



Item No. 15

Meeting Date: Wednesday 6th March 2019

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Christina Heuston, Head of Corporate Services (SW)
Sybil Canavan, Head of People and Change (Health)

Contact: Christina Heuston

Tel: 0141 287 8751

ATTENDANCE MANAGEMENT

Purpose of Report:	To advise 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 have a focus on attendance, addressing targeted areas where absence levels are consistently high. Yearly absence targets set continue to be challenging, however, Attendance Management Plans for the remaining year and for 2019/2020 will be reviewed, with the overall aim of reversing the current absence trend and to bring levels nearer to absence reporting 2 years ago.
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:	None
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	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. Social Work Services

1.1 Period 10 (24/11/18 – 21/12/18) (2018/19)

Table 1 highlights 10 broad staff group areas from Period 10 absence reporting, which shows between 11-19% of their staff have been lost due to sickness absence in the period.

Table 1

No.	Staff Group	Employee Head Count	No of Employees Absent	Days Lost	ADL	% Staff Group Absent
1.	Resources - Business Development	493	52	395.4	0.8	11
2.	Adult Services - Fieldwork Services Total (LD, Mental Health, Addictions)	322	40	454.4	1.4	12
3.	Adult Services - LD Day Services	86	13	147	1.7	15
4.	Children Services - Fieldwork Services (Children & Families) South	169	19	180	1.1	11
5.	Children Services - Children's Residential	372	55	571.5	1.5	15
6.	Older People Services - Fieldwork (Older People / Physical Disabilities) North East	75	8	110	1.5	11
7.	Older People Services - OP Residential & Day Care	860	145	1273.5	1.5	17
8.	Care Services - CD Care Services	2829	548	4931	1.7	19
9.	Care Services - Direct Response	64	12	123	1.9	19
10.	Care Services - CD Technical Care Services	187	35	314	1.7	19

1.2 Quarter 3 (2018/19)

Table 2 highlights the total work days lost including long and short term with an Average Days Lost Per Employee figure by age banding. Long term absence remains the largest contributor to the Service's overall sickness absence rate.

Table 2

Age Banding	Count of Employee Key (Age)	Work Days Lost	LTA Days	STA Days	Avg Days Lost (ADL) Headcount
Age < 20	28	88	28	60	3.1
Age 20 - 29	413	1249	756	493	3.0
Age 30 - 39	1026	3821.5	2808.5	1013	3.7
Age 40 - 49	1697	6248.35	4702.5	1545.85	3.7
Age 50 - 59	2885	11618.56	8797.5	2821.06	4.0
Age 60 - 65	933	4334.74	3419	915.74	4.6
Age > 65	176	965	844	121	5.5
Total	7158	28325.15	21355.5	6969.65	4.0
Age 50+		60% of Days Lost	61% LTA	55% STA	

Table 3 highlights the total work days lost including long and short term with an Average Days Lost Per Employee figure by Grade.

Table 3

Grade	Count of Employee Key (Grade)	Work Days Lost	LTA Days	STA Days	Avg Days Lost (ADL) Headcount
Other	42	100	58	42	2.4
Grade 1	27	170	133	37	6.3
Grade 2	10	74.5	52.5	22	7.5
Grade 3	3506	16707.5	12437	4270.5	4.8
Grade 4	451	1597.43	1281	316.43	3.5
Grade 5	493	1870	1401.5	468.5	3.8
Grade 6	1107	3518.16	2768	750.16	3.2
Grade 7	1155	3604.56	2774.5	830.06	3.1
Grade 8	287	634	431	203	2.2
Grade 9	62	49	19	30	0.8
Grade 10	9				
Grade 11 - 15	9				
Total	7158	28325.15	21355.5	6969.65	4.0

- 1.3 Over 1000 employees were off sick in Period 10 with 600 remaining off at the end of the period. Period 9 reporting highlighted a similar number of employees remaining off at the end of the period. At this point, managers are then looking for some level of HR support/advice, to help manage their long term absences.

- 1.4 HR will aim to support managers and in particular for the larger staff groups such as Older People Residential, Care Services and in the areas highlighted in Table 1. However, due to the high volume of absences on a 4 weekly basis, HR support will not be possible for every staff absence. Managers are responsible to take prompt action in line with council policy. Where it has been identified that management activity has been minimal which results in lengthier absences from work, concerns will be escalated and raised with senior managers across the Service.
- 1.5 With the transfer of Care Services to Social Work in October 2018, there is a requirement to streamline existing processes to have a consistent approach Service Wide. HR are focussing on communication and training for managers within Care Services, planned to start in March 2019.
- 1.6 Due to the high volume of absence cases to be managed on a 4 weekly basis, it is becoming more important that managers equip themselves with appropriate training and keep abreast of council policy, guidance and resources available, both for themselves as managers and employees. Manager and Employee guides, recording tools, resources and training will continue to be promoted through HR Bulletins issued on a bi monthly basis. The development of the Wellbeing and Attendance Pages on Connect is an ongoing exercise.
- 1.7 Since the further development of the mandatory attendance management training on our e-learning resource GOLD, on average there has been less than 400 managers who have completed this training. HR will provide Heads of Service with those managers who have successfully completed the course in order to identify those managers that have still to undertake such training.
- 1.8 Attendance management training will also continue at local level (in particular for new managers), facilitated by the Principal HR Officer and Wellbeing and Attendance Team.
- 1.9 The main reasons for sickness absences remains the same i.e. psychological stress absences and musculoskeletal back pain absences. It is also typical during the Period 10 / Quarter 3 reporting stage for there to be an increase in respiratory type conditions due to the colder weather at this time of year, with more employees off with colds/flu type symptoms.

Early intervention initiatives with the support of Occupational Health and other resources and training, will be reviewed further to try and reduce the number of work days lost for these occupational health categories.

2. NHS Services

2.1 Absence – September – December 2018

HSCP	Target	Oct-18	Nov-18	Dec-18
HSCP Central	4%	7.08%	6.35%	7.48%
North East	4%	7.07%	7.77%	6.45%
North West	4%	7.18%	7.79%	7.76%
South	4%	6.85%	7.30%	7.21%
Mental Health Central	4%	3.4%	5.9%	5.05%
Glasgow City	4%	6.89%	7.52%	6.99%

- 2.2 The last quarter has seen a significant increase of absence levels within health across the HSCP, well above the target levels for NHS services across NHS Greater Glasgow and Clyde and this was noted at the joint PRG conducted in January 2019. Appendix 1 provides a breakdown of reasons for absence within October and November 2018 within the HSCP.
- 2.3 Following implementation of eESS across the NHS it is anticipated that future reports will mirror care group reporting, rather than locality reports. This will be available once all final work in management hierarchies is completed.
- 2.4 An internal audit of sickness absence within the health board was conducted late last year by Scott Moncrieff and presented to the Board Audit committee. This report has also been shared with the Strategy, Operations and Resources Management meeting and an action plan developed for the HSCP in terms of the findings from the audit. The action plan is included in Appendix 2.
- 2.5 The primary areas for management action from the audit identified were –
- All Directors and Chief Officers will work with Human resources to ensure the accountability for day to day management of absence is clear, including performance of spot checks
 - The Human Resources Support and Advice Unit (HRSAU) will review the current coding of cases
 - Performance of managing attendance will be embedded into local performance arrangements
 - All managers will be advised that it is unacceptable to leave the coding of absence blank

- Line managers, supported by the Head of People and Change, will consider an audit approach to seek assurance that activity is being undertaken
- Good practice is shared in H R Connect and there is promotion of this across the organisation.

3. Recommendations

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

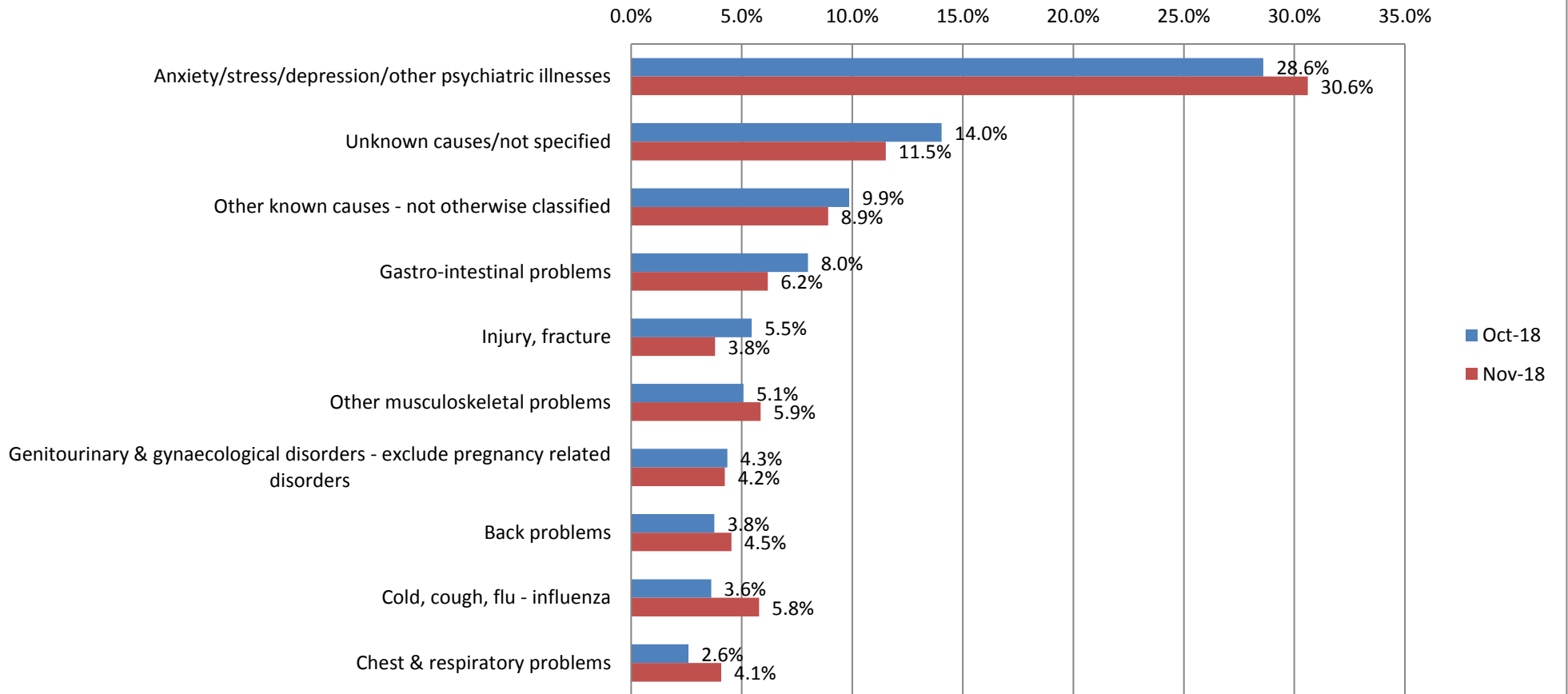
- a) note the content of this report.

Glasgow City HSCP - Reasons for Sickness Absence

Absence Reason	Glasgow City HSCP		Central		North East		North West		South		Mh Central Services		Resource Transfer - Local Authority	
	Oct-18	Nov-18	Oct-18	Nov-18	Oct-18	Nov-18	Oct-18	Nov-18	Oct-18	Nov-18	Oct-18	Nov-18	Oct-18	Nov-18
Anxiety/stress/depression/other psychiatric illnesses	28.6%	30.6%	0.0%	12.4%	36.8%	36.6%	29.3%	32.7%	20.0%	21.8%	31.5%	31.0%	14.8%	0.0%
Unknown causes/not specified	14.0%	11.5%	15.7%	14.5%	9.2%	10.6%	11.6%	9.4%	22.0%	15.0%	36.6%	13.3%	0.0%	0.0%
Other known causes - not otherwise classified	9.9%	8.9%	25.7%	32.0%	6.1%	4.1%	5.6%	6.0%	17.8%	15.9%	0.0%	9.2%	85.2%	73.7%
Gastro-intestinal problems	8.0%	6.2%	3.8%	1.9%	7.6%	5.9%	9.8%	5.1%	6.3%	8.1%	17.4%	8.8%	0.0%	0.0%
Injury, fracture	5.5%	3.8%	6.3%	3.3%	6.4%	3.2%	5.5%	5.9%	4.5%	2.7%	0.0%	0.0%	0.0%	0.0%
Other musculoskeletal problems	5.1%	5.9%	9.0%	5.8%	4.7%	4.8%	4.3%	5.2%	6.6%	8.0%	0.0%	8.8%	0.0%	0.0%
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	4.3%	4.2%	0.0%	1.4%	2.8%	2.4%	6.8%	6.1%	3.9%	4.5%	9.9%	8.0%	0.0%	0.0%
Back problems	3.8%	4.5%	9.6%	1.0%	4.3%	5.4%	3.8%	2.6%	2.5%	4.7%	0.0%	14.8%	0.0%	0.0%
Cold, cough, flu - influenza	3.6%	5.8%	4.2%	2.1%	2.9%	4.6%	4.5%	7.7%	3.5%	6.3%	4.2%	0.0%	0.0%	26.3%
Chest & respiratory problems	2.6%	4.1%	0.0%	1.9%	4.6%	6.5%	2.0%	2.7%	1.1%	3.2%	0.0%	0.0%	0.0%	0.0%
Headache/migraine	2.4%	2.4%	0.0%	0.5%	4.5%	3.3%	0.6%	1.7%	2.1%	2.1%	0.0%	1.7%	0.0%	0.0%
Benign and malignant tumours, cancers	2.3%	2.4%	9.1%	13.7%	1.0%	1.0%	3.5%	3.6%	2.2%	2.1%	0.0%	0.0%	0.0%	0.0%
Heart, cardiac & circulatory problems	2.3%	2.4%	0.0%	0.0%	2.7%	3.4%	3.2%	3.3%	1.1%	0.5%	0.0%	0.0%	0.0%	0.0%
Ear, nose, throat (ENT)	1.8%	2.5%	0.0%	0.0%	0.7%	2.0%	3.8%	3.1%	1.5%	2.9%	0.0%	3.5%	0.0%	0.0%
Nervous system disorders - exclude headache, migraine	1.7%	1.0%	7.9%	2.9%	2.9%	2.4%	0.0%	0.2%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Pregnancy related disorders	0.8%	0.9%	7.5%	6.2%	0.1%	0.7%	0.2%	0.6%	1.8%	0.9%	0.4%	0.9%	0.0%	0.0%
Blood disorders	0.8%	0.6%	1.2%	0.5%	0.7%	0.7%	1.8%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Endocrine/glandular problems	0.5%	0.8%	0.0%	0.0%	0.1%	0.6%	0.8%	0.9%	0.7%	1.1%	0.0%	0.0%	0.0%	0.0%
Eye problems	0.5%	0.2%	0.0%	0.0%	0.3%	0.2%	1.1%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%
Dental & oral problems	0.4%	0.2%	0.0%	0.0%	0.2%	0.1%	0.0%	0.3%	1.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Substance abuse - include alcoholism & drug dependence	0.4%	0.3%	0.0%	0.0%	0.0%	0.0%	1.1%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skin disorders	0.3%	0.2%	0.0%	0.0%	0.6%	0.5%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Infectious diseases	0.3%	0.4%	0.0%	0.0%	0.8%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asthma	0.1%	0.3%	0.0%	0.0%	0.1%	0.1%	0.3%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Burns, poisoning, frostbite, hypothermia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: The figures represent the percentage a particular reason for absence attributes to the overall absence percentage for the month in question.

Glasgow City HSCP Top Ten Reasons for Sickness Absence



**Glasgow City HSCP
Attendance Management Action Plan – January 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		
Roll out of Micro-strategy to managers to increase access to information	Workforce Information Rep to attend management meetings	PCM's / JP	April 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		
Provide regular information regarding attendance training and Stress Awareness training for managers	Circulate links to management training and promote uptake	PCM's	March 19		

Deliver attendance training for GCC managers managing health staff		MK / HRSAU	March 19		
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	<p>Identify priority areas to be referred to AST for dedicated input</p> <ul style="list-style-type: none"> Action Plan created for each area and full support from AST Initial request for NE and NW mental health wards to be progressed with a view to South being referred at a later date. 	PCM's / GK / MK Elinor Beattie	Feb 19 -		
Identify/ agree next areas of concern to implement AST approach	<p>Identify other priority areas of concern and link with HRSAU to agree input</p> <ul style="list-style-type: none"> Meeting lead nurse/service manager Agree action plan: <p>Support to SCN's Training provided Attendance clinics</p>	HOPC/ PCM's/ GK DW/ HRSAU	May 19		

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		
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		
Spot check audit of attendance management process	Agree audit criteria and regularity	HOPAC/PCM /Hd's of Service	TBC		
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		
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		
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		