

CHCP Attendance Management Action Plan for 2013-2014

1. Background

The CHCP action plan for 2013- 14 takes into account the requirement to satisfy absence targets set by West Dunbartonshire Council , which is **10 FTE** days per FTE which when expressed as a percentage is **3.83 %** .NHS Greater Glasgow and Clyde applies a national target of **4 %** to all NHS Organisations across Scotland.

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. This is an increase from the previous year where absence equated to 14.89 FTE days lost by FTE employees.

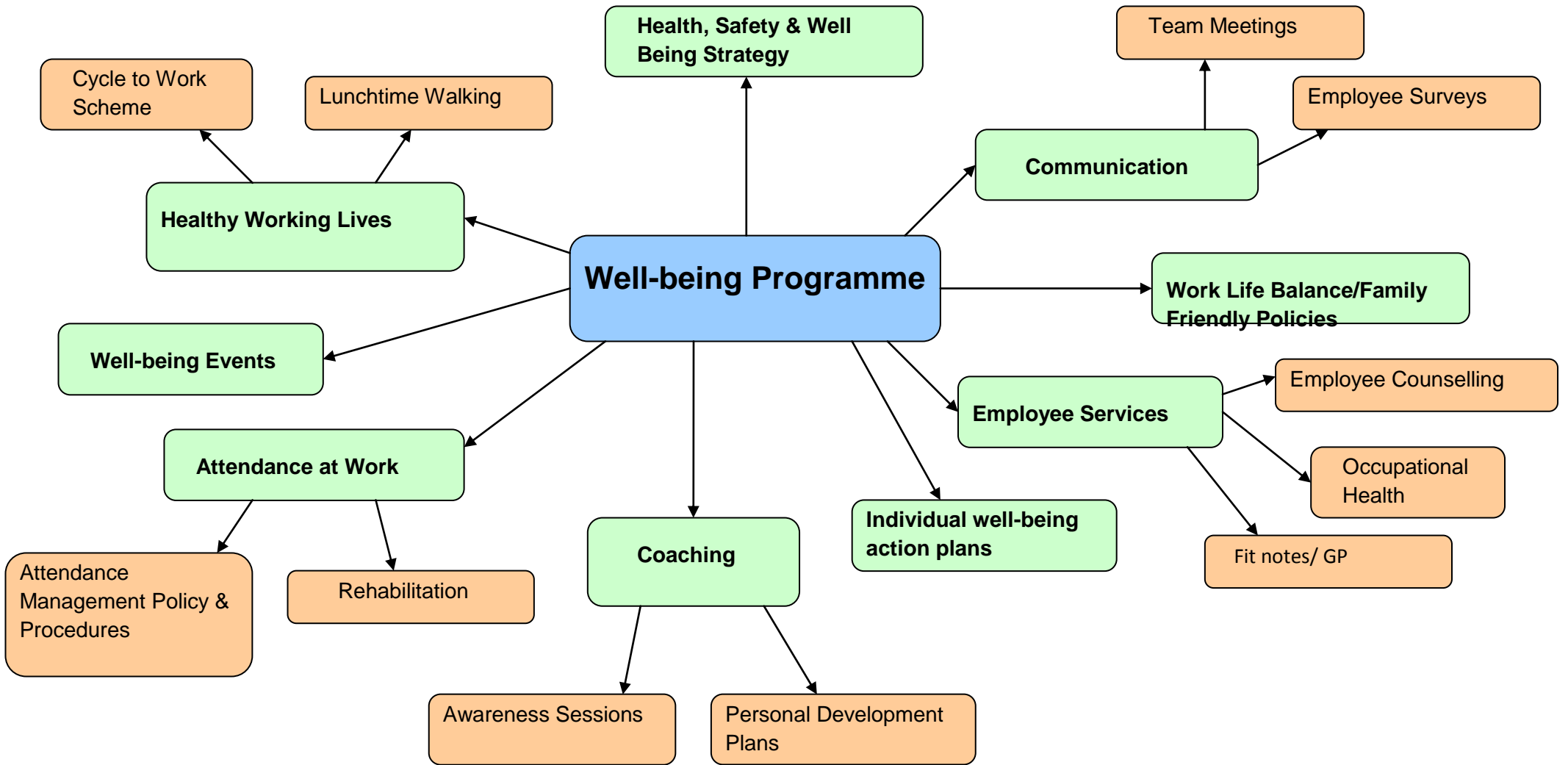
The absence levels for the CHCP for NHS Employees for the period 1 April 2012 – 31 March 2013 was 5.17%. This is very similar to the previous year where the absence level was 5.11%.

This Plan identifies the actions which will be taken by the SMT to support a reduction in absence within CHCP.

2. Approach

There are a number of strands of work which the CHCP are using to tackle promoting attendance at work and employee well being which are not restricted entirely to use of attendance management programmes. These can be characterised as shown in the chart overleaf:

Chart – Wellbeing Programme



3. Monitoring and Understanding the Causes of Absence

The CHCP management teams have a variety of organisational policies which outline the approach to positive attendance management. A fundamental step understands the cause of absence. The table below describes what the CHCP is currently doing and identifies key areas that could achieve a more positive level of attendance at work.

Currently in Place	Targeted Areas
Attendance Management Polices (NHS & WDC)	Targeted work – home care – inpatient mental health – rehabilitation. WDC Audit of attendance management practice. NHS reasons for absence should be appropriately recorded on SSTs.
NHS Greater Glasgow & Clyde Stress at Work Policy Stress Management Policy (NHS & WDC)	Review workloads regularly, manage and monitor absence consistently by HOS/Line managers Take steps to identify and minimise causes of stress in the workplace through following the Stress Risk Assessment Framework.
NHS Greater Glasgow & Clyde Supporting the Work life Balance Policy WDC Family Friendly Policies	Promote Flexible working if appropriate, with increasing demands on caring responsibilities need Consider and support flexible working request, where possible, to enable employees to balance work life with caring responsibilities.
CHCP Gold Award Health Working Lives	Healthy Working Lives Strategy – needs to ensure these are targeted appropriately and investments in well being are having desired effect.

4. Evaluate the costs of absence

All employees of the CHCP receive occupational sick pay and the knock on effect of absence is services will be paying for bank usage, over time costs. However it is not just about the monetary measures of absence, the important cost of absence is the hidden costs as it is these that have the long term impact on service delivery and costs. When an individual need to cover for a colleague on a long term basis there is a noticeable decrease in good will and the risk of these individuals becoming unwell themselves through stress. Without intervention this can lead to staff turnover due to the pressures of working in an under-resourced team. The CHCP has invested in various well being strategies through the HWL action plan, NHS employees can access employee counselling and occupational health services, WDC employees can also access independent employee counselling and early referrals will be made to occupational health.

Direct costs, which are sometimes hard to measure also, occur through overtime, additional hour working or use of agency cover.

5. **Train and Support Line Managers**

The CHCP management team are responsible for the management of attendance at work. By encouraging a consistent approach across line management and developing a CHCP approach to attendance management processes will assist with achieving a stable and reduced absence levels for the CHCP. Adequate training on NHS GG&C and WDC Attendance, Capability, Disciplinary and Work life Balance Policies will contribute towards this goal. If managers are more confident and assured about the policies they should be able to adhere to the requirements and timescales within the policies.

CHCP Attendance Management Action Plan for 2013/2014

	Objective	Action	Responsible	Dependencies / Limitations	Timescales / Completed
1.	MANAGEMENT MONITORING Every Service should ensure absence rates and reasons for these within their services remain high on their list of key performance indicators.	Attendance Management Targets to be in objectives for all Heads of Service and their Direct Reports.	Director Heads of Service		End of June
		Attendance Management to be a standing item on all SMT and HOS meetings and clear outputs to be recorded which allows for an ongoing plan.	Director Heads of Service		
		Action plans to be asked for areas which are not meeting targets.	Heads of Service Direct Reports		
2.	MANAGEMENT CONTACT Services should ensure both managers and employees are clear on what their responsibilities are during a period of absence and timeframes in Attendance Management Policies.	Regardless of the reason a return to work discussion will be held after every occasion	Line Managers		Ongoing
		The Return to Work Interview should be done on the day the employee returns to work or as soon as practicable	Line Managers		

		The Line Manager should be in regular contact with the employee particularly during long term absence to ensure ongoing support and prepare for employees return.	Line Managers		
		Managers responsibility to record and document accurate individual absence information	Line Managers		
		Managers responsible for taking forward any actions in line with attendance management policies i.e. improvement plans, reasonable adjustments or disciplinary action if required	Line Managers		
3.	TRAINING Develop an understanding of WDC and NHS Attendance Management Policy, supporting interventions and any other policy framework as appropriate	Line Managers are responsible for attending all management training.	Line Managers		
		Develop WDC attendance management training sessions. Piloted council wide with 4 managers from CHCP attending the pilot session.	WDC – OD & Change Management Team	OD developing WDC revised training session. Need to wait for this to be available before CHCP training can commence. Timetable for rolling out training to be developed at Corporate level.	Completed July 2013
		Deliver CHCP training sessions for managers to enhance skills and competence of managers. Joint NHS/WDC sessions re joint accountabilities framework and different policies will continue.	OD&T		
		Agree timescale for training, venues etc. Circulate to Managers	OD&T		
4.	CHCP AREAS FOR ACTION Targeted focus on hot spots identified WDC - Homecare NHS – Inpatient Mental Health	Deliver support to managers to ensure early intervention, appropriate support is in place to positively achieve regular attendance at work.	HR Business Partner/Snr HR Adviser		July 2013

	and Rehabilitation				
5.	HR21 The HR21 (on-line service module) to be available within CHCP.	Pilot exercise within specified Care at Home establishments.	Head of Community Health & Care/HR Business Partner/WFS Officer	Managers	Commencing in May 2012 – 30 June 2013
		Develop timescales to roll out across CHCP	HR Business Partner/WFS Officer Heads of Service	Resources available within services to support this.	July onwards
6.	OCCUPATIONAL HEALTH All services will ensure effective use of Occupational Health/Physiotherapy/ Employee Counselling Services	Monitor OH, physiotherapy and employee counselling referrals and prepare 4 weekly reports. Identify reasons why OH referrals not made within timescales.	HR Business Partner/Snr HR Adviser/ HOS /Managers	WDC HR Team NHS referrals made through managers monitoring will have to rely on managerial reporting. NHS self referral information not available.	September onwards
7.	LONG TERM ABSENCE Service areas will actively manage long term absence (21 days and over WDC, 28 days and over NHS)	Management information circulated which identifies all absences of 21 and 28 days and over.	Currently available	WMS NHS information available through SSTS	
		Regular meetings with Managers, note of what is discussed/agreed and recorded on spreadsheet.	WDC HR Team	Availability of resources	
		HR Surgery – in care at home team review and expand this to other areas within CHCP.	WDC HR Team		
		WDC Monthly report on cases being supported by HR within CHCP.	WDC HR Team		July 2013 Passed to Director/Heads on monthly basis
		WDC HR attendance at Stage 3 and Stage 4 attendance management meetings. Managers can ask for support at earlier stages if required. NHS HR attendance at formal absence meetings can be requested.	WDC HR Team Managers/NHS HR		In place
8.	INFORMATION Effective Management of absence can only be	WDC Monthly open ended reports circulated to Managers to be completed and returned within timescale. WMS team will report where this is not happening.	Managers		In place

	realised by having good quality information.	HR Monthly report circulated to managers to highlight absence trends for service areas.	Snr. HR Adviser		June 2013
		Trigger report to managers for employees is in place.	WMS team/SSTS	Up-to-date establishment NHS managers would need to access through SSTS	
		Review information and identify further supporting management information.	Heads of Service	WMS/SSTS/Workforce portal	
		Monthly analysis of absence, including comparison of previous months/quarters. Look at trends and whether suitable interventions can be identified i.e. flu jabs, training, stress audit	SMT Line Managers HR	Support from WMS. Managers require being accountable for process.	Heads of Service meetings
		Managers to ensure reasons for absence are completed for SSTS.	Line Managers		
9.	SUPPORTING ATTENDANCE AT WORK Services to actively support employees to sustain a return to work/ measures to support employee's attendance at work.	WDC Managers session on completing OH referral form, physio form.	Occupational Health		July 2013
		Redeployment opportunities. Process for Heads of Service to be notified of employees potentially dismissed through capability to enable redeployment opportunities within department to be explored. (WDC)	Heads of Service	Information being provided from HR team (WDC).	August 2013
		Redeployment opportunities to be recommended in conjunction with Occupational health and HR input (NHS)	Line Managers NHS Occupational Health HR – NHS		
		Early interventions/tailored agreement/ reasonable adjustments /Fit Note	Managers Occupational Health		May 2013

10.	WDC ABSENCE AUDIT Attendance Management Audit to be repeated for WDC and recommendations to be forward to SMT for consideration.	Develop scope of audit. <ul style="list-style-type: none"> • Number of Managers trained • Sickness reporting - accuracy and timely • Open Ended Absence reports reviewed and returned • Timescale for undertaking return to work interview • Timescales for attendance review meetings • Absence trends 	HR Business Partner	Managers/WMS Council Audit being undertaken and CHCP will require to link into this. Awaiting Council audit template to be developed and provided.	August 2013 – September 2013
		Identify support required and develop action plan.	HR Business Partner	Line Manager will require to provide information. HR support to collate this.	
11.	SHARING BEST PRACTICE The outputs of NHS Work on attendance management for inpatient Mental Health Staff to be shared	Outputs of work by David Brand to be shared across SMT and any learning to be considered	HOS Snr HR Adviser /HR Manager (East/West Dun)/HR Business Partner		