



Item No. 7

Meeting Date Wednesday 5th December 2018

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 Quarter 2 2018/19 absence levels across Glasgow City Health and Social Care Partnership.
Background/Engagement:	Social Work and Health Services continue to monitor sickness absence and aim to achieve below absence targets set. Lower sickness absence is desirable for service delivery and efficiency.
Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the content of this report

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
Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
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. Quarter 2 2018/19

- 1.1 The data for Quarter 2 July to September 2018 and previous quarterly figures are shown in Tables 1 and 2. Table 3 highlights Social Work's 2018 / 19 Targets and figure achieved.

Table 1 - High Level Quarter Comparison (% / ADL)

	Empl No	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Social Work	3831	5.50%	6.00%	6.8%	6.9%	6.1 %	6.8%
	Head Count	2.6 ADL	2.6 ADL	3.2 ADL	3.3 ADL	3.8 ADL	3.3 ADL
Health	4366.8 WTE	6.13%	5.3%	6.16%	6.42%	5.47%	5.9%

- GCC figure now showing in ADL only

Table 2- Service Level Quarter Comparison (%) – Health

Health						
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
North East	5.84%	6.16%	6.57%	6.77%	5.78%	7.18%
North West	7.00%	6.38%	6.54%	6.22%	5.36%	5.78%
South	5.87%	6.38%	6.44%	7%	5.85%	6.4%
Mental Health Central	4.19%	1.36%	1.84%	2.38%	1.53%	2.96%
All Other **	**	6.84%	4.63%	6.68%	6.58%	7.6%

** Health All Other category previously reported separately for Central Services and MH Specialist Directorates but now incorporated into other areas

Table 3 – Social Work Absence Targets 2018 / 2019 (ADL)

Social Work	Q1	Q2	Q3	Q4	TOTAL
Adjusted Quarterly Target	2.45	2.58	2.64	2.53	10.2
Quarterly Cumulative Target	2.45	5.03	7.67	10.2	
Quarterly Actual Cumulative Ave Days Lost (ADL)	3.8	7.1			

- 1.1.1 Social Works overall absence level at 3.3 average days lost, a decrease on the previous quarter but an increase on the same quarter last year. The trend is an increasing one.
- 1.1.2 NHS absence level at 5.9%, an increase on both the previous quarter and on the same quarter last year.

2. Social Work Services

- 2.1 Long term absence and absence reasons within the psychological and musculoskeletal categories continue to be the main reasons for the level of absence in Social Work staff.
- 2.2 Presentation of the data is currently being reviewed to allow better analysis and review of action plan. Data will be presented in the Care Group format for the next quarter and new data added following the transfer of Cordia to Social Work will be included. Initial information shows that the absence levels for Home Care staff sits at approx. 10%.
- 2.3 Work is ongoing to review absences related to accidents /injuries at work which impact on absence levels in both the psychological and musculoskeletal categories.
- 2.4 In terms of the financial cost of absence this impacts directly on the Residential sector where replacement cover is required. The position has been that cover is arranged either via staff overtime or the use of agency staff. This position has changed in the Older People's sector where additional staff have now been appointed to cover as required and these staff have reduced the need for overtime / agency. The Residential Children's sector is also adopting this model with recruitment underway for additional staff. Work continues to establish a model that can identify the additional costs due to sickness absence alone.
- 2.5 Social Work continue to promote early intervention and support managers to build confidence in managing staff attendance. Further analysis will be carried out on reasons for absence, with a particular focus on stress and other psychological absences, and a review of existing absence management strategies will be undertaken to identify scope for improvement.

3. NHS

- 3.1 The primary reasons for absence mirror those in Social Work Services with a similar rising level of absence in the Psychological category.
- 3.2 Presentation of the absence data is also being reviewed for Health staff in terms of a move from locality to Care Group reporting in line with revised management arrangements.
- 3.3 There remains an issue with non-recording of reasons for absence. Detailed work has been undertaken in a neighbouring HSCP to reduce the use of this coding, and this will be shared across all localities/ care groups moving forward to seek a further reduction in this issue. Discussions are being taken forward at a national level regarding SSTS coding to endeavour to change the coding options to require a positive recording at all stages
- 3.4 As part of the continued focus on improving attendance and reducing absence, NHS GG & C have asked all health areas to look at the creation of a confirmed trajectory to

reduce absence, with targets set across service areas. These are in progress and will be monitored going forward.

- 3.5 An attendance management team has now been established within the central H R Support and Advice Unit which will proactively engage with services with high levels of absence. This will include additional support in terms of individual discussions, highlighting any patterns of concern and providing directed interventions as required.

4. Recommendations

- 4.1 The IJB Finance and Audit Committee is asked to:
- a) note the content of this report.