



Attendance Management in the Fire and Rescue Service

Confidential Review for Tyne & Wear Fire & Rescue Service

**Prepared by the National Centre for Social Research (NatCen)
for the Health and Safety Executive and
Communities and Local Government (CLG)**

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1. Introduction

This study was commissioned by the Health and Safety Executive and the department for Communities and Local Government, and carried out by the National Centre for Social Research (NatCen). It examined policy and practice in attendance management across the Fire & Rescue Service. A case study design was adopted for this research, and the aim 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; and,
- practices that are considered useful, and how policy and practice might be improved.

Five fire and rescue services were selected for inclusion in the research. The aim was to select a diverse group so that overall findings would be relevant to a wide range of fire and rescue services. Key criteria were to include services from each of the five Fire and Rescue 'family groups', with different patterns of sickness absence, different governance arrangements, and from different geographic regions. Tyne & Wear was selected to represent 'Family Group 5'. Other key characteristics which determined Tyne & Wear's inclusion were: its average level of sickness absence in 2004/05 in comparison with other 'Family Group 5' members; its improved sickness absence performance from 2000 to 2005; and, its governance arrangements as a metropolitan fire authority.

A total of 14 qualitative in-depth interviews, lasting between 60 and 90 minutes, were conducted with Tyne & Wear Fire & Rescue Service staff. There were two groups of respondents:

- **Strategic managers (CFOs, ACFOs, Heads of HR), occupational health staff and line managers.** Interviews in Tyne & Wear were conducted with two strategic managers, two occupational health staff members, and four line managers (two of wholetime and one each of control and support staff), selected by the service following guidance from NatCen.
- **Employees with experience of seven or more days' sickness absence in the 12 months preceding the research.** The service was asked to identify 105 employees with experience of sickness absence to meet specific criteria outlined by NatCen. A total of 87 employees were identified and sent a letter on NatCen's behalf, which asked them to indicate if they were willing to take part by returning their contact details directly to NatCen. Confidentiality was maintained as the service would not know whether or not employees written to had elected to take part in the study. A screening exercise was then conducted with employees who were willing to participate, so that six employees could be selected for interview who between them ensured diversity in terms of employee group, sex, age, pattern of absence, health condition and whether or not they had returned to work. Interviews were conducted with four wholetime firefighters and two support staff members.

In the following sections, Tyne & Wear's performance is considered in relation to the other case study services involved in this research. It is important to note that findings presented here are based on the 14 interviews conducted in Tyne & Wear,

and the emphasis on various aspects of attendance management might have been different had more staff been interviewed, or a different set of staff been interviewed. This short review is intended to assist Tyne & Wear in reflecting on how the service is currently doing in terms of attendance management compared with other services, and what might be learnt from other services. The review will draw out issues which may be useful for Tyne & Wear to consider in order to consolidate and sustain improvements in sickness absence performance.

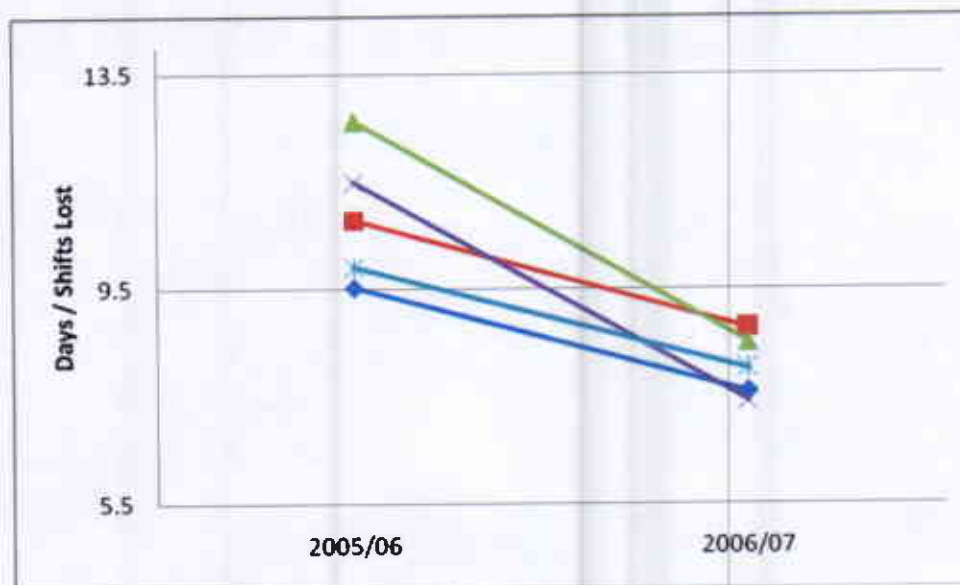
2. Sickness absence performance

Figure 2.1 provides a graphical representation of sickness absence performance by each case study service from 2005/06 to 2006/07. Figure 2.1 shows their performance, as measured by Fire and Rescue Best Value Performance Indicator (BVPI) 12(i) (average number of working days/shifts lost due to sickness absence per wholetime uniformed employee¹), in 2005/06 and in 2006/07, in relation to the average performance of all fire and rescue services in 2005/06.²

Figure 2.1 demonstrates an overall improvement in performance across the case study services. In 2005/06, the five case study services were performing in the bottom half of all fire and rescue services. By 2006/07, the two services which had performed least well among the five in 2005/06, had improved by around a third, and the performance of the remaining three services improved by between a fifth and a tenth. Figure 2.1 also shows a reduction in the range of performance among the five case studies. In 2005/06 there was a difference of three days/shifts lost between the highest and lowest performers (9.5 to 12.5 days/shifts lost); by 2006/07 this difference was one and a half days/shifts lost (7.5 to 9 days/shifts lost).³

In Figure 2.1, Tyne & Wear is represented by the diamond symbol and blue line.

Figure 2.1 Sickness absence performance of case study services (2005/06 to 2006/07)



¹ Includes wholetime firefighters and fire control staff.

² During 2005/06 there were 9.5 shifts/days lost per person by wholetime uniformed employees. The target for 2005 was an average of 6.5 days/shifts lost per person.

³ Range calculated to the nearest half day/shift lost due to sickness absence.

3. Overarching factors for successful attendance management

The research found that those case study services which were performing better in comparison to the others in 2006/07 were further along a trajectory for attendance management which emphasised the following:

- effective use of performance management information;
- strategic prioritisation of attendance management; and,
- devolution of responsibility for attendance management to supervisory management levels.

Tyne & Wear is to be commended for giving further impetus to its sickness absence procedures and systems through its establishment of an absence management steering group. The group was engaging heads of departments in maintaining the improving sickness absence rate through providing an active forum for exploring attendance management practices from the joint perspective of senior and middle managers. The group was contributing towards planning new approaches to attendance management training for line managers, and reviewing sickness absence policy and this should be encouraged.

Three services in the sample, including Tyne & Wear, attributed improvements in sickness absence performance in part to the provision of aggregate data to both the service audit committee and managers, split by department or service support group, operational and support staff, and by short and long term sickness absence. This was felt to be encouraging both the strategic prioritisation of attendance management through political and managerial leadership on the issue, and better local level performance management of sickness absence. Nevertheless, strategic managers and occupational health staff felt that an improved understanding of how to best utilise the data for performance management purposes would assist the service further in tackling sickness absence issues from a global perspective.

4. Managing sickness absence

4.1 Contact during sickness absence

Across the five services, continued contact by line managers during sickness absence emerged as an important aspect of attendance management. Staff were critical where line managers were not in frequent contact, and preferred an emphasis on support rather than asking when the person was going to be back at work.

The policy that was described in Tyne & Wear for weekly, documented contact, was the most robust approach among the five case study services and serves as a good exemplar of effective practice. All the line managers interviewed said it was implemented robustly, and there seemed not to be the discomfort or awkwardness in contacting staff off sick that was found in other services. Senior management were active in reviewing the frequent contact forms; more junior line managers were aware of this and the review was important in embedding the policy effectively. All the staff members interviewed described having had regular contact and had found it supportive and positive. They described managers showing warmth and genuine concern, making the individual feel valued. The service appeared to have managed to keep the focus on informality and support, rather than dealing with procedural issues such as sickness certification or focusing on when the individual was likely to

return to work, which had been the dominant theme of contact in some other services.

4.2 Role of occupational health during sickness absence

Tyne & Wear placed more emphasis on early referral to occupational health than other services. Staff explained that the policy is for a referral to be considered at the monthly case conferences, but that human resources notify occupational health if sickness certificates indicate that an individual is likely to be off for more than two weeks. There is also active early referral by line managers. A senior line manager described reviewing frequent contact forms to assess whether a referral is needed. This compares well with other case study services where the referral point is set at 28 days or services where referrals are inconsistently made.

However, the feedback from staff on the occupational health service was a little more mixed. Although some people described regular and very supportive contact from occupational health, there were also cases where no contact was made until two months or longer, and some people felt they were being pressurised to return. This suggests that cases are slipping through the net, and that there is a need to review the actual tone and content of occupational health contact. More positively, there were several cases where occupational health kept in touch with staff after their return to work and this was thought to be helpful.

The budget for accelerated medical support is much larger in Tyne & Wear than in other services (although the service is also of course much larger). There is funding for physiotherapy, counselling, scans, other diagnostic intervention, operations and other treatment, and lifestyle management advice. Staff felt that the budget had a high profile in the service and the view was that it more than pays for itself. Staff who had benefited from accelerated medical support were very positive, both about the effect on their return to work and that they felt that it showed the service valued them.

4.3 Managing the return to work

Phased returns and modified duties were valued across all five services as a way of getting someone back to work more quickly, maintaining contact, preventing isolation, aiding reintegration and thus reducing sickness absence. All five services to varying degrees faced challenges in encouraging more flexible approaches among managers and staff, and especially creating suitable non-operational roles.

Tyne & Wear appeared to have progressed further than other services in embedding a change in attitude to modified duties and phased returns. Having a large community safety department was felt to be a real advantage, and certainly smaller services were finding it much harder to support non-operational roles. There seemed to be a strong emphasis on scoping out meaningful roles, that are relevant to people's competencies and training. This was reflected in the experiences of staff who had returned on modified duties, particularly to the community safety department, who felt that the work they had done had been valued and meaningful and that they had learnt useful new skills through doing it. However, there were cases among staff where phased returns or modified duties had not been offered, or where requests had been discouraged or turned down. This suggests there is scope to embed the policy further with line managers.

In all the services there was a strong desire among staff to stay with their watch and on the shift system and there was resistance to modified or phased returns where this was not discussed or available. In Tyne & Wear there seemed to be more flexibility on the part of managers than in other services in designing roles that met business needs but also accommodated staff preferences.

Overall phased returns and modified duties appeared to be well structured and well managed. There appeared to be good interaction between occupational health, line managers and senior management, and joint decision-making.

5. Managing attendance

5.1 Return to work interviews

Return to work interviews were seen as useful to identify any continuing support needs arising from the sickness absence and to aid reintegration. In Tyne & Wear they appeared to be being implemented robustly by line managers, who did not express the discomfort at carrying them out that was found in other services. The emphasis appeared to be on their supportive function, i.e. assessing whether the individual was fully fit, identifying any continuing health issues, considering the need for referral to occupational health, and making arrangements for follow-up or monitoring. It was also recognised that they were effective in identifying and monitoring cases of non-health related cases of sickness absence. The system of reviewing return to work forms by human resources was also thought to be useful in ensuring consistent practice. Again, the practice in Tyne & Wear seemed to be more advanced than in other services.

5.2 Trigger point reviews

Tyne & Wear is to be commended for making the robust application of trigger points for individual attendance review a priority. The identification of employees requiring a trigger point interview was centralised and seemed to ensure that trigger point interviews were consistently carried out. However, line managers commented that the provision of trigger point management information, provided to them on a quarterly basis, was not frequent enough. Line managers were concerned that the delay in notification made trigger point reviews more difficult to conduct as an employee's last episode of absence could have ended up to three months prior to their notification that a trigger point review was required.

Although trigger point interviews were being more tightly monitored, some line managers were uncomfortable conducting trigger point interviews, and both line managers and employees seemed to regard them as solely a disciplinary tool, rather than also being a mechanism for identifying support needs in order to maintain attendance. Line managers talked about the need to be able to exercise discretion in whether or not to conduct a trigger point interview as they felt the procedure was unnecessary if an employee's sickness absence had been for health related reasons.

Although Tyne & Wear had implemented its sickness absence policy with a two year cycle of training for managers, there appears to be scope for reinforcing positive messages about the importance of a consistently applied trigger point policy to both managers and employees, in order to ensure that interventions to support employees

with health or welfare issues are not delayed and that employees have a better awareness of their responsibilities relating to attendance.

Staff interviewed across the case study services felt that clear messages about the purpose of trigger point interviews could be achieved in two ways. Firstly, production of a managers' 'toolkit' for attendance management could provide less ambiguous and more accessible guidance regarding the purpose of trigger point interviews, how to go about conducting them, how to record the outcome, and how, when and why cases should be referred to occupational health or human resources. Secondly, any 'toolkit' should be accompanied by a training package to help line managers consider various scenarios leading to persistent or repeated episodes of sickness absence, how these can be sensitively explored in a trigger point interview, and appropriate actions which should follow on from the interview. Scenarios should include those involving welfare issues (these could be personal or work-related), health issues and issues to do with employees' attitudes regarding attendance. Written guidance and training also needs to incorporate clear protocols for the involvement of occupational health or human resources, and guidance on how managers can play an effective role in cases where trigger points have been hit to help reduce unnecessary or inappropriate referrals to occupational health.

6. Supporting attendance

6.1 Welfare, counselling and trauma support

Tyne & Wear, along with the other case study service with lower absence rates in 2006/07, had employed a dedicated welfare officer and staff counsellor to enhance its occupational health provision. This post had been created within the last five years, and was felt to bring a number of benefits in terms of attendance management.

For example, welfare support provided from within the organisation was seen to enable better understanding of the organisational culture and improved communication and mediation between the individual and the employer when this was necessary. In a rapidly changing organisational environment, welfare support for supervisory managers was considered to be especially important by staff interviewed, and a dedicated welfare officer meant employees and managers had immediate access to advice and assistance.

Tyne & Wear was also one of two case study services with a well-established trauma support network. The revitalisation of the Trauma Support Team, coordinated by the Welfare Officer, through new recruitment rounds and training for volunteers was positively commented on by line managers and employees, and interviewees articulated how highly they valued this initiative. Further development work could focus on overcoming reluctance to engage publicly with trauma support on stations where interviewees described a culture which discouraged team members from requesting group debriefing following traumatic events for fear of teasing and ridicule from within the team.

6.2 Fitness and health promotion

All case study services acknowledged that fitness plays a potentially important role in preventing sickness absence. However, not all services had prioritised fitness to

the same degree. It was particularly encouraging that Tyne & Wear's programme of six-monthly fitness testing had been written into its attendance management policy. The results of six-monthly fitness testing were felt to assist in monitoring the fitness of individuals, and also to provide an important overview of fitness and health issues across the organisation, assisting the targeting of proactive health initiatives.

There were also good examples of health promotion initiatives in Tyne & Wear, and both operational and support staff spoke about how much they valued this type of proactive input from occupational health. Health promotion was valued by operational and support staff across the five case study services, and consideration could be given to further resources for health promotion initiatives.

7. Suggestions for future consideration

Tyne & Wear has a clearly documented policy for the management of sickness absence, and interviews with staff confirmed that occupational health arrangements were both effective and highly valued by line managers and employees. Nevertheless, this review of attendance management suggests that in order to consolidate and sustain improvements in sickness absence performance, the following areas may benefit from further consideration:

- Further guidance and training for managers on the implementation of sickness absence policy, focusing particularly on helping managers understand the importance of consistency in the application of trigger point interviews for both supporting and monitoring employees' attendance, and the role of occupational health.
- Continued emphasis on the interrogation and utilisation of performance management information to support performance targets.
- Auditing and evaluating outputs and outcomes relating to resourcing of the accelerated medical support scheme and trauma support team to maximise the prevention and reduction of sickness absence.