NHS Greater Glasgow and Clyde

NHS GREATER GLASGOW AND CLYDE

NHS Board Meeting
15th February 2016 **Paper No 16/07**

Director of Human Resources and Organisational Development

Attendance Management Activity and Planning across NHS GG & C

Recommendation
The Board is asked to note the activity in place across all service areas within NHS GG & C to support the required improvement in staff attendance.
The detail provided in this document advises of current absence levels, trends across the organisation, providing detail at an NHS Scotland and local level
The document details existing and planned activity to seek an improvement on current absence levels across all Board Services.

1 Background and Context

Introduction

- The purpose of this paper is to provide board members with information on the range of interventions in place to seek to achieve an improvement in staff attendance levels across the Acute Sectors, Directorates and Partnership Areas.
- The paper provides detail on absence trends across the board area and information on the performance of Acute Sectors, Directorates and Partnerships based on available workforce data.
- There is detail provided regarding the NHS Scotland wide position and specific detail regarding junior doctor absence levels and reasons for absence
- The paper also details current absence management activity in place and future actions to be implemented

2 Absence Position

NHS Scotland

Absence levels for NHS Scotland, as reported via NHS Scotland Workforce Statistics (SWISS) for November 2015 reported the national rage of absence as 5.22 %. The NHS Greater Glasgow and Clyde rate within these statistics was 5.53%. Of all boards within NHS Scotland, the highest absence reported was at The State Hospital (Carstairs), reporting absence at 8.54%, followed by the Scottish Ambulance Service at 7.56%. The lowest reported board absence level for November 2015 was within Health Improvement Scotland, who reported absence levels of 2.92%. At the time of writing the December 2015 figures were not available.

NHS Greater Glasgow and Clyde

The latest reported absence detail for NHS Greater Glasgow and Clyde is for the period **December 2015**. The current absence percentages for the board are below.

Acute Services	Partnerships	Board Wide Facilities	Other Functions
6.18%	6.08%	8.31%	4.5%

A further breakdown below details the information for each specific service area

Acute Directorates	Partnerships / HSCPs
North Sector – 6.14%	East Dunbartonshire – 6.05%
South Sector – 6.91%	East Renfrewshire – 5.25%
Womens & Childrens – 6.11%	Glasgow City – 6.29%
Diagnostics – 5.71%	West Dunbartonshire – 5.12%
South Clyde – 5.78%	Facilities – 9.49%
Facilities – 6.09%	East Dun O H – 4.31%
Regional Services – 6.3%	Inverclyde – 6.5%
	Renfrewshire – 6.41%

The table below provides further information regarding comparative figures at a Board level across a 12 month period. This indicates an upward trend broadly across all areas in absence levels, particularly in October and November 2015.

Area	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Acute	6.26	6.74	6.29	5.92	5.78	5.53	5.59	5.89	5.87	5.84	5.89	5.96	6.18
Board Wide Facilities										8.46	8.69	9.38	8.31
Other Functions	4.41	4.79	4.99	4.37	4.32	3.94	3.94	3.90	3.85	4.40	4.06	4.62	4.50
Partnership	6.18	6.42	6.09	5.90	5.46	5.68	5.84	5.74	5.56	5.94	6.22	6.17	6.08
GG&C	6.09	6.50	6.13	5.79	5.58	5.44	5.52	5.69	5.63	6.03	6.12	6.26	6.25

The increase in absence levels in the months of October and November is representative of previous years. The increase in absence can be seen as continuing throughout the winter months, until February each year before beginning to reduce. Current absence levels reported are higher than in previous years, and this is generally the case across all services within NHS Greater Glasgow and Clyde.

The impact of these levels of absence is reflected in a rise in both agency and bank costs for both nursing and medical services.

Across all areas within Acute, Partnerships, Corporate and Support Services, the regular monthly information reporting and Workforce Portal provides information on absence levels down to individual departments and ward areas. This allows managers and H R to identify areas of concern and 'hot spots' within their areas of responsibility.

Information is provided by department, identifying the whole time equivalent (wte) within each area, the overall percentage absence, and the proportion of that absence that is short term (< 28 days) and long term (> 28days).

It should be noted that the majority of absence is related to long term sick leave. It should also be noted that when breaking down the figures to a departmental level, the smaller the team is, the higher the impact of a single individual being absent in terms of the percentage figures

Rolling absence information for the last 2 years is attached in Appendix 1.

3 Reasons for Absence

The use of SSTS allows the organisation to look at the detail or reasons for absence. SSTS also provides 'real time' recording of data and can be reviewed on an ongoing basis at a local

level.

Across the organisation, the primary reasons for absence remain

- Anxiety/ stress/ depression
- Musculoskeletal
- Gastrointestinal
- Cold/ cough/flu

As mentioned above, some specific work has been done to review junior doctor absences. To provide some detail on the pattern over 12 month, the information below refers to the period from 1st January 2014 to 31st December 2015

Short or long term absence	Sum of Count of absences	Sum of Number of days	Average length of absence
Long term	102	12104	119
Short term	1182	3729	3
Grand Total	**1284**	**15833**	**12**

These absences are spread over 849 payroll numbers (some doctors have more than one payroll number)

The average number of absences is 1.5 per individual doctor and of those absent from work, the average number of days off per individual is 18 days. If we review the absence data detailed above, based on the staff numbers provide across this time period, this indicates an average absence level of **5.1%**. Of this **1.2%** of absences are short term and **3.9%** are long term.

The primary reasons for absence for junior medical staff to be absent during this period are

- Gastrointestinal
- Cold/ cough/ flu
- Anxiety/ Stress Depression
- Ear/ Nose/ Throat issues

Other factors that will be currently influencing our absence levels across the board are reflected in the findings of both the most recent CIPD Absence Survey (October 2015) and the Office for National Statistics Survey (February 2014).

The primary reasons for absence across NHS Greater Glasgow and Clyde, detailed above, reflect the findings of the CIPD Public Sector survey for 2015 – there is no difference. The upward trend in NHS Greater Glasgow and Clyde absence figures also reflects the reported wider upward trend across all of the public sector within the UK.

It is already known that as our workforce ages, we can also anticipate our absence levels will continue to rise. As a large employer, our absence levels will be higher than other smaller Health Boards across NHS Scotland.

The Office for National Statistics confirms in their narrative that sickness absence across all industries and employers within the UK has fallen significantly since 1993. However, sickness absence rates for male employees have been consistently lower than female employees, which again will impact on our trends and totals given the significantly higher proportion of female employees to males within NHS Greater Glasgow and Clyde.

4 Current Absence Management Activity

Directors, supported by their Heads of People and Change, continue to implement a number of initiatives to support staff attendance. This will be reviewed in parallel to the detail now emerging from the NHS Scotland Staff 2015 Staff Survey and the roll out of i-Matters in key

pilot sites.

Specific interventions already in place to support staff attendance include: -

1. *Attendance Management Policy Awareness and Application*

In addition to the absence analysis per Partnership/Sector/Directorate, the Heads of People and Change have engaged with their Senior Management Teams to develop attendance trajectories and improvement plans to target local absence 'hot spots' whilst ensuring that good absence management practices are in place. These include:

- Return to Work Interviews and documented discussion following each absence episode
  There is clear evidence that closer management of any absence is more effective in the longer term. The return to work interview and initial conversation is essential as part of this process and there is ongoing work to monitor this activity to ensure all staff are participating in this process. There is also work in place to ensure that SSTS information is available across all areas, particularly in short term absences, to ensure managers can manage this process.

- Referral to Occupational Health

  Early interaction with Occupational Health, implementation of recommendations and the use of case conferencing arrangements are central to our absence management arrangements.

- Application of Attendance Management policy trigger points

  Recent discussions with Staff Side colleagues have focused on the importance of ensuring consistent application of the Attendance Management Policy.

- Regular attendance management review meetings

  The use of regular, scheduled attendance management 'clinics' ensures appropriate support to review absence data and also schedule regular discussions with staff, supported by trade union colleagues to explore opportunities for absence issues to be concluded

- A focus on appropriate conclusion of any episode of absence, such as ill health retiral or termination of employment, redeployment, appropriate adjustment to duties or referral for disciplinary action where appropriate

  This activity will continue to be monitored in all areas through local performance review groups, the Acute Services Committee and also the Integrated Joint Boards.

2. *Relaunch of the Employee Wellbeing Policy and further use of Stress Audits across the organisation*

In recognition of the high number of staff absent from work due to anxiety and stress, the Heads of People and Change will continue to work collaboratively with Health and Safety colleagues to ensure the full implementation of the Health and Safety Executive Stress Audit tool. This tool whilst focusing on work related stress is a helpful approach in addressing environmental/relationship/demand and control issues in the workplace which can have an adverse impact of staff coping and resilience levels. A key aspect to the success of the survey is in Senior Managers supporting the development of the Stress Action Plans and evaluating progress against the plans. It should be noted that stress and anxiety recorded is not all work related with much of the stress factors identified as personal stress.
The relaunch of the Employee Wellbeing Policy allows a further refresh of this activity across the Board area.

3. RESOLVE

The RESOLVE process, first piloted within Facilities and Capital Planning, was implemented across the Acute Division over the months of November and December. This is a values based approach to absence

R	ESPECT	Treating everyone as we would like to be treated
E	QUALITY	Treating everyone fairly and consistently
S	UPPORT	Ensuring all support and assistance is provided to staff in working towards maximising attendance.
O	WNERSHIP	Ensuring that all involved in this process, staff, managers and HR, are aware of their responsibility to improve levels of attendance and their own health and wellbeing.
L	EADERSHIP	Providing a strong example and effective direction to our staff.
V	ALUED	Reiterating the importance, and value, of every person within the organisation in the provision of excellent patient care.
E	FFECTIVE	Ensuring a robust, supportive and effective process, that operates efficiently in accordance with our Attendance Management Policy

The basis of this approach is to create more personal approach to attendance management and make it less of a box ticking exercise based on application of trigger breaches. It was viewed that the benefits of this approach will be better in areas where there is concerted work to improve team culture and staff engagement and this approach would compliment Staff Governance initiatives.
The outputs of this short initiative included an individual Health Action Plan, assisting staff to make self-referrals to Occupational Health and Staff Physiotherapy, Employee Counselling, access to information on Financial Support, smoking cessation advice, vocational rehabilitation and ensuring implementation of Occupational Health recommendations.

5 Further Planned Activity

- *Improved data quality*

The implementation of the workforce information portal has been an important tool to allow management teams to drill down to individual ward and service areas to ensure areas of concern can be identified. The use of SSTS allows 'real time' information to be reported. There continue to be issues where the reason for absence is not effectively recorded within the SSTS system, and there is an over-use of the code 'unknown' which impacts on accuracy of the absence detail recorded. There will be a continuing focus on supporting an improvement in the recording of reasons for absence.

- *Awareness raising and training in the use of the policy*

Managers have had regular access to training and support in the use of the Attendance management policy, and this will continue on an ongoing basis across all parts of the organisation. This will ensure an awareness of the importance of the return to work discussion as part of the absence management process and a consistent approach to absence management.

- *Continued absence management clinics*

The opportunity for managers to review absence on an ongoing basis with the support of both H R and Trade Union colleagues is effective and helpful in improving attendance.

	• *Return to work/ redeployment arrangements* As a large employer, the Board has the opportunity to review individual return to work arrangements. Where employees are able to return to work in alternative roles, on either a short or long term basis, further discussions need to take place to identify if and how this can be accommodated. Rather than simply wait for an individual to be completely well enough to undertake their previous post, there may be opportunities to return individuals sooner to other roles, which may improve the board's position in terms of absence levels and assist individuals back to work earlier. • *Engagement and Absence data* The board has a range of well being initiatives for staff already in place. Research shows that the integration of engagement data with absence data can allow organisations to recognise trends and issues. Implementation of iMatters may allow further exploration of this approach. • *Audit of Activity* Recent audit activity in one part of the board demonstrated that where there has been Human Resources and Organisational Development involvement in the process, it is generally reported that there are a higher number of outcome letters issued and follow up actions progressed, such as action plans, target setting or moving to disciplinary action. Further audit activity can complement the detail above to demonstrate effective use of the policy framework in a consistent way across the organisation
6	**Conclusions**
	Members are asked to: Note the current and ongoing work by the Heads of People and Change and management teams in developing trajectories and plans to improve absence levels in individual departments/functions ,introducing staff health and wellbeing initiatives to support change.

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Date 4th February 2016

APPENDIX 1 – ABSENCE TRENDS Oct 2013-Nov 2015

Area	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
Acute	5.42	5.58	5.73	6.31	6.14	5.92	5.65	5.51	5.63	5.68	5.61	5.53	6.02	6.09	6.26	6.74	6.29	5.92	5.78	5.53	5.59	5.89	5.87	5.84	5.89	5.96
Board Wide Facilities																								8.46	8.69	9.38
Corporate Functions	4.71	4.41	3.79	4.92	5.48	4.72	4.04	4.00	4.28	4.27	4.15	4.44	4.61	4.66	4.41	4.79	4.99	4.37	4.32	3.94	3.94	3.90	3.85	4.40	4.06	4.62
Partnership	5.14	5.36	5.35	5.65	5.54	5.62	5.00	5.17	5.39	5.61	5.35	5.48	5.88	5.99	6.18	6.42	6.09	5.90	5.46	5.68	5.84	5.74	5.56	5.94	6.22	6.17
GG&C	5.30	5.43	5.49	6.04	5.94	5.75	5.36	5.31	5.46	5.55	5.43	5.43	5.87	5.95	6.09	6.50	6.13	5.79	5.58	5.44	5.52	5.69	5.63	6.03	6.12	6.26