

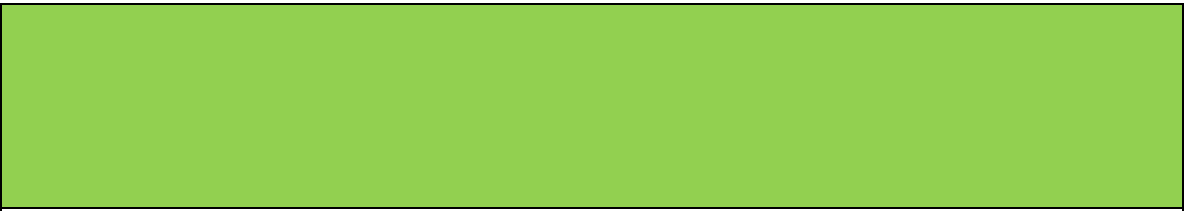
### **Absence Management Action Plan & Progress Update**

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 regularly established with Deputy Chief Fire Officer and Director of HR.</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>Meetings to be evolved to meet the changing needs.</p> <p><b>Action Complete</b></p>	
	<p>Review Absence Management Policy for all levels of absence.</p>	HR/OH	MT/SL	31 <sup>st</sup> March 2018	<p>Review of policy outsourced to Capsticks Advisory</p> <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</p>		



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should trigger the formal process – at the moment the ‘cause for concern’ section 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

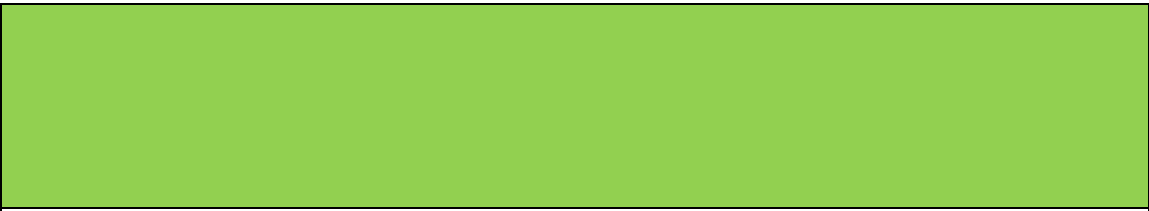
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consider at a Health Capability Hearing (Case Conference). This should take place from the 3-4 month stage whereby no foreseeable return to work is likely.

The trigger points and subsequent absence management process should also be used for long term absentees (i.e. 20 days or more) to reduce medium term absence.

Consideration should be given to the removal of the 'cause for concern stage'. The discussions with individuals in relation to them approaching a trigger point can be incorporated

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							into the return to work interviews.		<b>Action Complete</b>
	The ill health retirement policy is duplicated in the absence management policy, so this policy will be removed.	HR/OH	MT/SL	30th November 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. <b>Action Complete</b>
	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					Part of policy review.
	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	31 <sup>st</sup> March 2018					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.
	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	HR/OH	MT/SL	31 <sup>st</sup> October 2017					

	information email/post etc. and record centrally on absence tracker.						<b>Action Complete</b>	
	Review OH involvement (i.e. attendance at case review meetings) in the management of absence.	HR/OH	MT/SL	With immediate effect			This has been reviewed and implemented. OH attend case review meetings as required rather than as standard.	
	Compile a suite of templates that underpin the Absence Management Policy.	HR	MT	31 <sup>st</sup> March 2018		To include letters, agendas, absence meeting templates and associated forms.	<b>Action Complete</b> Outsourced to Capsticks Advisory	<b>Not yet due</b>
	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	Coaching and development of HRSPs has been started through Case Review Boards. This will be an ongoing process. External provider identified for further training.	
	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.	This will be a continuous process.	
	Incorporate the operational fitness policy and failure of the fitness tests into the Service Performance and Capability Policy.	HR/OH	MT/SL	31 <sup>st</sup> March 2018		As part of ongoing policy reviews.	Outsourced to Capsticks Advisory	<b>Not yet due</b>

	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>Overtaken by case review boards. Action Complete</b>	
	Compile and roll out a comprehensive training package for all line managers in the requirements and responsibilities they have in relation to absence management.	HR/OD	MT/SO	31 <sup>st</sup> March 2018	Initial training package for absence to be developed This will then be incorporated into a first line manager programme being developed by OD during 2018.	<b>Awaiting policy review</b>	<b>Not yet due</b>
	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> March 2018	Through application of the updated policy and roll out of training package.	<b>Awaiting policy review</b>	<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	Consider introducing a Service Level Agreement (SLA) approach including KPIs and reviewing any associated fees to assist in expediting the process.		
	Absence statistics and discussion to form part of the	HR	MT	31 <sup>st</sup> October 2017	Quarterly updates to CMT and HFA.	<b>This is ongoing. Action Complete</b>	

	quarterly review process at HFA, CMT and TMT.	OH			SL	31 <sup>st</sup> October 2017	Monthly reports to Heads of Service. Individual cases to be brought to the Case Review Board for approval with a cost/benefit analysis to demonstrate appropriateness and value for money	Reports to be shared at next TMT meeting.	
	Consider how the use of private medical services could be utilised to expedite a return to work i.e. contributory private medical cover.						Longer term Service wide provision is still being scoped.		<b>Not yet due</b>
	Review current CPD arrangements to ensure absence information is utilised appropriately as part of this process.	HR			MT	28 <sup>th</sup> February 2018	Ready for next CPD process in March 2018		<b>Not yet due</b>
	Operational roles requiring fitness test pass to be reviewed.	HR			MT	1 <sup>st</sup> March 2018	As part of wider Service discussions regarding reasonable adjustments and workforce planning.		<b>Not yet due</b>
	Develop and consult on a Service Level Agreement in relation to OH service provision i.e. waiting time for appointments upon receipt of referrals.	OH			SL	30 <sup>th</sup> November 2017			
	Increase monitoring of RTW interviews, ensuring that the documentation is completed effectively by managers. This	HR			MT	31 <sup>st</sup> March 2018	This should form part of the coaching approach		<b>Not yet due</b>



	may lead to the identification of further training for managers.					undertaken by the HRSPs		
	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.	Line Managers /HR (for coaching)	HRSPs	30 <sup>th</sup> November 2017			<b>Action complete</b>	
	HR to produce an absence report each week (internally for the department) and call managers who have been 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.  <b>Action Complete</b>	
	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			<b>Action Complete</b>	
	Management of formal process will be devolved to	HR/OD	MT/SO'C	31 <sup>st</sup> March 2018			<b>Training package needs to be designed, developed and</b>	<b>Not yet due</b>

	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 through stages from this point.						delivered to enable this to take place. Timescales to be brought in line with first line manager training programme and following policy review.	
	It is advised that the practice of management allowing individuals to retrospectively request annual leave to cover sickness absence is stopped.	HR/Line Managers	MT	31 <sup>st</sup> March 2018			This is to be incorporated in the current policy review and will be included in the wider policy communication and training.	<b>Not yet due</b>
	The HR lead on absence management will need to closely monitor the team in the first few months with regular meetings to discuss levels of absence rates and specific cases. This will ensure that all are consistent in their absence management advice.	HR	MT	31 <sup>st</sup> October 2017			Case management, including absence, is a standing agenda item on the fortnightly HR team meeting.  HRSP's and HR Advisors regularly discuss absence levels and approaches with each other and escalate where appropriate for further support and guidance.	
	Occupational Health to play a more prominent role in identifying innovative solutions to prevent absence, specifically relating to musculoskeletal and mental health conditions.	OH	SL	30 <sup>th</sup> March 2018			<b>Action Complete</b>	<b>Not yet due</b>

		OH	SL	31 <sup>st</sup> October 2017	Cases are assessed and escalated on a case by case basis.  <b>Action Complete.</b>	
	The requirement to escalate cases and request further information from external sources is reviewed. The advice given and escalation processes should be consistent and applied in a manner to avoid delays to the process.	OH	SL	31 <sup>st</sup> October 2017		
	The Head of OH should hold weekly/fortnightly meetings with advisers/practitioners to discuss absence cases to ensure that the Head of OH has an overview of the cases and the approach to medical advice and return to work processes is consistent. The fitness instructor should also be included whereby cases are related to fitness tests. Information and actions from these meetings should then be communicated to HR (where appropriate). All actions taken to be reviewed regularly for their efficacy	Directorate	MH	31 <sup>st</sup> March 2018 and then 6 monthly		

