

Attendance Management Performance Improvement and Trends

1. Overview

Improving attendance through reducing sickness absence levels is an on-going priority corporate objective, with a significant increase in management focus from early 2012. Historically managing attendance relied heavily on manual systems, somewhat ambiguous procedures and inconsistent management actions with ad hoc human resources (HR) advice and occupational health management.

Between 2010 and early 2012, the laying of sound foundations for sustainable improvement became the primary focus, with the main examples being:

- Implementation of integrated HR and payroll systems to improve data capture, accuracy and speed
- Development of managers to provide them with the necessary tools to manage performance, organisational change and staff attendance in a consistent and timely manner
- Introduction of standard definitions for reasons for absence and recording mechanisms, to establish accurate absence data which could be easily compared across fire and other sectors
- Introduction of a fit for purpose policy and procedure relating to attendance management
- Review of the Authority's occupational health arrangements to improve effectiveness and value for money

The foundations listed above were delivered, although the introduction of the new attendance management related policy and procedure was delayed until October 2012. The procedure set out clear guidance for managers and employees and now one year on from introduction; there is a significant reduction in sickness absence levels. Table 1 on page three of this document demonstrates that this positive change in the trend can be clearly linked in part to the publication of these documents.

It should be noted that the policy aims to provide support and clear guidance in relation to employee health and welfare. Through the implementation of robust procedures, clear guidelines and appropriate management of employees, the authority is now well placed to provide reports and undertake monitoring and effective management of sickness absence.

Table 1 (please see page 3) shows our absence levels by month from April 2012 to September 2013 and highlights the time points of the main HR/line management interventions. These planned interventions laid the foundations described earlier to progress absence reduction at pace.

There were a number of challenges raised following the introduction of the new procedures.

Following a series of briefings plus employee correspondence and actual reporting evidence, employees are beginning to appreciate the aims of the procedures are to:

- Help staff return to work as soon as possible
- Provide appropriate welfare and occupational health support
- Help to prevent absence

Attendance management is also part of a wider national agenda. For example improving workplace health and wellbeing is a key concern for both Government and employers alike. Responding to Dame Carol Black and David Frost's 2011 report "*Health at work – an independent review of sickness absence in Great Britain*"; the Government has committed to delivering a health and work assessment and advisory service by the end of 2014 as well as publishing revised fit note guidance and possibly consult on tax exemptions for health-related interventions.

Also absence/sickness management has been given increased priority within the Fire and Rescue Sector after the Fire Minister identified a number of areas in which he believes further savings can be found; one of which included improved sickness management.

Table 1 Headline BMKFA attendance management statistics and trends for the 18 month period from April 2012 to September 2013 across a range of measures:

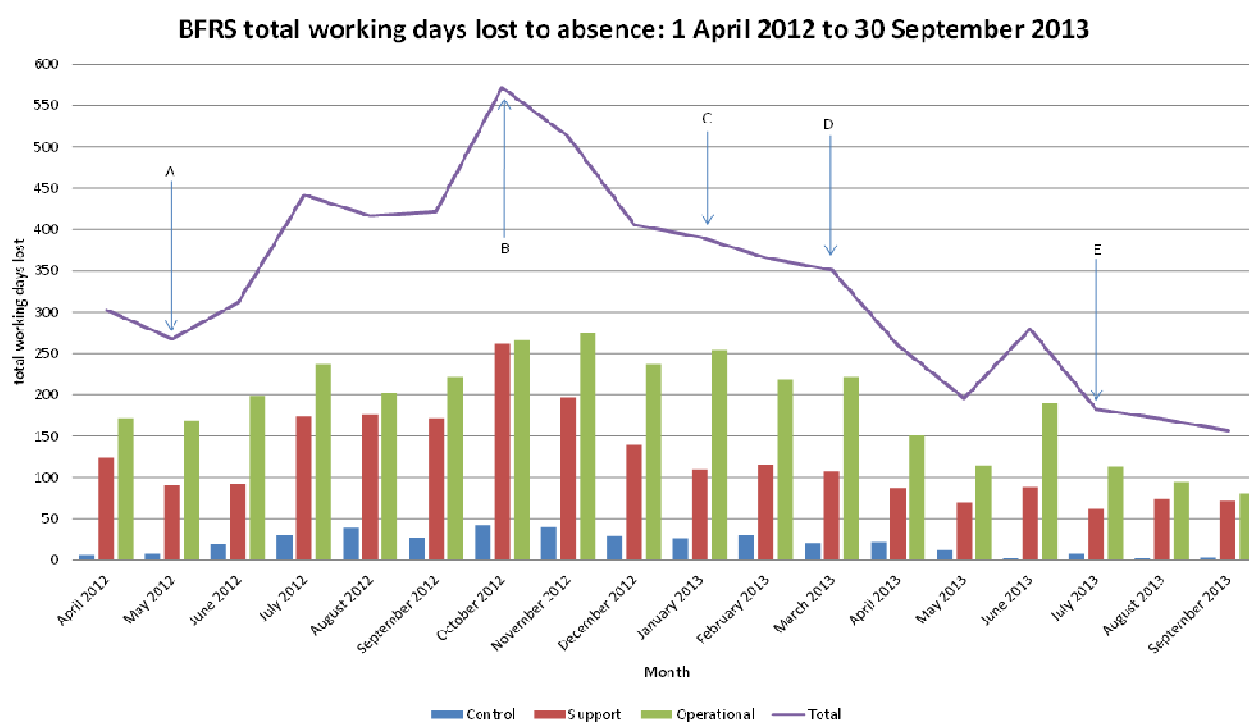
| Attendance Management Statistics | | Comments |
|---|---------------------------------------|--|
| Total days Lost 2012/13 per person | 10.5 days per person | Compares to 7.3 days per person for 2012 across the public sector and 8.0 days for Local Government |
| Total days Lost 2013/14, quarter 1 and 2, one half year | 2.7 days per person | The 2013 benchmarking exercise suggests that all sectors are reporting increased absence levels for 2013 to date. For example Local Government is predicting an increase from 8.0 to 9.0 days per person The absence rate for BMKFA is reducing (Q1 being 1.4 days and Q2 being 1.3) BMKFA is therefore predicting a reduction in comparison to last year |
| Percentage short term sickness absence 2012/13 | 39% | Short term = any absence shorter than 4 weeks |
| Percentage Long term sickness 2012/13 | 61% | Long term = any absence of 4 weeks or longer |
| Percentage short term sickness 2013/14(first half year) | 44% | Although improving the ratios remain at odds with all other sectors, except the Fire & Rescue Service where ratios are similar to BMKFA .Short term sickness ranges from 67% in the public sector and 88% in the private sector. |
| Percentage Long term sickness 2013/14 (first half year) | 56% | The average long term sickness percentage is 33% across the public sector and 12 % in the private sector, based on CIPD 2013 benchmarking data |
| Top 2 reasons for current sickness absence | Mental Health/Stress, Musculoskeletal | Compares and in line with top two reasons across other sectors, including the Fire & Rescue Service |

The continued improvement in reporting and monitoring of sickness absence levels has led to significant reduction in employee absence during the past 12 months. The improvements shown since March 2013 show the power of robust and sustained managerial interventions and the challenge now is to make the new, lower figures the norm. Section 4 of this report shows a more detailed comparison of BFMKA absence compared to other organisations.

2. Overall attendance management trends since April 2012

Table 2, below, shows BMKFA absence levels by month from April 2012 to September 2013 and highlights the time points of HR/ Line management interventions which laid the foundations to tackle absence reduction at pace.

TABLE 2 Displays total working days lost to absence with lettered arrows highlighting the points at which key HR/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

Prior to April 2012 procedures were in place for monitoring absence, although SMB had significant concerns relating to the consistency and accuracy of the data. It was also a key fact that a small number of cases had not been actively managed over a number of years; the latter giving rise to exceptional cases.

Between April 2012 and October 2012 the Human Resources Department ensured that a more robust recording mechanism was in place, linked to an improved HR recording database. In addition it was identified that the policy and accompanying procedure for managing attendance were no longer fit for purpose. These were updated as a matter of urgency and following consultation the new versions published for staff to comply with, leading to more accurate reporting achieved from March 2013 which subsequently enabled managers to commence actions to deal with exceptional cases.

3. Key achievements and improvements

Whilst Table 2 (page 3) demonstrates significant improvement from a below standard starting point, it is early days and there is no room for complacency. Managers are now taking more responsibility for managing attendance. This is helping to both consolidate the position and deliver further on going improvements in attendance rates.

The improvements shown since March 2013 show the power of robust and sustained managerial intervention and the challenge now is to make continually improving attendance management performance the norm. The Authority already provides excellent support in terms of occupational health, welfare and managerial intervention; however, despite this we have had to make these changes to improve the position on attendance.

Since 31 March 2013, focused attendance management has already achieved the substantial reduction in sickness absence levels as demonstrated in table 2 on page 3 of this document.

The main reasons for the improvements to date are:

- Managers at all levels are taking ownership of attendance management issues; a significant culture shift.
- Earlier intervention made possible by improved data systems and reporting which allows cases and trends to be flagged to managers
- Improved case management procedures and controls
- Integrated HR, occupational health and welfare support to facilitate management ownership of attendance management.

In addition to the main reasons highlighted above, other initiatives brought into place at a similar time which underpin the improvement in attendance rates include:

- Increased training to managers on dealing with attendance management
- Health and welfare interventions e.g stop smoking campaigns
- Increased manual handling instruction
- Occupational health initiatives to reduce short term absences

In addition, to demonstrate our commitment to recognising exemplary performance of our employees, a number of staff who had minimal periods of absence over the past ten years (that being just one period of absence or no absence), were presented with a certificate and letter from the Chief Fire/Chief Executive Officer recognising this achievement and thanking them for their contribution through their positive attendance.

4. Comparison with other Fire and Rescue Services

Tables 4 to 9 in Appendix 1 compare BMKFA's absence figures for the 2012/13 financial year and Quarters 1 and 2 of the 2013/14 financial year, with that of 25 of our 45 counterpart fire and rescue services for 2012/13 and 27 of 45 for 2013/14. Not all fire and rescue services as yet provide sector benchmarking data.

The tables are split to show the comparison figures for:

Wholetime fire fighters (Tables 4 and 5 Appendix 1)

Support staff (Tables 6 and 7 Appendix 1)

Control staff (Tables 8 and 9 Appendix 1)

Table 3

| | Days lost due to Sickness per person | | | | Comments |
|-------------------------|--------------------------------------|-------------------|-----------------|-------------------|---------------------|
| | BMKFA | Other FRS Average | BMKFA | Other FRS Average | |
| | 2012/13 | 2012/13 | Q1 & Q2 2013/14 | Q1 & Q2 2013/14 | |
| Whole time Firefighters | 8.01 | 6.18 | 2.34 | 3.17 | From Tables 4 and 5 |
| Support staff | 14.1 | 9.14 | 3.68 | 4.24 | From Tables 6 and 7 |
| Control | 12.96 | 9.67 | 2.5 | 4.34 | From Tables 8 and 9 |

Headline attendance management improvement trends are:

Wholetime firefighters

The full data for the year 2012/13 (Table 4 Appendix 1) saw the service as the third worst performing service of those providing figures, with an average of 8.01 days lost per whole time post compared to an average of 6.18 (Table 4 Appendix 1).

The figures for the first two quarters of 2013/14 following full management intervention (Table 5 Appendix 1) has seen the service improve and we are now positioned in twenty-first place with an average of 2.34 days lost per whole time post, below the average of 3.17 (Table 5 Appendix 1). Please note for comparison purposes based on the way the figures are presented; the higher the number, the better BMKFA performance is ie: twenty-first is better than third.

Support staff

Data for the year 2012/13 saw the service again as third worst performing service of those providing figures, with an average of 14.1 days lost per staff member as compared to an average of 9.14 (Table 6 Appendix 1). The first two quarters of 2013/14 following full management intervention (Table 7 Appendix 1) has seen the service improve to be positioned in fifteenth place, with an average of 3.68, again below the average of 4.24 (Table 7 Appendix 1).

Control staff

Control staff figures are also showing similar improvement. Data for the year 2012/13 (Table 8 Appendix 1) saw the service as fourth worst performing service of those providing figures, with an average of 12.96 days lost per staff member as compared to an average of 9.67 (Table 8 Appendix 1). The first two quarters of 2013/14 following full management intervention (Table 9 Appendix 1) has seen BMKFA improve to nineteenth position with an average of 2.5, well below the average of 4.34 (Table 9 Appendix 1).

5 Comparison with other sectors

The 2013 Chartered Institute of Personnel & Development (CIPD) benchmarking data shows that BMKFA sickness absence is now 1.4 days per person greater than the average annual public sector absence, compared to 2.6 days higher from the 2012 CIPD data.

The average number of days lost per employee per year in Public Services has increased from 7.9 to 9.1 for 2013. Local Government has 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 3 years of absence reduction trends across all sectors.

The ratio of BMKFA's long to short term sickness absence has moved to 56%:44% for Quarters 1 & 2 of 2013/14 (it was 61%:39%). It does however remain significantly at odds with all sectors; the average long- term sickness percentage is 33% in the public sector and 12% in the private sector based on 2013 CIPD benchmarking. An analysis of this is being undertaken to establish any underlying causes and design interventions. Within the Fire & Rescue sector long term absence ranges from 55% to 67%, similar to BMKFA.

6. BMKFA Reasons for sickness absence and comparisons

The top two reasons for sickness absence within BMKFA over the last 18 months are musculoskeletal and mental health including stress related absence. This is in line with national trends across all sectors which have seen absence through mental health reasons, including stress related absence increase.

According to the 2013 and 2012 Chartered Institute of Personnel & Development (CIPD) Absence Surveys; minor illness, including flu, stomach upsets, headaches and migraine, is the most common cause of short term absence.

The most common causes of long term absence (four weeks or more) are stress, acute medical conditions (for example stroke, heart attack and cancer), mental health (for example depression and anxiety), musculoskeletal injuries (for example neck strain) and back pain.

The 2013 CIPD Absence Survey reports that two-fifths of organisations report an increase in stress related absence over the past year, rising to more than half of public sector organisations. The top causes of stress within the workplace are reported to be workloads and management style.

During 2012 an Employee Welfare Survey was carried out based on the Health and Safety Executive's (HSE) approach to risk assessment relating to stress. The HSE survey includes workloads and management style. The Employee Welfare Survey responses highlighted a small number of potential 'hotspot' areas for further investigation. 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 within the next 12 months.

In the meantime BMKFA continue to use a range of methods to identify and reduce stress-related sickness absence; the majority of which is not work related.

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.

7. BMKFA Employee Diversity - impacts on attendance management

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

In summary, the initial analysis has highlighted that females account for 20% of the workforce and 33% of the absence. More in depth analysis will commence from December 2013 when more trend data will be available, to determine if there are any underlying reasons for this.

It is also proposed to carry out more general in depth absence analysis, to determine if there are any protected characteristic related trends.

8. Priorities and plans for further improvement

In order to continue to improve BMKFA's attendance management performance and embed the progress to date, action plans are in place for the remainder of the 2013/14 financial year and the medium term. The main elements are as follows:

a) Short term priorities

- Review the Attendance Management policy and procedure after one full year of operation and learns from cases.
- In depth analysis of male/female absence ratios and wider characteristics, for example age as outlined in section 7 of this report.
- 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.
- Review BMKFA's position on fitness including standards and revise policy and procedures.
- Implement interim electronic case management arrangements using existing "service desk" software.

b) Medium term priorities 2014/15

- Sustain the improvements seen over Q1 and Q2 in 2013/14
- Roll out phase 2 of the Occupational Health provision improvement process
- Analyse top 5 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.
- Implement Government reporting/other requirements as per outcomes of the Dame Black report referred to in section 1 of this report.
- Follow up the 2012 employee welfare survey as referred to in section 6 of this report
- Analyse the on-going ratios of long to short term sickness in order to identify underlying causes and design interventions.

c) Current strategic considerations

- Building in factors to limit sickness absence into design of future work patterns as part of the IRMP process.
- Reviewing 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 records are recognised and peer group have appropriate levels of control of work arrangements to ensure resilience and minimise absence.
- 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 System data capture.
- Reviewing sick pay principles to ensure they are fit for purpose.

Progress against the current and medium term priorities will be covered in a future Attendance Management report to members. The strategic considerations will form part of a revised Workforce Strategy during 2014, which will align with the IRMP.

Appendix 1 Comparison of BMKFA with other Fire and Rescue Services

Table 4

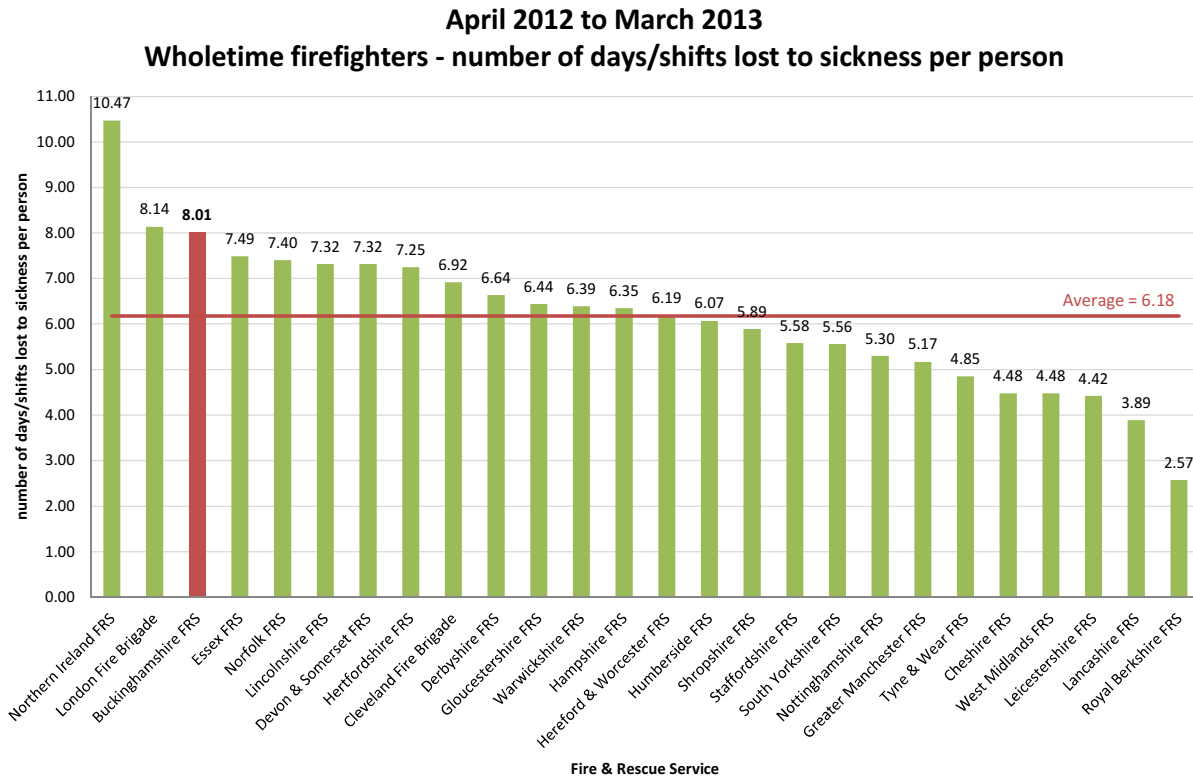


Table 5

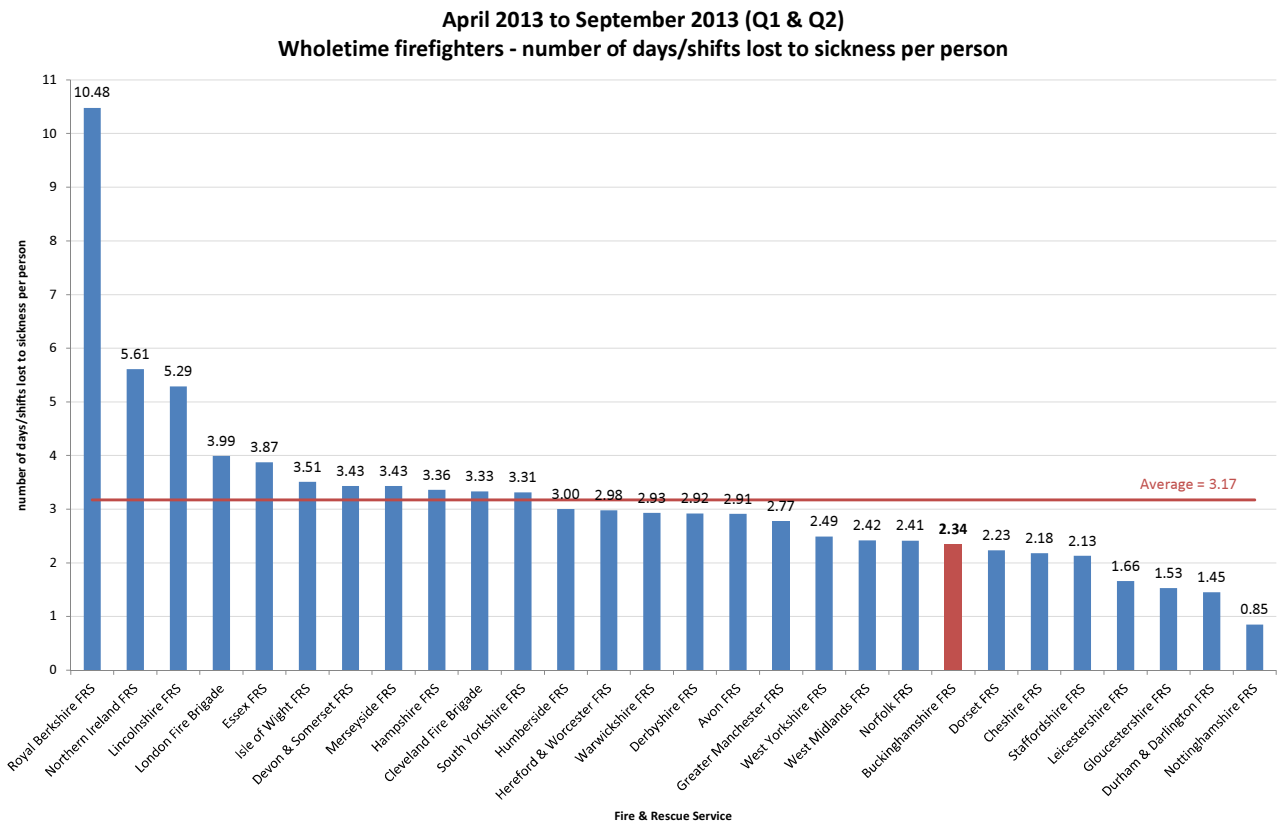


Table 6

**April 2012 to March 2013
Support staff - number of days/shifts lost to sickness per person**

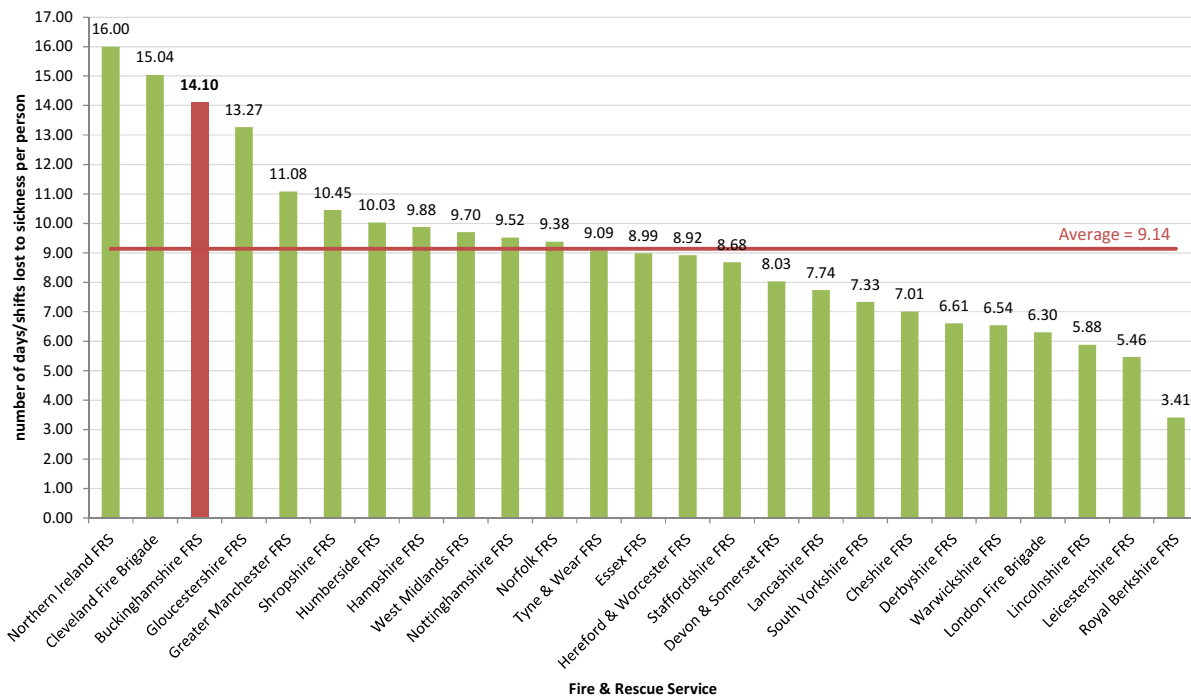


Table 7

**April 2013 to September 2013 (Q1 & Q2)
Support staff - number of days/shifts lost to sickness per person**

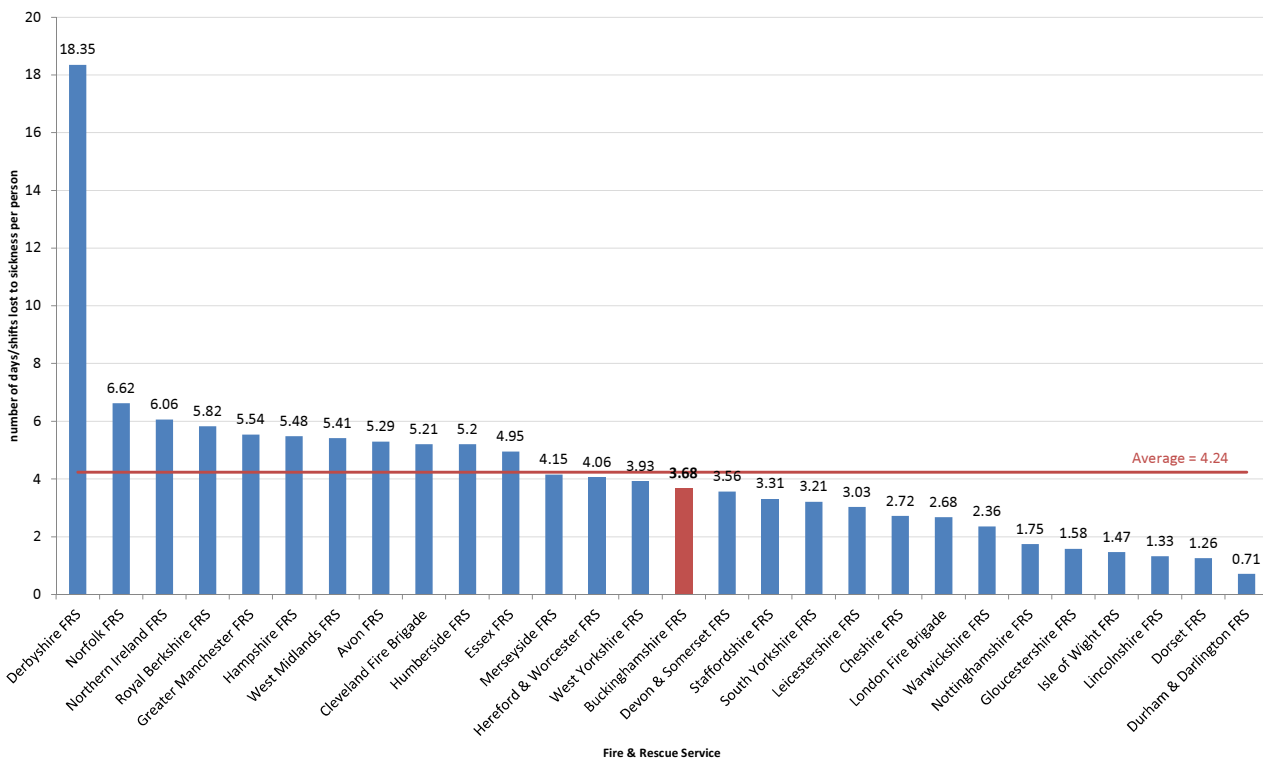


Table 8

**April 2012 to March 2013
Control - number of days/shifts lost to sickness per person**

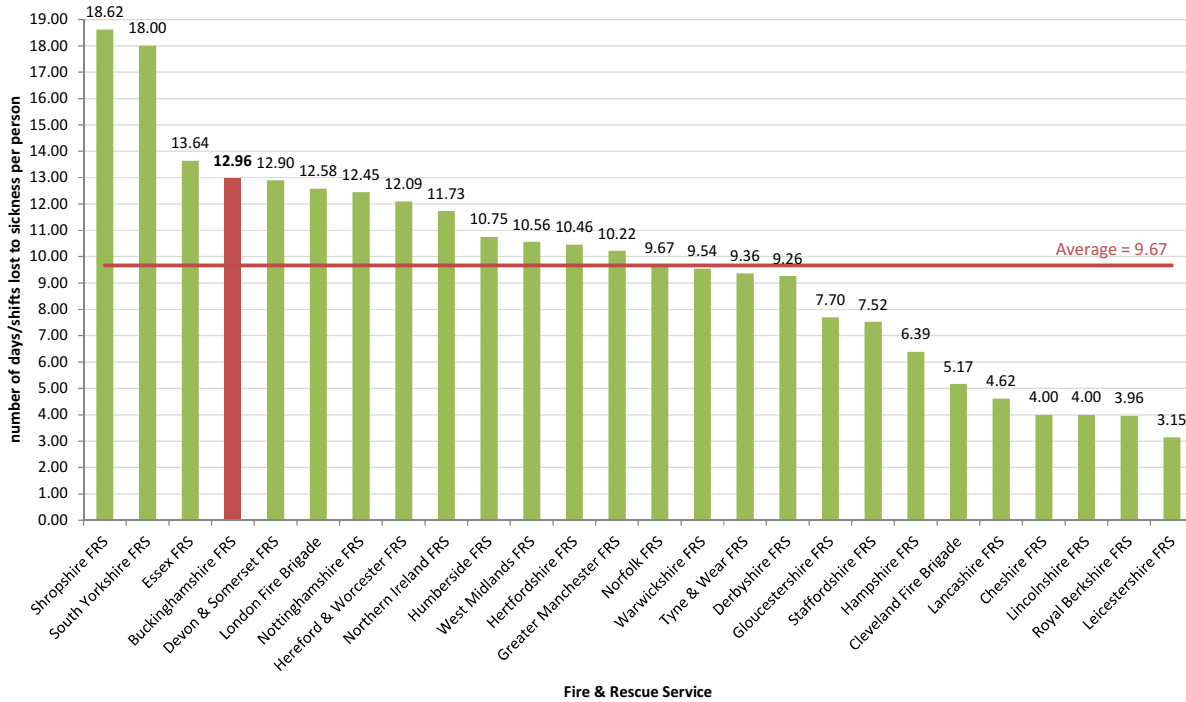
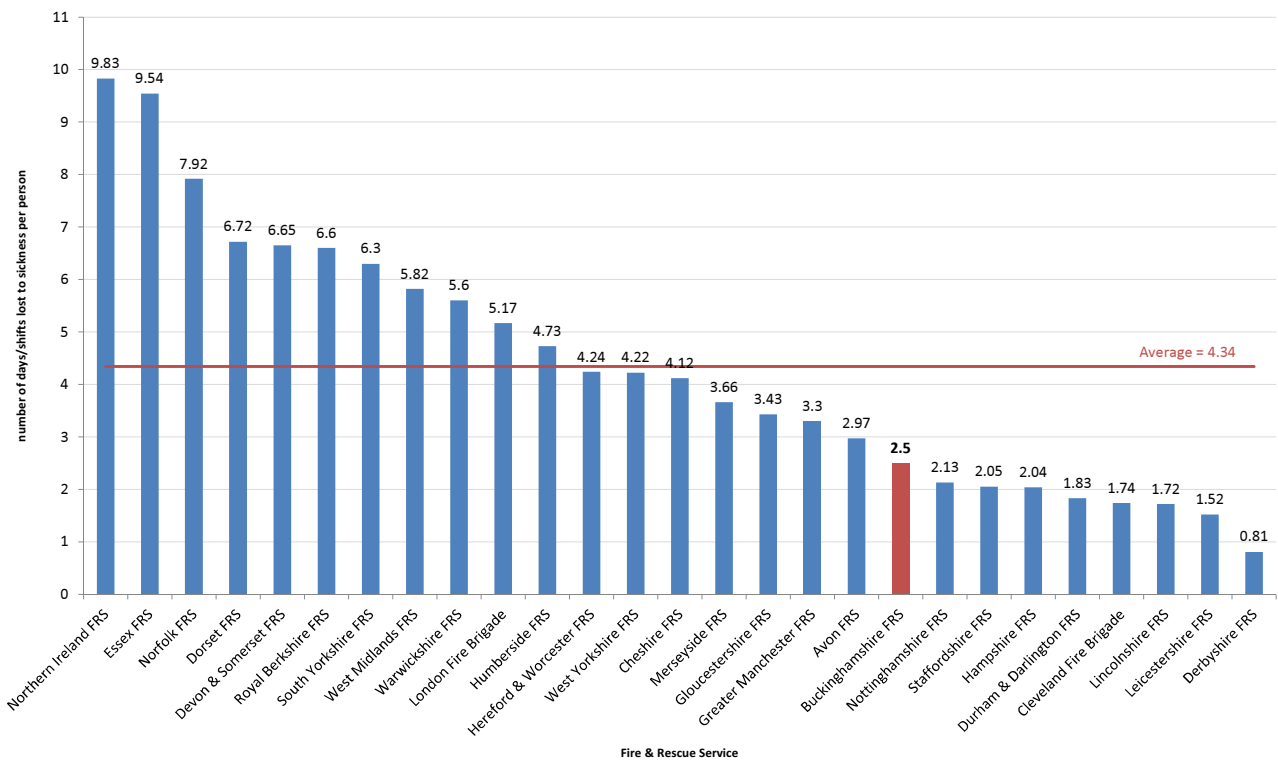


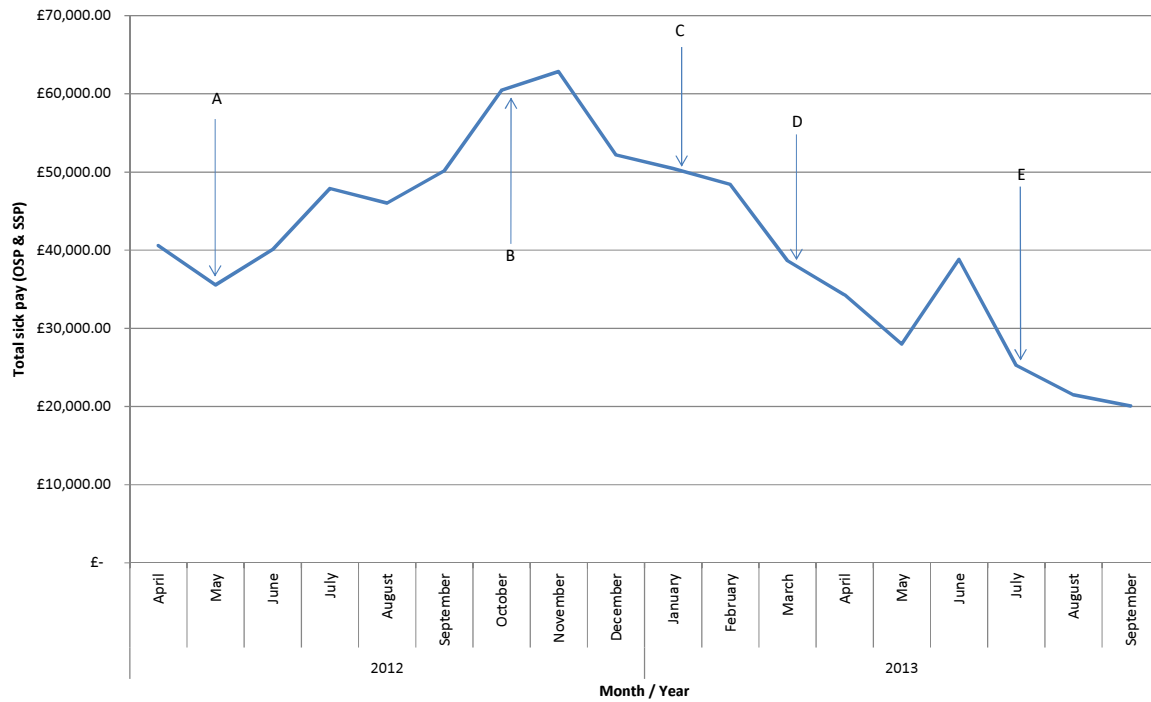
Table 9

**April 2013 to September 2013 (Q1 & Q2)
Control - number of days/shifts lost to sickness per person**



Appendix 2

BMKFA - Total sick pay April 2012 to September 2013



- 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

This page is left intentionally blank