



Item No. 13

Meeting Date

Wednesday 16 November 2016

**Glasgow City
Integration Joint Board
Finance and Audit Committee**

Report By: Sharon Wearing, Chief Officer: Finance and Resources

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ATTENDANCE MANAGEMENT

Purpose of Report:	To advise Committee of the current absence levels across Glasgow City Health and Social Care Partnership and highlight priorities within Attendance Management Action Plans for Social Work and Health.
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Recommendations:	The Integration Joint Board Finance and Audit Committee are asked to: a) note the content of this report.
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Implications for Integration Joint Board:

Financial:	Cost pressure arises from need to cover absence in some staff groups.
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Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Equalities:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	None.
Implications for NHS Greater Glasgow & Clyde:	None.

1. Absence Reporting – Glasgow City Health and Social Care Partnership

1.1 The data for Quarter 2, July to September 2016 is shown below in Table 1. For comparison purposes the table also shows the same period last year and the previous quarter this year.

Table 1 - High Level

Organisation	Employee Numbers	2016/17	2015/16	2016/17
		Quarter 2	Quarter 2	Quarter 1
Social Work	3477	6.00% 2.8 ADL	4.8% 2.2 ADL	5.3% 2.5 ADL
Health	4873.6	6.09%	5.69%	6.1%

Table 2 – Service Level

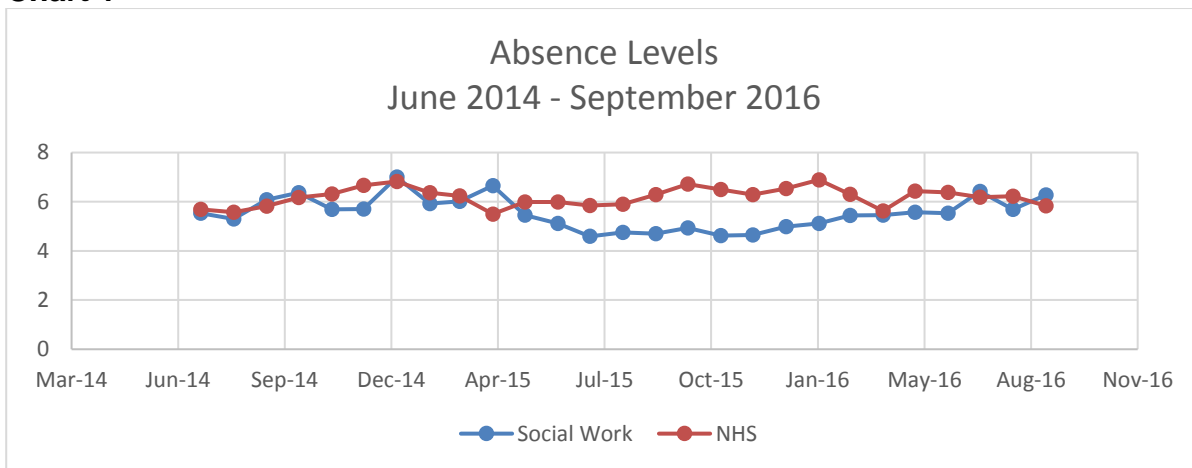
Service	Social Work	Health
North East Locality	6.78%	6.16%
North West Locality	4.54%	6.38%
South Locality	6.49%	6.38%
Mental Health Central	n/a	1.36%
All Other*	6.23%	6.84%

* SWS All Other category includes Residential Services in Older People and Children

* Health All Other category includes Central Services and MH Specialist Directorates

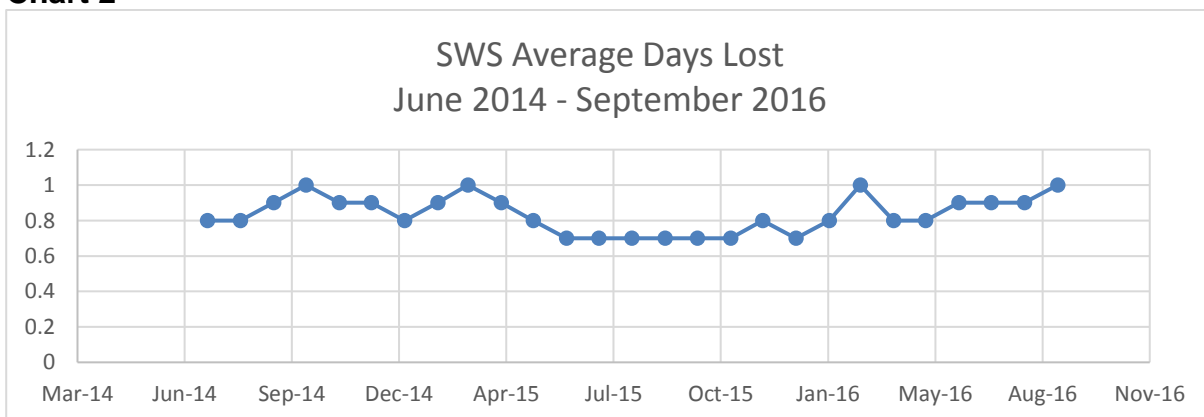
- 1.2 Social Work reports absence on a period and quarterly basis. Absence rates are now measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position, however for the purpose of this report percentage figures are also shown
- 1.3 Health reports absence on a monthly basis. Absence rates are measured on an average percentage figure which is calculated using WTE Employees Absent v WTE Employees (Jul / Aug / Sept).
- 1.4 Chart 1 below shows the absence trends (%) in both organisations over a period of 26 months from June 2014 until September 2016.

Chart 1



- 1.5 Chart 2 below shows the Social Work trend using the average days lost calculator.

Chart 2



2. Social Work Services

- 2.1 The Council's quarterly and yearly absence targets have been set for 2016/17 and Social Work has an Average Days Lost yearly target of 10.2 as detailed in the table below.

Table 3 – 2016/17 Social Work Absence Targets

Social Work	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Adjusted Target	2.45	2.58	2.64	2.53	10.2
Cumulative	2.45	5.03	7.67	10.2	

2.2 Quarterly Reporting (Quarter 2)

Social Work's quarterly performance is highlighted in table 1 of this report.

Quarter 1 reporting continued the same trend since 2013/14 and achieved on target, however, quarter 2 reported 2.8 ADL, which is an increase of 0.6 ADL in comparison to last year and takes the department back to absence rates reported a few years ago.

2.3 Period Reporting (Period 2 to 7)

2016/17 period reporting started in a good position with Periods 1 and 2 figures showing an improvement in comparison to previous years. Period 3 remained the same ADL figure as the last 4 years. However, since Period 4 (June), absence levels have steadily increased by 0.2 ADL and in Period 7 (September) by 0.3 ADL. The latest reporting (Period 7) was 1.0 ADL.

3. Action Plan 2016/17 (Social Work)

- 3.1 The following priorities are the focus for the department to try and achieve a reduction in overall absence figures closer to last year's performance, whilst continuing to address long term absence and short term recurring absences, through modifying existing successful strategies and interventions.

3.2 Training for Managers

A new training programme is almost finalised with sessions focusing on manager interaction and practice skills time, to build confidence in having meaningful conversations to effectively manage staff attendance. A Pilot will commence with Older People Residential Managers and following feedback and evaluation, will be rolled out to all managers in early 2017.

The Council has further developed its e-learning resource on Attendance Management and completion of this module will be mandatory before participating in the new manager training.

3.3 Employee Support Programme

Stress and back pain absences are on the increase, therefore, a new programme will be developed to support employees to remain at work and to minimise further absences recurring. Psychological and Musculoskeletal absences will also be included in the new programme.

3.4 Target Hot Spots

Action Plans will be developed as a priority for staff groups of Older People and Children's Residential Services where cover is required at an additional cost.

3.5 Long Term Absence

The number of employees off sick for between 20 days and 3 months has increased by 46% in comparison to the same quarter last year, with long term figures similar to 3 years ago. The Early Intervention process and approach will be reviewed to ensure all possible measures are being taken to support employees back to work at the earliest point.

3.6 Communication

Regular communication will be sent out to managers and employees to promote manager toolkit and guidance, support services and employee health and wellbeing resources and training opportunities such as the mindfulness programme.

4. **Health**

4.1 Senior Management Engagement

People & Change Managers continue to support Senior Management Teams at locality level with provision of absence statistics, assisting in identifying patterns and trends to inform management actions and focused intervention where required.

Through engagement with senior managers at locality SMTs, People & Change Managers support local managers in accurate recording of absence on SSTS to correctly identify reasons for absence and to provide local reports as required.

4.2 The Action Plan for 2016/17 includes the following:-

Raising Policy Awareness

Delivery of 'Attendance Management Clinics' for local managers with input from the Occupational Health Service, supported by the HR Support and Advice Unit.

Short Term Absence

Additional support of early management intervention with the introduction of 'checklists' at the 3rd episode of absence, in advance of policy trigger point, to ensure the formal process commences at the RTW stage with the aim of reducing breaches of trigger points.

Long Term Absence

Provision of guidance to managers on the use of a planned approach to managing long term absence cases. From the point where the absence exceeds 28 days, a 4-weekly programme of absence review meetings will be established with agreed actions documented at each 3, 6, and 9 month stage.

4.3 **Glasgow City Health and Social Care Partnership**

Glasgow City Health and Social Care Partnership has a Strategic Healthy Working Lives (HWL) group chaired by the Head of People and Change. Joint staff health promotional events and activities will be explored through this group and promoted via the Glasgow City Health and Social Care Partnership HWL newsletter published quarterly and other appropriate communication channels.

5. **Conclusions**

- 5.1 Both Social Work Services and NHS levels have increased in this quarter compared to last year. Continued implementation of the action plans will be essential to prevent further increases.

6. **Recommendations**

- 6.1 The Integration Joint Board Finance and Audit Committee is asked to:
- a) note the contents of the report.