

**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 4 2017/18 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

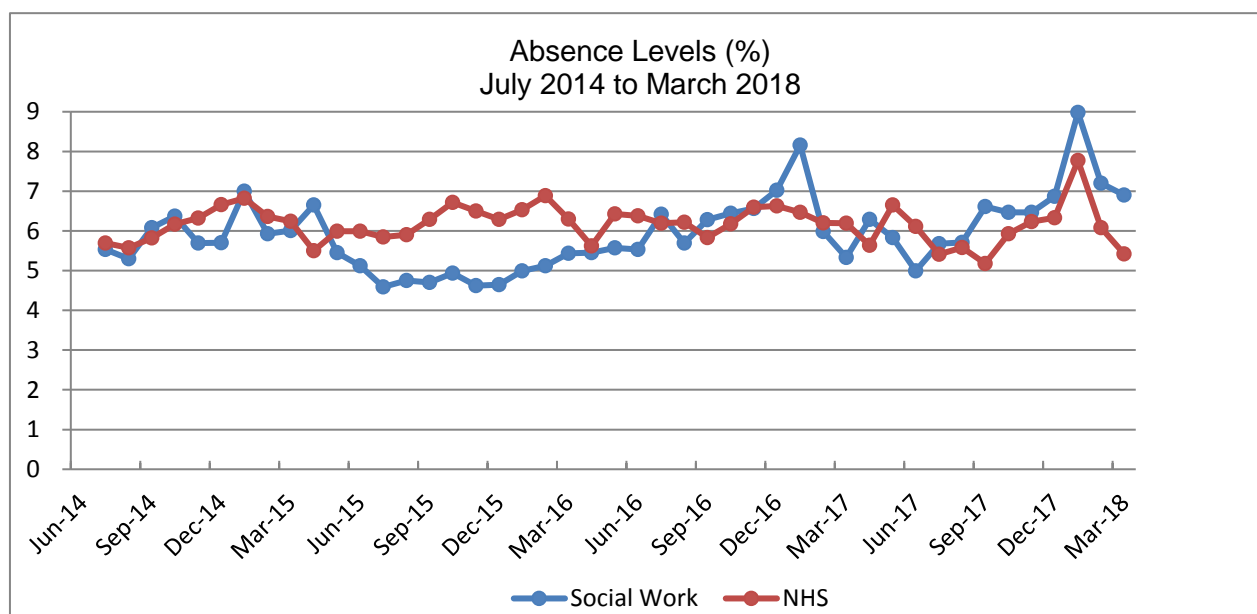
1. Quarter 4 2017/18

1.1 The data for Quarter 4 January to March 2018 and previous quarterly figures are shown in Tables 1, 2 & 3. Table 4 highlights Social Work's 2017 / 18 Targets and figure achieved.

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

	Empl No	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Social Work	3831	5.30%	6.00%	6.50%	5.60%	5.50%	6.00%	6.8%	6.9%
	Head Count	2.5 ADL	2.8 ADL	3.3 ADL	2.7 ADL	2.6 ADL	2.6 ADL	3.2 ADL	3.3 ADL
Health	4366.8 WTE	6.10%	6.09%	6.47%	6.28%	6.13%	5.3%	6.16%	6.42%

Chart 1 - Percentage absence trends for Social Work and Health.



Note: Chart 1 is not a like for like comparison due to different calculation methods however does accurately show the trends for both NHS and GCC staff absence. The GCC calc takes into account annual leave taken and in quarter 4 the percentage is significantly skewed due to the higher level of leave taken in December / January.

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

Social Work									
	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
North East	6.70%	6.78%	4.93%	5.70%		3.80%	6.07%	8.01%	8.84%
North West	4.15%	4.54%	6.77%	4.90%		6.10%	5.92%	3.93%	5.6%
South	5.08%	6.49%	7.77%	6.60%		5.10%	5.91%	6.27%	7.2%
Mental Health Central	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a
All Other *	6.48%	6.23%	8.59%	6.44%		6.14%	6.09%	6.69%	6.73% (8.20% OP Res) (8.54% Children Res)

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

Health									
	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
North East	5.70%	6.16%	6.97%	6.66%		5.84%	6.16%	6.57%	6.77%
North West	6.64%	6.38%	6.86%	6.52%		7.00%	6.38%	6.54%	6.22%
South	6.90%	6.38%	6.00%	6.04%		5.87%	6.38%	6.44%	7%
Mental Health Central	1.67%	1.36%	6.24%	6.82%		4.19%	1.36%	1.84%	2.38%
All Other *	6.94%	6.84%	4.37%	2.33%		***	6.84%	4.63%	6.68%

** 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 2017 / 2018 (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)	2.6	5.2	8.4	11.7	

- 1.2 Both staff groups have an increased level of sickness absence in comparison to the previous quarter and the same quarter in 2016/17.
- 1.3 The absence figure for North East locality has a significant increase both in comparison to the other localities and to all quarters in the previous year (2016/17). The reason for this is an increase in long-term absence, in numbers of employees off longer than 4 weeks and in the length of the absences. 98% of the absences are long-term, with 43% of this over 5 months absent. The absence reasons are varied with 63% covered by Cancer, Psychological or Musculoskeletal illnesses.
- 1.4 The financial consequences of increased absence levels come in areas where a direct replacement is required. This comes from the NHS Bank staff, overtime for existing staff and deployment of agency staff. There is not an easy way of determining the cost of replacement for specifically sickness absence as cover is provided for other reasons. Further work is being carried out to develop this information for the Committee.

2. Social Work Services

2.1 Occupational Health Categories (Absence Reasons)

The table below shows absence reasons for Social Work in Quarter 3 and Quarter 4.

ABSENCE REASON	2017/18 QUARTER 3				2017/18 QUARTER 4			
	LTA Days	STA Days	LTA Rate %	STA Rate %	LTA Days	STA Days	LTA Rate %	STA Rate %
Cardiovascular	475.0	88.5	5.28%	2.64%	440	142.5	4.81%	4.04%
Endocrine	0.0	12.0	0.00%	0.36%	0	0	0%	0%
Gastro-Intestinal	447.6	446.0	4.97%	13.29%	365	462	3.99%	13.1%
Gynae/Genito-Urinary	321.0	148.0	3.57%	4.41%	296	160.08	3.24%	4.54%
Miscellaneous	644.5	138.0	7.16%	4.11%	482	172	5.27%	4.88%
Musculoskeletal	1,601.5	495.5	17.79%	14.77%	1995.5	444.31	21.82%	12.6%
Neoplasm	261.0	2.5	2.90%	0.07%	303	16	3.31%	0.45%
Nervous System	295.0	126.5	3.28%	3.77%	380	118.66	4.16%	3.36%
Post-Op	1,020.0	226.0	11.33%	6.74%	1042	94.5	11.39%	2.68%
Psychological	3,313.5	568.0	36.81%	16.93%	3093	519	33.82%	14.71%
Respiratory Tract	589.0	1,065.0	6.54%	31.74%	728	1328.58	7.96%	37.67%
Skin	34.0	39.0	0.38%	1.16%	0	38.5	0%	1.1%
TOTAL	9,002.1	3,355.0			9145.5	3527.13		

2.1.1 The top two reasons for **long term sickness** are Psychological and Musculoskeletal conditions. This is consistent with previous quarters/years.

2.1.2 However, the main reason for **short term sickness** in quarter 4 is Respiratory conditions. Further analysis of this shows that days lost has spiked quite significantly in quarters 3 and 4 compared to last 2 years. See tables below.

Year	Q3				Q4			
	LT Days	ST Days	LT % of all Absence Days	ST % of all Absence Days	LT Days	ST Days	LT % of all Absence Days	ST % of all Absence Days
2017/18	589.0	1,065.0	6.54%	31.74%	728	1328.58	7.96%	37.67%
2016/17	497.5	990.9	4.3%	8.7%	497.5	878.0	7.6%	31.8%
2015/16	225	739.8	4.14%	24.72%	387	1086	4.19%	11.75%

	TOTAL RESPIRATORY DAYS LOST	ADL RESPIRATORY DAYS		TOTAL RESPIRATORY DAYS LOST	ADL RESPIRATORY DAYS
Q4, 2017 - 18	2101.6	0.6	Q3, 2017 - 18	1654	0.4
Q4, 2016 - 17	1375.5	0.4	Q3, 2016 - 17	1488.4	0.4
Q4, 2015 - 16	479	0.1	Q3, 2015 - 16	964	0.3

2.1.3 Flu Vaccination Programmes for staff are promoted every year by local Health Improvement Teams and also a service provided by the Council’s Occupational Health Provider. However, respiratory figures may be reflecting the extended winter weather situation this year, which has had a health impact on a wider scale.

2.2 Throughout 2017/18 there has been a positive reduction in days lost due to back pain compared to 2016/17, with earlier physiotherapy referrals being made for employees to aid rehabilitation. However, musculoskeletal absences overall remains consistently high, which predominantly impacts on long term absence figures and in particular within our largest staff group of residential services where there are limitations to the level of adjustments that can be implemented. HR support with managers to build confidence in managing staff attendance and in particular early intervention is ongoing.

2.3 Action plans for high areas of absence

There is not a specific action plan for areas of high absence, although HR resources are more concentrated on the staff groups of Older People Residential and Children’s Services (which includes Children’s Residential) where absence results in a financial cost of agency and overtime cover. The policy is to equip managers with the skills and knowledge required to support staff. The plan that is in place for all managers is early intervention in cases of psychological and musculoskeletal illnesses with enhanced support from HR when possible.

2.4 Children’s Residential - Supervision and Absence

At a previous Finance and Audit Committee it was asked how supervision was used to offer support to individuals and how did the regularity and quality of supervision relate to attendance. After analysing the data we found that while all staff receive supervision and have an annual personal development plan discussion there were some units not operating within the timescales for this. However in comparing these units with levels of sickness absence we found that the majority these units did not have high absence levels. There were 2 units where high absence levels and low levels of supervision occurred however overall there does not appear to be a connection.

The format of supervision is the same as across all Social Work using the standard template – this covers workload, personal development and personal matters. Health is not normally discussed at these meetings as absence meetings have the option of the employee bringing a trade union representative with them.

2.5 Our overall contributor to Social Work’s absence figures is long term absence. HR support and coach managers in developing flexible return to work plans to encourage and support earlier return to work timescales, with the support of Occupational Health for employees with more long standing health conditions.

2.5.1 There are over 200 employees that are continually being monitored due to consistently high absences levels and where overall attendance does not reflect effective and regular service being provided, further management action and escalating the matter to an Absence Review Meeting may take place, where an employee’s future employment is considered.

3. NHS

3.1 Occupational Health Categories (Absence Reasons)

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.

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

- 3.1.1 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.
- 3.2 The figures for the last quarter show a higher level of absence overall than for the similar period in 2017. This is as a result of a significant increase in absence across health staff in January. The overall total for absence in January was **7.77%**, which is the highest level of absence within the HSCP recorded for this staff group. This is related to a significant increase in respiratory and flu like illnesses for this period and reflects ill health issues across the wider population.
- 3.2.1 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 will be discussed within appropriate management groups and reports provided on compliance as the year progresses.
- 3.2.2 All health areas across NHS Greater Glasgow and Clyde have been asked to confirm a trajectory to reduce absence to attain the 4% target. Discussions will take place across all care groups and localities to confirm this detail for the coming year.

4. Recommendations

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