

# Absence Support for Managers

Nick Dowd and the People Advisory Team

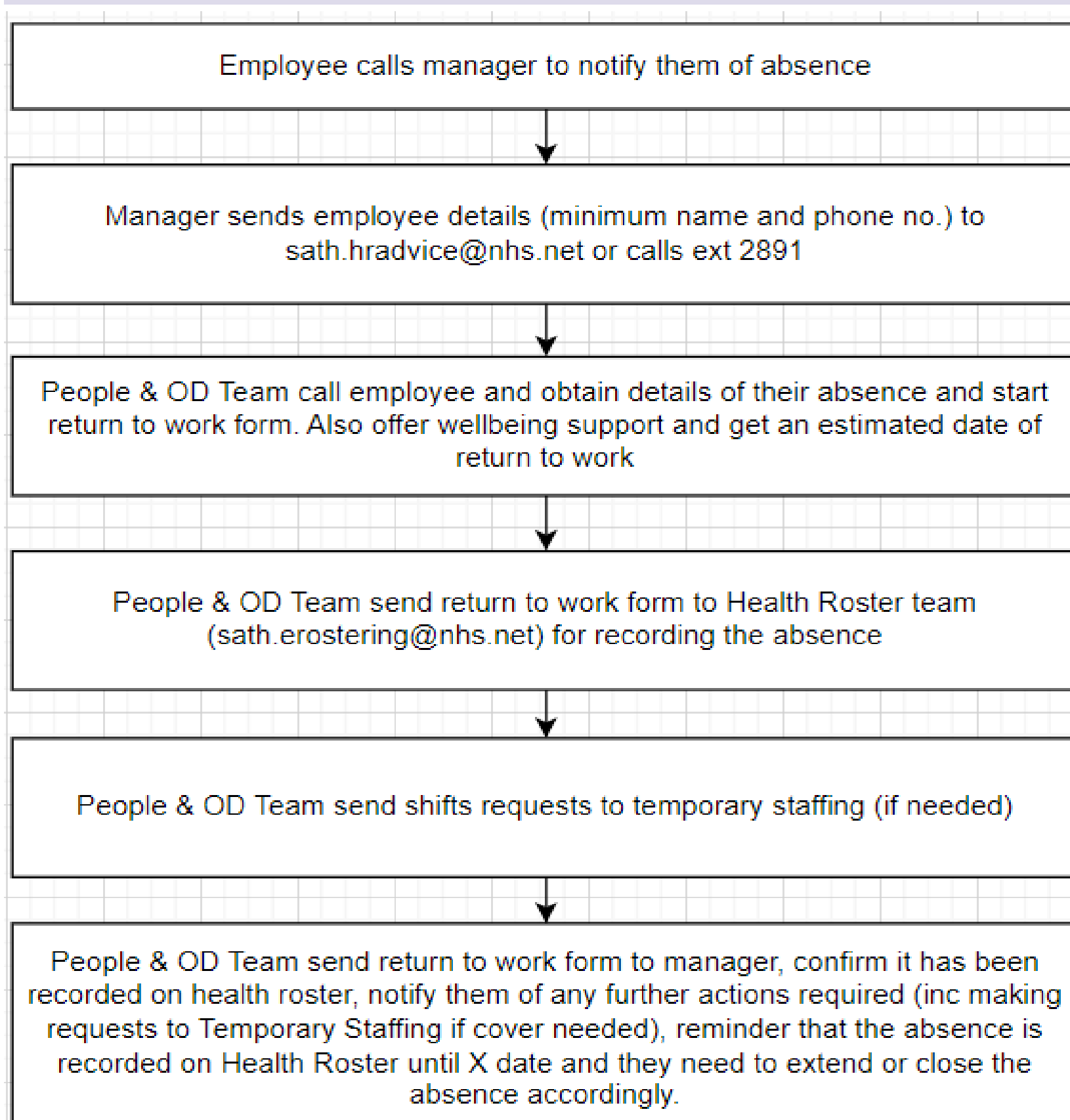
**Abstract: Over Christmas 2022, the Trust experienced significant site pressures and had declared a critical incident. This coincided with industrial action that had an impact on the Trust activity. The People Advisory Team were asked to provide additional support to ward and team managers in handling sickness absences during this time.**

## SMART Aim

To free up manager time to focus on urgent clinical matters, and reduce sickness absence, by undertaking sickness absence tasks on behalf of clinical managers, over a 2-week period of Christmas 2022, as evidenced by ensuring these important tasks are completed to a high standard, in accordance with the Trust's Employee Wellbeing and Attendance Management Policy.

## Plan

Due to the urgent nature of the situation, the project was introduced, planned and delivered within a very short time frame. A number of conversations were held within the People and Organisational Development (OD) Division to identify how we could best support our frontline colleagues. This included the Director and Deputy Director of People and OD, The Workforce Assurance team, the People Advisory Team and others. A project brief was created to support the planning of the project and a Standard Operating Procedure developed to describe how the additional support would be provided. The plan was to provide support to managers of wards and teams in all Divisions in the Trust with sickness management. This would include phoning staff to gather details of the sickness and populating E-Roster. It would also include contacting temporary staffing on behalf of the managers if needed.



## Do

The flowchart opposite, describes the process for absence support being provided. In essence, it allowed managers to delegate some important, but time consuming duties to the People Advisory Team, to carry out on their behalf, allowing them to focus their time on clinical matters and supporting patient flow. The service was offered to clinical areas between Wednesday 21<sup>st</sup> and Friday 30<sup>th</sup> December, 9am to 5pm.

Other available support included:

- o Liaising with Matrons and Ward Managers to discuss open absences, expected return to work dates, doing wellbeing checks with people already absent.
- o Assisting managers with staff absent due to COVID, getting info to DMG group for discussion about return to work
- o Making sure absences are closed on Health Roster when someone returns
- o Escalating risk where temporary staffing and medical people services have not been successful in filling a gap

## Study

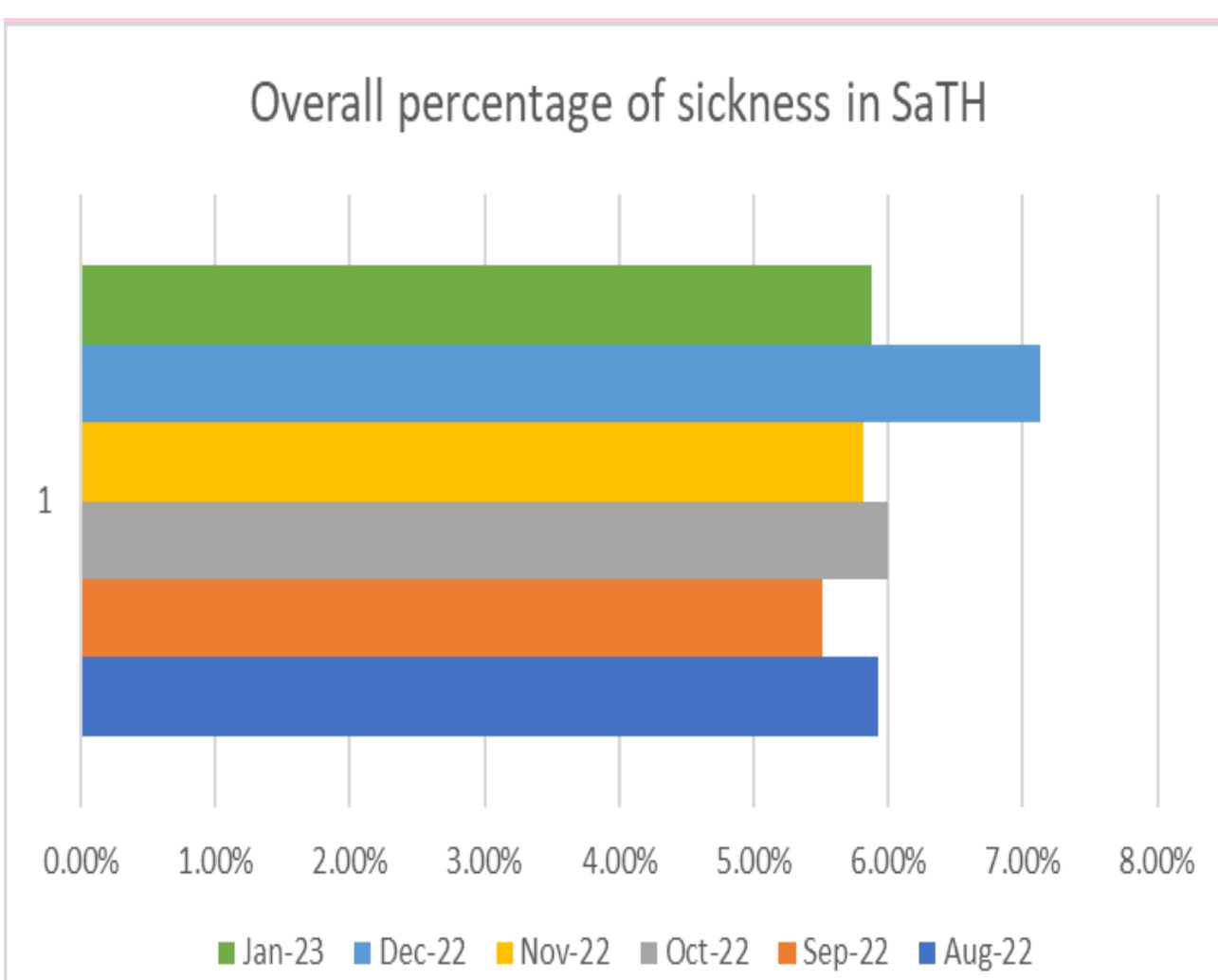
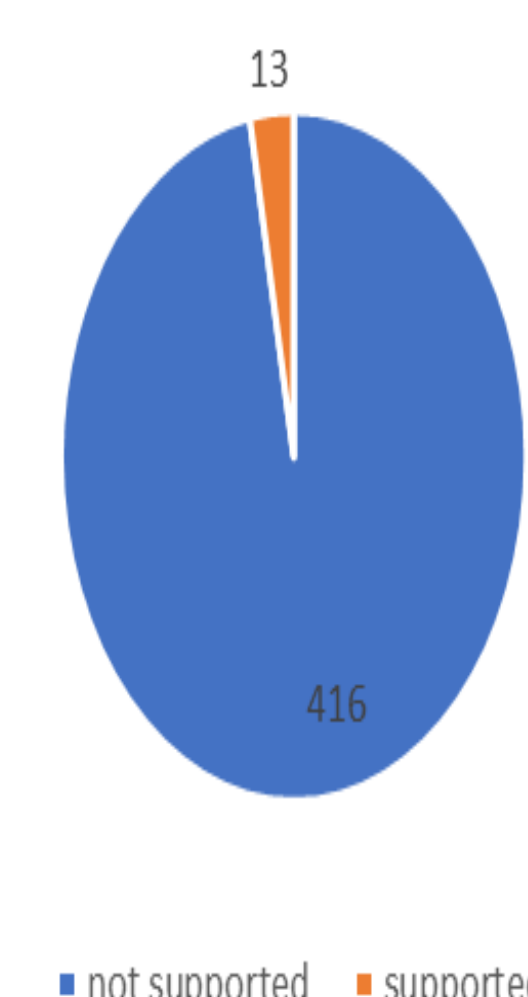
A central spreadsheet was created to log the support provided. The data shows that the People Advisory Team were asked by managers to provide support for only 13 employees. In the 6 working days the service

was available, there were 429 new episodes of sickness absence within the Trust, within clinical areas that were 'in scope' of the additional support. This equates to around 3%. On average, we estimate that the additional support probably released around 10 minutes of the manager's time, meaning that a total of around 2 hours 10 minutes in manager time was saved. This is against a backdrop of high sickness levels in the Trust.

This is not a significant impact, especially considering the many hours that were spent discussing, preparing for, and implement the support process.

Feedback from the People Advisory Team indicates that the project was introduced very quickly, with very little time for promotion to managers within the Trust. They also felt there was a lack of clarity over what work was to be stood down to allow them time to provide this support to managers.

Percentage of absences supported by the People Advisory team Christmas 2022



## Act

The process has been abandoned at this point due to its lack of impact. After discussion with the teams a number of areas would need to be addressed before a project of this nature was attempted again.

These include:

- Sufficient time to engage with managers and ask if this support was really what they wanted. There is a feeling that some managers do not want to 'outsource' this task to someone who doesn't know their employee like they do.
- Lack of effective communication and promotion of the offer; also communications messages were being sent via email at a time when we know our clinical leaders were being asked to work clinically and were unlikely to be up to date with email communications.
- With it being such a short-term project, managers may have been reluctant to understand and adapt to the new process, only to have to revert to normal practice a few days later.
- The support offered do not encompass the full duties that managers must fulfil. For example, the People Advisory Team could not book bank/agency shifts to cover sickness absence as they have no knowledge of the duties of the role and the cover required.

The People Advisory Team did receive some positive feedback from managers at the time of the support. Managers thanked them for their support and indicated it was a good idea that they would like to continue.

The learning identified from this project will be used to improve the impact of future projects of a similar nature.