

## Appendix 2. Action Plan to Reduce Sickness Absence - 2014/2015

1	Proposal	Lead Responsibility	Interdependencies	Timeline for completion	Progress to date
2	Provide detailed sickness data to Senior managers for further discussion in SMTs	HRB Ps DR and KB		31-Jul-14	Reports provided to SMTs.
3	Increase use of case conferences between managers, HR & OHU to review serious and/or complex individual cases	Managers with HR Delivery Team support	OHU	Mar-15	Turn-over of OHU staff led to longer waiting times early in-year. Now improved. The Manager is actively driving improvement including case conferences.
4	Update the Attendance management toolkit on Centranet and promote it to managers through training and SMTs	HR Policy and Delivery LR		End May 2014	Completed 21 May 2014.
5	Management of sickness absence will be a standing item in one-to-one meetings for discussion with any direct reports who line manage other employees	Managers	HR Delivery Team support		Ongoing and will continue
6	Update and Promote the training, guidance and advice available for managers and staff in developing resilience/managing stress in the workplace	HR Delivery Team and Workforce Team		By end October 14	Yes - sessions in Adults and on corp programme.
7	HR Delivery Team to provide one to one coaching and training to managers on managing absence, as required	HR Delivery		By end October 14	Ongoing.
8	Improve waiting times and cover in OHU through procuring a partner supplier.	OHU EB		By end October 14	Joint review undertaken with CWAC. Performance has improved.
9	A Communication Plan to be developed, using a wide variety of media to promote health and the importance of good attendance at work, and specific health initiatives e.g. Team Talk, posters, cascade via line managers and Centranet.	HR Delivery Dr/KB	Comms and Public Health	Mar-15	Deferred to 2015.
10	Monitor the Employee Assistance Programme to check if reduces absence attributed to stress in 2014/15	HR Policy and Delivery CW		Apr-15	EAP was implemented in April 14. Feedback good esp availability.
11	Target areas with particularly high levels of absence to identify and address contributory factors, to ensure focus is given to the type of illness that is most prevalent e.g. whether long term or short term; specific types of illness etc.	Heads of Service	HR Delivery		Ongoing.
12	Provide regular reports on absence levels to Directorates, CLB and Informal Cabinet.	HR BPs DR and KB			Reports are provided annually and managers run own Dashboard reports. HR follow up complex or long term cases.
13	Identify from the Staff Survey whether there are stressors which could be tackled in specific services	HR BPs with Heads of Service		By end August 14	Services have considered. Will tie in with Rene Barrett's work in 2015.
14	Promote wellbeing through promotion of healthy lifestyles	Workforce Public Health Manager		By end March 15	Programme promoted. Now further developed for 15/16.
15	CLB to set up working group to review corporate approach to stress management and resilience development	BS		By end March 15	Group has made progress but output will be in Q1 of 15/16.
16	Review Mindspace materials and report to the CLB working group on elements which could be adopted in CEC	DR		By end December 14	Not yet achieved.