

WEST DUNBARTONSHIRE COUNCIL
Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21 August 2013

Subject: CHCP Attendance Management Action Plan 2013-2014

1. Purpose

- 1.1** This purpose of the report is to update the Committee on the Attendance Management Action Plan developed through the Senior Management Team. This plan has been developed to satisfy organisational targets set by West Dunbartonshire Council 10 FTE days per year and NHS Greater Glasgow and Clyde of 4% and identifies actions within CHCP to reduce absence levels.

2. Recommendations

- 2.1** It is recommended that the Committee notes the contents of the report and the Management Action Plan for 2013-2014.

3. Background

- 3.1** Following discussions at SMT meetings agreement was reached that each Head of Service would outline key actions for their service to achieve the absence targets. These actions were collated and subsequently the CHCP Attendance Management Action Plan 2013-2014 was developed.

4. Main Issues

- 4.1** For 2013-2014 both organisations have established absence target levels. West Dunbartonshire Council (10 FTE days) and NHS Greater Glasgow and Clyde (4%). To allow for comparison on management reports the West Dunbartonshire Absence target has also been expressed as a percentage which is 3.83% which is equivalent to 10 FTE days
- 4.2** The absence levels for the CHCP for WDC employees for the period 1 April 2012 – 31 March 2013 equated to 17.35 FTE days lost by FTE employees or 6.65%. This was an increase from the previous year where absence equated to 14.89 FTE days lost.
- 4.3** The absence levels for the CHCP for NHS employees for the period 1 April 2012 – 31 March 2013 equated to 5.17% which was similar to the previous year where the absence level was 5.11%
- 4.4** The ongoing reduction of absence levels remains a strategic objective for the CHCP and partnership with Trade Unions is key to supporting this. Whilst a Council Attendance Working Group has been established, departments were asked to consider appropriate actions to reduce sickness within their services. NHS Greater Glasgow and Clyde have a national target with service areas having clear responsibility for managing services within 4 % target which has

been part of the OPR process for a number of years and is regularly reported at HS Staff Governance Committee.

- 4.5** The CHCP Attendance Management Action Plan (Appendix 1) concentrates on the following areas.

Management Monitoring/Management Information

- 4.6** Service areas need to ensure absence rates, and reasons, remain high on their list of key performance indicators. Supporting managers through provision of good quality absence information will enable this to be monitored and appropriate supports put in place to manage attendance at work for employees.

Manager Training/Support

- 4.7** In order to support the Attendance Management Policy managers and employees need to be clear on their responsibilities. Key to this is to ensure training is available to support managers in dealing with attendance issues and provide practical training interventions. Managers' training has been developed and piloted in July with a new approach to looking at behaviours when dealing with absence issues. This will be rolled out across the authority in the coming months. Support will be targeted within departments to ensure that areas of high absence levels are prioritised.

- 4.8** From a departmental level, training as part of the Joint Accountabilities Framework will be rolled out. This will raise awareness for managers of integrated teams on attendance management policies for both the NHS and the Council.

Occupational Health/Wellbeing/Supporting Attendance at Work

- 4.9** Ensuring effective use of supportive initiatives for early intervention including Occupational Health, Physiotherapy, Employee Counselling Services, and Redeployment opportunities.

Absence Audit

- 4.10** An Audit Absence was undertaken within CHCP last year. The audit identified that application of the policy was inconsistent across CHCP. A follow up audit will be undertaken to establish whether practice has improved as it is recognised the significant role that managers play in the successful application of the Attendance Management policies.

Healthy Working Lives

- 4.11** The CHCP currently have the gold award for Healthy Working Lives. To ensure we are targeting initiatives to support well being for employees, reasons for absence will assist in informing the future programme of work.

5. People Implications

- 5.1** There are no personnel implications with this report.

6. Financial Implications

- 6.1** Significant absence levels impact on the department in terms of direct costs including overtime and use of agency workers and indirect costs such as service delivery and motivation.

7. Risk Analysis

- 7.1** Without significant improvement in the absence rates there is a high risk that CHCP will continue to have the highest level of absence across the Council in relation to absence.

8. Equalities Impact Assessment (EIA)

- 8.1** An Equalities Impact Assessment Screening has been undertaken and noted that a high level of employees on long term sickness absence will be covered by the Equality Act 2010. Measures to mitigate impact include reasonable adjustments introduction of tailored adjustment agreements and the provision of Occupational Health advice.

9. Consultation

- 9.1** Consultation is ongoing with Trade unions through the Joint Staffing Forum to identify and address attendance issues and work in partnership to develop solutions that promote high levels of attendance while ensuring that all employees have access to the full range of support mechanisms available. T

10. Strategic Assessment

- 10.1** Effective absence management will support the CHCP's aim to make best use of both financial and human resources resulting in a positive impact upon service provision.

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Date: 22 July 2013

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Appendices: Appendix 1 – CHCP Attendance Management Action Plan 2013-2014

Background Papers: None

Wards Affected: None