

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date:17 September 2013
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Title:	Management of Attendance
Item:	BD/13/176

Executive Director lead and presenter	Carol Lenz, Director of Human Resources
Report author(s)	Elaine Sheppard (Acting Head of Human Resources), Chris Stancliffe (Acting HR Operations Manager)

History:	Issues regarding staff absence levels raised from ESEC
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This report is for:	
Decision	X
Discussion	
To Note	

**Executive summary of key issues:**

Trust absence levels have remained at approximately 5% since September 2010. Since that date the Trust has been audited by the Audit Commission and its absence management practices have been found to be appropriate. There has been considerable investment by managers and HR staff in sickness absence processes.

However, this investment has been mainly focussed on the mechanics of absence management, for example reporting absences, monitoring absences, and issuing warnings rather than proactively managing this issue. Historically AWP managers have not been required to effectively performance manage staff absence, and we need to put the support and development in place to allow them to do this and take accountability..

This paper:

- (1) Outlines the introduction of revised absence management processes which will empower managers to make common sense decisions about absence issues
- (2) Describes processes that will provide for the development of *pro-attendance*, rather than *anti-attendance*, team cultures
- (3) Recommends robust performance management against realistic, individually agreed, attendance targets
- (4) Makes other clear proposals with a short and long term duration that will lead to these

objectives being met.

The Board is asked to endorse the proposals contained in this report and require regular updates.

**This report addresses these Strategic Objectives:**

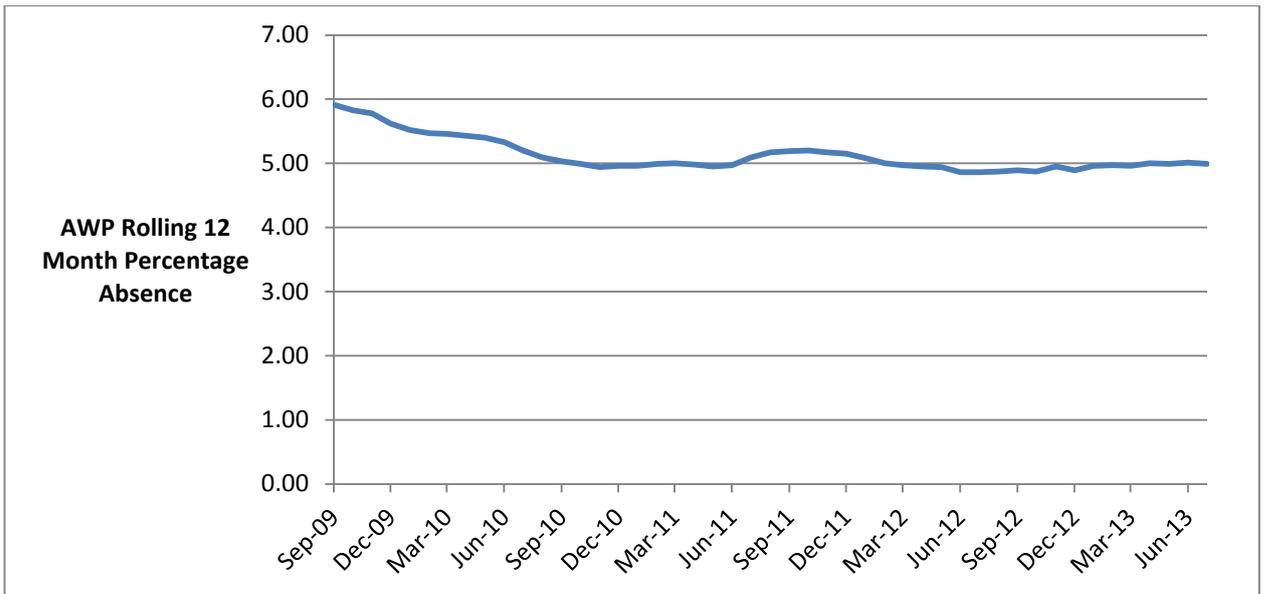
Consolidate	X
Integrate	X
Expand	X

**This report addresses these Values:**

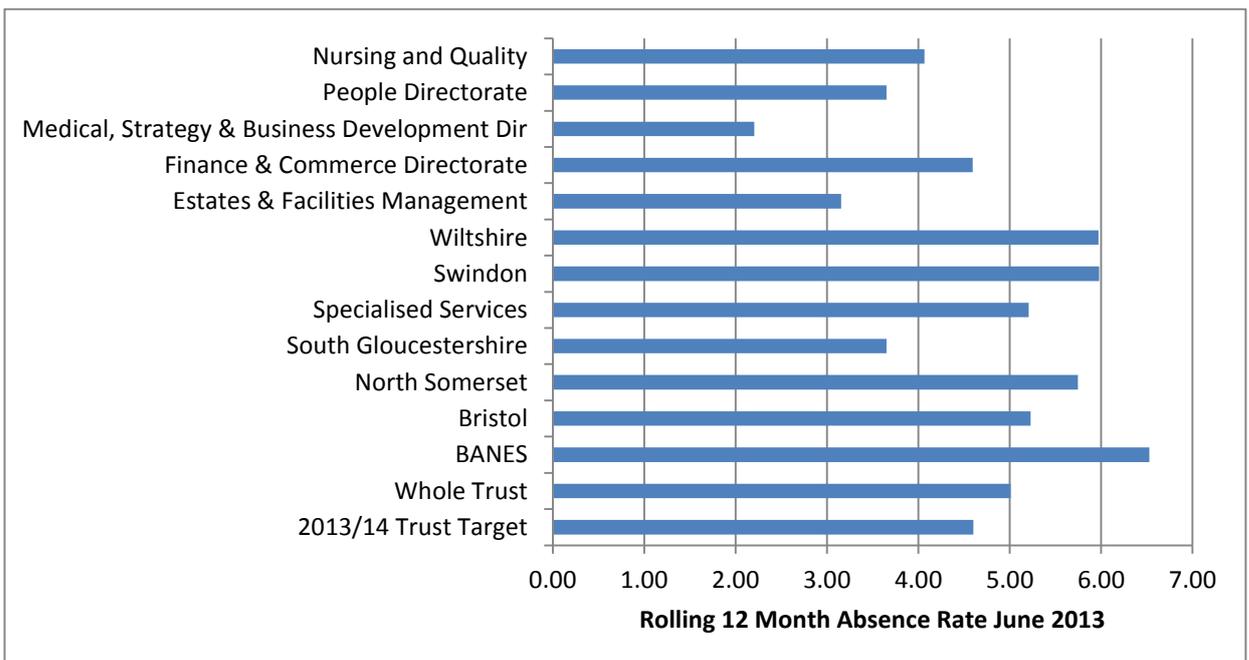
<b>Passion</b>	Doing our best, all of the time	X
<b>Respect</b>	Listening, understanding and valuing what you tell us	X
<b>Integrity</b>	Being open, honest, straightforward and reliable	X
<b>Diversity</b>	Relating to everyone as an individual	X
<b>Excellence</b>	Striving to provide the highest quality support	X

# 1. Context

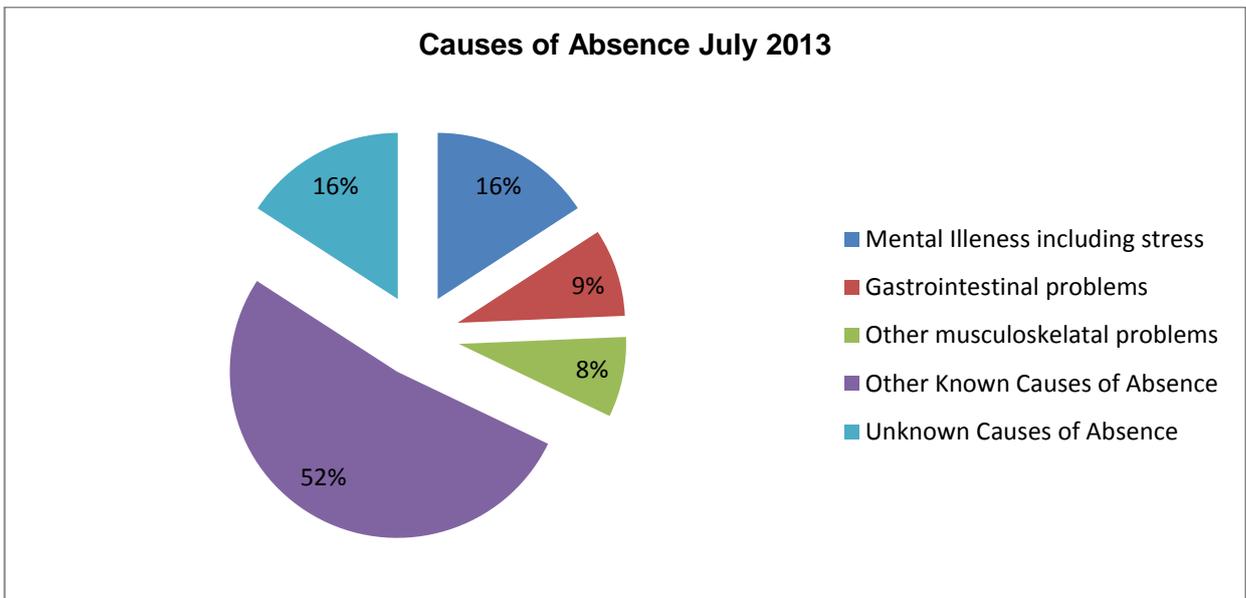
## 1.1. Flat Lining Absence Levels



Following improvements to attendance levels during 2009/10. AWP's absence level has remained at approximately 5%.



As evidenced in the chart above the Trust's front line clinical teams, with the exception of South Gloucestershire, have not achieved the Trust target absence percentage of 4.6% for 2013-14 .



## 1.2. Management Activity

Since 2010/11 clearer data has been provided on attendance to management teams. The recent introduction of the IQ system provides management teams with clear organisational priorities which requires robust performance management.

Until very recently the Sickness Hotline Team has provided advice to managers regarding employees whose attendance levels need to be challenged. Training has been provided to managers that has focussed heavily on explicit, mechanical sickness absence management processes. The Trust adopted, in the context of a lack of management commitment, a highly prescriptive policy for addressing absence. Though this has led to approximately 40% of AWP staff being subject to an attendance warning, and an increase in the number of ill health related dismissals. The Trust's prescriptive policy has not always provided for common sense decisions based on individual absence histories. The level of prescription and central control may have resulted in managers not addressing the issue of attendance holistically or appropriately.

The work of the Employee Relations Team has focussed on the management of individual absence cases and the HR Business Partners have contended with high levels of structural change possibly to the detriment of managing the "softer" HR issues which underpin high levels of absence.

Historically, the Trust has sought to avoid Employment Tribunal cases which could critically effect the Trust's status. This has led to conservative advice and action..

There has been limited investment in mainstreaming discussions about attendance either in supervision or appraisal meetings. This has led to the development of what might be termed anti-attendance cultures within some teams where:

- the management of attendance has been seen by line managers as a directive from HR, and Jenner House
- absence is not routinely perceived to have a consequence for colleagues or service users

- there is limited peer and management pressure to return to work at the earliest opportunity
- discussions about attendance levels are often marginalised to specific meetings rather than being part of the continuing team and management conversation
- staff do not feel that their contribution at work is important or valued
- staff feel disenfranchised and unengaged

The Trust does employ service users and carers which may have an impact on sickness absence levels and the Trust has not addressed the question of whether absences caused by mental illnesses should be treated differently to other absences. AWP has not actively looked at engaging with the wider younger public by providing work experiences or other developmental opportunities to school and college students which may have led to an overrepresentation of those with personal experience of mental illness within its staff group.

## **2. Responses: Current and Proposed**

### **2.1. Revised Sickness Absence Processes**

The Trust has adopted a new sickness absence policy which provides for robust and sensitive treatment of absence. It provides for the common sense early escalation of issues and clarifies the role of the manager as the owner and key decision maker.

### **2.2. Sickness Absence Training**

Training has been made available to all managers and will continue. Managing Directors have been encouraged to ensure those with the most significant problems participate in this training. In addition to addressing the mechanics of sickness absences processes, this training addresses the opportunity for managers to develop pro-attendance cultures within their teams.

### **2.3. HR Restructure**

The HR restructure will ensure that the HR Business Partners (HRBPs) are capable of addressing the causal issues underlying poor attendance levels and Employee Relations (ER) staff who will facilitate management discussions about risk in a broad context. A Health and Wellbeing Specialist is also being appointed who will have an external focus and introduce initiatives that will assist with employee engagement and improve employee wellbeing..

### **2.4. Cultural Audits and Relevant Coaching**

The HR BPs are being tasked in October with meeting with each team manager to help them develop a pro-attendance culture and to provide advice and guidance to remedy shortfalls in attendance management. This work will be coordinated with the initiatives that the Programme Director (Organisational Development), champions.

### **2.5. Absence Actions Plans**

The ER Team is being tasked with supporting managers to develop clear action plans for employees with historic sickness absence problems; whether they are presenting with a problem today or not. It is proposed that these action plans are reviewed in an audit environment by line managers and HR business partners.

### **2.6. Organisational Learning**

It is proposed that at the conclusion of any relevant dismissal or appeal hearing, where the panel Chair believes that the matter should have been resolved differently the

relevant MD or Exec Director is tasked with ensuring that there is relevant learning in a discussion with all stakeholders and the learning is applied in future absence management cases.

## **2.7. Performance Targets**

It is proposed that each team and LDU agrees a realistic attendance target for each of the quarters from Q4 2013/14 to Q4 2016/17 and that managers are held accountable for delivering against these by the Trust Executive Team. It is recognised that this performance management process cannot turn singularly on the incidence of absence in any one quarter.

## **2.8. Health and Wellbeing Agenda**

It is proposed that the HWB agenda is re-energised by the new HWB Specialist supported by a senior operational manager. It is proposed that champions from within the junior grades of staff in each LDU, and other principal operational areas are provided with time to invest in making health a central issue in their teams.

## **2.9. A Priority for Mental Illness**

It is proposed that the Executive Team determines whether it is appropriate to treat challenging absence patterns caused by mental illness differently to those with a physical cause.

# **3. Decisions**

## **3.1. Endorsement**

It is requested that the Trust Board endorses the actions undertaken so far in 2013/14 and supports the outline proposals made above.

## **3.2. On-going Support**

It is requested that the Trust Board requires the HR Director to provide detailed action plans, and exception reports, addressing these agenda areas on a quarterly basis to ESEC and also ensures that the Trust holds managers accountable for their team's absence rates.