



# Item No: 7

Meeting Date: Monday, 12<sup>th</sup> September 2016

## Glasgow City IJB Finance and Audit Committee

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### ATTENDANCE MANAGEMENT UPDATE

<b>Purpose of Report:</b>	To advise the IJB-Finance and Audit Committee of the current absence levels across Glasgow City HSCP and highlight priorities within Attendance Management Action Plans for Social Work and Health.
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<b>Recommendations:</b>	Committee are asked to note the content of this report.
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#### Implications for IJB:

<b>Financial:</b>	Cost pressure arises from need to cover absence in some staff groups.
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<b>Personnel:</b>	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
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<b>Legal:</b>	n/a
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<b>Economic Impact:</b>	n/a
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<b>Sustainability:</b>	n/a
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<b>Sustainable Procurement and Article 19:</b>	n/a
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<b>Equalities:</b>	n/a
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<b>Risk Implications:</b>	n/a
<b>Implications for Glasgow City Council:</b>	n/a

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	n/a
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## 1. Introduction

- 1.1 Social Work Services and Health continue to follow their own organisation's policies and procedures on Attendance Management.
- 1.2 Individual employees remain employed by their "parent" organisation ie Glasgow City Council or NHS and sickness absence is managed under their employer organisations procedures with sickness absence data produced separately from each organisation's management information systems.
- 1.3 Responsibility for the management of absence in each part of the Partnership sits with each Head of Service, where there are staff from both organisations in their structure then they are responsible for ensuring both sets of policies are applied appropriate to the staff member. Training and support is being provided to managers from both NHS and GCC Human Resources.
- 1.4 Reporting timeframes and measures of absence differ for each partner organisation. Glasgow City Council use the measure of 'Average Days Lost Per Employee' (ADL) and NHS using 'Percentage Absence' for Services. (For the purposes of comparison this report does shown the percentage absence for GCC staff however the calculation of % absence also differs between the organisations)
- 1.5 Both organisations also have different electronic pay systems and reporting capabilities and due to this it is difficult to analyse and compare data. Development of a joint reporting format continues.

## 2. Absence Statistics for Quarter 1, April to June 2016

### 2.1 High Level

Organisation	Number of Employees	% Absence level	Average Days Lost per person
<b>GCC - Social Work</b>	3435	5.49%	2.5 (approx. 0.9 per month)
<b>NHS</b>	5708	6.14%	n/a

## 2.2 Service Level

Service	GCC	NHS
North East Locality	6.8%	5.7%
North West Locality	3.98%	6.64%
South Locality	4.12%	6.9%
Mental Health Central	n/a	1.73%
All Other*	5.88%	6.94%

\*Note – GCC Other category includes Residential Services in Older People and Children

## 3. GCC, Social Work Services Position

### 3.1 Statistics

3.1.1 Absence performance consistently improved throughout 2015 / 16, with a yearly figure of 9.7 ADL. This is 0.5 ADL lower than the Social Work target set by the Council at 10.2 ADL and is the first time that this has been achieved for the Service to date. Absence rates are now measured on average days lost (ADL) per person rather than a percentage figure as the ADL reflects a more accurate position.

3.1.2 This report highlights Quarter 1 April to June with an Average Days Lost (ADL) of 2.5 and it has remained at this figure for the past 4 years. Absence targets are set by Corporate HR and approved by Corporate Management Team and Committee. 2016/17 figures are as follows:

Social Work	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Adjusted Target	2.45	2.58	2.64	2.53	10.2
Cumulative	2.45	5.03	7.67	10.2	

3.1.3 Ongoing work is being carried out to review existing strategies and interventions to ensure appropriate measures are being implemented to further reduce long term spells of absence and frequent short term intermittent absences. Target staff groups are those with higher than average absence levels and groups where cover is required at an additional cost eg, Older People's and Children's Residential Services.

### 3.2 Long Term Absence

3.2.1 Addressing long term sickness absence (20 days or more) continues to be the priority, with it being the highest contributor to absences overall. The level of long term absence was reduced by 26% in 2015/16 and this year's action plan includes measures to reduce it further.

3.2.2 The majority of absences are related to Stress, Psychological, Back Pain and Musculoskeletal problems, in Quarter 1 this equated to 49% of absences. An Early Intervention policy has greatly reduced the level of absence in these areas. The

reduction has come from getting earlier return to work dates with support plans in place to assist the employees.

- 3.2.3 Further exploration of other interventions will continue and a Health Initiative around musculoskeletal support will be the priority over the coming months to positively impact on days lost due to back pain and other musculoskeletal reasons.

### **3.3 Training Programme**

- 3.3.1 One of the main priorities within the 2016/17 Attendance Management Action Plan is the development of a new training programme for managers where the main focus of the sessions is on manager interaction with staff and practice skills training to help build confidence in having effective conversations. This training will complement the recently launched 'Building Personal Resilience' Toolkit (developed by Corporate Organisational Development), as part of the Council's Transforming Glasgow Programme. Training will be launched in September 2016 with Older People Residential Managers where absence levels remain consistently high.

## **4. NHS Position**

### **4.1 Statistics**

- 4.1.2 Absence reporting for Health continues to report on a monthly basis. The total Absence Percentage is an average figure calculated using WTE Employees Absent v WTE Employees (Apr / May / Jun). This report highlights the total average absence percentage was 6.41% for this period.

### **4.2 Senior Management Engagement**

- 4.2.1 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.
- 4.2.2 Through engagement with senior managers at locality SMTs, People & Change Managers support local managers in accurate recording of absence on SSTs to correctly identify reasons for absence and to provide local reports as required.

The Action Plan for 2016/17 includes the following:-

### **4.3 Raising Policy Awareness**

- 4.3.1 Delivery of 'Attendance Management Clinics' for local managers with input from the Occupational Health Service, supported by the HR Support and Advice Unit.

### **4.4 Short Term Absence**

- 4.4.1 Additional support of early management intervention with the introduction of 'checklists' at the 3<sup>rd</sup> episode of absence, in advance of policy trigger point, to ensure the formal process commences at the RTW stage with the aim of reducing breaches of trigger points.

#### **4.5 Long Term Absence**

- 4.5.1 Provision of guidance to managers on the use of a planned approach to managing long term absence cases. From the point where the absence exceeds 28 days, a 4-weekly programme of absence review meetings will be established with agreed actions documented at each 3, 6, and 9 month stage.

#### **4.6 Glasgow City HSCP**

- 4.6.1 Glasgow City HSCP has a Strategic Healthy Working Lives (HWL) group chaired by the Head of People and Change. Joint staff health promotional events and activities will be explored through this group and promoted via the Glasgow City HSCP HWL newsletter published quarterly and other appropriate communication channels.

### **5. Recommendations**

- 5.1 Committee is asked to note the contents of this report.