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Attendance Management in the Fire and Rescue Service

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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  
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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.

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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](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.

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