

### **Absence Management Action Plan & Progress Update**

This action plan follows the report prepared by Capsticks Business Solutions in July 2017 and presented to HFA on 22<sup>nd</sup> September 2017. Following an internal review of the report and its recommendations a detailed action plan has been compiled to improve and enhance the management of absence within the service from an HR, OH, and Line Manager and Employee perspective.

#### **The elements described below have already been actioned and are being undertaken**

- HR weekly absence management reports are used by HR to understand current absence levels. Absence management reports are currently sent to a number of managers, this needs to be increased to be sent to all Heads of Service and GM's and is covered below.
- An HR case management spreadsheet has been devised and introduced so that the team are fully aware of all current absence cases. This also includes regular update information and is stored centrally so that any member of the HR team can provide advice in the absence of an HR colleague.
- An agreed central filing system for absence has been agreed within HR and has been implemented so that all documents are stored appropriately and that all team members have access to these.
- Some template documentation in relation to absence has already been introduced. Further work needs to be completed in this area and is detailed below.
- Sickness absence is a standing agenda item for both HR & OH team meetings to ensure absence is being managed.
- The OHA's approach to GP report escalation has been reviewed and amended. OHAs now discuss and agree any such requirements as a team prior to making any requests. Any such requirements in the future will be decided on a case by case basis.
- OH now inform HR and Line Managers of fitness test results to ensure they can be managed appropriately.
- Trigger points should be used to start formal proceedings as per the policy wording and now are being used. Service Partners have been informed of those who have triggered and have been asked to arrange formal meetings as per policy. The introduction of this will require a shift in attitude from both management and staff in relation to the monitoring of absence and the use of formal proceedings when an individual fails to meet the required attendance levels. The use of these trigger points and formal proceedings is vital in reducing short term sickness.

ID and RAG	Objective overview	Delivery Group	Lead	Timescale for delivery	Actions/progress to date	Next actions	RAG Rating
	<p>Introduce Case Management Board meeting 6 weekly to include Deputy Chief Fire Officer / Executive Director of Service Delivery and Director of HR who will meet with line manager, HR representative and OH representative where appropriate and will review every case to challenge delays, inconsistency and blockages or lack of action and to offer support where needed.</p>	CMT/HR	MH	10 <sup>th</sup> October 2017	<p>Meetings arranged and booked with Deputy Chief Fire Officer and Director of HR. First meeting occurred and data / administration required has been scoped</p>	<p>HR have organised administration and invitations for managers to meetings.</p> <p>OH provide health in relation to work advice for each absence case as required</p> <p>Next meeting arranged for 27<sup>th</sup> November.</p>	
	<p>Review Absence Management Policy for all levels of absence.</p>	HR/OH	MT/SL	30 <sup>th</sup> November 2017	<p>Ensure any issues with short, medium and long term absence processes are addressed.</p> <p>The policy be reworded to ensure that it is clear as to exactly when individuals should trigger the formal process – at the moment the ‘cause for concern’ section</p>	<p>Part of the policy review</p>	

creates confusion in relation to this.

Regular case reviews (every 4-6 weeks) should take place to ensure that the individual is communicated with, supported, a return to work is expedited and, if necessary, the process is progressed to the formal stages.

Managers would benefit from guidance in relation to progression through the long term absence policy, i.e. at what point do they consider escalating cases to a Director to consider at a Health Capability Hearing (Case Conference). This should take place



	HR to be involved in the compilation of OH referrals to ensure line managers are asking specific and appropriate questions therefore ensuring appropriate information is received from OH to allow appropriate employment advice to be provided and the absence to be managed effectively.	HR/OH/All Line Managers	MT/SL	31 <sup>st</sup> October 2017		HR are now involved in all OH referrals as detailed. Updated way of working has been communicated to all members of TMT to share with their managers. Any referrals that are made directly to OH during this transition phase are forwarded to the HR team for action. Action complete.	
	Develop a mechanism that provides employees with the opportunity to provide feedback of their experience whilst being away from work due to illness. This should be reviewed and form an integral part of improvements made to the management of absence.	HR/OH/OD	MT/SL/SO'C	30 <sup>th</sup> November 2017		Part of the policy review	
	Ensure communication channels with members of staff remain open during their absence and are conducted in a way that the employee is comfortable with i.e. discuss during initial meeting how they would like to receive information email/post etc. and record centrally on absence tracker.	HR/OH	MT/SL	31 <sup>st</sup> October 2017		Communication channels are open with individuals through either their welfare contact, line manager of HR colleague and this is being recorded centrally on the case management tracker.	
	Review OH involvement (i.e. attendance at case review	HR/OH	MT/SL	With immediate effect		This has been reviewed and implemented. OH attend case	

	meetings) in the management of absence.						review meetings as required rather than as standard.	
	Compile a suite of templates that underpin the Absence Management Policy.	HR	MT	30 <sup>th</sup> November 2017		To include letters, agendas, absence meeting templates and associated forms.		
	Development of the HR team to better understand their role and responsibilities in relation to absence management.	HR	MT	31 <sup>st</sup> January 2017 and repeated at regular intervals		On-going internal coaching. Identify appropriate external training provider i.e. Capsticks		<b>Not yet due</b>
	Continue to coach line managers through the Absence Management Policy and process to ensure correct application and consistency of approach.	HR	MT	1 <sup>st</sup> April 2018 and at regular intervals		HRSPs will continue to support and develop line managers and HRAs on the policy.		
	Incorporate the operational fitness policy and failure of the fitness tests into the Service Performance and Capability Policy.	HR/OH	MT/SL	30 <sup>th</sup> November 2017		As part of ongoing policy reviews.		
	Sickness absence clinics to be explored and introduced with HR & OH.	HR/OH	MT/SL	31 <sup>st</sup> December 2017		As part of policy review and implementation.		<b>Not yet due</b>
	Compile and roll out a comprehensive training package for all line managers in the requirements and responsibilities they have in	HR/OD	MT/SO	31 <sup>st</sup> January 2018		Initial training package for absence to be developed This will then be incorporated into		<b>Not yet due</b>

	relation to absence management.						a first line manager programme being developed by OD during 2018.		
	Devolve absence management responsibility to all staff with direct line management responsibility across the service and provide appropriate training as detailed above.	HR	MT	31 <sup>st</sup> January 2018	MT	31 <sup>st</sup> January 2018	Through application of the updated policy and roll out of training package.		<b>Not yet due</b>
	Review and explore in detail the Ill Health Retirement process	HR/OH	MT/SL	31 <sup>st</sup> January 2018	MT/SL	31 <sup>st</sup> January 2018	Consider introducing a Service Level Agreement (SLA) approach including KPIs and reviewing any associated fees to assist in expediting the process.		<b>Not yet due</b>
	Absence statistics and discussion to form part of the quarterly review process at HFA, CMT and TMT.	HR	MT	31 <sup>st</sup> October 2017	MT	31 <sup>st</sup> October 2017	Quarterly updates to CMT and HFA. Monthly reports to Heads of Service. Individual cases to be brought to the Case Management Board for approval with a cost/benefit analysis to	This is ongoing. Action complete.	
	Consider how the use of private medical services could be utilised to expedite a return to work i.e. contributory private medical cover.	OH	SL	31 <sup>st</sup> October 2017	SL	31 <sup>st</sup> October 2017	Reports to be shared at next TMT meeting. This is currently assessed on a case by case basis, with any considerations and recommendations taken to the Case Management Board for approval.		

								Longer term Service wide provision is still being scoped.	
			HR	MT	28 <sup>th</sup> February 2018	Ready for next CPD process in March 2018	demonstrate appropriateness and value for money		Not yet due
			HR	MT	1 <sup>st</sup> March 2018	Operational roles requiring fitness test pass to be reviewed.	As part of wider Service discussions regarding reasonable adjustments and workforce planning.		Not yet due
			OH	SL	30 <sup>th</sup> November 2017	Develop and consult on a Service Level Agreement in relation to OH service provision i.e. waiting time for appointments upon receipt of referrals.			
			HR	MT	30 <sup>th</sup> November 2017	Increase monitoring of RTW interviews, ensuring that the documentation is completed effectively by managers. This may lead to the identification of further training for managers.	This should form part of the coaching approach undertaken by the HRSPs	Part of the policy review	
			Line Managers /HR (for coaching)	HRSPs	30 <sup>th</sup> November 2017	Managers to be advised to call LTS individuals on a fortnightly basis and use record forms more frequently. Managers should also ensure			



	that early contact is made, specifically in relation to employees with absence related to mental health.								
	HR to produce an absence report each week (internally for the department) and call managers who have individuals that have been absent for 5-10 days (i.e. those that appear to be possibly starting long term absence). This would ensure HR receive an early update on the case, the manager and staff member are supported at an early stage and referral advice is given, if required.	HR	HRSPs	31 <sup>st</sup> October 2017				The HR team are producing weekly reports and liaising with line managers to ensure they receive early updates on cases and have the opportunity to provide early advice and support to both line managers and staff.	
	Improve communication with all staff on long term sick leave, including the distribution of the Siren (also consider other long term leave – such as maternity).	HR / Line Managers	MT	30 <sup>th</sup> November 2017					
	Management of formal process will be devolved to lower level managers. This could become the responsibility of the watch manager level (rather than current Station Manager as stated in the policy) in completing this first stage and subsequent progression	HR/OD	MT/SO'C	30 <sup>th</sup> November 2017 <b>Date change to 31 January 2018.</b>				<b>Training package needs to be designed, developed and delivered to enable this to take place. Timescales to be brought in line with first line manager training programme</b>	





