

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 2017/18 absence levels across Glasgow City Health and Social Care Partnership and highlight priorities within Attendance Management Action Plans.
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Background/Engagement:	Social Work and Health Services continue to monitor sickness absence levels and aim to achieve below absence targets set. Lower sickness absence levels are desirable for service delivery and efficiency.
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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.
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 2017/18

1.1 The data for Quarter 2, July to September 2017 is shown below in Tables 1 and 2.

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

Service	Employee Numbers	2016/17				2017/18
		Q4	Q3	Q2	Q1	Q2
Social Work	3835 Headcount	5.60% 2.7 ADL	6.50% 3.3 ADL	6.00% 2.8 ADL	5.30% 2.5 ADL	6.00% 2.6 ADL
Health	4319 WTE	6.28%	6.47%	6.09%	6.10%	5.3%

Table 2 – Service Level Quarter Comparison (%)

Service	Social Work		Health	
	2016/17	2017/18	2016/17	2017/18
	Q2	Q2	Q2	Q2
North East	6.78%	6.07%	6.16%	5.09%
North West	4.54%	5.92%	6.38%	6.32%
South	6.49%	5.91%	6.38%	5.72%
Mental Health Central	n/a	n/a	1.36%	1.26%
All Other *	6.23%	6.09%	6.84%	**
Glasgow City HSCP Central	n/a	n/a	6.08%	5.05%

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

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

2. Chart 1 below shows percentage absence trends for Social Work and Health and Chart 2 shows the rolling monthly Social Work trend (ADL) for the same period.

Chart 1

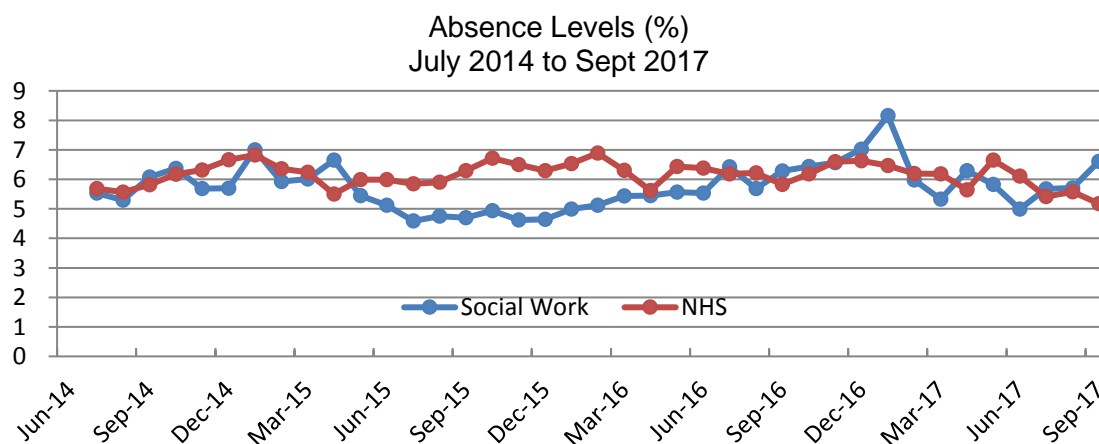
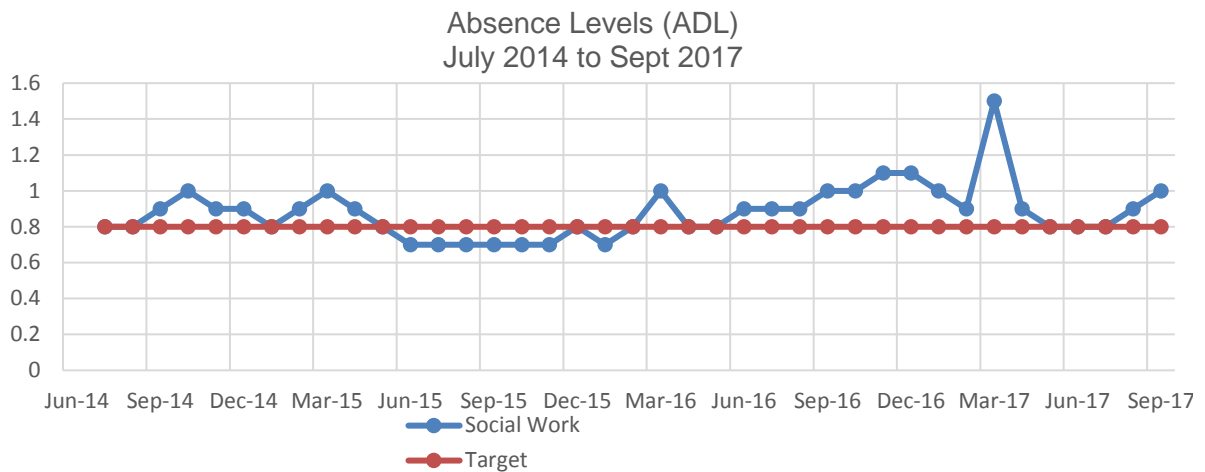


Chart 2



3. Attendance Management Action Plans

3.1 Social Work Services

- Absence performance within Children's Residential has steadily increased this year. Discussions will take place between the Principal HR Officer and Service Managers, to develop an action plan that will work towards reversing the current trend for this staff group.
- Whilst there has been a positive reduction in the total days lost due to back pain in 2017/18 compared to last year, the occupational health category for Musculoskeletal reasons remains consistently high and therefore, the Service are continuing to look at implementing a Musculoskeletal Programme in conjunction with Occupational Health.
- Specific areas of consistently high absence levels will continue to be monitored by the Wellbeing and Attendance Team with appropriate action taken.
- Long term absence continues to be the biggest contributor to the Service's overall absence, therefore, continued HR support is focused in supporting managers with this.

3.2 Health

- On a monthly basis the Head of People and Change meets collectively with other HR Colleagues and the HR Director to review absence levels across the HSCP.
- Absence levels continue to be monitored and managed through the local management team arrangements, including highlighting areas of concern, reviewing activity and use of trigger points to ensure appropriate action are in place. Some specific activity is underway to audit areas where there appears to be a high level of absence, but a small number of formal outcomes in place
- 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 continue to support local managers in accurate recording of absence on SSTS to correctly identify reasons for absence and to provide local reports as required. Detailed information is also provided on bank use within clinical service areas, ensuring there is an understanding of the rationale for and level of bank usage in place.
- There is a continuing focus on inpatient services, following delivery of local training to further assist in working to reduce absence in these areas, supported by local action planning lead by heads of adult services

4. Recommendations

4.1 The IJB Finance and Audit Committee is asked to:

- a) note the content of this report