

## Attendance Management Performance Improvements and Trends 2013/2014

### 1. Overview

Improving attendance by reducing sickness absence levels is a priority corporate objective. There has been a significant management focus on improving attendance since 2012. As previously reported (Fire Authority meeting item 10 - 18 December 2013 [http://www.bucksfire.gov.uk/NR/rdonlyres/9C5494D2-846E-4CF3-B709-B6C055F0D449/0/ITEM10\\_AttendanceManagementPerformanceImprovementsandTrends.pdf](http://www.bucksfire.gov.uk/NR/rdonlyres/9C5494D2-846E-4CF3-B709-B6C055F0D449/0/ITEM10_AttendanceManagementPerformanceImprovementsandTrends.pdf) ), the introduction of the new Attendance Management Policy and Procedure set out clear standards and guidance for managers and employees, supported by occupational health interventions and improved management information.

This report focuses on the period year-ending 31 March 2014.

As a summary, there has been a continued and marked improvement in attendance, building on the latter stages of 2012/2013.

Overall the continued improvement in reporting and monitoring of sickness absence levels has led to a reduction in employee absence during the past year. The improvements in attendance levels demonstrate the power of robust and sustained managerial interventions.

It is particularly pleasing to note that when comparing our absence levels with the majority of fire and rescue services that participate in the benchmarking, in respect of days' lost, in all staff groups, the Authority has shown the highest percentage improvement out of all the FRS for both Service Support Staff and Control staff and third most improved for wholetime staff.

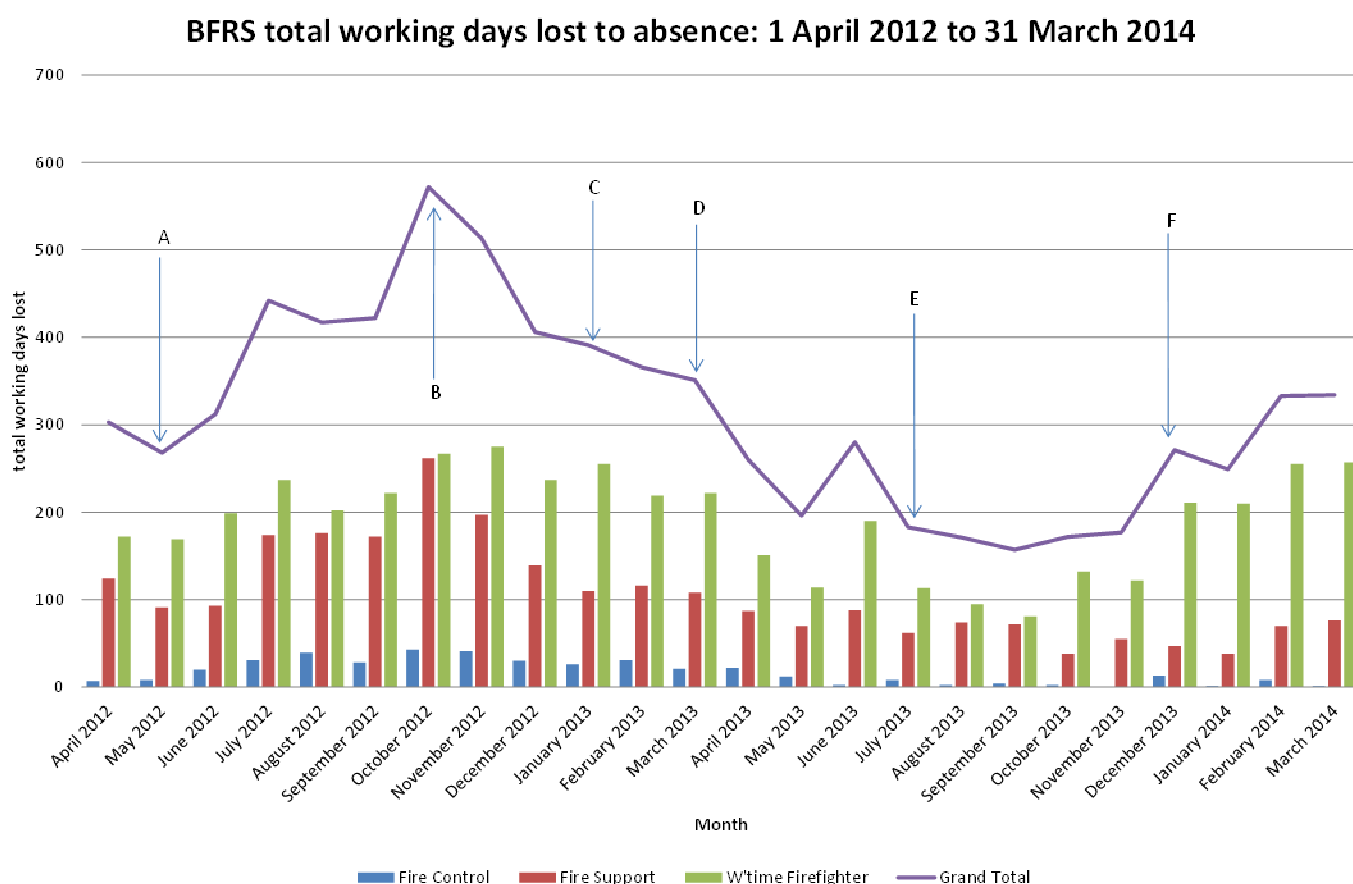
**Table 1.**  
**Headline BMKFA Attendance Management Statistics and Trends for the 24 month period from April 2012 to March 2014 across a range of measures:**

Attendance Management statistics		Comments
<b>Total days lost 2013/2014 per person</b>	6.4 days working per person	Compares to 8.7 days per person across all public services and 8.8 days per person for local government, both increased from the 2012 values (CIPD 2013).  A significant improvement on 2012/13 BMKFA = 10.5 days per person  Out of an end-year headcount of 613 employees, 269 have had reported absence. Consequently approximately 350 have had no sickness absence in the year.
<b>Absence by days 2013/2014</b>	<ul style="list-style-type: none"> <li>• Total - 3075</li> <li>• Control -83</li> <li>• Service support - 836</li> <li>• Operational - 2156</li> </ul>	Improvement on 2012/13 <ul style="list-style-type: none"> <li>• For Total in 2012/13 we lost 4763 days - there has therefore been a 35 percent improvement</li> </ul>
<b>Top two reasons for current sickness absence</b>	<ol style="list-style-type: none"> <li>1. Musculoskeletal</li> <li>2. Minor illnesses (sickness/gastric)</li> </ol>	Compares with, and in line with, top reasons across other sectors.

### 3. Overall attendance management trends since April 2012

Table 2 below shows BMKFA absence levels by month from April 2012 to March 2014 and highlights the time points of HR/line management interventions which have been implemented. The planned and dynamic interventions have progress absence reduction at pace.

**TABLE 2.**  
**Total working days lost to absence. (The lettered arrows highlight the points at which key Human Resources/Line Management interventions took place.)**



- A.** Introduction of consistent reasons for absence and single corporate self-certification procedures and associated documentation
- B.** New attendance management policy and procedure implemented
- C.** First report of **accurate** statistics produced
- D.** Start of management actions for exceptional cases
- E.** Eight of ten exceptional cases fully resolved
- F.** Increase in Long Term Sickness absence – all cases actively managed by line managers and Human Resources and the majority resolved.

#### 4. Trend analysis for April 2013 to March 2014

Short-term absence levels have decreased significantly since March 2013, and have remained relatively stable aside from a spike in December 2013. A further analysis of short-term absence by location does not indicate any significant trend. There is no apparent trend on absence linked with industrial action.

Whilst Table 2 (above) demonstrates significant improvement from a below standard starting point through to October 2013, it can be seen from the graph that the number of absence days has been increasing since November 2013 – this is particularly for long-term absence.

Long-term sickness absence has seen a month-on-month increase through quarter's three and four (Appendix 1 Table 5).

This increase is primarily found with wholetime operational employees with musculoskeletal injuries making up the majority of these absences (Appendix 1, Table 4).

In the period April 2013 to March 2014 there were 47 long-term sick cases. Of these 33 have returned to work and six remained on sick leave at the year end; one employee retired, two left under ill-health retirement and five resigned.

The number of alternate duties cases fell markedly from June 2013 upon introduction of the requirement for the authorisation and approval of alternate duties cases through a business case.

ALTERNATE DUTIES	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of Cases	11	10	3	2	0	1	1	0	0	0	0	0

The statement made in the December 2013 report is worthy of repeat and further analysis in respect of November 2013 onwards; *'it is early days and there is no room for complacency. Managers are now taking more responsibility for managing attendance.'* Evidence from the case management analysis implies that managers are still taking responsibility and there is no evidence of complacency on their part. In addition, employees are also showing an improved commitment to better attendance. Management action for long-term sick cases remains a priority and there was an increase in managerial interventions in Quarter four in line with the increase in absence.

#### 5. BMKFA Reasons for sickness absence and comparisons

The top three reasons for sickness absence within BMKFA over the last 12 months are: musculoskeletal, stress (including anxiety and depression) and minor illnesses (specifically sickness/gastric illness). Appendix 1 – 'BMKFA Trend Analysis Table 4 show details.

Our reasons for absence are in line with national trends across all sectors which have seen absence increase through musculoskeletal reasons.

The 2013 CIPD Absence Survey reports that two-fifths of organisations report an increase in stress related absence over the past year. The Employee Welfare Survey in 2012 highlighted a small number of areas for further investigation in relation to workload and management style.

These were investigated and actions taken included improved appraisal process management and improved employee communications. This has proved helpful in managing cases and led to clear and decisive management actions. It is proposed to repeat elements of the survey in autumn 2014 and the Director of People and Organisational Development is currently progressing arrangements with Middlesex University.

As trend data builds relating to reasons for absence, BMKFA will continue to identify appropriate priority interventions to both prevent and further reduce absence levels, working in conjunction with the Occupational Health Service.

## 6. Comparison with other Fire and Rescue Services

Not all fire and rescue services as yet provide sector benchmarking data. However, Tables 6 to 8 compare BMKFA's absence figures, with that of 29 of our 45 counterpart fire and rescue services for 2013/14.

The tables are split to show the comparison figures for:

- Wholetime fire fighters (Table 6)
- Support staff (Table 7)
- Control staff (Table 8)

In respect of days' lost, in all staff groups, BMKFA's improvement is significant and the Authority has shown the highest percentage improvement out of all the FRSs providing benchmarking data, for both Service Support staff and Control staff, and third most improved for wholetime staff. Improvement for Control against comparators' services has been most significant with a 62 percent improvement in attendance dropping by 8 days per person to 4.88 days.

**Table 3**

	Days lost due to sickness per person			
	BMKFA	Other FRS Range/Average	BMKFA	Other FRS Range/Average
	2012/2013	2012/2013	2013/2014	2013/2014
Wholetime Firefighters	8.01	(2.57 – 10.47) 6.18	6.98	(3.99 – 15.10) 7.32
Service Support staff	14.1	(3.41 – 16.00) 9.14	7.22	(3.24 – 22.98) 9.00
Control	12.96	(3.15 – 18.62) 9.67	4.88	(2.86 – 34.75) 9.20

Headline Attendance Management improvement trends are:

### Wholetime firefighters

The figures for 2013/14 has seen the service improve from third worst performing, and we are now positioned in sixteenth, with an average of 6.98 days lost per wholetime post, below the average of 7.32 (Table 6).

Note: For comparison purposes, based on the way the figures are presented; the higher the position number, the better performance for example, twenty-third is better than third.

### Service support staff

For the year 2013/0214, the service improved from third worst, to be positioned in twenty second place, with an average of 7.22 days, again below the average of 9.00 (Table 7). This was a 48 percent improvement on days lost in the previous year.

### Control staff

Control staff figures have shown the best improvement. Data for the year 2012/2013 saw the service as fourth worst performing service of those providing figures. For 2013/2014, BMKFA improved to twenty-fifth position with an average of 4.88, well below the average of 9.20 (Table 8).

## **7. Comparison with other sectors**

Our overall attendance is improving, and in many cases, better than average when compared to other sectors. The 2013 Chartered Institute of Personnel & Development (CIPD) benchmarking data shows that BMKFA sickness absence is now 2.5 days per person less than the average annual public sector absence.

The average number of days lost per employee per year in Public Services increased from 7.9 to 9.1 for 2013. Local Government also increased from 8.0 to 9.0 days per person. By comparison the average private sector absence is slightly lower at 8.8 days, but this is a significant increase from 6.6 days in 2012. This increase in absence levels is seen throughout the 2013 CIPD report, following three years of absence reduction trends across all sectors.

The ratio of BMKFA's long-term to short-term sickness absence has moved to 57 percent: 43 percent for 2013/2014 (it was 61 percent: 39 percent). Although reduced from last year, long term absence does however still remain at odds with all sectors; the average long-term sickness in the public sector is 33 percent and 12 percent in the private sector based on 2013 CIPD benchmarking. Further work on this is being undertaken to establish any underlying causes and design interventions.

## **8. BMKFA Employee Diversity - Impacts on Attendance Management**

An initial analysis of employee protected characteristics of those absent compared to the full employee characteristics has highlighted that for the majority of protected characteristics there is alignment.

In summary, the initial analysis highlighted that although females account for 15 percent of the workforce they account for 26 percent of the absence. Following more

in-depth analysis there does not appear to be any underlying reasons for this, and if one significant period of absence is removed from the data, the comparison is at an acceptable ratio.

The new Fitness Testing Procedure, which is at final stages of consultation, will enable analysis on any diversity trends. Outcomes will be reported in the next annual report.

## **9. Cost of Absence**

Based on the occupational sick pay figures, provided by Payroll, the cost of absence for the year 2013/2014 equates to £410,000 equivalent to 1.94 percent of the total pay bill. These figures do not include the indirect costs of absence (for example, cover moves for operational staff and overtime payments to cover shortfalls).

The total cost of sickness payments for 2012/2013 was £574,000, demonstrating a reduction in sickness payments in 2013/2014 of £164,000. (29 percent).

Other costs which contribute to absence management include the direct costs of interventions, Welfare Officer, Occupational Health, Employee Assistance Programme. are approximately £100,000.

However, this is not all attributable to absence management. Since moving to the new Occupational Health provider (September 2013), People Asset Management (PAM), are able to provide more detailed reports for us. This contract will be closely monitored to ensure value for money, and analysis on detailed spend will be possible.

## **10. Next Steps**

It will be critical to maintain the improvement in attendance and seek opportunities to improve further.

The following areas will be explored over the next few months:

- Review BMKFA's position on fitness including standards and revise policy and procedures. This is at final consultation stage.
- Management training on the new on line Occupational Health attendance management processes. This will enable speedier reporting and lay foundations for further value for money reviews.
- Implement electronic case management arrangements using existing "service desk" software.
- Analyse top five causes of absence (from two years of accurate data available from May 2014) and adapt occupational health support required, increasing value for money through more targeted interventions.
- Follow up the 2012 Employee Welfare Survey, autumn 2014, as referred to in Section 5 of this report.
- Analyse the ratios of long to short term sickness in order to identify underlying causes and design interventions.
- Review occupational health, health and welfare support investment and consider different ways of utilising the investment, for example, combining employee assistance packages with "mini-medical insurance packages".
- Considering a "recognition menu" and peer involvement approach to attendance management; where exemplary attendance is recognised and peer group have appropriate levels of control of work arrangements to ensure resilience and minimise absence.

- Explore transferring administration and initial data capture to Occupational Health services to provide immediate recording and triage system relating to reasons. This would radically improve Retained Duty/On Call System data capture.
- Reviewing sick pay principles to ensure they are fit for purpose.

Progress against the above will be covered in a future Attendance Management report to members. The strategic considerations will form part of a revised Workforce Strategy later in 2014, which will align with the Public Safety Plan 2015 to 2020.