



Item No. 8

Meeting Date Wednesday 22 February 2017

Glasgow City Integration Joint Board Finance and Audit Committee

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ATTENDANCE MANAGEMENT

Purpose of Report:	To advise IJB Finance and Audit 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 IJB Finance and Audit Committee is 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.
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Sustainable Procurement and Article 19:	None.
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Equalities:	None.
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Implications for Glasgow City Council:	None.
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Implications for NHS Greater Glasgow & Clyde:	None.
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1. Absence Reporting – Glasgow City Health and Social Care Partnership

- 1.1 The data for Quarter 3, October to December 2016 is shown below in Table 1. For comparison purposes the table also shows the same period last year and the previous two quarters this year.

Table 1 - High Level

Organisation	Employee Numbers	2016/17	2015/16	2016/17	2016/17
		Quarter 3	Quarter 3	Quarter 2	Quarter 1
Social Work	3456 Headcount	6.52% 3.3 ADL	4.9% 2.4 ADL	6.00% 2.8 ADL	5.3% 2.5 ADL
Health	4349 WTE	6.47%	6.50%	6.09%	6.1%

Table 2 – Service Level

Service	Social Work	Social Work	Social Work	Health	Health	Health
	Quarter 3	Quarter 2	Quarter 1	Quarter 3	Quarter 2	Quarter 1
North East	4.93%	6.78%	6.7%	6.97%	6.16%	5.7%
North West	6.77%	4.54%	4.15%	6.86%	6.38%	6.64%
South	7.77%	6.49%	5.08%	6%	6.38%	6.9%
Mental Health Central	n/a	n/a	n/a	6.24%	1.36%	1.67%
All Other *	8.59%	6.23%	6.48%	4.37%	6.84%	6.94%

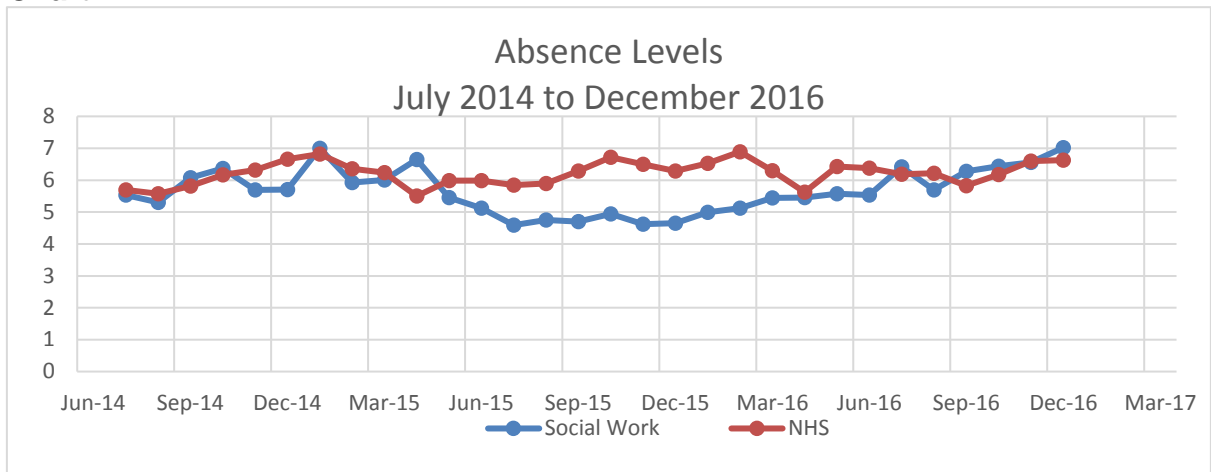
* SWS All Other category includes Residential Services in Older People and Children

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

- 1.2 Social Work absence rates are 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 absence rates are measured on an average percentage figure which is calculated using WTE Employees Absent v WTE Employees.
- 1.4 The trend in Social Work is an increasing level and in Health the level remains consistent. This is in terms of comparison with the level this time last year and the previous two quarters.

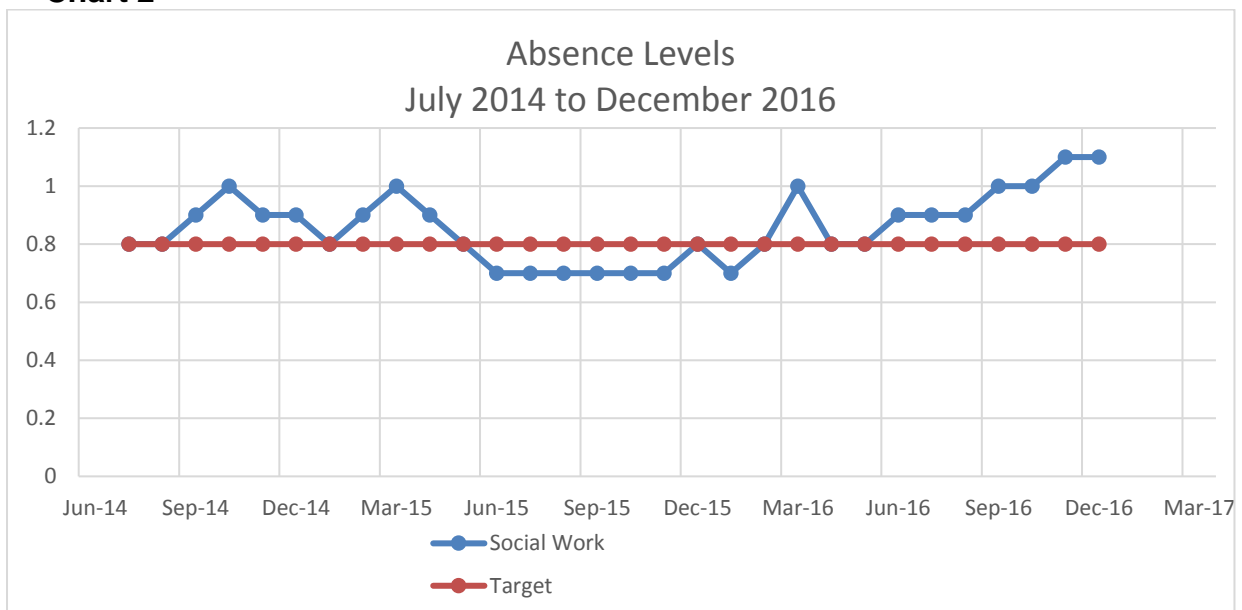
1.5 Chart 1 below shows percentage absence trends for both Social Work and Health from July 2014 to December 2016.

Chart 1



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

Chart 2



Note: With regard to benchmarking with other authorities, the 2015/16 Sickness Absence statutory performance indicator (SPI) results for all Scottish Councils are not yet published. Comparator analysis will be prepared when the data is published.

Social Work’s two main absence reason categories are Psychological and Musculoskeletal however while there has been a slight increase in both categories the percentage increase across these two groups does not account for the overall increase. It is an increase in other groupings, mainly respiratory, that accounts for a large part of the increase over the last 5 months.

1.7 Appendix 1 shows the comparisons by Partnerships (NHS staffing) for the last 4 months. In general the pattern does show an increase in the early winter months, but a very slight decrease in January. It should be noted that staffing levels across all Partnership areas is not directly comparable as all other partnerships have significantly lower levels of NHS staffing.

1.8 On a national level the NHS target is 4% and for the financial year 2015/16 the rate achieved was 5.16%. Appendix 2 shows the national figures for 2015/16.

2. Social Work Services

2.1 Quarterly absence data is provided to Heads of Service and since August last year the department have started to see a steady increase in absence levels. Specific areas of concern are within:-

North East Criminal Justice, Learning Disabilities (has the highest absence levels in Learning Disabilities across the city)

North West Hospitals, Criminal Justice (has the highest absence levels in Criminal Justice across the city), Addictions

South Learning Disabilities, Addictions (has the highest absence levels in Addiction Services across the city)

Older People Res. 5 Units with approximately 50 staff

2.2 Accessibility of reports for managers is currently being explored by HR, which highlights employee absence information that underpins quarterly absence data. Promotion of such reports are included within the priorities for 2017 Action Plan.

2.3 HR Resources continue to focus on employees and areas of significantly high absence levels, reducing the duration of long term absences, supporting managers with early intervention and support plans to facilitate returns to work quickly and coaching managers to take action early in order to prevent unnecessary delays in the attendance management process.

2.4 Purchasing additional annual leave is a relatively new employee benefit however it has not been possible to facilitate this fully within Residential Services. A review of this position is underway – facilitating this may assist individuals in managing their attendance. Added to this is a need to have more flexibility in working patterns for those working in the Residential sector.

2.5 The Principal HR Officer will meet with Heads of Service and Service Managers to develop strategies to address high absences within priority areas mentioned above.

3. Health

3.1 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.

3.2 Recent review of SSTS recording for the period from April to December 2016 shows continuing issues in relation to the recording of reasons for absence. An analysis of the detail on the system advises that nearly **22%** of health absence recorded during this period does not provide or use an appropriate SSTS descriptor with the detail or reason for absence. Given this, further information will be shared in January with local management teams to ensure all service areas are clear on management responsibilities for recording.

3.3 The existing Action plan for 2016/17 continues to focus on:

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. Further documentation regarding recording of absence and management or return to work discussions is also being shared across management teams in January.

Long Term Absence

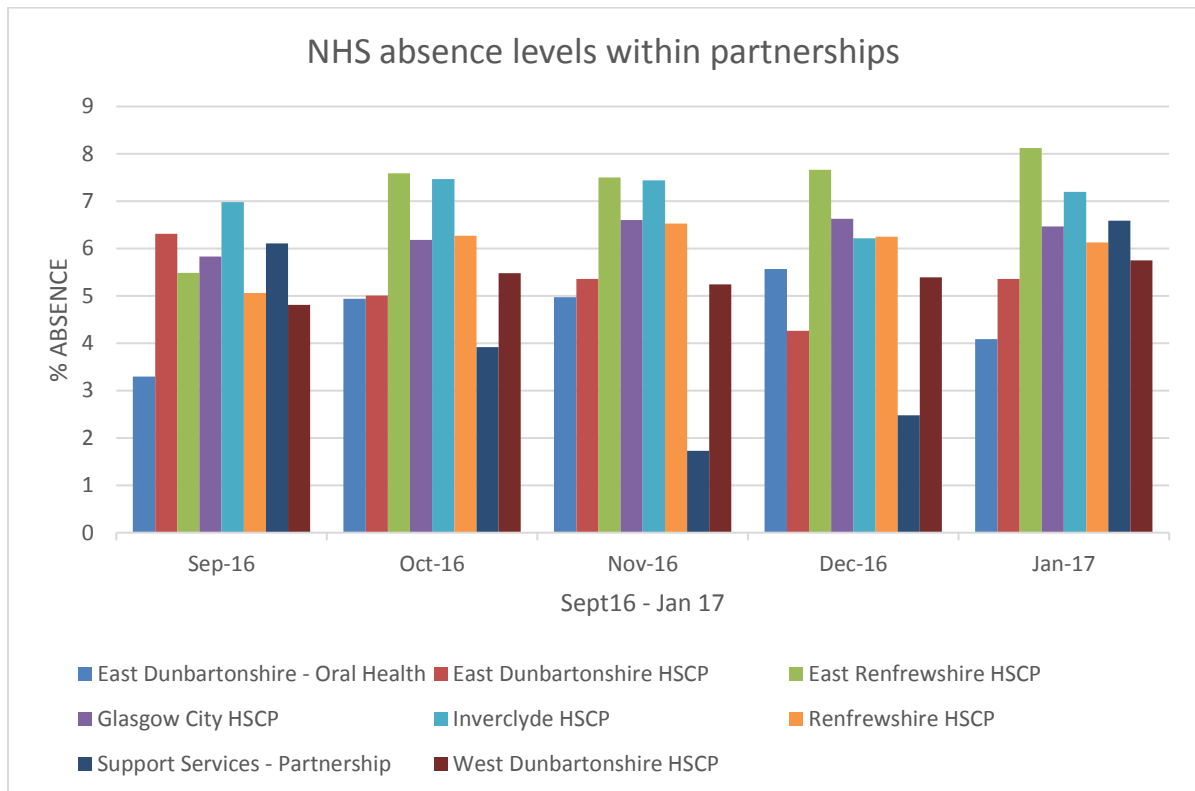
Provision of guidance to managers on the use of a planned approach to managing long term absence cases. From the point where the absence exceeds 28 days, a 4-weekly programme of absence review meetings will be established with agreed actions documented at each 3, 6, and 9 month stage.

4. Recommendation

4.1 The IJB Finance and Audit Committee are asked to:

a) note the content of this report.

APPENDIX 1 NHS absence levels within Partnerships



DATA:
NHS Sickness Absence percentages within Partnership Sector

Partnership	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
East Dunbartonshire - Oral Health	3.3	4.94	4.97	5.57	4.09
East Dunbartonshire HSCP	6.31	5.01	5.36	4.26	5.36
East Renfrewshire HSCP	5.49	7.59	7.5	7.66	8.12
Glasgow City HSCP	5.83	6.18	6.6	6.63	6.47
Inverclyde HSCP	6.98	7.47	7.44	6.22	7.2
Renfrewshire HSCP	5.06	6.27	6.53	6.25	6.13
Support Services - Partnership	6.11	3.92	1.73	2.48	6.59
West Dunbartonshire HSCP	4.81	5.48	5.24	5.39	5.75

APPENDIX 2 NHS Absence Rates 2015/16

