

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

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ATTENDANCE MANAGEMENT

Purpose of Report:	To advise the IJB Finance, Audit and Scrutiny Committee of the latest absence levels across Glasgow City Health and Social Care Partnership.
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Background/Engagement:	Social Work and Health continue to address targeted areas where absence levels are consistently high. Attendance Management Plans will highlight priorities and focus for the months ahead.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the content of this report and the attached appendices.
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Relevance to Integration Joint Board Strategic Plan:

As detailed in page 22 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
Carers:	N/A
Provider Organisations:	N/A
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Cost pressure arises from need to cover absence in staff groups
Legal:	N/A
Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	There is a risk that increasing absence levels impact on the efficiency of services and where replacement staff are required, a financial impact.
Implications for Glasgow City Council:	As stated above
Implications for NHS Greater Glasgow & Clyde:	As stated above

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1. Purpose of Report

To advise the IJB Finance, Audit and Scrutiny Committee of the latest absence levels across Glasgow City Health and Social Care Partnership.

2. Background / Engagement

Social Work and Health continue to address targeted areas where absence levels are consistently high. Attendance Management Plans will highlight priorities and focus for the months ahead.

3. High Level Quarter Comparison (Average Days Lost [ADL] / Percentage [%])

3.1 Latest absence trends for Social Work and Health are highlighted in Table 1 below. Social Work report in Average Days Lost and Health report in Percentage Absence.

Table 1

*P1 is 2 rather than 4 weeks long	2019/20															
	P1*	P2	P3	P4	P5	P6	P7	P8	04	05	06	07	08	09	10	
ADL Yearly Target is 10.2 per year / 0.8 per month									Ave % Yearly Target is 4%							
ADL / % Monthly Target	0.4 ADL	0.8 ADL	0.8 ADL	0.8 ADL	0.8 ADL	0.8 ADL	0.8 ADL	0.8 ADL	4%	4%	4%	4%	4%	4%	4%	
Social Work									Health							
OVERALL	0.5	1.0	1.0	1.1	1.1	1.0	1.2	1.2	6.07	6.21	5.85	6.61	6.44	6.29	6.54	
Resources	0.4	0.7	0.7	0.9	0.9	1.0	1.0	1.0			3.6	5.0	3.9	4.3	5.0	
Adult Services	0.6	1.2	1.0	1.0	1.0	1.2	0.9	1.0			6.7	7.3	7.3	7.2	7.1	
Public Protection & Complex Care	0.3	0.6	0.6	0.6	0.4	0.5	0.6	0.7			7.6	7.5	7.5	4.9 6.5	6.4	
Children's Services	0.5	1.0	0.9	1.1	1.1	1.1	1.0	1.0			4.7	5.0	5.3	5.0	6.6	
Older People's Services	0.5	1.0	1.0	1.1	1.1	1.0	1.0	0.6			5.9	7.1	6.3	6.0	6.3	
Care Services	0.7	1.2	3.2	1.2	1.3	1.4	1.5	1.4								
Health Improvement											4.4	5.2	5.1	5.4	4.3	
Clinical Director											3.4	4.0	5.6	5.5	1.0	

3.2 The columns shaded for Health within the above table are due to percentage absence figures not being available by each staff group for the months of April and May.

The rows shaded within the above table for both Social Work and Health means that there are no employees working under each of these staff group headings, and therefore no absence data exists.

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4. Annual Reporting on Financial Consequences of Absence

4.1 Table 2 below highlights overtime and agency costs and those attributed to sickness absence within Older People Residential, Care Services, Homelessness and Children's Residential.

Table 2: Overtime and Agency Spend

Older People Residential

YEAR	Total Overtime Spend	Overtime Cost Sickness	Total Agency Spend	Agency Cost Sickness	Comments
2018/19	£1,072,645	£439,784	£1,338,706	£481,934	Costs calculated based on overall % of estimated sickness hours
2019/20 (as at Period 8 25/10/19)	£453,043	£179,405	£721,093	£219,897	Costs calculated based on overall % of estimated sickness hours.
Total Cost	£1,525,688	£619,189	£2,059,799	£701,831	

Care Services

Year	Total Overtime Spend	Total Agency Spend	Overtime Sickness	Agency Sickness	Comments
2018/19	£6,419,786	£1,578,656	£740,600	£182,117	
2019/20	£3,561,077	£654,589	£321,501	£59,098	YTD P1-8 Actuals

Homelessness and Children's Residential

Year	Total Overtime AND Agency Spend *	Overtime AND Agency Sickness Spend *
2018/19	£918,217 (total spend) £591,972 (was for residential units)	£66,630
2019/20 to P8	£507,031 £191,802 (was for residential units)	£16,710

* These are estimated figures on the basis that overtime/agency recorded in one month is paid in the following month.

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5. Absence Reasons

5.1 The top two reasons for sickness absence continues to be Psychological and Musculoskeletal absences. HR strategies to support managers in addressing staff absences for these reasons continue to be explored.

Table 3

Occupational Health Category / Absence Reason		Social Work	Health
		April 2019 to 14/11/19	April 2019 to 14/11/19
		% of Total Absence	% of Total Absence
1.	Psychological (Anxiety / Stress Depression / Other Psychological Illnesses)	28.3%	30%
2.	Musculoskeletal (Back Pain / Other Musculoskeletal Illnesses)	21.6%	20%

6. Flu Vaccination Programme 2019

6.1 Social Work

Flu vaccinations are available for Social Work Staff through the Council's Occupational Health Service (OHS) Provider. Table 4 highlights the uptake for this year, which is a considerable increase from previous years. HR are working more closely with OHS and senior managers, to implement a flu vaccination programme that best suits the needs of the staff group. Figures do not include Social Work staff who received a flu vaccination via the Health programme. It's too early to establish if the programme has had a positive impact on our sickness absences due to respiratory type reasons. However, this will be reported at a future committee date.

Table 4

Area	Details	Total No. of Employees	No. of employees receiving flu vaccination	% Staff Uptake
Social Work City Wide	Clinics at Speirs Wharf	3496 (excluding Care Services & Older People Residential)	286	8%
Care Services	Vouchers issued	2973	704	24%
Older People Residential	Onsite Clinics	725	85	12%

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6.2 Health

Flu vaccinations are promoted every year by local Health Improvement Teams and there has been a 24.2% uptake within Glasgow HSCP that have received this, which includes both Health and Council/Social Work staff.

Drop-in clinics for staff ran over 4 weeks in October and November across various NHSGGC and HSCP sites. Peer immunisation continues and NHSGGC staff can also request the flu vaccination through Occupational Health.

7. Action Plans

7.1 Social Work

The Attendance Management Action Plan has been reviewed and updated, which highlights priorities for the next 3 months. This is attached as Appendix 1.

Absence levels remain high in particular within Residential (Older People, Children's and Day Care) and Care Services staff groups. HR resources will continue to be more focussed in supporting managers in these areas due to the financial costs of agency and overtime cover. This is reflected in the 3 monthly action plan.

7.2 Health

The Attendance Management Action Plan has been reviewed and updated. This is attached as Appendix 2.

Attendance Management is a focus of on-going activity across Glasgow City HSCP. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed with training and tool kits are in place for managers to support processes and interactions with staff. The absence information is reviewed monthly within Core Leadership Teams.

Although the HR Support and Advice Unit are no longer available for support, continued HR support is given by the People and Change Managers where absence case reviews continue within in-patient areas with Management Support Nurses and Senior Charge Nurses to ensure action plans are in place for all absence cases (long term and frequent absence cases).

Upper Trigger reports are being reviewed on a monthly basis by the People and Change Managers, to ensure all absence cases are within a process and appropriate management and HR intervention is in place.

Over the coming months all areas which have above 10% overall absence will be reviewed and departmental managers met with to see what support can be provided and to agree an action plan to reduce absenteeism in their area.

8. Recommendations

8.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) note the content of this report and the attached appendices.

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Areas for Activity	Actions	√	Comments
Communication	<ol style="list-style-type: none"> 1. Regular cycle of communication sent out to managers and employees, promoting training, policy, manager toolkit, employee resources and support services available. <ul style="list-style-type: none"> • Manager Bulletin • Employee Bulletin 2. Development of Wellbeing and Attendance pages on Connect to reflect the review of the HR Strategy in Supporting Managers with Staff Attendance <ul style="list-style-type: none"> - Enhancing the resources available to managers and employees within the Wellbeing and Attendance pages on Connect 		<p>Bi Monthly Cycle</p> <p>Partially Complete Further progress to be made</p>
Improving HR / Senior Manager working relations Service Wide	<ol style="list-style-type: none"> 1. Principal HR Officer engaging with Service Managers and Heads of Service in relation to improving local strategies and approach in managing staff attendance. Priority staff groups to date have been... <ul style="list-style-type: none"> • Older People Residential and Day Care • Children's Residential • Care Services 		<p>Ongoing</p>
Management Information Reports	<ol style="list-style-type: none"> 1. Statistical Reporting to Senior Management on a period basis, which highlights absence trends of reduction in absence figures as well as staff groups with consistently high absence levels 2. Weekly Employee Absence Reports issued to Older People Residential and Day Care and Children's Residential as they do not have access to online systems. 3. Monthly report sent to Heads of Service to highlight Formal Interviews outstanding over a 3 month period 4. Training reports to Heads of Service on a monthly basis to highlight managers / employees that have yet to undertake the following training:- <ul style="list-style-type: none"> - Mandatory online GOLD training "Maximising Attendance – Effective Communication" 		<p>HR support will be deployed to areas with consistently high absence levels</p> <p>This assists Managers with up-to-date absence information in order to manage appropriate cover within these staff groups</p> <p>This will be a new report issued to try and prompt manager activity in line with Council Policy</p>

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Appendix 1

	- Stress Awareness Training		Stress absences is the main reason for sickness absence, therefore, promoting training for employees to explore coping strategies and tips on how to manage their stress, is likely to be beneficial
Areas for Activity	Actions	√	Comments
Training for Managers	1. HR briefings delivered to managers at Local Management Meetings and Development Days to reaffirm council policy and local processes / approach to ensure a level of consistent practice across the Service.		Progress has been made but ongoing Training is tailored to suit manager's needs
GCC Staff Health Strategy 2017/19 (based on the Healthy Working Lives Framework)	1. Identify any other Corporate planned health initiatives that could be promoted within staff groups that have limited access to health promotional activities		Ongoing

Glasgow City Health and Social Care Partnership
Attendance Management Action Plan – Update October 2019
Health

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Local Actions					
Provide Locality Executive Teams / Core Leadership Groups with monthly reports on Absence, highlighting key issues	Review current format and content , frequency - Exec & Core Leadership	PCM's GK	Monthly	PCMs action monthly for Core Leadership Group. Standard HR report used	
Each member of staff with 6 months + absence to have an individual action plan	Through case discussions with HRSAU, OH and manager. Regular Case Reviews to take place with PCM's and HRSAU colleagues. Review Upper Trigger Report and ensure plans in place for all individuals.	HRSAU PCM OH Manager	Monthly review	next meeting for Case Review with HRSAU 21 Nov 19 Upper Trigger Report to be discussed with local managers	
Roll out of Micro-strategy to managers to increase access to information	Workforce Information Rep to attend management meetings	PCM's / JP	Nov and Dec 19	PCMs to ensure Training for CL, Health and SW managers has taken place and arrange mop up sessions if required.	
Link to Healthy Working Lives activity. Ensure focus on key reasons for absence and maintaining attendance	Link into action plan to ensure supporting activities to target key areas of concern	PCM's HWL's leads	Extend until Dec 19	PCMs to link with HWLs leads re targeted Stress awareness and training	
Provide regular information regarding attendance training and Stress Awareness training for managers	Circulate links to management training and promote uptake	PCM's	Ongoing	PCMs circulated dates for Aug – Nov shared with management teams.	

PCMs – People & Change Managers
HRSAU – HR Support & Advice Unit
CL – Core Leadership
AST – Absence Support Team

OH – Occupational Health
HWL – Healthy Working Lives
SMT – Senior Management Team
H&S – Health & Safety

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Appendix 2

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Local Actions					
Deliver attendance training for GCC managers managing health staff		GC/ HRSAU	Extend until Jan 20	PCMs will update CL and SMT with changes link with HRSAU to commence training when Once for Scotland Policy introduced	
Locality H&S groups to plan stress survey	Discuss with exec groups and in local H&S groups	PCM's	Extend until Jan 20	Discuss at H&S meetings Nov and Dec. Will use stress survey results to develop action plans reporting to CL and Exec Meetings	
Absence Support Team/ Local input					
AST to progress input to Mental Health inpatient sites across Glasgow City HSCP	Identify priority areas to be referred to AST for dedicated input - Action Plan created for each area and full support from AST	PCM's	Complete	Completed – AST no longer exists however, action plan approach continues to be progressed	
Identify/ agree next areas of concern to implement Action Plan approach	Identify other priority areas of concern and link with HRSAU to agree input - Meeting lead nurse/service manager - Agree action plan: Support to SCN's Training provided and Attendance clinics	HOPC/ PCM's	Ongoing	Discuss at all meetings with PCMs based on review of all areas with focus on areas of 10% plus.	
Audit Action Plan					
Monthly meetings with HoS HRSAU	Opportunity to review cases, including codes and OH discussions Consider review of cluster meeting	PCM's/DW	Ongoing	PCMs to schedule Monthly meetings with Nareen	
Ensure managers are aware that unacceptable to leave absence reason blank (Not Specified)	Regular review of SSTS system information and highlight issues via management structures	PCM's	Ongoing	PCMs ensure this is highlighted as part of HR Reports to Core and Exec Meetings	

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Appendix 2

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Audit Action Plan (continued)					
Spot check audit of attendance management process	Agree audit criteria and regularity	HOPAC/PCM /Hd's of Service	Extend until Feb 20	PCMs to consider areas on 10% plus and ensure action plans in place.	
Support the uptake of i-matter and review feedback in respect of attendance issues	Work with OD colleagues to support update and follow up action plans. Identify issues that may impact on attendance and follow up with managers. Review of Action Plans	PCM's / OD / Hds of Service	Ongoing	PCMs to ensure iMatter Action Plans are developed and taken forward	
Review points of contact for reporting sickness absence	Link with local managers to ensure robust process in place for the reporting and recording of absence	PCM's / Hds of service/ local managers	Complete	Complete	
Audit approach to be adopted by line managers to seek assurance that activity is undertaken	Discuss with Core Leadership Grps, Exec and service managers and supply audit criteria	Local managers	Ongoing	To be actioned Agree format and criteria for audit. Discussed at CL as managers should adopt as part of supervision	
LEAN review of attendance management process	LEAN review of current Attendance management practice. Commence project with a half day review of process.	HRS AU; HOPC; PCM; OH; Staff Partners; Line Managers	Ongoing	PCMs discuss on a regular basis	
Participation in case study and complex situation discussions	Case studies to be undertaken with PCM network	PCM's	Ongoing	PCMs to discuss at Network meeting. Head of People & Change and PCM meetings	