



Item No. 15

Meeting Date: Wednesday 12th June 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Sharon Wearing, Chief Officer, Finance and Resources

Contact: Christina Heuston, Head of Corporate Services

Tel: 0141 287 8751

ATTENDANCE MANAGEMENT / HEALTH AND WELFARE

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
---------------------------	---

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 with the overall objective to report to Committee a positive performance outcome and absence trend in the year 2019/20.
-------------------------------	--

Recommendations:	The IJB Finance, Audit and Scrutiny 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:	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:	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. High Level Quarter Comparison (Average Days Lost [ADL] / Percentage [%])

1.1 Quarter 4 absence figures for Social Work and Health are highlighted in Table 1, which shows an increase in figures compared to the same quarter last year.

Table 1

	Empl No	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Social Work	7290	5.50%	6.00%	6.8%	6.9%	6.1%	7.1%	8.2%	7.8%
	Head Count	2.6 ADL	2.6 ADL	3.2 ADL	3.3 ADL	3.4 ADL	3.3 ADL	4.0 ADL	3.9 ADL
Health	4275.7 WTE	6.13%	5.3%	6.16%	6.42%	5.5%	6.4%	7.1%	6.9%

2. Service Level Breakdown

2.1 Latest Period Reporting - Period 2 (13/04/19 to 10/05/19) – Social Work

Table 2 shows a breakdown of absence performance for all staff group areas and in particular highlights those service areas within each staff group with the highest levels of sickness absence in Period 2.

Table 2

No.	Staff Group	Employee Head Count	No of Employees Absent	Days Lost	Ave Days Lost
1.	Social Work Services Overall	7025	784	7359.6	1.0
2.	Resources - Business Development Team	531	45	421.6	0.8
3.	Adult Services - Fieldwork Services Total (LD, Mental Health, Addictions) - North West - North East - South - LD Day Services	328 114 114 96 83	38 13 15 10 10	427.5 158 167.5 102 90	1.3 1.4 1.5 1.1 1.1
4.	Public Protection & Complex Needs	513	22	288	0.6
5.	Children Services - Children's Residential	407	52	575	1.4
6.	Older People Services - OP Residential & Day Care	845	95	856	1.0
7.	Care Services - CD Care Services	2838	427	3627	1.3

2.2 Table 3 highlights the latest period reporting into the new year 2019/20 and shows a stable ADL figure in Period 2, compared to the same period the previous year. This is a reasonable figure to highlight, taking into consideration the increased workforce of Care Services returning to the Service in October 2018.

Table 3

PERIOD	2019/20	2018/19
	Average Days Lost	Average Days Lost
Period 1 01/04/2019 to 12/04/2019	0.5	0.4
Period 2 13/04/2019 to 10/05/2019	1.0	1.0

2.3 Latest Monthly Reporting - October 2018 to April 2019 - Health

Table 4 shows a breakdown of absence performance within each area of the Health and Social Care Partnership for Health, highlighting the highest levels of sickness absence within the North West area of the city.

Table 4

HSCP	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Glasgow City	6.89	7.52	6.99	7.29	7.05	6.23	6.07
HSCP Central	7.08	6.35	7.48	5.46	5.80	5.37	5.03
North East	7.07	7.77	6.45	7.73	7.17	6.25	5.61
North West	7.18	7.79	7.76	7.71	8.06	7.22	7.27
South	6.85	7.30	7.21	6.98	6.56	5.76	5.91
Mental Health Central	3.4	5.9	5.05	4.60	3.59	3.10	3.84

2.4 Absence Reasons

Tables 5 and 6 below highlight the main reasons for sickness absence within Social Work and Health.

Table 5: Absence Reasons: April 2017 to March 2019 – Social Work

No.	Occupational Health Category / Absence Reason	Total Days Lost	% of Total Absence
	Overall Total of <u>All</u> OH Categories	124678.83	N/A
	4 Main OH Categories below:		
1.	Respiratory Tract	34850.9	27.9%
2.	Influenza	1444.68	1.2%
3.	Psychological (Anxiety / Stress Depression / Other Psychological Illnesses)	73013.57	58.5%
4.	Musculoskeletal (Back Pain / Other Musculoskeletal Illnesses)	50212.39	40.2%

Table 6: Absence Reasons: April 2017 to March 2019 – Health

No.	Occupational Health Category / Absence Reason	Total Days Lost	% of Total Absence
	Overall Total of <u>All</u> OH Categories	66591.5	N/A
	6 Main OH Categories below:		
1.	Chest & respiratory problems	2390.5	3.6%
2.	Cold, cough, flu - Influenza	3098	4.7%
3.	Anxiety/stress Depression/ Other psychiatric illnesses	21177	31.8%
4.	Musculoskeletal	3691.5	5.5%
5.	Back problems	3260	4.9%
6.	Injury / Fracture	3814	5.7%
7.	Overall Total 4-6 above	10765.5	16.2%

For both Social Work and Health the largest contributor to overall absence figures is Psychological and Musculoskeletal type absences. This is not unique to the HSCP but rather a common theme throughout the wider Glasgow City Family and other Scottish Local Authorities. Further exploration of possible interventions via Occupational to address consistently high figures in these OH categories will be undertaken.

3. Rolling Action List – Work Related Injuries and Training

3.1 Social Work

Table 7 below records total incidents over a 2 year period 1/4/2017 to 31/3/2019 and specifically highlights information on work related injuries. The number of absences recorded as a direct result of an incident at work is minimal at 2.5%. There is a rolling programme of Health and Safety Training within the Service, to try and mitigate work related injuries.

Table 7

No.	Record of Incidents	2018/19	2017/18
1.	Total Incidents	2033	1553
2.	Absence as a result of incident confirmed	51 (2.5%)	39 (2.5%)
3.	Not determined yet if absence is as a result of incident	548	243
4.	Categories: <ul style="list-style-type: none"> • Incident • Medical / Medication • Occupational Disease • Road Traffic / Vehicle • Violence, Aggression & Challenging Behaviour 	241 5 1 15 1771	127 4 0 6 1416

3.2 Health

Table 8 below highlights the number of incidents within the period 2018-19 by Sector. This shows on average we had 36 incidents a month which resulted in a Datix being recorded. Datix is the incident recording process for all NHS staff and can include actual events or near miss events. Further work is being undertaken to provide analysis of the type of incidents involved and relationship to any particular care group or work activity. Within our current processes we are unable to identify actual absence taken as a result of these incidents.

Table 8

Glasgow City HSCP Staff Incidents with Injury 01 04 2018 - 31 03 2019													
Incidents by Division and Incident date													
	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Glasgow City HSCP - Corporate	0	0	1	0	2	0	1	0	0	0	0	0	4
Glasgow City HSCP - North East Sector	10	19	16	18	12	9	14	10	10	11	7	12	148
Glasgow City HSCP - North West Sector	10	13	18	7	16	14	14	16	13	18	10	8	157
Glasgow City HSCP - South Sector	15	10	11	8	10	12	8	12	10	10	10	8	124
Totals:	35	42	46	33	40	35	37	38	33	39	27	28	433

4. Rolling Action List - Flu Vaccinations

4.1 Social Work

In October and November last year, 6% of Social Work employees received a flu vaccination through the Council's Occupational Health Provider. The opportunity to receive the flu vaccination is open to all employees, although the majority of those interested tend to obtain privately and generally through their GP surgery.

4.2 Health

46% of NHS staff received the vaccination via the internal process during the period Oct 2018- Feb 2019. Whilst this is short of the target of 60% of staff receiving a vaccination, it is an increase on the 2017-18 uptake.

5. Action Plans

5.1 Social Work

The Attendance Management Action Plan has been reviewed and priorities are highlighted in Appendix 1 for the next 3 months.

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.

Work is underway in providing a report at future committee meetings to reflect the cost of absence for our staff groups that have a financial impact as a result of short and long term absences.

5.2 Health

The levels of absence at a city level have having risen in January and February but decreased in March and April. This reduction has been seen in all areas and is consistent with previous years.

The absence levels for the HSCP have historically remained above the national target. Following the publication of an internal audit within NHS Greater Glasgow and Clyde, and also an increasing level of absence within the HSCP, a revised action plan has been developed and presented to the Senior Management Team and the IJB Finance, Audit and Scrutiny Committee. The main actions are in Appendix 2 and relate to:

- Continued detailed reporting with Locality Executive and Core Leadership Teams
- Individual Action plans in place for long term absence cases
- Improved access to absence information for managers to allow local reporting
- Further training on absence and Stress Awareness and an action to local Health and Safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is related to stress which remains high

- The central Absence Support Team engaged in North East and West inpatient areas as a priority with relevant support provided

Absence management is a focus of on-going activity across the HSCP. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed and also training and tool kits are in place for managers to support their processes and interactions with staff.

The absence information is reviewed monthly.

6. Recommendations

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

- a) note the content of this report.

Glasgow City Health and Social Care Partnership
Attendance Management Action Plan – 3 Monthly Plan (June to August 2019)
Social Work Services

Areas for Activity	Actions
Review of SWS HR Strategy in Supporting Managers with Staff Attendance	<ul style="list-style-type: none"> ✓ Streamlining processes and templates ✓ Review of ex Cordia paperwork to be consistent with GCC / SWS ✓ Review of CBS attendance documentation for SWS ✓ Review of existing templates and pro formas available within the Manager Toolkit and the creation of new documentation ✓ Standardisation of HR advice provided to managers, becoming a more automated service ✓ Review of HR Accountability Process ✓ Strengthening Manager / HR working relations through coaching ✓ Enhancing the resources available to managers and employees within the Wellbeing and Attendance pages on Connect ✓ Implementation of a more robust HR approach and case management in delivering an effective / efficient service to managers
Occupational Health Provider, People Asset Management (PAM)	<ul style="list-style-type: none"> ✓ Principal HR Officer meeting quarterly with the Clinical and Contract Lead from PAM to discuss and identify priorities for improvement, e.g. Priority 1 - Implementation of new OHS contract provided to GCC
Communication	<ul style="list-style-type: none"> ✓ Implementing any change in processes/documentation and approach to Care Services Managers following Toolbox Talks held in March 2019 ✓ Promotion of GCC's Maximising Attendance Policy, supports and resources via:- <ul style="list-style-type: none"> • HR Manager Bulletin • HR Employee Bulletin ✓ Updating and further development of Wellbeing and Attendance pages on Connect to reflect the review of the HR Strategy in Supporting Managers with Staff Attendance

Areas for Activity	Actions
Improved Working Relations with Services Areas	<p>✓ Principal HR Officer engaging with Service Managers and Heads of Service within the following service areas, in relation to improving local strategies and approach in managing staff attendance:-</p> <ul style="list-style-type: none"> • Older People Residential and Day Care • Children's Residential • Care Services
Training for Managers	<p>✓ Identification of those managers that have still to undertake the mandatory GOLD training "Maximising Attendance – Effective Communication" and highlight to Heads of Service and Service Managers</p> <p>✓ 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</p>
GCC Staff Health Strategy 2017/19 (which is based on the Healthy Working Lives Framework)	<p>✓ Promotion of the Drink Wise Age Well Campaign Training and determine if scope for further rollout across Residential Services (Older People, Day Care, Children's)</p> <p>✓ Identify any other Corporate planned health initiatives that could be promoted within staff groups that have limited access to health promotional activities</p>
Partnership Working	<p>✓ Liaise with Health partners to identify any new strategies implemented, that been successful in having a positive impact on their absence performance and determine the operational feasibility of introducing these within Social Work</p>

**Glasgow City HSCP
Attendance Management Action Plan – January 2019**

Update May 2019

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	Ongoing	
Each member of staff with 6 months + absence to have an individual action plan	Through case discussions with HRSAU, OH and manager	HRSAU PCM OH Manager	April 19	Ongoing	
Roll out of Micro-strategy to managers to increase access to information	Workforce Information Rep to attend management meetings	PCM's / JP	Extend until July 19		
Link to Healthy Working Lives activity to 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	March 19	Ongoing	

Appendix 2

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Local Actions					
Provide regular information regarding attendance training and Stress Awareness training for managers	Circulate links to management training and promote uptake	PCM's	March 19	Ongoing	
Deliver attendance training for GCC managers managing health staff		MK / HRSAU	March 19	Ongoing	
Locality H&S groups to plan stress survey	Discuss with exec groups and in local H&S groups	PCM's	June 2019		
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 / GK / MK Elinor Beattie	Feb 19 -	Complete	
Identify/ agree next areas of concern to implement AST approach	Identify other priority areas of concern and link with HRSAU to agree input - Meeting lead nurse/service manager	HOPC/ PCM's/ GK DW/ HRSAU	May 19	Ongoing	

Appendix 2

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Local Actions					
	- Agree action plan: Support to SCN's Training provided Attendance clinics				
Audit Action Plan					
Monthly meetings with HR SAU team & or Team leader (DW)	Opportunity to review cases, including codes and OH discussions Consider review of cluster meeting SMcG – to progress with DW	PCM's/ DW	Feb 19 Ongoing	Ongoing	
Ensure managers are aware that unacceptable to leave absence reason blank (Not Specified)	Regular review of SSTS information and highlighting via management structures	PCM's	Jan 19 Ongoing	Ongoing	
Spot check audit of attendance management process	Agree audit criteria and regularity	HOPAC/PCM /Hd's of Service	TBC	Ongoing	
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 implementation of plans	PCM's / OD / Hds of Service	Feb 19 Ongoing	Ongoing	

Appendix 2

Objective	Actions Required	Responsibility	Timescales	Progress	Completed (✓)
Local Actions					
Review points of contact for reporting sickness absence	Work with local managers to ensure robust process in place for the reporting and recording of absence	PCM's / Hds of service/ local managers	April 19	Complete	
Audit approach to be adopted by line managers to seek assurance that activity is undertaken	Discuss with Exec and service managers and supply audit criteria	Local managers	June 19		
LEAN review of attendance management process	LEAN review of current Attendance management practice. Commence project with a half day review of process.	HRSAU; HOPC; PCM; OH; Staff Partners; Line Managers	June 19		
Participation in case study and complex situation discussions	Case studies to be undertaken via with PCM network	PCM's	Ongoing		