

Glasgow City Integration Joint Board Finance and Audit Committee

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ATTENDANCE MANAGEMENT

Purpose of Report:

To advise the IJB Finance and Audit Committee of Quarter 1 2017/18 absence levels across Glasgow City Health and Social Care Partnership and highlight priorities within Attendance Management Action Plans.

Recommendations:

The IJB Finance and Audit 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
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. Absence Reporting – Glasgow City Health and Social Care Partnership

1.1 The data for Quarter 1, April to June 2017 is shown below in Table 1. For comparison purposes the table also shows the same quarter last year and the other 3 quarters in 2016/17.

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

Service	Employee Numbers	2016/17				2017/18
		Q4	Q3	Q2	Q1	Q1
Social Work	3452 Headcount	5.60% 2.7 ADL	6.50% 3.3 ADL	6.00% 2.8 ADL	5.30% 2.5 ADL	5.50% 2.6 ADL
Health	4339 WTE	6.28%	6.47%	6.09%	6.10%	6.13%

Table 2 – Service Level Quarter Comparison (%)

Service	Social Work					Health				
	2016/17				2017/18	2016/17				2017/18
	Q4	Q3	Q2	Q1	Q1	Q4	Q3	Q2	Q1	Q1
North East	5.70%	4.93%	6.78%	6.70%	3.80%	6.66%	6.97%	6.16%	5.70%	5.84%
North West	4.90%	6.77%	4.54%	4.15%	6.10%	6.52%	6.86%	6.38%	6.64%	7.00%
South	6.60%	7.77%	6.49%	5.08%	5.10%	6.04%	6.00%	6.38%	6.90%	5.87%
Mental Health Central	n/a	n/a	n/a	n/a	n/a	6.82%	6.24%	1.36%	1.67%	4.19%
All Other *	6.44%	8.59%	6.23%	6.48%	6.14%	2.33%	4.37%	6.84%	6.94%	**

* 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

1.2 Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position, however, for the purpose of this report percentage figures are also shown.

1.3 Health absence rates are measured on an average percentage figure which is calculated using WTE Employees Absent v WTE Employees.

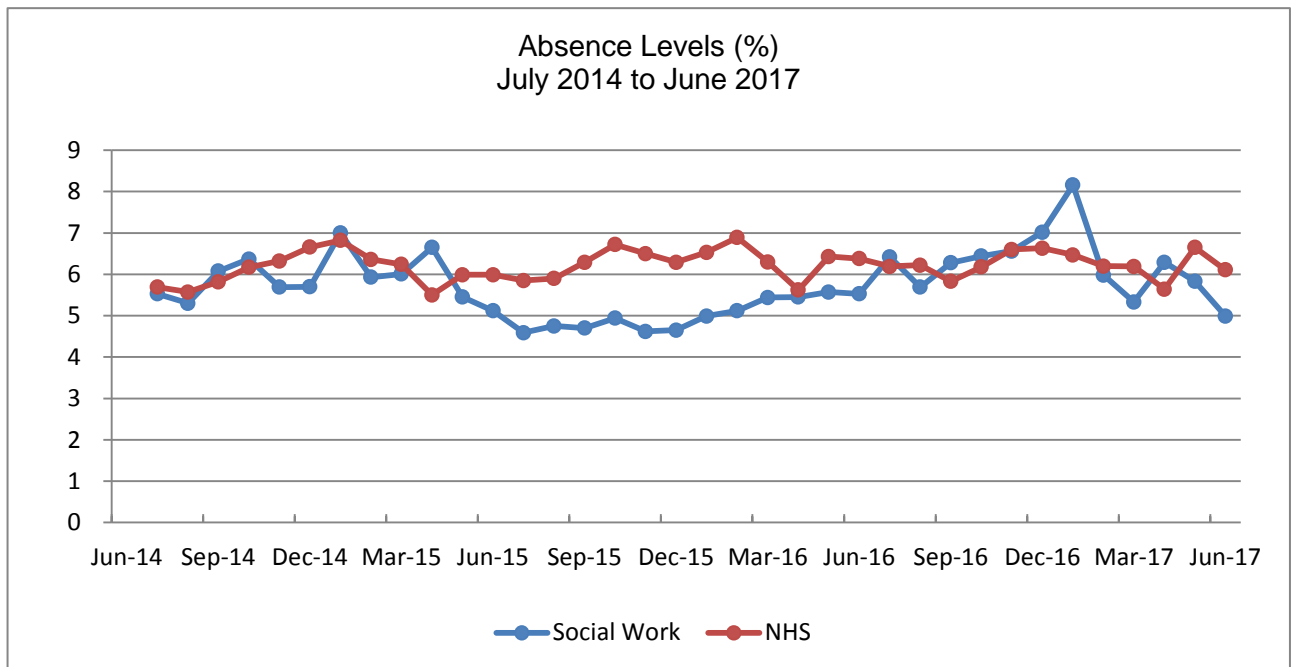
1.4 Absence performance within Social Work for the start of 2017/18 in Quarter 1 shows a 0.1 ADL increase compared to the same quarter last year. However, there is a 27% reduction in the workforce and further analysis shows that there is a 22% reduction in the number of days lost due to sickness absence compared to the same quarter last year.

1.5 Social Work's **long term sickness** days lost has reduced by 18%, with **short term sickness** days lost reducing further by 32% compared to Quarter 1 in 2016/17.

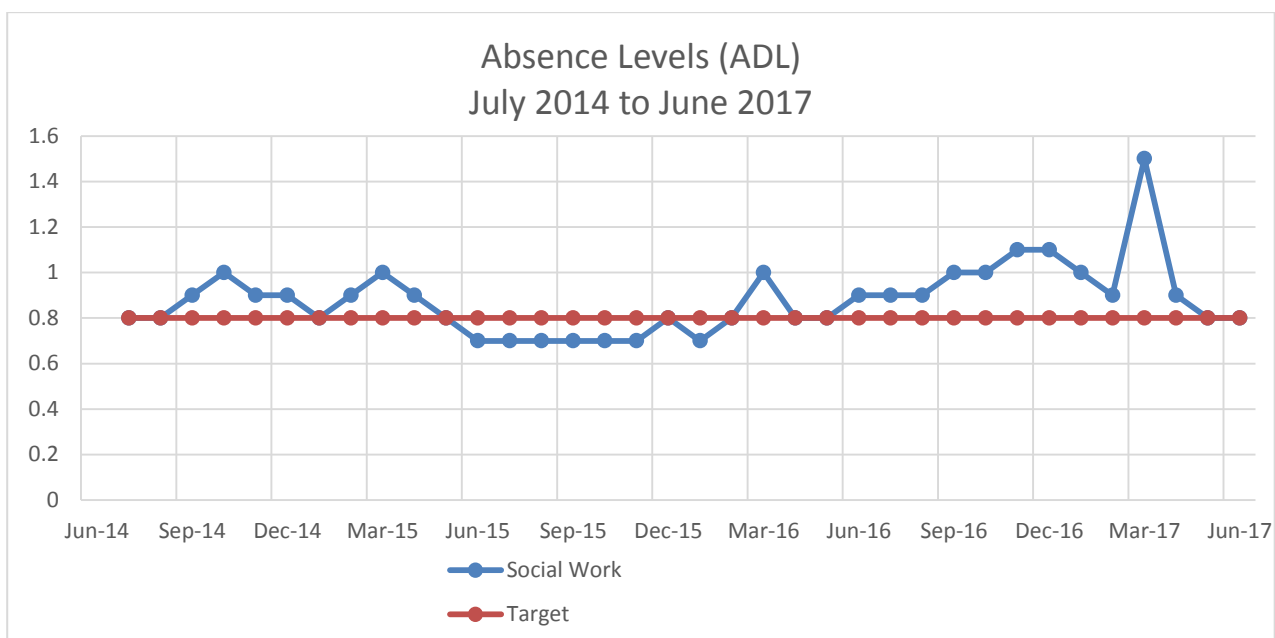
1.6 Absence performance within Health for the start of 2017/18 was showing a slight variation in May and June's figures, however, the average figure reports at 6.13% which is the same figure reported in Quarter 1 for 2016/17.

1.7 Chart 1 below shows the **rolling monthly absence trends (% absence)** for Social Work and Health for the period July 2014 to June 2017.

Chart 1



1.8 Chart 2 below shows the **rolling monthly Social Work trend (ADL)** for the period July 2014 to June 2017.



1.9 The estimated costs of sickness absence within Social Work Service Areas in Quarter 1 2017/18 (Apr-Jun) are detailed below. Data for Quarter 4 2016/17 has also been provided.

Service Area	Total Staff	Ave No of Empl off Q1	No of Days Lost Q1	Cost Q1	Ave No of Empl off Q4	No of Days Lost Q4	Cost Q4
Older People Residential & Day Care	789	79	2222	£237,842.88	131	3014	£322,618.56
Children's Residential	374	5	1401	£140,926.59	35	1319	£132,678.21
Families for Children	96	5	181	£22,451.24	12	382	£47,383.28
Homelessness Casework	25	1	40	£4,023.60	4	166.5	£16,748.24
Homelessness Residential	89	3	99	£6,181.56	8	184.5	£11,520.18
Corporate Services	76	6	190	£23,567.60	7	186	£23,071.44
Emergency Services	19	1	48	£4,828.32	3	113.5	£11,416.97
Adult, Older People & Commissioning Services	65	3	119	£14,760.76	6	182	£22,575.28
Business Development	7	0	0	£0.00	1	12	£1,488.48
Centre Probation Team	96	7	306	£37,956.24	7	268	£33,242.72
Finance Services	48	2	57	£7,070.28	3	193	£23,939.72
Homeless Persons Services	5	1	11.5	£1,156.79	1	2	£201.18
Service Modernisation	69	6	182.5	£22,637.30	7	161.2	£19,989.05
Social Care Direct	20	2	51	£4,169.76	1	37	£3,025.12
Standby Services	24	1	35	£4,341.40	1	79	£9,799.16
Youth Crime Review Team	53	3	120	£14,884.80	4	152	£18,854.08
Localities							
North East	504	38	1608.5	£199,518.34	42	1712.0	£212,356.48
North West	425	23	819	£101,588.76	43	1179.5	£146,305.18
South	502	39	1308.3	£162,276.57	58	1998	£247,831.92
Overall Total	3286	223	8798.8	£1,010,182.79	374	11341.2	£1,305,045.25

2. Social Work

- 2.1. Whilst there has been an increase in management activity around formal interviews taking place in Quarter 1 compared to the same quarter last year, 58% of all formal interviews due to take place in the quarter remain outstanding. Communication will be sent to senior managers to highlight this.
- 2.2 The Principal HR Officer and the Wellbeing & Attendance Team continue to work closely with managers offering professional advice and support. Older People Residential Services continues to be one of the main priority areas. The overall objective is to try and improve attendance through supportive and robust measures and reduce ongoing additional costs incurred for providing minimal statutory staff cover within the older people residential units.
- 2.3 Training workshops will be planned for Team Leaders across the city and Senior Social Care Workers within Older People Residential to broaden knowledge, skills, confidence and to maximise their efforts in their role as line managers in managing staff attendance. The Principal HR Officer will liaise with Service Managers in order for this to be facilitated.

3. Health

3.1 Senior Management Engagement

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.

Historically, inpatient service areas have areas of high absence and all HSCTs are being asked to provide a more focused approach to absence management for these service areas. This has already been a focus for Glasgow City and currently we are running a schedule of training primarily aimed at in patient service areas. Further discussion is planned Heads of Service collectively to review existing practice, return to work arrangements for staff, a focus on health promotion and scoping of reasonable adjustment arrangements for those returning to work after long periods of absence.

4. Recommendations

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