



Item No. 17

Meeting Date Wednesday 14th June 2017

**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 the 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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Relevance to Integration Joint Board Strategic Plan:

As detailed in page 25 of the plan
The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, the right place and from the right person

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
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Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
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Carers:	None
Provider Organisations:	None
Equalities:	None
Financial:	Cost pressure arises from need to cover absence in staff groups.
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Service imperatives are managed across care groups as required
Implications for Glasgow City Council:	As stated above.
Implications for NHS Greater Glasgow & Clyde:	As stated above.

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

1.1 The data for Quarter 4, January to March 2017 is shown below in Table 1. For comparison purposes the table also shows the same period last year and the previous 3 quarters in 2016/17.

Table 1 - High Level Quarter Comparison (%)

	Employee Numbers	2016/17	2015/16	2016/17	2016/17	2016/17
		Quarter 4	Quarter 4	Quarter 3	Quarter 2	Quarter 1
Social Work	3454 Headcount	5.6% 2.7 ADL	5.4% 2.6 ADL	6.5% 3.3 ADL	6.0% 2.8 ADL	5.3% 2.5 ADL
Health	4334 WTE	6.28%	6.57%	6.47%	6.09%	6.1%

Table 2 – Service Level Quarter Comparison (%)

	Social Work				Health			
	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Quarter 4	Quarter 3	Quarter 2	Quarter 1
North East	5.7%	4.93%	6.78%	6.7%	6.66%	6.97%	6.16%	5.7%
North West	4.9%	6.77%	4.54%	4.15%	6.52%	6.86%	6.38%	6.64%
South	6.6%	7.77%	6.49%	5.08%	6.04%	6%	6.38%	6.9%
Mental Health Central	n/a	n/a	n/a	n/a	6.82%	6.24%	1.36%	1.67%
All Other *	6.44%	8.59%	6.23%	6.48%	2.33%	4.37%	6.84%	6.94%

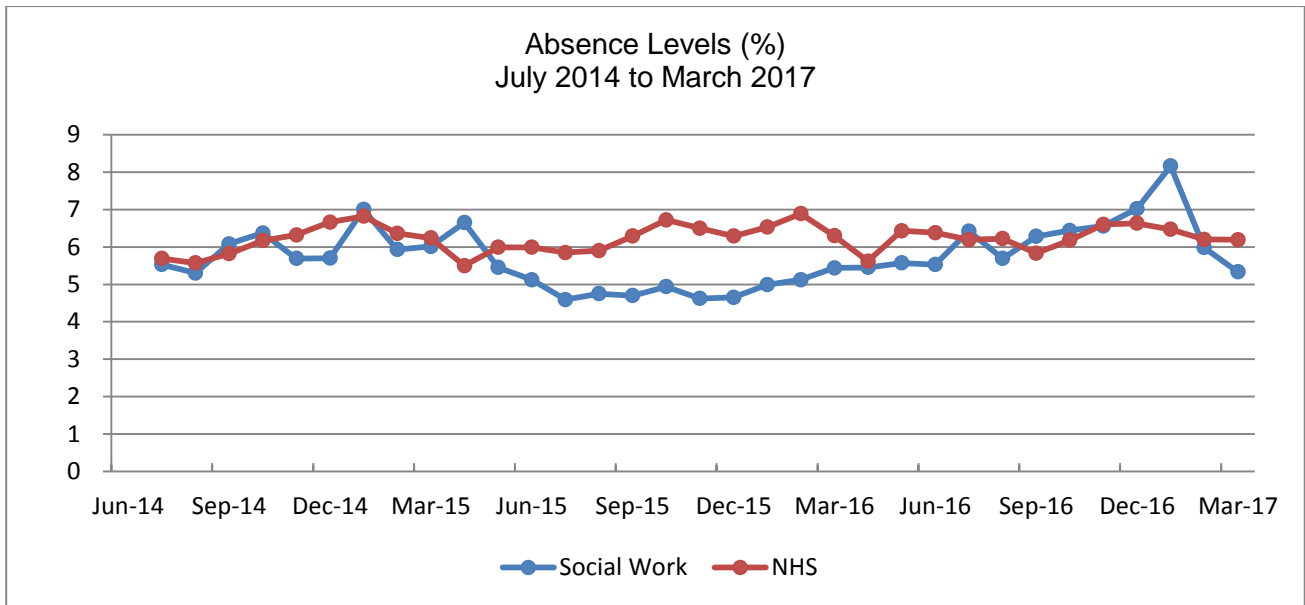
* SWS All Other category includes Residential Services in Older People and Children

* 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 Absence performance within Social Work for quarters 2 and 3 showed an increase in figures with quarter 4 also showing a higher ADL compared to the same quarter in 2015/16. This resulted in the Service reporting a yearly figure of 11.3 ADL which was above the yearly target set of 10.2 ADL.
- 1.5 Absence performance within Health has consistently reduced its figures in each quarter showing an improved position compared to 2015/16.

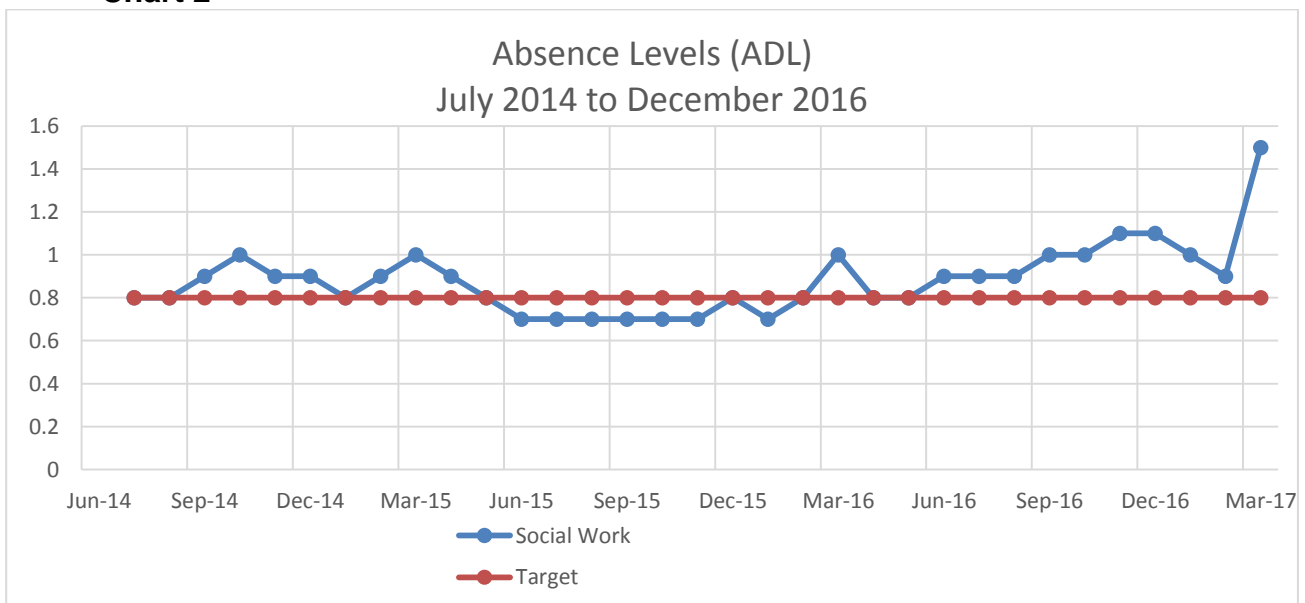
1.6 Chart 1 below shows percentage absence trends for Social Work and Health from July 2014 to March 2017.

Chart 1



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

Chart 2



- 1.8 The estimated costs of sickness absence within Social Work service areas in the Quarter 4 period (Jan-Mar) are detailed below:

Service Area	Ave No. Days Lost	Ave No. of Employees Off Sick	Ave Cost
Older People Residential & Day Care	3014	131	£322,618.56
Children's Residential	1319	35	£132,678.21
Families for Children	382	12	£47,383.28
Homelessness Casework	166.5	4	£16,748.24
Homelessness Residential	184.5	8	£11,520.18
Corporate Services	186	7	£23,071.44
Emergency Services	113.5	3	£11,416.97
Adult, Older People & Commissioning Services	182	6	£22,575.28
Business Development	12	1	£1,488.48
Centre Probation Team	268	7	£33,242.72
Finance Services	193	3	£23,939.72
Homeless Persons Services	2	1	£201.18
Service Modernisation	161.2	7	£19,989.05
Social Care Direct	37	1	£3,025.12
Standby Services	79	1	£9,799.16
Youth Crime Review Team	152	4	£18,854.08
Localities			
North East	1712.0	42	£212,356.48
North West	1179.5	43	£146,305.18
South	1998	58	£247,831.92
Overall Total	11341.2	374	£1,305,045.25

2. Social Work Services

- 2.1. The Principal HR Officer will continue to engage with Senior Managers across Social Work to devise individual action plans that are tailored to support staff groups where ongoing issues are highlighted.

Older People Residential Services remains the priority service area to focus on, implementing more robust strategies to try and reverse the absence trend, reduce days lost due to sickness absence and have less employees off sick for 2017/18 and thereafter.

- 2.2 Following on from the more detailed absence analysis carried out for Older People Residential and Day Care to identify areas of concern, a similar exercise will be looked at for North East, North West and South localities.

- 2.3 More robust HR monitoring is in place to identify poor overall attendance records so that the most appropriate course of management action can be determined on a case by case basis.
- 2.4 Quarter 3 had the highest level of activity around capability dismissals, ill health retirements and removal of occupational sick pay which has helped to bring quarter 4 figures back to a similar position reported at the beginning of 2016/17.
- 2.5 Discussions are underway with the Council's Occupational Health Service to look at a joint approach in developing a Musculoskeletal Programme for identified employees, in order to impact positively on the number of days lost due to back pain and other musculoskeletal reasons.
- 2.6 Recommendations highlighted within the Corporate Attendance Management Audit Report resulted in work being done on the Wellbeing and Attendance pages of Connect.

Communication has been circulated to managers and a reminder will be sent on a monthly basis. These communications will now signpost managers to a suite of information relating to wellbeing and attendance for both managers and employees, including training and video tutorials to help managers navigate to reports on My Portal much easier or to make referrals to Occupational Health.

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. Following recent discussion within management teams, there has been an improvement on correctly coding absence and further work continues to ensure this practice continues to improve. Detailed information is also provided on bank use within clinical service areas, as there are some instances of breaches of working time directive arrangements that are required to be closely monitored.

Recently within the health component of staff, we have seen an increase in short term absence, particularly over the last 3 months. These cases continue to be actively managed and to augment this, we have had recent information provided from the central HR Support unit identifying, in both short and long term cases, those instances where HR support is not in place. This has supported a local dialogue to ensure all are sighted on any required action around individual members of staff.

Moving forward, discussion is taking place regarding conclusion of long term cases appropriately, the need for any further training and support for managers and specific focus has been in place regarding our inpatient areas, which have historically been areas of high absence.

4. Recommendations

4.1 The IJB Finance and Audit Committee is asked to:

a) note the content of this report.