

**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 1 2018/19 absence levels across Glasgow City Health and Social Care Partnership.
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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.
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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
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 1 2018/19

1.1 The data for Quarter 1 April to July 2018 and previous quarterly figures are shown in Tables 1, 2 & 3. Table 4 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
Social Work	3831	5.50%	6.00%	6.8%	6.9%	6.1 %
	Head Count	2.6 ADL	2.6 ADL	3.2 ADL	3.3 ADL	3.11 ADL
Health	4366.8 WTE	6.13%	5.3%	6.16%	6.42%	5.47%

Table 2 – Service Level Quarter Comparison (%) – Social Work

Social Work					
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19
North East	3.80%	6.07%	8.01%	8.84%	7.94%
North West	6.10%	5.92%	3.93%	5.6%	4.96%
South	5.10%	5.91%	6.27%	7.2%	6.77%
Mental Health Central	n/a	n/a	n/a	n/a	n/a
All Other **	6.14%	6.09%	6.69%	6.73%	5.72%

** Includes Residential sectors for Older People and Children

Table 3 – Service Level Quarter Comparison (%) – Health

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

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

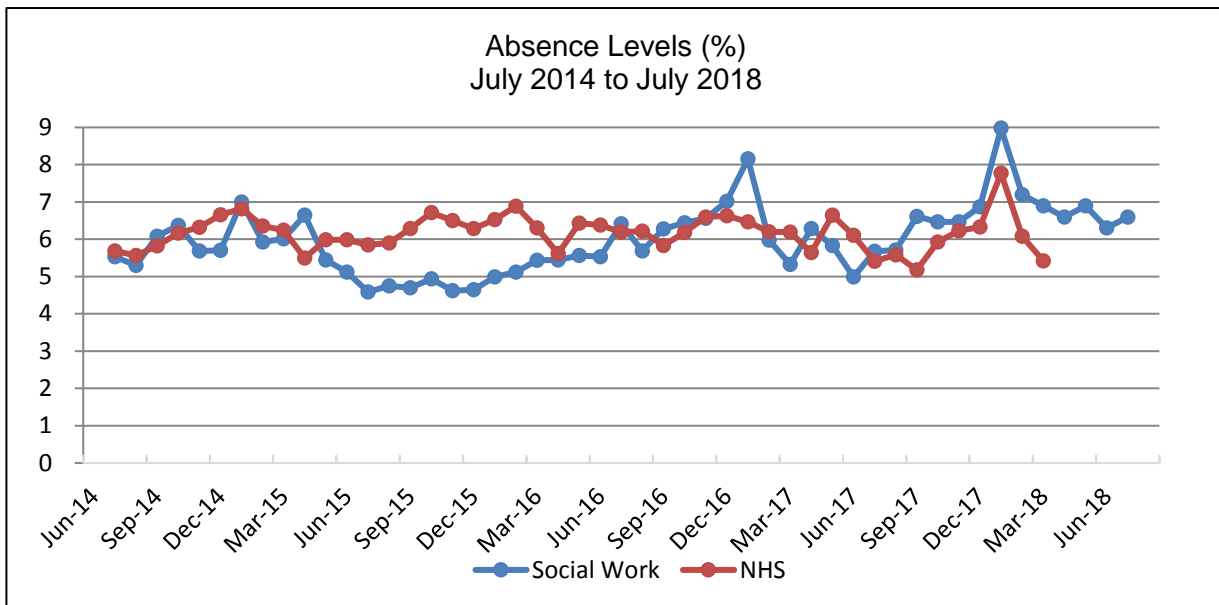
Table 4 – Social Work Absence Targets 2018 / 2019 (ADL)

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)	3.11				

- 1.1.1** Social Works overall absence level at 3.11 average days lost a decrease on the previous quarter however is an increase on comparison with the same period last year – an increase of 0.5 days on average per person.
- 1.1.2** NHS absence level is 5.47% this a decrease on both the previous period and the same quarter last year.
- 1.1.3** Table 2 (SWS shows the decrease in absence in all areas on the previous quarter and highlights North East and South localities with increases compared to the same quarter last year. North West and the Residential sectors are showing an decrease in the quarter and the year.
- 1.1.4** Table 3 (NHS) shows decrease across all sectors.

2. Percentage Absence Trends

2.1 Chart 1 shows percentage absence trends for Social Work and Health.



2.2 Chart 2 shows the rolling monthly trend for average days lost (ADL) for Social Work.

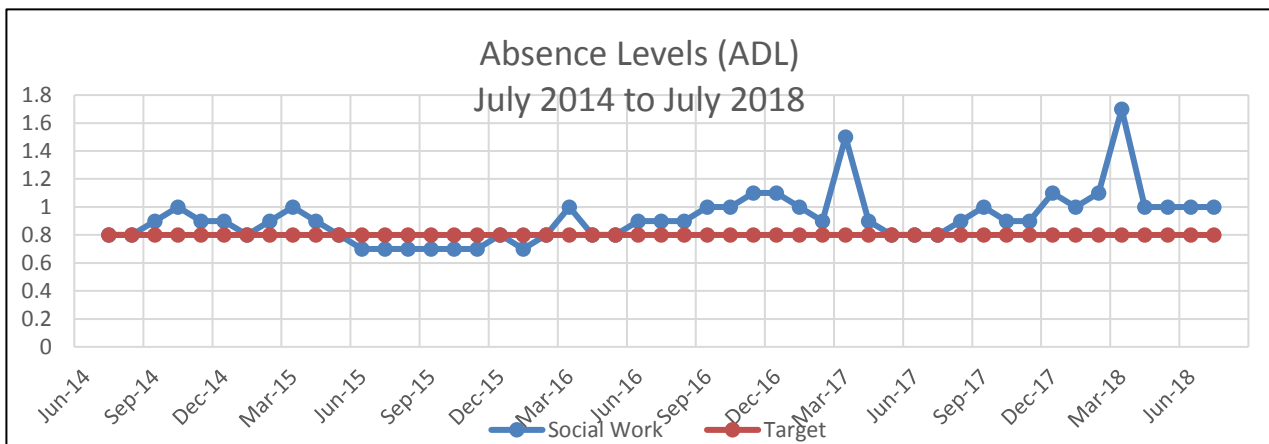


Chart 1 does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

Chart 2 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

3. Social Work Services

3.1 The table below shows **absence reasons for Social Work** in Quarter 4 and Quarter 1.

ABSENCE REASON	Quarter 4 2017/18				Quarter 1 2018/19			
	LTA Days	LTA Rate %	STA Days	STA Rate %	LTA Days	LTA Rate %	STA Days	STA Rate %
Cardiovascular	440	4.81%	142.5	4.04%	647	7.04%	73	2.68%
Endocrine	0	0%	0	0%	0	0%	31	1.14%
Gastro-Intestinal	365	3.99%	462	13.1%	421	4.58%	253.05	9.28%
Gynae/Genito-Urinary	296	3.24%	160.08	4.54%	229	2.49%	223	8.18%
Miscellaneous	482	5.27%	172	4.88%	505	5.49%	224.5	8.24%
Muscoskeletal	1995.5	21.82%	444.31	12.6%	1660.5	18.07%	506.51	18.58%
Neoplasm	303	3.31%	16	0.45%	248	2.70%	3	0.11%
Nervous System	380	4.16%	118.66	3.36%	500	5.44%	242.31	8.89%
Post-Op	1042	11.39%	94.5	2.68%	626	6.81%	102	3.74%
Psychological	3093	33.82%	519	14.71%	4020	43.74%	595.28	21.84%
Respiratory Tract	728	7.96%	1328.58	37.67%	335	0%	428.4	15.72%
Skin	0	0%	38.5	1.1%	0	3.64%	44	1.61%
TOTAL	9145.5	100%	3527.13	100%	9191.5	100%	2726.05	100%

3.1.1 The table above shows that psychological absences have increased in Quarter 1 and more detailed analysis shows that main reason for this is a rise in stress absences.

3.1.2 Whilst the number musculoskeletal absences remain high, there is slight reduction in the days lost with employees being supported back to work at an earlier stage.

3.1.3 Work is currently underway to review absences related to accidents /injuries at work which impact on absence levels in both the psychological and muscoskeletal categories.

3.1.4 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. These work areas continue to be the priority for HR Support in managing absence.

3.1.5 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.

4. NHS

4.1 The table below shows absence reasons for Health staff across the localities for the year to date. The primary reasons for absence mirror those in Social Work Services with a similar rising level of absence in the Psychological category.

All GC absence running trend Quarterly data 2017/18					2018/19
ABSENCE REASON	Q1	Q2	Q3	Q4	Q1
Mental Health related	28.5%	33.0%	29.5%	25.8%	30.03%
Musculoskeletal	18.2%	20.0%	17.5%	15.2%	17.6%
Respiratory	11.3%	8.1%	13.9%	25.0%	7.4%
Not Specified (or not disclosed)	20.1%	19.0%	20.8%	19.7%	21.6%
All Other Specified	22.0%	19.9%	18.3%	14.4%	23.4%
Summary Total	100%	100%	100%	100%	100%

- 4.1.1** It is clear from the information provided that there continues to be a significant 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.
- 4.1.2** 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.
- 4.1.3** 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.

5. Recommendations

5.1 The IJB Finance and Audit Committee is asked to:

- a) note the content of this report