onto the 'Resourcelink' system, which will allow us to produce more detailed reports and will give us absence cost information
<p>Strategic Prioritisation of attendance management</p>	<ul style="list-style-type: none"> • As part of our Corporate Plan we have under People - Strategic Aim 3 which is to "Secure the highest level of safety and welfare for all staff and authority members", within this is Objective 9 – "To maintain and improve the health, safety and welfare for all members and employees" and within this is Core Business item 9.3 which is to "monitor, advise and manage issues relating to health and Safety and Occupational health" • Monthly BVPIs are recorded against items such as number of shifts lost due to sickness (split into wholetime, control and non uniformed) and number of ill health retirements. These monthly figures are reported quarterly to Policy Group and to the Audit and Performance Management Committee

<p>Devolution of responsibility for attendance management to supervisory management levels</p>	<ul style="list-style-type: none"> • Internal policy devolves responsibility for absence management to supervisory management levels. Supervisors are required to conduct return to work interviews with their staff. They are responsible for case management of long term sickness cases within their departments in conjunction with Human Resources (HR) and Occupational Health (OH) • NB: When formal proceedings take place the line manager is still involved but the department head will also attend meetings
<p>Systematic, frequent and recorded contact by line managers with employees on sickness absence</p>	<ul style="list-style-type: none"> • Systematic and frequent contact recorded through monthly absence management meetings with HR / OH / Line Managers and on the Employee's file
<p>Early referral to, and input by, occupational health staff in sickness absence cases</p>	<ul style="list-style-type: none"> • Where it is deemed or anticipated that an absence will be considered long term (>28 days) the line manager will refer the employee to OH or where an individual's absence gives cause for concern i.e. reoccurrence of an illness an employee may be referred to OH immediately • Once an employee is in the OH system, they will be reviewed as necessary and referred on to the OH physician if necessary. OH provide detailed reports to HR regarding individual cases and this information is communicated to the line manager
<p>Joint working between occupational health in preventing sickness absence cases before they begin</p>	<ul style="list-style-type: none"> • As above – early intervention will take place where a recurring condition or an underlying health problem is identified

<p>Joint working between occupational health staff and line managers in planning returns to work that maximise opportunities for meaningful modified duties</p>	<ul style="list-style-type: none"> • Where OH indicate that modified duties are suitable for an individual – advice will be provided in the medical report as to what type of work can be undertaken. The report will also detail any limitations in work and where necessary will give guidance on phased return to works and recommendations on what hours should be carried out
<p>Creativity and flexibility in structuring phased returns to work which are supportive from both the line manager and employee perspective</p>	<ul style="list-style-type: none"> • As above
<p>Flexible healthcare budgets which fund treatments as well as diagnosis</p>	<ul style="list-style-type: none"> • An annual occupational health budget of approximately £90,000 – this is for our Occupational health provider, independent medical reports counselling, and physiotherapy services
<p>Active monitoring of return to work interviews to ensure they are consistently and supportively carried out</p>	<ul style="list-style-type: none"> • Return to work interviews are systematically monitored at monthly absence management meetings. Issues are referred back to the line manager
<p>Clear mechanisms for identifying and following up employees requiring trigger point reviews</p>	<ul style="list-style-type: none"> • Internal policy states that all employees will have a return to work interview • Triggers for follow up are - An employee who has three periods of sickness in a twelve month rolling period will be subject to an informal meeting and those who have four periods in a twelve month rolling period will be subject to a formal meeting • Employee's absences are recorded on a database and reports are made available each month to show the number of absences against each individual, this information is reviewed at the monthly sickness monitoring meetings to ensure appropriate action has been taken

<p>Training for line managers in fulfilling their responsibilities for managing attendance</p>	<ul style="list-style-type: none"> • During 2008 six one day Sickness Absence Management training sessions have been carried out by Head of District Performance and HR with line managers (operational and non uniformed)
<p>Appointing a dedicated welfare officer and staff counsellor and developing a trauma support network to help prevent sickness absence and augment existing occupational health provision</p>	<ul style="list-style-type: none"> • Employees can self-refer to OH and where work related issues are identified may be referred for Cognitive Behaviour Therapy counselling (paid for by the organisation) • Critical Incident Debriefing – Reviews the reactions of those involved in critical incidents and is part of our structured approach to trauma support. In addition to, or instead of debriefing, access is available to OH and the Brigade Chaplain
<p>Re-establishing physical training instructor networks, making time available for physical training, and introducing six monthly fitness testing with monitoring of results, to allow health and fitness interventions to be targeted both individually and globally</p>	<ul style="list-style-type: none"> • Time for physical training is not allowed. A Fitness Instructor is employed through our OH contractor and carries out annual fitness assessments with all operational staff
<p>Proactive health screening for non-operational as well as operational staff and greater resourcing of health promotion initiatives</p>	<ul style="list-style-type: none"> • Medicals and fitness assessments are open to non-operational staff who wish to undertake them • OH regularly produce health promotion articles that are circulated on the organisation's internal weekly newsletter
<p>Use of incentives to encourage attendance</p>	<ul style="list-style-type: none"> • Attendance levels are linked to eligibility for Continual Professional PD payments are for operational staff encouraging them to maintain high attendance levels in conjunction with achieving other competence criteria

5 Current performance (sickness absence statistics)

In light of the information given above it is also important to refer to current levels of sickness absence within the Service.

Sickness absence levels for the year 2007/08 as reported to Audit and Performance Management Committee in June 2008 were:

- 5.67 days/shifts lost to sickness absence (1323 days) by wholetime uniformed staff.
- 6.07 days/shifts lost to sickness absence (1811 days) for all staff (excluding retained).

For the first quarter of 2008/09 the figures were:

- 0.96 days/shifts lost to sickness absence (224 days) by wholetime uniformed staff.
- 1.58 days/shifts lost to sickness absence (474 days) for all staff (excluding retained).

Overall performance is therefore good and we are expecting that we have performed well compared with other Fire and Rescue Services during 2007/08 and although performance may drop slightly based on current figures for 2008/09; Shropshire Fire and Rescue Service will still perform well.

6 Conclusions

Having reviewed each of the areas of good practice highlighted within the report it is clear that practice within Shropshire Fire and Rescue Service is closely aligned with good practice with no one area requiring particular additional attention. Members are therefore asked to consider whether they wish to direct Officers to undertake any additional work against any particular recommendations.

7 Financial Implications

There are no direct financial implications arising from this report.

8 Legal Comment

There are no direct legal implications arising from this report.

9 Equality Impact Assessment

This report compares existing practice to nationally identified good practice. As such it does not require an Equality Impact Assessment at this time.

10 Appendix

Fire Service Circular 30/2008 - Attendance Management in the Fire and Rescue Service

11 Background Papers

There are no background papers associated with this report.

Implications of all of the following have been considered and, where they are significant (i.e. marked with an asterisk), the implications are detailed within the report itself.

Balanced Score Card		Integrated Risk Management Planning	
Business Continuity Planning		Legal	
Capacity	*	Member Involvement	
Civil Contingencies Act		National Framework	
Comprehensive Performance Assessment		Operational Assurance	
Efficiency Savings		Retained	
Environmental		Risk and Insurance	
Financial	*	Staff	*
Fire Control/Fire Link		Strategic Planning	
Information Communications and Technology		West Midlands Regional Management Board	
Freedom of Information / Data Protection / Environmental Information		Equality Impact Assessment	



Shropshire Fire & Rescue Service EQIA number

Initial Equality Impact Assessment Form

Directorate	Human Resources, Training and Development	Department/Section	
Name of officer	Louise McKenzie	Job title	ACO
Name of Policy/Service to be assessed	Attendance Management HSE&CLG joint study outcomes report	Date of assessment	13 th November 2008
New or existing policy	N / E N/A		

1. Briefly describe the aims, objectives and purpose of the policy/service	This is a report benchmarking performance in absence management against a national report by the HSE and CLG it does not therefore require completion of an EQIA		
2. Are there any associated objectives of the policy/service?			
3. Who is intended to benefit from the policy/service and in what way?			
4. What outcomes are wanted from this policy/service?			
5. Who are the main stakeholders in relation to the policy/service?			
6. Who implements the policy/service and who is responsible for this?			
7. Are there any concerns that this policy/service could have a differential impact on the following groups and what existing evidence do you have for this? Yes or No, please detail in boxes below.			
8. Age	Y	N	
9. Disability	Y	N	
10. Gender	Y	N	

11. Race	Y	N	
12. Religion or belief	Y	N	
13. Sexual orientation	Y	N	
14. Dependant/caring responsibilities	Y	N	
15. Could the differential impact identified in 7-14 amount to there being the potential for adverse impact in this policy/service?	Y	N	Please detail
16. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group or another reason?	Y	N	Please explain for each, equality heading on a separate piece of paper.
17. Have you consulted those who are likely to be affected by the policy/service?	Y	N	List those groups/individuals that have been consulted.
18. Should the policy proceed to a full impact assessment?	Y	N	Please detail
19. Date by which full impact assessment to be completed			
20. Reason for non completion	This is a report benchmarking performance in absence management against a national report by the HSE and CLG it does not therefore require completion of an EQIA		

I am satisfied that this policy has been successfully impact assessed.

I understand the Impact Assessment of this policy is a statutory obligation and that, as owners of this policy, we take responsibility for the completion and quality of this process.

Signed: (Assessing person)	Louise McKenzie	Date:	13.11.08
Signed: (Line Manager)		Date:	
Please note that this impact assessment will be scrutinised by the E&D Officer			



Circular number	30/2008	Date issued	10 July 2008
This circular is	For information	No response required	
This circular is	Relevant to the National Framework		
Status	This circular informs FRAs of the publication of a joint HSE/CLG research study of attendance management in the FRS in England.		

Attendance Management in the Fire and Rescue Service

Issued by:

Linda Hurford, Head of Training and Development Branch

Fire and Rescue Service Development Division

Addressed to:

**The Chair of the Fire and Rescue Authority
The Chief Executive of the County Council
The Clerk to the Fire and Rescue Authority
The Clerk to the Combined Fire and Rescue Authority
The Commissioner of the London Fire and Emergency Planning Authority
The Chief Fire Officer**

Please forward to:

Human Resources Personnel

Summary

This circular updates the Fire and Rescue Authorities on the outcome of the study undertaken by Communities and Local Government, working in partnership with the Health and Safety Executive, to examine policy and practice in absence management in five selected fire and rescue services in England.

For further information, contact:

Sheila Ramsamy
Training & Development Branch
Communities and Local Government
1/A3, Ashdown House
123 Victoria Street
London SW1E 6DE

Direct line **020 7944 6786**
Fax **020 7944 5599**
E-mail sheila.ramsamy@communities.gsi.gov.uk

Website www.communities.gov.uk

1.0 Introduction

- 1.1 Circular 49/2006 announced a study of sickness absence management in the fire and rescue service for England. The research has now been taken forward in the broader context of attendance management, which covers sickness absence management. This study is now published on the Health and Safety Executive (HSE) website at <http://www.hse.gov.uk/research/rrhtm/rr632.htm>.

2.0 Background

- 2.1 The aim of the Ministerial Task Force on Health, Safety, and Productivity is to reduce working days lost to sickness absence across the public sector by 30 per cent (equivalent to an average of 7.5 days lost per public sector worker) by 2010. In 2005/06, the number of shift days lost to sickness per person was 9.4 for wholetime firefighters, 11.9 for Fire Control and 11.0 for non-uniformed staff. No figure is available for the Retained Duty System.
- 2.2 The Fire and Rescue National Framework 2006-08 referred to joint proposals from the HSE and Communities and Local Government (CLG) for a study of sickness absence management in the FRS.
- 2.3 The Department would like to express its gratitude to the five fire and rescue services that agreed to participate in this research and to all the staff who contributed by taking part in interviews and focus groups.

3.0 Study aims and objectives

- 3.1 The study examined policy and practice in absence management in five fire and rescue services in England. The aim of the study was to understand:
- The nature of current policies and practices
 - Views and experiences of policies and practices among different types of staff
 - The degree to which policies and practices reflect recent recommendations
 - Barriers and facilitators to adopting recommended practices
 - Practices that are considered useful and how policy and practice in attendance management might be improved

4.0 Study design

- 4.1 The study used qualitative research methods to allow detailed exploration of policies and practices from a range of different perspectives. Five case study services were selected to be broadly representative of fire and rescue services in England. The selection criteria ensured a cross-section of FRAs by size, nature and type of authority, sickness absence record and geography.

5.0 Analysis and reporting of findings

5.1 The report presents key findings from across the case study services. The report does not discuss the case study services separately; rather it highlights key issues and differences, where these were evident in the data, in attendance management practices. The focus is to draw out notable lessons from the five case study services, which might be relevant to the fire and rescue service as a whole.

5.2 **Overarching factors for successful attendance management** - The research found that the services have been developing attendance managements practice in line with recommendations outlined in the Ministerial Task Force for Health, Safety and Productivity (MTF) review of managing sickness absence in the public sector (2004), and also guidance from the HSE and CLG. However those case study services which were performing better in comparison to the others emphasised the following:

- Effective use of performance management information
- Strategic prioritisation of attendance management
- Devolution of responsibility for attendance management to supervisory management levels.

These overarching factors complemented a holistic approach to attendance management which involved managing sickness absence, and managing and supporting attendance.

5.3 **Managing Sickness Absence** - Stronger sickness absence performance among the case study services appeared to be associated with:

- Systematic, frequent and recorded contact by line managers with employees on sickness absence
- Early referral to, and input by, occupational health staff in sickness absence cases
- Joint working between occupational health in preventing sickness absence cases before they begin
- Joint working between occupational health staff and line managers in planning returns to work that maximise opportunities for meaningful modified duties
- Creativity and flexibility in structuring phased returns to work which are supportive from both the line manager and employee perspective
- Flexible healthcare budgets which fund treatment as well as diagnosis.

5.4 Managing Attendance - Strategies to manage attendance required robust implementation to ensure they were systematically utilised in all sickness absence cases. Strategies to manage attendance were most effective when they included:

- Active monitoring of return to work interviews to ensure they are consistently and supportively carried out
- Clear mechanisms for identifying and following up employees requiring trigger point reviews
- Training for line managers in fulfilling their responsibilities for managing attendance.

5.5 Supporting Attendance - Initiatives to support attendance also appeared to be beneficial in influencing sickness absence performance. These initiatives were:

- Appointing a dedicated welfare officer and staff counsellor and developing a trauma support network to help prevent sickness absence and augment existing occupational health provision
- Re-establishing physical training instructor networks, making time available for physical training, and introducing six-monthly fitness testing with monitoring of results, to allow health and fitness interventions to be targeted both individually and globally
- Proactive health screening for non-operational as well as operational staff and greater resourcing of health promotion initiatives
- Use of incentives to encourage attendance

6.0 Conclusion

6.1 The researchers identified a number of actions outlined above which were present in the better performing services. As well as these, the researchers also concluded that:

- a) There were differences between the case study services in their ability to produce and use comprehensive aggregate sickness absence data in order to fully integrate absence management within an overall performance management framework. The reason for this was because:
 - each service appeared to have developed its own in-house management information system
 - there was an apparent lack of consistent practice in recording and manipulating sickness absence data across fire and rescue services generally
- b) Although managers were benefiting from skills learnt through leadership and management development programmes, findings from across the case study services indicate that there is further scope for training for managers in attendance management.

c) Finally, the research has identified a need to evaluate the effectiveness of current approaches to attendance management in fire and rescue services, and consider piloting new ones in order to sustain improvements in performance.

6.2 If you have any enquiries about this circular, please contact either Sheila Ramsamy on 020 7944 6786 or Mark Dunn, CLG's Senior Research Officer, on 020 7944 4400 ext 15436.

Linda Hurford

Fire and Resilience Directorate