HMICS HM INSPECTORATE OF
CONSTABULARY FOR SCOTLAND

Thematic Inspection
Attendance management

February 2010

To monitor and improve the police service in Scotland

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SUMMARY OF RECOMMENDATIONS

HM Inspectorate of Constabulary for Scotland has examined the strategic direction set by Scottish police forces and the Scottish Police Services Authority (SPSA) (collectively referred to as 'the Service') for creating and maintaining a positive working environment through attendance and absence management. The topic arose through consultation with our stakeholders and was refined following further review and discussion with representatives of the Association of Chief Police Officers in Scotland's (ACPOS) Personnel and Training business area.

This inspection focused on the following areas:
- policy and strategy relating to attendance, absence and the creation of a positive working culture;
- performance measurement, including benchmarking and target setting; and
- strategic approaches to managing attendance during and following long-term absence.

We acknowledge the progress made by the Service since the introduction of ACPOS' *Fit for Duty* strategy in 2004[1]. Our aim in making the following recommendations is to support continuous improvement in this area and to ensure that, during this period of financial constraint, the Service is able to maximise the potential of its people.

Recommendation 1: That to strengthen their ability to manage police officers with unsatisfactory attendance, forces urgently seek a change in statutory regulations to extend the range of options available.

Recommendation 2: That in order to maximise staff attendance, each force and the Scottish Police Services Authority adopt a comprehensive strategic approach to attendance management.

Recommendation 3: That in order to reduce absence and its concomitant costs, forces and the Scottish Police Services Authority make better use of available data and information analysis.

Recommendation 4: That to ensure that individuals are treated appropriately and not discriminated against unlawfully, those organisations that have not done so complete Equality Impact Assessments for attendance policies and procedures.

Recommendation 5: That in order to achieve best value, practitioners engage at a national level to develop and share good practice.

We consider the recommendations outlined above to be achievable within a year of this report being published.

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1   *Fit for Duty, Strategy for a Healthy Police Service 2003-13*, ACPOS (2004).

INTRODUCTION

1. Attendance management seeks not only to support those who are sick, but to develop a culture where staff are willing and motivated to attend work. This can be done through:
    *   addressing the physical and emotional needs of individuals;
    *   communicating attendance goals so they are understood and identified with; and
    *   dealing with cases of unsatisfactory attendance effectively and fairly[2].

2. With approximately 85% of police revenue budgets taken up by staff costs, its people are the Service's most valuable resource. And with effectiveness largely dependent on how its employees perform, a key management objective should be to keep them happy, well-motivated and healthy. Fundamental to creating a positive attendance culture in the workplace are clear leadership at all levels and effectively managed policies and procedures. Consequently there is an onus on the Service to ensure that those responsible for managing attendance are fully trained, supported and cognisant of the importance of implementing policy and procedures effectively.

3. Although sickness absence levels throughout the police service in Scotland and the wider public sector are continuing to fall, a gap remains between the higher levels recorded by the public sector and the lower rates of the private sector. This gap has widened in the past year, as private sector attendance levels fall yet further. There does not appear to be a straightforward explanation for this. Nevertheless, in its annual survey report for 2009[3], the Chartered Institute of Personnel and Development (CIPD) identified a number of possible contributory factors. Those thought to be relevant to the police service include the different demographic profile of its workforce, its challenging public-facing role and its distinct management culture and practices.

4. Regular attendance is not something that employers can only hope to occur; it is something they have a right to expect unless someone is genuinely sick. It is essential that all levels of management believe in, are committed to, and communicate their expectations of good attendance, thereby creating a culture where individuals meet these obligations.

5. This inspection focused on the following areas:
    *   policy and strategy relating to attendance, absence and the creation of a positive working culture;
    *   performance measurement, including benchmarking and target setting; and
    *   strategic approaches to managing attendance during and following long-term absence.

6. Within this remit, we have not reported on all aspects of the Service's activities. Instead we have focused on areas that we believe can bring about tangible improvement, as follows: *regulations for unsatisfactory attendance; strategy and policy development; data collection and analysis; equality duty compliance; occupational health and knowledge transfer.*

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2   *Introduction to Attendance Management*, Benefits Interface Incorporation (2008). http://www.benefits.org/interface/cost/absent.htm
3   *Absence Management: Annual Survey report 2009*, CIPD (2009).

7. Our purpose has been to identify examples of good practice both within and out with the Service and, where appropriate, to make recommendations on aspects that could be improved. Details of good practice can be found in Annex A. Anyone involved in managing attendance within the wider police family, including police authorities/boards, may find it useful to consider this annex alongside our recommendations.

BACKGROUND

8. At a time of high levels of working time lost to sickness absence for both police officers and police staff (collectively referred to as 'staff'), ACPOS published its *Fit for Duty, Strategy for a Healthy Police Service 2003-2013*. This report supported the Scottish Police Service People Strategy[4] and brought a national approach to the management of attendance in the Scottish police service. One of its pledges was to ensure that each force had in place appropriate policies and processes for managing attendance. The accompanying revised People Strategy Action Plan (second phase 2007–2010) outlines the activities to be undertaken in order to maximise attendance, enhance sickness monitoring and develop occupational health strategies.

9. Work subsequently carried out by forces and, since April 2007, the Scottish Police Services Authority (SPSA) has put the police service in Scotland in a reasonable position relative to other parts of the public sector. We recognise this recent progress, and the positive trends across Scotland that have accompanied it and which can be see in figures 1 and 2. As these show, sickness absence for police officers and police staff is down on previous years. With an average working time lost of 4.3%, police officers in Scotland have a lower rate of sickness absence than the 4.5% recorded by the CIPD in 2009 for police officers in the UK as a whole, and the same rate as that recorded for the public sector as a whole. In the UK, those working in health (4.8%) and local government (4.7%) exhibit higher rates.

10. Sickness absence rates for police staff consistently sit above those of their police officer colleagues. Although they too show a downward trend, their latest average rate of 5.1% of working time lost is equal to the highest recorded for any sector by the CIPD survey. During inspection interviews we attempted to ascertain why this is the case and we discuss our findings within '*data collection and analysis*' of this report.

11. SPSA implemented a form of absence monitoring from the start of its operation, two years ago. Its rates do not as yet include the absences of all officers absence statistics and for this reason we have not included them in figures 1 and 2. Nevertheless, with a proportion of working time lost in 2008/09 of 1.41% for police officers (excluding those working in the Scottish Crime and Drug Enforcement Agency) and 3.34% for police staff, a positive picture appears to be emerging here too.

12. Throughout the report, unless we specify otherwise, general comments about absence refer to that of both police officers and police staff.

13. The CIPD 2009 survey found a clear relationship between workforce size and absence levels, with smaller organisations likely to record lower levels of absence than those of larger organisations. For example, it found that an organisation with a workforce of between 750 and 999 employees records an average absence rate of 3.1% working time lost per year, compared with 4.5% for organisations with a workforce of more than 2000. The survey authors believe that this is probably because people working in small organisations work in smaller teams where their absence is likely to be more disruptive and harder to compensate for.

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4   *Fit for the 21st Century, The Scottish Police Service People Strategy 2003-2013*, ACPOS (2004).

Figure 1 – Proportion of police officer working days lost 2005-2009
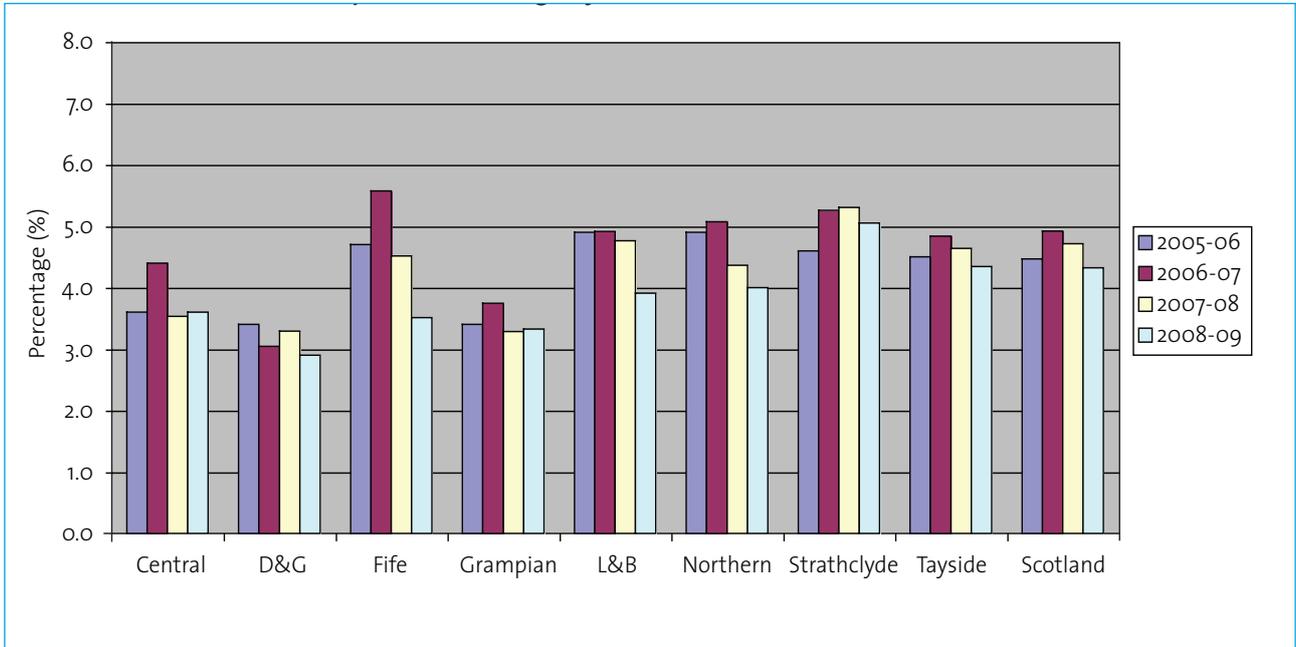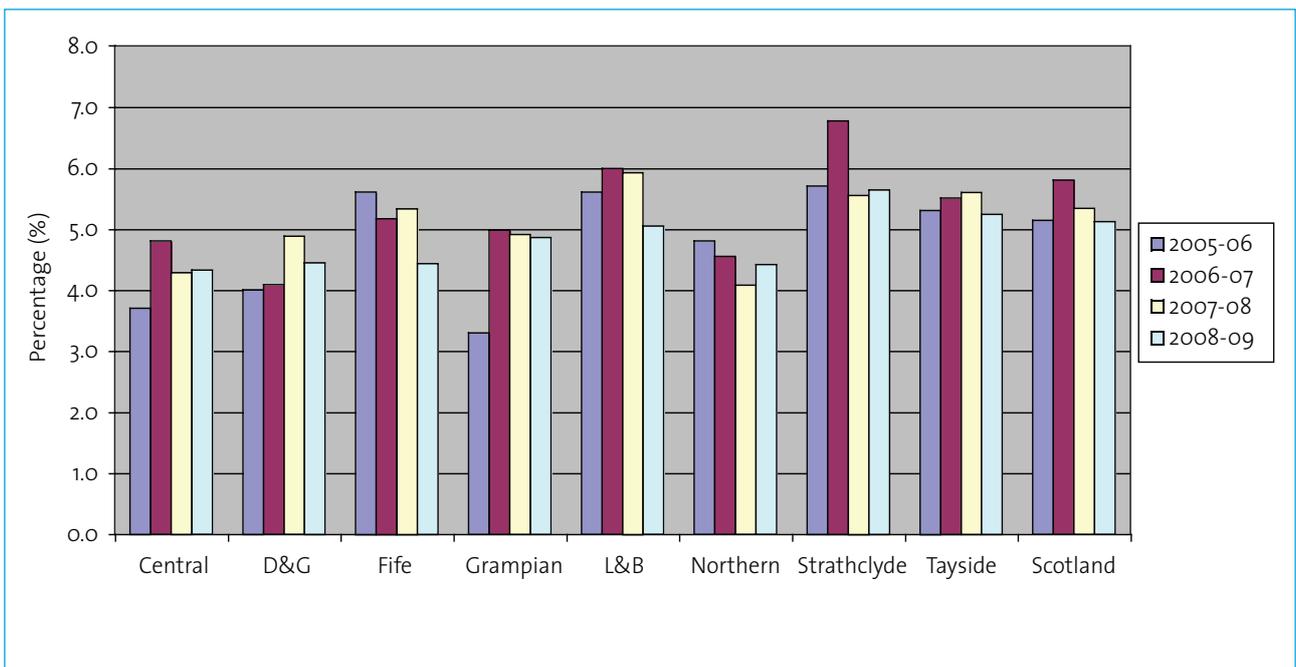

Figure 2 – Proportion of police staff working days lost 2005-2009

14. Police forces in Scotland vary considerably in terms of the size of their workforce. Dumfries and Galloway is the smallest, with a combined staff of 821 (at end of March 2009) while the largest, Strathclyde, has a workforce of 10,991[5]. As figures 1 and 2 show, in accordance with CIPD's findings these two forces have the lowest and highest levels of recorded absence respectively. On this basis though the picture is less straightforward for the other Scottish forces. Grampian, for example, is performing much better than would be expected given its complement of police officers but much as expected for police staff, whilst Northern performs as anticipated for police staff but more poorly than might be expected for police officers.

15. The Scottish Institute for Policing Research (SIPR) has recently commissioned a study to develop organisational practices that can augment resilience, well-being and job satisfaction, thereby reducing sickness absence and ill health retirement[6]. The findings should prove helpful.

KEY AREAS

Regulations for unsatisfactory attendance

16. The 2009 absence management report of the CIPD identified a broadening gap in absence levels between the public and private sectors, with the former exhibiting the higher rates. Its research showed fundamental differences in the management cultures of each sector, with the public sector more likely than the private sector to:

  • use trigger mechanisms to identify high levels/patters of absence;

  • provide leave for family circumstances;

  • train line managers in managing absence; and

  • provide access to occupational health services, counseling services and physiotherapy.

17. We found evidence of these positive practices being used throughout the Service.

18. The CIPD suggests that some public sector organisations have yet to find the correct balance between providing support for staff to attend work and taking firm and consistent action against those who take advantage of occupational sick pay schemes. It concludes that the public sector is less likely than private sector organisations to use disciplinary procedures or dismiss staff for unacceptable attendance levels. Its report emphasises the need to change this situation if the public sector is to have a greater impact on attendance levels.

19. We believe that this finding is relevant to the police service in Scotland and that there is a real and urgent need for this matter to be addressed.

20. The Service has adequate measures in place to help staff resume full working duties where this is possible. In addition to the support mechanisms identified by the CIPD above, the Service also provides the following:

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5   *Scottish Policing Performance Framework (SPPF): Annual Report 2008-09*, HMICS (2010).

6   *The Scottish Institute for Policing Research, Issue 3* (August 2009).

- medical advice;

- nurse advisors;

- access to psychiatric help;

- specialist human resources assistance;

- employee assistance programmes;

- sick pay;

- phased return to work;

- redeployment;

- flexible working; and

- special leave.

21. There is, though, an imbalance in the Service's framework for managing unsatisfactory staff attendance. For police staff there is the ultimate sanction of dismissal, as is the case for employees in most other organisations. By contrast, police officers, who do not operate under employee status, are managed through regulations that do not include this option. During our inspection fieldwork there was overwhelming agreement on the need to address unsatisfactory attendance of police officers through specific regulations. Managers were clearly frustrated with having to deal with officers who chose to withdraw from any support to assist them in returning to work.

22. Police forces in England and Wales, as well as the British Transport Police in Scotland, have had procedures to deal with unsatisfactory attendance for some time. The Police (Efficiency) (Amendment) Regulations 2003 have now been superseded by the Police Performance Regulations 2008, whose principal aim is to improve attendance and which contain the option of terminating an individual's service.

23. All Scottish forces agreed that the current framework of support and management practices is insufficient to deal with specific cases that require this ultimate sanction. We were made aware of circumstances and patterns of absence that the Service is currently unable to manage. Common factors include:

- a pattern of unsatisfactory attendance over many years, often after satisfactory attendance during the probationary period;

- the majority of absences being self-certified (typically over 60%);

- the vast majority of the above being for minor unconnected ailments;

- increased periods of long-term sickness, which often cease on the day before the move to nil pay;

- return to work for as long as is necessary to accrue further rights to full sick pay;

- a lack of engagement with line-managers, HR staff and federation representatives;

- non-attendance at occupational health appointments;

- no diagnosed long-term medical condition or disability; and

- not meeting the criteria for ill-health retirement.

24. Forces clearly have a duty to follow attendance management and occupational health polices to support officers and facilitate their return to work. Nevertheless, if these support mechanisms are refused there are no formal means of forcing the officer to confront his or her attitude or consider the implications of his or her prolonged absence.

25. In comparable circumstances for police staff, forces are likely to consider that the pattern of absence is unsatisfactory and to put in place further support and monitoring measures in accordance with relevant policies, in the knowledge that the ultimate sanction of dismissal for reasons of incapacity is available to them.

26. In these circumstances, forces would benefit from having recourse to a set of clear, staged regulations that would allow them to resolve such cases. Indeed, the human resource directors that we spoke with felt that such regulations could help them deal with unsatisfactory attendance in a number of ways:

    • encourage officers to declare any known, underlying health conditions and thereby help forces to provide appropriate support;

    • act as an incentive for officers to maintain acceptable levels of attendance;

    • afford a consistent and structured approach to dealing with significant levels of officer absence; and

    • offer the force a means to achieve resolution should an officer fail to engage with the organisation and/or improve attendance levels.

27. Existing policies and procedures in forces further suggest that were any such regulations to be drawn up, the sanction of dismissal would only be used if required as a last resort.

    Recommendation 1: That to strengthen their ability to manage police officers with unsatisfactory attendance, forces urgently seek a change in statutory regulations to extend the range of options available.

Strategy and policy development

28. A key challenge facing any organisation is that of maximising the use it can make of its people while maintaining or improving the health of the workforce.

    "A healthy workforce is a happier, more productive workforce. Keeping people well and in work has obvious benefits: protection against financial hardship, promoting a better quality of life and allowing people to make the most of their potential. Conversely, being out of work can exacerbate physical and mental health problems and increase the chance of social exclusion." [7]

29. The above quotation sets out a series of incentives for organisations to support individual and organisational health, establish health and welfare measures for the workplace and understand what effect absence has on productivity and resources.

30. *Fit for Duty* identified key stages in the working life of an individual in the Scottish police service. Two key stages relevant to the challenge of improving the health of the workforce were 'Promoting a Healthy Workforce' and 'Major Health Matters'. At the time of its publication, the strategy prompted a national push to raise staff awareness of potential health risks in the workplace, that coincided with an increase in workplace risk-assessments and better personal protective equipment for officers. It is now five years since then, and we understand that ACPOS Personnel and Training business area is considering reviewing the strategy and what has been achieved so far. We would encourage it to do so.

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7   *Improving health and work: changing lives: The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population*, the Department of Health and the Department of Work and Pensions (2008).

31.　It is widely recognised that employers should provide direction and show their commitment to supporting the health of their staff by developing a health and well-being strategy. The UK Government is currently working towards ensuring that the top 100 FTSE companies report on health and well-being of staff to their boards. And, clearly from a government perspective the need for strategic direction is a significant factor in addressing health issues and health awareness of the workforce. That said, "Strategy is not about words – it is about actions that will make a real difference"[8]. An overarching strategy is designed to achieve:

- clear leadership to ensure that institutional barriers do not hinder progress;
- optimal engagement of all stakeholders;
- effective delivery within financial constraints; and
- actions that lead to long-term, sustainable improvements in the health and well-being of the working age population[9].

32.　The Service has not yet fully adopted this strategic approach. Only two forces, Central Scotland and Northern, had a health and well-being strategy, and the latter's was now out of date and under review. The human resource directors with whom we spoke did, however, recognise that developing one would be beneficial. In our view, work to produce these strategies needs to go hand-in-hand with the development of attendance management policies.

33.　A finding throughout our inspection is that no single factor provides the key to reducing absence. We do believe, though, that leadership is essential to creating a positive attendance culture, and that the overarching impact of a strategic statement of intent clarifies corporate direction and policy. Moreover, any health and well-being strategy should encapsulate comprehensive policies, procedures and guidance relating to attendance, disability, stress, display screen equipment testing, health promotion, occupational health and rehabilitative duties. There should also be direct links to health and safety, given its crucial role in establishing safe and healthy working environments.

34.　Most organisations in the Service had basic policies and procedures in place, if not health and well-being strategies. There were, however, significant gaps in relation to stress management and health promotion which we go on to discuss below.

Stress management

35.　Stress-related absence has become a major concern for UK employers. Within the public sector stress has been identified as one of the main causes of both short- and long-term absence[10] and in the police service it is one of the top three (the other two being back pain and musculoskeletal injuries). Three key elements of work-related stress are workload, relationships and management styles.

8　*Dame Carol Black, op. cit.*

9　*Health, work and well-being – Caring for our future; A strategy for the Health and Well-being of working age people*, the Department for Work and Pensions, the Department of Health and the Health and Safety Executive (2009).

10　*Absence Management: Annual Survey report 2009*, CIPD (2009).

36. Health and safety law requires employers to identify stress in the workplace and take measures to manage it. Guidance suggests that stress should be split into two categories – organisational and operational. Organisational stressors and "routine" operational stressors are best served by improvements in organisational and management practices, training programmes, informal support mechanisms, and peer-based schemes. "Traumatic" and "vicarious" stressors producing psychological reactions such as anxiety, depression and post-traumatic stress disorder are best dealt with by professional specialist clinicians. Useful research carried out in 2005-2006 found that organisational stress is more prevalent than operational stress in the police service[11]. This helpful finding has led the Service to enhance its approach to managing stress, and many forces have since adopted the Health and Safety Executive (HSE) standards outlined below.

37. Risk-assessment of the working environment to reduce the risk of individuals developing work-related stress is a specific requirement under health and safety legislation (Management of Health and Safety at Work Regulations 1999). The HSE has developed a set of management standards that provides guidance and defines the characteristics or culture of an organisation where the risks of work-related stress are being managed and controlled effectively. These characteristics, which help to simplify the risk-assessment, include the following:

   • Demands – including workload, shift patterns and the work environment.

   • Control – how much say the person has in the way they do their work.

   • Support – including encouragement, sponsorship and resources provided by the organisation, line-management and colleagues.

   • Relationships – including promoting positive working to avoid conflict and dealing with unacceptable behaviour.

   • Role – whether people understand their role within the organisation and whether the organisation ensures that people do not have conflicting roles.

   • Change – how organisational change (large or small) is managed and communicated in the organisation.

38. Clearly all the criteria listed above are relevant to the Service and can be impacted upon at every level.

39. It was apparent during the inspection that forces were aware of the importance of managing workplace stress. That said, only four had developed stress management policies and/or guidance that took account of the HSE's management standards. These same forces also had detailed training for line-managers and stress-awareness management guides to help managers create a healthy working environment. Of the four forces and the SPSA that did not have stress management policies, some were in the process of developing and implementing policy whilst others had done little.

40. As one of the main causes of sickness absence, workplace stress is a concern for the Service. Having robust policies, procedures, training and support that are regularly reviewed is necessary if it is to be able to exert control and manage liability. Forces should recognise that workplace stress can be averted by managers identifying early signs and implementing appropriate measures. It is therefore essential that they are equipped to do this.

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11 *Police occupational health: support for specialist postholders, where there is constant specific repetitive exposure, and staff involved in prolonged incidents/enquiries 2005-2006 - Research Findings*, Scottish Government (2006).

41. Since its inception in April 2007, the SPSA has expended considerable effort in formulating human resource policies. While some challenges remain, significant progress has been made. Police staff employees from across the eight forces transferred to the SPSA under the auspices of TUPE 2006[12] employment legislation, which allows individuals to continue to work under the contracted conditions of service of their previous employer. As a consequence, these different circumstances must be considered whenever changes within SPSA are proposed.

42. Despite these challenges the SPSA has been successful in developing a single, encompassing attendance management policy, something it regards as a considerable achievement. This means that all police staff, regardless of the force they came from, now follow the same attendance management policy and are treated equally in this regard. Unfortunately it has not yet developed a similarly overarching policy for stress management, and the situation with respect to critical incident stress debriefing and occupational health support remains confused. These circumstances can cause difficulties for line-managers and staff, as our focus groups revealed. In our opinion the situation is untenable, and we believe that relevant policy development must be prioritised. This will require support at the executive level throughout the Service.

Health promotion

"Successful promotion of employees' health and well-being can reduce absence, improve staff morale and retention and ultimately increase productivity, delivering benefits to the bottom line[13]".

43. In line with the quote above, the Scottish Government aims to promote healthy lifestyles and improve working conditions in order to reduce the causes of work-related ill health. Surveys conducted across UK sectors suggest that employees feel the benefit of clear strategic commitment to their health and well-being, particularly so when this commitment is sustained. Health promotion can complement attendance and rehabilitation policies, and help to foster positive perceptions of the employer brand among current and future employees.

44. The ACPOS *Fit for Duty* strategy outlined various strands of activity for promoting a healthy workforce, and progress has been made on each of these. Aspects currently being addressed through the ACPOS Personnel and Training business area include officer fitness testing, managing stress, substance misuse and critical incident stress debriefing. The results of this work will help to guide future activity.

45. Many forces have worked closely with the National Health Service (NHS), and have engaged over several years with its Scotland's *Healthy Working Lives* initiative. Most forces have worked, or plan to work, their way through the levels of this award indeed Northern has achieved the Gold Award.

46. Other aspects of health promotion taking place across the Service have mainly centred on national health campaigns. These campaigns are often ad hoc, with little strategic direction or financial support and few are tailored to address factors directly affecting the Service. Some forces have designed initiatives based around specific needs, but even here there is little evidence of their being part of a clear strategic plan.

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12 *The Transfer of Undertakings (Protection of Employment) Regulations 2006.*
13 *CBI/AXA, Absence and Labour Turnover Survey 2008.*

47.   Individuals involved in health promotion regard it as an important 'spend to save' activity. All agree that it is very difficult to measure the impact and outcome of many of the initiatives, e.g. you cannot measure how many people avoid the flu because they have had a flu vaccine, but believe that the benefits to the organisation outweigh the costs.

48.   Fieldwork interviews revealed general support for health promotion initiatives amongst managers and staff too. Nevertheless, most felt that a greater focus on relevant or police-specific matters would be more beneficial and more conducive to a health aware culture. A similar argument for more targeted activity was put forward in relation to health check clinics, which are available to staff on a voluntary basis in most forces. Although these clinics are largely seen as beneficial and enjoy reasonable take-up, managers were concerned that individuals most 'at risk' were not taking advantage of this type of service.

49.   Overall we found a lack of strategic direction in relation to promoting health in the workplace. Following an initial flurry of activity in 2004/5, a lack of strategic momentum is now apparent. We did come across pockets of localised activity, but this was often only available to those based at force headquarters during office hours. The health promotion message is therefore likely to be lost on the majority of front-line officers and staff who are often those who would benefit most.

50.   Strategic leadership and drive is is necessary to ensure that all staff, and therefore the Service, benefit from health promotion activities. Health and well-being strategies should recognise the importance and benefits of consistent health promotion, and the need to ensure that it is directed at health concerns affecting the organisation.

The health and safety opportunity

51.   Health and safety is widely recognised as a fundamental part of business. Integral to its success is a positive culture instilled through the positive action of its managers. Although a legislative responsibility, it should not be seen as a regulatory burden but should be appreciated for the opportunities it can create:

  · lower costs and risks – staff absence and turnover are lower, accidents are fewer, and the threat of legal action is reduced;

  · improved standing among suppliers and partners;

  · better reputation for corporate responsibility among communities and other stakeholders; and

  · higher productivity – employees are healthier, happier and more motivated[14].

52.   During the inspection we spoke with the head of Human Resources at Lancashire Constabulary. Lancashire has recently won awards for its active role in health and safety and a significant reduction in time lost to absence. Three key aspects of Lancashire's success are:

  · a commitment to health and safety by ensuring that matters raised are dealt with, control measures are put in place and feedback to staff is given;

  · dealing with absence fairly and firmly, with the emphasis on getting staff back to work; and

  · analysing trends in both health and safety, and sickness absence.

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14   *Leading Health and Safety at Work*, Institute of Directors and Health and Safety Commission (2009). http://www.hse.gov.uk/pubns/indg417.pdf.

53. In Scotland, we found that health and safety is becoming more established in the Service. For example, integrated approaches to health, safety and welfare are producing effective results in Grampian, Central Scotland, and Fife. In Lothian and Borders, communication lines between specialists have been improved by its health and safety officers sitting within the force's internal health and well-being unit. In addition, health and safety officers are now employed in every force and the SPSA, with most linked through departments or other recognised communication channels to human resources and occupational health. In some organisations there was limited communication between the various functions. Where this persists, steps should be taken to establish effective communication channels.

54. All forces were involved in the HSE-recognised inter-force health and safety audit system (Quality Safety audits) and therefore all have policies, procedures and operating practices in this area. Generic risk-assessments have been carried out and, as previously discussed, the HSE management standards for stress are at various stages of introduction.

55. Being subject to health and safety legislation is a relatively new experience for the Service and perhaps understandably, as our focus groups revealed, adaptation to this new environment is still ongoing. While communication lines at senior management level were effective, the general feeling was that a health and safety culture had not yet become embedded at a tactical and operational level. Here there was still a reactive rather than proactive approach to health and safety, which was regarded as an 'add on' undertaken by specialists or to be applied when protocol required. It was certainly not rooted in the workplace as an individual responsibility and opportunity.

56. Relevant processes were still developing in some areas, managers were not always trained and feedback on known problems was not always given. Although incidents and accidents were reported, staff were rarely informed of any resultant activity. A more proactive approach to health and safety, through monitoring information and providing feedback, would undoubtedly benefit forces, managers and individuals.

57. The gains to be made by linking health and safety with an organisation's health and well-being strategy can be significant. A recognised part of such a strategy is making sure that staff understand the importance of their health and safety to the organisation. Ownership of health and safety sits at the corporate level, but its promulgation is the responsibility of all managers. This means that commitment is needed at all levels.

    Recommendation 2: That in order to maximise staff attendance, each force and the Scottish Police Services Authority adopt a comprehensive strategic approach to attendance management.

Data collection and analysis

58. The Service must become more adept and sophisticated at analysing and monitoring absence trends, if it is to be able to identify and minimise factors that can adversely affect health in the workplace. According to one Healthy Working Lives Advisor, "the first step is to look at common denominators across the workplace or patterns of absence for individual members of staff", because "spotting trends can help an employer to focus their efforts to improve health in the workplace"[15].

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15 *Healthy Working Lives*, Kathryn Sinclair, Healthy Working Lives Advisor, East region (03/09/2009).
    http://www.healthyworkinglives.com/award/case-studies/sinclair.aspx

59. In addition to analysing sickness absence, the Service should look at health and safety data on accidents and incidents. Taken together, these figures will give organisations a more complete picture of the problems they face and where resources should be directed to best effect.

60. We found limited use being made of the wide variety of trend and pattern information available in the Service. Although some absence statistics are being collected and some analyses conducted, the latter tend not to go into much depth. This kind of information could potentially help to explain the disparity between police officer and police staff absence levels, as illustrated in figures 1 and 2. Additional analyses that can consider the differential impact of a range of factors, including the functions that staff perform, would help considerably in developing our understanding of the possible effect that types of workplace might have on absence. Other variables that it would be useful to examine include individual characteristics such as age, length of service, gender, new employees, and lone workers, but this is by no means an exhaustive list. Individual patterns and periods of absence also need to be considered (see our comments on the use of 'trigger points' in the section on *measuring and monitoring absence*).

61. Some forces have identified possible contributory factors behind varying rates of staff absence. This in turn has allowed them to take targeted positive action to improve attendance amongst groups of staff. The SPSA has yet to analyse data for the organisation as a whole. In the meantime, analytical work in one of its business areas has led to corrective action to address stress and back problems that were found to be contributing to staff absences.

62. In terms of analysing the cost of absenteeism, a 2009 report by the Confederation of British Industry (CBI) suggested that business leaders are ignorant of the real cost of absenteeism to their organisations. The average annual cost to the public sector is estimated by the CBI to be £517 per employee. An estimate of the true cost reveals the figure to be nearer £780, an increase of £263 per individual and more than half again.

63. These costs can be split into two distinct categories, namely direct and indirect costs. The main components of direct costs are:
    * statutory sick pay;
    * occupational sick pay;
    * temporary cover;
    * additional overtime costs; and
    * lost service.

64. Indirect costs of sickness absence include:
    * more management, administrative and clerical time taken up;
    * interrupted work flow; and
    * lower levels of productivity or service provided.

65. Although costing absence is an effective way of underscoring its importance, no force in Scotland does this regularly or calculates it in a way that would reveal its true extent. The most proactive approaches to monitoring that we found were those used by Tayside, Strathclyde and Central Scotland, where cost data were being used in management meetings and at times in the training environment. But, the Service as a whole tends not to make use of cost information in routine decision-making. We urge forces to put in place measures that can accurately cost absence. The information should be used to help managers understand the full impact that absence has on their organisation.

Recommendation 3: That in order to reduce absence and its concomitant costs, forces and the Scottish Police Services Authority make better use of available data and information analysis.

Equality duty compliance

66. One of the most comprehensive tools for tackling discrimination and promoting equality is the legal framework that has evolved since 2002 under the statutory requirements of the public sector duty to promote race equality. This duty was extended to cover disability equality in 2004 and gender equality in 2007. Under the extended framework, all public authorities, which includes forces and the SPSA, must complete Equality Impact Assessments (EqIAs) for all relevant functions and policies in order to assess their likely impact on race, disability and gender equality[16]. The EqIA process is not just a legal requirement; it helps to improve policies, strategies, procedures, functions, projects, reviews and organisational change, producing outcomes that can affect the whole community[17]. The new Equality Bill proposes the further extension of the duty to cover the other protected characteristics (namely, age, sexual orientation and religion/belief).

67. Only half the Service has carried out EqIAs for policies and procedures for attendance management. A further three forces told us that staff were currently being trained so that they could comply with the legislation. In our opinion, this situation is unacceptable. The general lack of compliance aside, this finding is of additional concern given the impact that attendance management and other support policies can have on individuals. We have already outlined the advantages of analysing the absence rates of different demographic and social groups of staff. Absence can be affected by individual characteristics and could indicate an underlying health problem or disability that has not been disclosed. Equally, absence can be an indicator of other workplace factors, such as harassment. There could also be domestic circumstances, such as the need for childcare or other family problems, that could affect a person's attendance. Given the widespread use of absence sanctions in the Service, it is essential that any adverse impact of these policies is quickly identified.

68. With the new single Equality Bill currently going through the Westminster Parliament, the legislative landscape is likely to change. Consultation on its attendant new duties[18] has been carried out in Scotland. Early indications are that although it is acknowledged that some aspects of the legislation, such as the production of Equality Schemes, have been criticised as bureaucratic, there is a recognition that some EqIA is necessary if the outcomes for which it has been designed are to be realised. There is an urgent need for those organisations that have not done so, to make sure that EqIA training is carried out and EqIAs completed, so that no staff are discriminated against unlawfully by attendance policies or procedures.

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16 Equality and Human Rights Commission: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/

17 Improvement and Development Agency, http://www.idea.gov.uk/idk/core/page.do?pageId=8017174

18 *Equality Duty: Putting it into Practice - Consultation on Public Sector Equality Duty Specific Duties*, Scottish Government (2009). http://www.scotland.gov.uk/Publications/2009/09/28154835/0

Recommendation 4: That to ensure that individuals are treated appropriately and not discriminated against unlawfully, those organisations that have not done so complete Equality Impact Assessments for attendance policies and procedures.

Occupational health

69. Occupational health provision is well integrated in forces and the SPSA, and a range of services is available from various internal and external occupational health providers across Scotland. These units provide access to nurse advisors, doctors and other health professionals dealing with many aspects of health care. All are contributing to reducing absence and advising on long-term absence matters.

70. That said, the quality of communication between occupational health providers and staff across the Service was variable. That between providers and departments such as human resources and health and safety, and middle and senior managers, was generally thought to be effective. The findings of our focus groups revealed that the same was not true, though, for first-line managers. Specifically, this group of staff felt that the nature of the feedback and support they received from occupational health, be it provided internally or externally, was not always helpful to them in their role. In these cases, more timely and comprehensive written reports and direct contact, if required, would help to improve the attendance management process.

71. Of particular interest to us was the question of which type of provision – internal or external – was the most effective. For some forces, a strength of external providers was their efficient and businesslike approach. Conversely, forces that used an internal provider saw the latter's understanding of the organisational culture and ability to be instrumental in supporting what they were trying to achieve, as particularly advantageous. Although we undertook no separate business cost/benefit analysis as part of this inspection, one force had recently conducted a Best Value review which outlined why an internal approach was the most beneficial and cost-effective solution for it. The success of its approach was further borne out by the positive views expressed during our focus group with force staff.

72. In both cases, some early problems were apparent too. Forces using external providers had learned, from their initial dealings, of the need to ensure that contracts are comprehensive and robust. Elsewhere, one force was experiencing difficulty in attracting occupational health nurses and as a result its internal occupational health unit was under-staffed. The force is now considering paying a market supplement to make it more attractive to potential candidates, believing that this cost would be offset by the reduction in sickness absence that a fully functioning unit would be able to bring about. We would certainly support attempts by the Service to ensure that sufficient resources are in place to maintain attendance procedures.

73. On the basis of our findings and having considered advice from an expert in this field, we have concluded that each type of provision has advantages and disadvantages and that the choice of which to adopt should be determined by the needs of the organisation.

74. We are not convinced that a national occupational health approach would benefit the Service at this stage. The views of those we spoke with on this subject were also mixed. Some believed that further research, particularly in terms of access to selected medical practitioners, was required. Most felt that what they had in place was efficient and effective in terms of providing access to health care and helping to reduce sickness absence.

75.   We do, however, believe that consideration should be given to the idea of sharing services between other bodies locally, and to the potential efficiency savings to be gained through income-generation and/or cost-sharing as a result. One force was in the initial stages of exploring the benefit of external partners "buying in" to its internal occupational health unit. And, another has entered into an agreement with a local authority to share occupational health premises, and was actively considering what resources could be shared.

Knowledge transfer

76.   Sharing, and where necessary adapting, good practice is widely recognised as a good way to ensure that an organisation develops policies, procedures and practices in line with those of others that are performing well or excellently in a particular area.

77.   There is a significant amount of information, good practice and learning throughout the Service in Scotland that could be shared. That said, some police bodies have used good practice from both public and private sectors to develop their health, safety and welfare strategies and policies. This has enabled the Service to develop procedures based on policies proven to achieve results. These include the HSE's stress management standards, many of the Advisory, Conciliation and Arbitration Service (ACAS) guidelines, and the use of consultation to inform policies relating to the Disability Discrimination Act.

78.   Other relevant topics of current interest and activity across the Service that could benefit from information-sharing and discussion include:
   •   health awareness initiatives;
   •   managing unsatisfactory attendance;
   •   ill health retirement process;
   •   the redeployment of police officers;
   •   rehabilitative duties;
   •   development of appropriate training guides for line managers;
   •   sharing of occupational health services;
   •   national reporting requirements and standards;
   •   best use of internal/external occupational health provision; and
   •   sick pay provision.

79.   Opportunities to drive continuous improvement in the areas outlined above across the Service were not being identified or pursued. At this time the Service is not demonstrating best value in its approach to working collectively to improve attendance management. During our inspection fieldwork, force experts repeatedly asked us about new developments in other forces. We were also told that an element of competition in this area had developed between forces which has inhibited inter-force communication.

80.   While ACPOS Personal and Training business area considers national matters at a strategic level, better sharing of knowledge, experience and good practice at a practitioner level could create efficiency savings, reduce corporate liability and support continuous improvement.

   Recommendation 5: That in order to achieve best value, practitioners engage at a national level to develop and share good practice.

ANNEX A

Suggested areas of good practice

Creating a positive working environment

81. The Service has recognised the crucial role that managers play in creating positive working environments, and consequently some training/support has been directed at creating positive environments around attendance. Forces were at various stages in achieving this, with some taking a more proactive role than others. Strathclyde has developed "Harmony in the Workplace" training, while the SPSA runs induction training for all new police staff (but not seconded police officer) managers.

82. The following factors are considered to be influential in creating positive workplaces:
    - The greater the extent to which individuals identify with the goals of the organisation, the greater their motivation to be regular in attendance.
    - The more that people find their jobs meaningful, the greater their motivation is to regularly attend.
    - The more people like working for the organisation, the higher their motivation to attend regularly.
    - Recognition of good staff attendance helps improve attendance.
    - Staff will have a lower absence ratio if they feel free to discuss their on-the-job problems with their immediate supervisor.
    - Staff with a low absence ratio feel confident with supportive relationships in their workplace.
    - Low absence ratio employees are found to be more satisfied with their opportunity for promotion[19].

83. Some of the points listed above have been the focus of activity for managers in Lancashire Constabulary for the last few years, where the main drive has been to support individuals back to work and into the same role they were initially employed to carry out. The head of human resources there acknowledged that the change to a culture of 'management support rather than disbelief' had not been without its difficulties. Training, support and leadership combined with consistent and fair approaches to all staff have had a significant positive impact on not only attendance but also staff motivation.

Recognition and reward

84. Our literature review found recognition to be an effective management tool for encouraging good attendance. More controversial is the use of reward. Some in the private sector believe that rewarding staff brings benefits to their organisation whilst others, predominately in public sector organisations, are against such practices.

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19   *Introduction to Attendance Management*, Benefits Interface Incorporation (2008). http://www.benefits.org/interface/cost/absent.htm

85.   Most Scottish forces have considered the option of introducing schemes for recognising good attendance and are at various stages of implementing these. In Fife, the practice of the Deputy Chief Constable sending a letter to relevant individuals is thought to be well regarded by staff. Some divisions in Lothian and Borders send letters of recognition to members of staff, but this is not common practice throughout the force.

86.   Central Scotland has gone further than other forces, by rewarding continuous attendance with additional annual leave days that can be accrued over a five-year period. Following a recent review and consultation exercise they are, however, in the process of revoking this policy. One of the reasons for this decision is their concern that the approach is obscuring underlying problems and thus undermining their duty of care to staff.

87.   In our opinion, a comprehensive management approach that recognises good attendance levels is the most sustainable in the long term.

Management accountability

88.   Line-managers throughout the Service are responsible for managing the attendance of their staff. This is in line with good practice across the UK business sector. Most attendance management procedures that we examined set out what was expected of these staff, their responsibilities and what they were accountable for. During the inspection we found that line-managers were more confident in their role when support from human resources staff was readily available. Fortunately, most organisations within the Service have human resources advisors in place to support first-line managers.

89.   It is also important that managers understand how far their responsibility extends, and when to involve others. Our focus groups suggested that this group of staff generally had a good grasp of their duties and, through working with policy managers, were becoming more experienced in their roles. That said, in all forces we found evidence of managers not always following procedure or fully carrying out these duties.

90.   People skills are fundamental to good line-management generally, and to managing attendance specifically, and as such they should form a significant element of manager training. Staff in our focus groups saw this as being one of the most challenging aspects of dealing with individuals and teams.

91.   Indeed, training and support were seen as two key requirements for line-managers, particularly in terms of building the confidence to apply policy consistently and appropriately. Nevertheless, the extent to which this was provided varied across the Service: at one end of the spectrum, training and support was available to line-managers as needed; at the other, its provision was sporadic and insufficient. Some line-managers had never received formal training.

92.   In our opinion, the ability of supervisors to manage attendance should be acknowledged in their personal development reviews. Furthermore, such assessments should recognise qualitative aspects of performance and not just focus on absence statistics. Tayside has introduced managing attendance as an objective in its personal development records for chief inspectors and above, with a view to extending it to other management levels.

Measuring and monitoring absence

93. Effective measuring and monitoring is a fundamental element of any successful attendance management regime. It also conveys to staff the importance that senior managers attach to attendance. Evidence suggests that the public sector does not see absence monitoring as important as those in the private sector do[20]. Nevertheless, each organisation across the police service in Scotland has systems in place to measure absence, and many now have access to up-to-the-minute data through computerised systems.

94. The Scottish Policing Performance Framework (SPPF) is designed to measure and report nationally on policing activity, through a series of performance indicators. Two of its indicators deal with sickness absence. All forces indicated that they measured internal absence rates in accordance with the Framework. Some forces also identify disability-related absence in individuals' routine sickness absence records. This is in line with Police Negotiating Board (PNB) guidance (circular 05/1) and is widely recognised as good practice. Maternity/pregnancy related sickness absence can also be recorded in this way.

95. While some level of staff absence is both expected and acceptable, there comes a point at which concerns should be raised. In order to clarify the stages at which attendance reviews should take place, polices and procedures in the Service refer to certain 'trigger points' (for example Bradford Index score)[21]. There are no authoritative guidelines on which points to use, and perhaps for this reason they vary across forces. Guidance does suggest, however, that trigger points be used with discretion, and that an individual's personal circumstances should be taken into account when making the decision to proceed. Here too, the ability of managers to deal with these situations will depend on their experience, confidence and previous training. The feedback from our focus groups confirmed that managers were much more effective once they had dealt with various situations or discussed good practice with other managers. All agreed too, that support from human resources and other departments was critical to their success, particularly in more difficult cases.

96. The use of trigger points, when used with discretion and taking individual circumstances into account, is recognised as being beneficial in identifying what management action is required. Nevertheless their use in terms of imposing sanctions, for example when assessing the suitability of candidates for promotion, temporary promotions or development courses, is where the potential for unlawful discrimination occurs. Some forces using Bradford scores in this way had related polices that had not been equality impact assessed, thereby increasing the risk of discrimination. Thus, while we support the use of trigger points for identifying the potential need for an attendance review, we suggest that related policies also be equality impact assessed to ensure that no unlawful discrimination occurs.

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20 *Absence management – the cost of sickness absence (13/03/2009),*
   http://www.changeboard.com/resources/article/1600/absence-management--the-cost-of-sickness-absence/
21 http://en.wikipedia.org/wiki/Bradford_Factor

Policy implementation

97. Attendance management policies have not always been implemented effectively in the Service, something that the forces and the SPSA acknowledged. At the time of our inspection, some forces were planning to re-launch their original policies whilst others were considering how best to manage the implementation of new ones. Tayside and Strathclyde were intending to adopt a similar approach, using the intranet, bespoke training and manager guides. Our findings suggest that trained managers and readily available guidance are two requirements for implementation to be successful.

98. During 2008/09, Strathclyde singled out staff attendance as one of its priority areas for improvement. Its importance was articulated throughout the force through clear leadership from the Chief Constable and force executive. A short-term Corporate Attendance Management Team (CAMT) was set up to help implement the force's new positive attendance management standard operating procedure. The same team was responsible for providing training and awareness sessions to both first- and second-line managers. To maintain the necessary vested interest and support from senior management that is also key to success, attendance management should have a regular place on key meeting agenda throughout organisations. In most of Strathclyde's management meetings we found this to be the case. The result of all this intensive activity has been a reduction in absence, which will hopefully be apparent when more recent absence figures become available, for all staff across the force.

Return to work interviews

99. Return to work interviews (RTWIs) are universally recognised as one of the most powerful tools for managing absence. The following is a range of topics that they are expected to cover:

- welcoming the individual back to work;
- ensuring that the individual is fully fit to return to work;
- establishing the reason for the absence and confirming the length of absence;
- identifying and resolving any problem (work-related or otherwise) that may be causing or contributing to the absence;
- discussing or identifying any adjustments to the workplace/hours/duties that may reduce/eliminate absences; and
- agreeing priorities for the post-absence period and up-dating the employee on what has occurred during his or her absence.

100. All force and SPSA attendance management policies stipulate that return to work interviews be carried out by first-line managers. They are to be completed on every occasion that a person returns to work, the amount of time taken to be commensurate with the type of absence and the individual's responses during interview. It is recognised that the effectiveness of the interviews very much depends on the competency of the manager carrying out the interview. It was also clear that not all managers carried out return to work interviews or completed the relevant forms on time, with most forces resorting to internal audits carried out by their human resources staff to enforce compliance.

101. Unless managers are prepared to devote appropriate time and effort to this part of the management process, it will be difficult to create the culture needed to sustain declining absence rates. We believe that forces must invest in training new and existing managers in the skills needed to carry out RTWIs, so that they are can address attendance problems competently and confidently from both a procedural and an inter-personal perspective.

Long-term absence

102. Long-term sickness absence in organisations is considered a major problem because of the devastating effects it has on both the well-being of the individuals concerned and business performance[22]. The management of long-term absence must be focused on the return of the individual to the workplace. The benefits of working in partnership with individuals and their representatives to find solutions can be:

   - the retention of valued staff;
   - safe and healthy workplaces;
   - better workplace relations; and
   - improved business performance.

103. The Service has robust measures in place to deal with long-term absence, which include individual case meetings attended by human resources, managers, occupational health and a relevant staff association representative. We recognise that helping an individual to return to work can be beneficial to both the person and the organisation.

104. Early contact with the member of staff, by both line-managers and occupational health, is considered to be one of the most effective ways of ascertaining the full effect of an illness and beginning to plan what support will be needed. The time at which contact should take place was specified in the policies of each organisation, with different timings for contact by occupational health. Tayside, Central Scotland and the SPSA all use a first day triage occupational health service for any absences due to stress or musculoskeletal conditions, which works well for their respective organisations.

Private medical treatment

105. The uptake of private medical care differs throughout the Service. Some forces have made use of it for several years, with others only considering it more recently. Dumfries and Galloway, Fife, Central Scotland, Lothian and Borders and Tayside all currently use private treatment, which has been shown to have had individual, organisational and financial benefits. Forces have gained in experience over this time and are circumspect in ensuring value for money. Central Scotland, for example, implemented a series of robust control measures in order to assess the organisational benefits of this spend to save option. The evidence they gathered showed that the cost of the private treatment, which led to individuals returning more quickly to work, was less than the expense incurred through the time taken up by care and rehabilitation via normal routes. Spend to save plans, if managed correctly can reduce both the time lost to, and cost of, absence.

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22 *Managing sickness absence and return to work,* HSE, http://www.hse.gov.uk/sicknessabsence/

106. Among the organisations with access to private medical care, two options were used: one was care provided through an external private enterprise; the other, was for care to be managed in-house by the force medical advisor. Initial enquiries made by one force suggest that access to care through an external provider on a national scale could provide cost efficiency savings. We are aware that forces appeared interested in this approach in principle, and would urge that further research be carried out to ascertain what the impact would be for each organisation and what efficiencies might be gained from a collaborative national approach.

Officer redeployment

107. The Disability Discrimination Act 1995 (as amended) (DDA) makes it unlawful to discriminate against people in respect of their disability in terms of employment, the provision of goods and services, education and access to premises and transport. The core concept of the legislation is that employers must make 'reasonable adjustments' where working arrangements or physical features place a disabled employee or job applicant at a substantial disadvantage to persons who are not disabled. A disabled person is defined as someone with a physical or mental impairment which has a substantial, long term, adverse impact on that person's ability to carry out normal day to day activities.

108. 'Reasonable adjustments' requires that employers actively take steps to remove barriers to disabled people's participation in the workplace, such as:

- providing accessible IT programmes for dyslexic workers;
- providing a special chair for someone with a back condition; and
- providing insulin storage facilities for someone with diabetes.

109. A reasonable adjustment may also involve redeploying an individual to a different post.

110. Police officers and police staff are subject to the requirements of the DDA. This has raised challenges for forces due to variations in the employment status of police officers and police staff. Particular attention has focused on the circumstance of redeploying an officer to a police staff post, because of the possible financial and resource implications:

- a police staff post lost;
- the post filled at a higher cost;
- an operational post lost but actual establishment remains the same; and
- limiting the chance of progression for police staff.

111. Forces in Scotland should continue to share information on this rapidly evolving area, and be aware of what is happening across the UK. In a recent employment tribunal in England - the case of James v the Chief Constable of Norfolk - a police inspector with deteriorating eyesight was awarded over £280,000 for disability discrimination when he was retired on the grounds of ill health after 28 years service rather than being redeployed to a police officer or police staff post as a reasonable adjustment.

112. Whilst at the opposite end of the spectrum to the James case is the case of Hart v Derbyshire. Ms Hart was a probationer who could not successfully complete her probationary period because a back injury prevented her from carrying out duties in a confrontational setting. It was deemed not to be a reasonable adjustment to expect the Chief Constable to confirm her appointment and provide her with a police staff post on police officer pay for the whole of her career. Forces are considered as one employer and need to consider whether redeployment is a reasonable adjustment across their whole workforce. This was also a feature of the case of Archibald v Fife Council considered by the UK House of Lords in 2004.

113. When determining what is "reasonable" Employment Tribunals consider:

   • the effectiveness of the adjustment in preventing the disadvantage;

   • the practicality of the adjustment and the extent of any potential disruption caused; and

   • the financial and other costs of the adjustment and the extent of the employer's financial and other resources.

114. We found some confusion amongst HR specialists on matters concerning potential equal pay claims. Specifically, they queried the legitimacy of redeploying a police officer into a police staff post. The key consideration is whether it is 'reasonable' as outlined above. Any subsequent equal pay claim would be unfounded, as under the DDA a disabled person can be treated more favourably by virtue of a reasonable adjustment.

115. We urge forces to consider how awareness of disability case law can be promulgated.

ANNEX B

Methodology and Acknowledgements

In this thematic inspection we focused on the management of attendance in the Service, paying particular attention to policies and procedures, performance and the strategic approach to managing attendance during and following long-term absence. The inspection also took account of related elements of ACPOS' *Fit for Duty Strategy for a Healthy Police Service 2003-2013.*

The inspection was informed by a desktop review and information provided by all eight forces and the SPSA covering:

- existing policy and procedural documents relating to managing attendance;
- relevant recent reviews (including Best Value reviews);
- the presence of health and well-being strategies;
- the management of stress;
- occupational health provision;
- in-house training;
- performance management;
- guidance relating to readjustments and redeployment under the DDA; and
- the ill-health retirement process.

The fieldwork was conducted in August 2009, and consisted of a visit to each force and the SPSA where personal interviews with human resource directors were conducted. In four of the organisations we also interviewed occupational health providers (two internal and two external) and carried out focus groups with first-line managers. We are grateful to the officers and staff who attended the focus groups for their openness and honesty in recounting their experiences, and during personal interviews many aspects of good practice were identified.

We also consulted the following internal stakeholders:

- the ACPOS Personnel and Training business area;
- the Association of Scottish Police Superintendents;
- the Scottish Police Federation;
- PABS legislative technical working group; and
- Occupational Health Nurse Advisors to the Police Service (OHNAPS).

The lead inspection manager was Superintendent Liz McAinsh, Inspection Manager HMICS, assisted by Group Manager Dean Mack on secondment from Lothian and Borders Fire and Rescue Service. Oversight was provided by Mrs Susan Mitchell, Principal Inspection Manager with HMICS.