



Item No. 10

Meeting Date: Wednesday 15th June 2022

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Sharon Wearing, Chief Officer, Finance and Resources

Contact: Christina Heuston, Assistant Chief Officer, HR

Tel: 07825 926 734

Attendance Management

Purpose of Report:	To advise the IJB Finance, Audit and Scrutiny Committee of the latest absence levels across Glasgow City Health and Social Care Partnership.
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
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Background/Engagement:	Scotland's road map out of covid restrictions focuses Glasgow City HSCP on supporting staff back into the workplace safely and ensuring staff's mental health and wellbeing at work is a priority.
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) note the content of this report.</p>
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Relevance to Integration Joint Board Strategic Plan:

<p>As detailed in page 22 of the plan.</p> <p>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.</p>

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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:	N/A
Provider Organisations:	N/A
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Cost pressure arises from need to cover absence in staff groups.
Legal:	N/A
Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	There is a risk that increasing absence levels impact on the efficiency of services and where replacement staff are required, a financial impact.
Implications for Glasgow City Council:	As stated above
Implications for NHS Greater Glasgow & Clyde:	As stated above

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1. High Level Quarterly Absence Comparison

- 1.1 Quarter 4 (Jan-Mar 2022) highlights the latest absence trends for GHSCP, including previous year's figures for comparison purposes. Tables 1 and 2 excludes Covid-19 related absences as this is shown separately in section 2 of the report.
- 1.2 Table 1 highlights Social Work figures in Average Days Lost and Table 2 highlights Health figures in Percentage Absence.

Table 1 Social Work

Yearly ADL target is 10.2
P1 ADL target is 0.4
P2-12 ADL target is 0.8
P13 ADL target is 1.2

Previous Year Q4						Current Year Q4			
Social Work	No. of Staff	P11	P12	P13	Quarterly Average ADL	P11	P12	P13	Quarterly Average ADL
Glasgow City Wide **	7326	1.4	1.4	2.1	1.6	1.6	1.5	2.6	1.9
Resources	1041	0.8	0.9	1.1	0.9	0.7	0.9	1.4	1.0
Adult Services	481	0.7	0.9	1.5	1.0	1.7	1.4	2.9	2.0
Public Protection & Complex Care	602	0.5	0.6	1.1	0.7	1.0	0.9	1.9	1.3
Children's Services	1080	0.9	0.9	1.5	1.1	1.3	1.2	2.6	1.7
Older People's Services	322	0.8	0.9	1.5	1.1	1.2	1.0	2.0	1.4
Care Services	3797	2.0	1.9	2.8	2.2	3.1	1.8	3.1	2.7
• Home Care	2817	2.0	1.9	2.9	2.3	2.0	1.9	3.2	2.4
• Care Homes (inc. Day Care)	852	1.9	1.9	2.6	2.1	1.9	1.5	2.6	2.0

** Latest Period Figure (P2) reports at **1.4** ADL

Table 2 Health

Average Yearly % target is 4%
Monthly % target is 4%

Previous Year Q4						Current Year Q4			
Health	No. of Staff	Jan	Feb	Mar	Quarterly Average	Jan	Feb	Mar	Quarterly Average
Glasgow City Wide**	5455	5.00%	4.41%	5.12%	4.84%	5.48%	6.16%	6.38%	6.0%
Resources		2.87%	2.89%	4.34%	3.36%	8.48%	7.35%	5.20%	7.01%
Adult Services		5.41%	5.32%	5.16%	5.29%	5.82%	6.57%	6.60%	6.33%
Public Protection & Complex Care		3.91%	3.38%	5.37%	4.22%	6.34%	6.68%	5.04%	6.02%
Children's Services		4.3%	4.0%	4.58%	4.29%	4.31%	5.26%	5.82%	5.13%
Older People's Services		6.13%	5.82%	6.14%	6.03%	6.94%	7.39%	7.37%	7.23%
Health Improvement		3.3%	4.58%	5.06%	4.31%	1.61%	3.00%	4.24%	2.95%
Clinical Director		1.32%	0%	0%	0.44%	0.33%	1.14%	2.82%	1.43%

** Latest Monthly Figure (April) reports at **5.68%**

2. Covid-19 Absences

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- 2.1 The following data in tables 3 and 4 shows the total number of Covid related absences and the percentage workforce absent due to these reasons.

Table 3 – Social Work

Period	Covid-19	Covid-19 Self Isolate / Other*	Long Covid	Total **	Total Workforce	% Workforce absent
01/05 to 10/05	65	7	20	92	7326	1.3%
April	382	122	24	528	7326	6.9%
March	615	277	26	918	7418	11.8%

* includes dependant's care

** this figure may include employees absent on more than one occasion

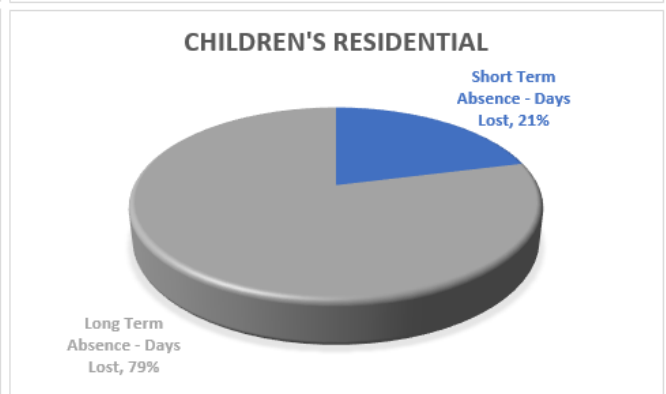
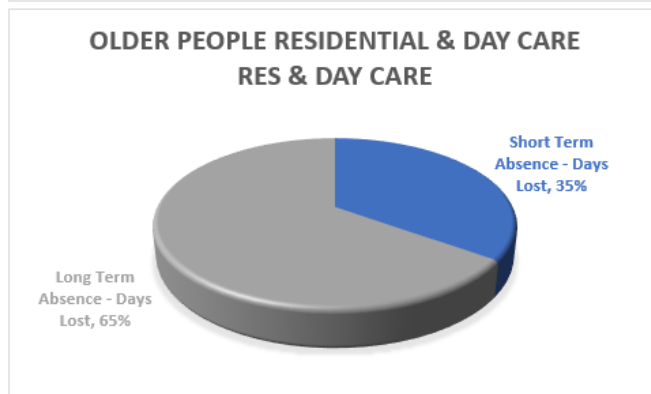
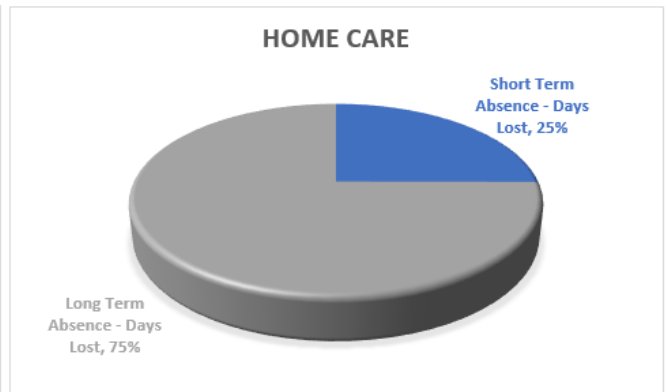
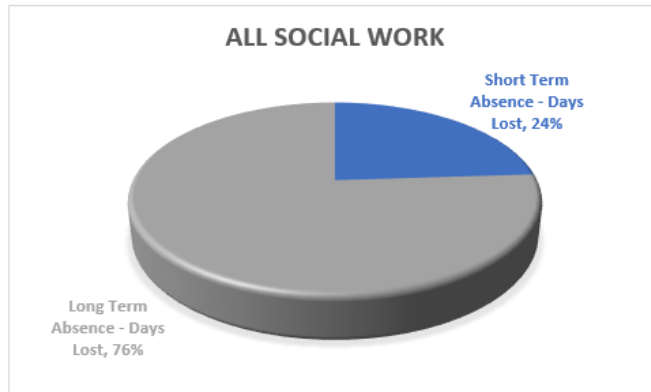
Table 4 – Health

Period	Covid-19	Covid-19 Self Isolate / Other*	Long Covid	Total**	Total Workforce	% off due to Covid related absence
May	19	0	33	52	5455	0.95
April	16	2	33	51	5455	0.93
March	89	52	37	144	5476	2.62

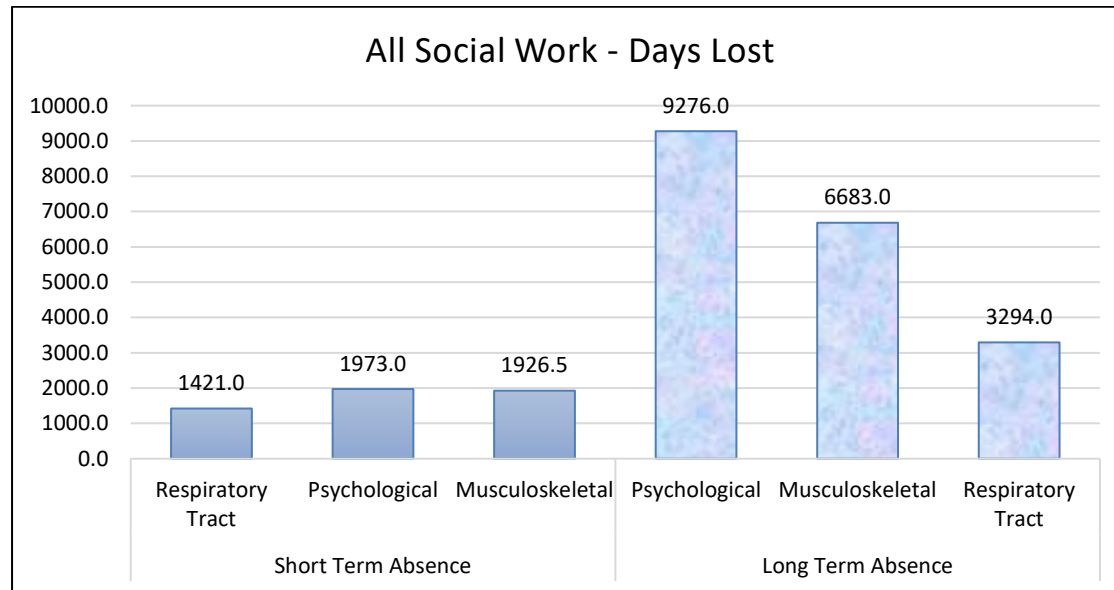
* includes household related, quarantine, self-displaying symptoms, test & protect, underlying health condition

** this figure may include employees absent on more than one occasion

3. % Long Term / Short Term Absence – Social Work



4. Absence Reasons – Social Work



Short Term Absence

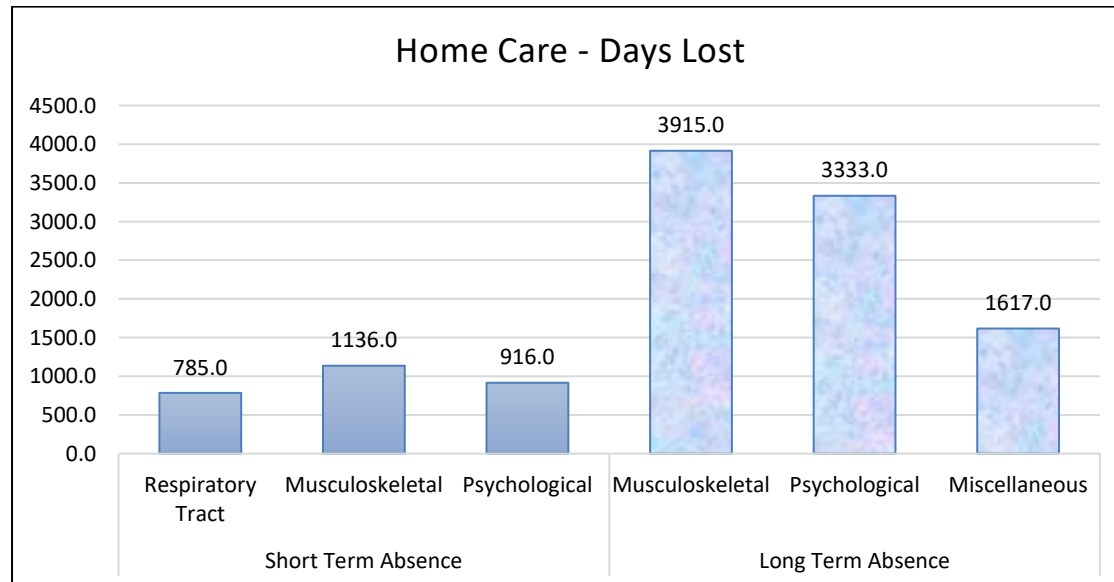
Stress = 40% of Psychological absences

Back Pain = 28% of Musculoskeletal absences

Long Term Absence

Stress = 49% of Psychological absences

Back Pain = 26% of Musculoskeletal absences



Short Term Absence

Stress = 43% of Psychological absences

Back Pain = 32% of Musculoskeletal absences

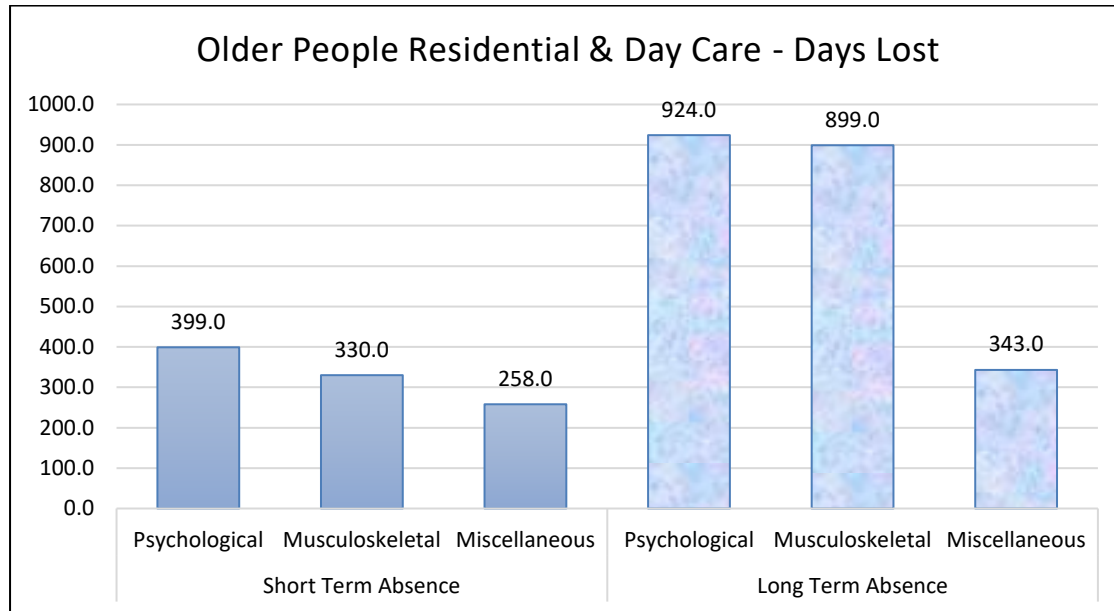
Long Term Absence

Anxiety = 36% of Psychological absences

Back Pain = 25% of Musculoskeletal absences

***Miscellaneous** covers: Allergy, Blood Poisoning, Change of Medication, Conjunctivitis, Eye Pain, Facial Problems, Fall, Family Illness, Foot Infection, General Debility, High Temperature, Hospital Investigation, Infection, Malaise, Physical Exhaustion, Post-Viral Problems, Reaction to Medication, Road Traffic Accident, Vision Problems, Vitamin Deficiency, Mumps, Bacterial Infection, Sunstroke, Assault, Chicken Pox, Insomnia, M.E., Scarlet Fever, Tick Typhus, Gland Infection, Long Covid and Not Assigned.

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Short Term Absence

Stress = 26% of Psychological absences

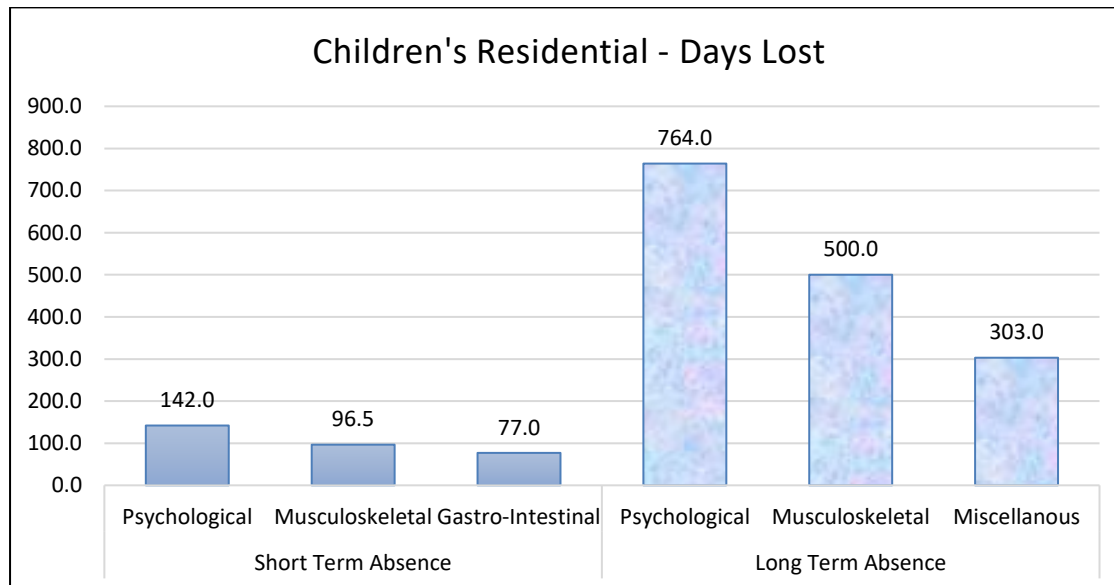
Back Pain = 30% of Musculoskeletal absences

Long Term Absence

Stress = 41% of Psychological absences

Back Pain = 27% of Musculoskeletal absences

****Miscellaneous** covers: Allergy, Blood Poisoning, Change of Medication, Conjunctivitis, Eye Pain, Facial Problems, Fall, Family Illness, Foot Infection, General Debility, High Temperature, Hospital Investigation, Infection, Malaise, Physical Exhaustion, Post-Viral Problems, Reaction to Medication, Road Traffic Accident, Vision Problems, Vitamin Deficiency, Mumps, Bacterial Infection, Sunstroke, Assault, Chicken Pox, Insomnia, M.E., Scarlet Fever, Tick Typhus, Gland Infection, Long Covid and Not Assigned.*



Long Term Absence

Stress = 57% of Psychological absences

Back Pain = 35% of Musculoskeletal absences

Long Term Absence

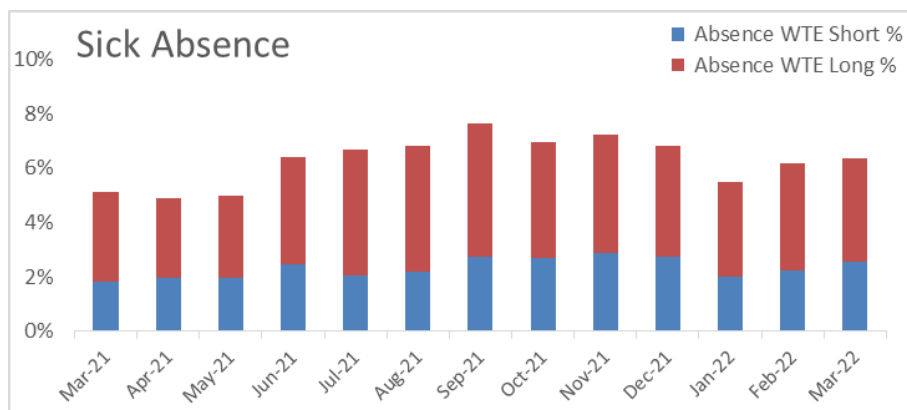
Stress = 49% of Psychological absences

Back Pain = 39% of Musculoskeletal absences

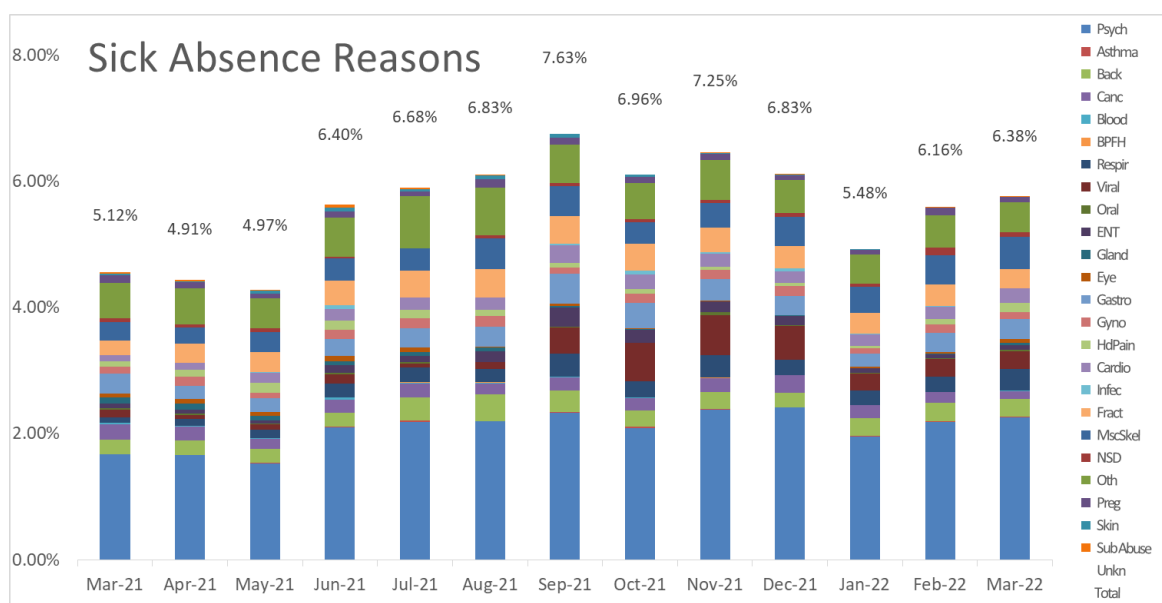
****Miscellaneous** covers: Allergy, Blood Poisoning, Change of Medication, Conjunctivitis, Eye Pain, Facial Problems, Fall, Family Illness, Foot Infection, General Debility, High Temperature, Hospital Investigation, Infection, Malaise, Physical Exhaustion, Post-Viral Problems, Reaction to Medication, Road Traffic Accident, Vision Problems, Vitamin Deficiency, Mumps, Bacterial Infection, Sunstroke, Assault, Chicken Pox, Insomnia, M.E., Scarlet Fever, Tick Typhus, Gland Infection, Long Covid and Not Assigned.*

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5. % Long Term / Short Term Absence - Health



6. Absence Reasons - Health



7. Overview – Social Work

- 7.1 The implementation of the priorities set out within the HR Wellbeing & Attendance Action Plan is progressing with a focus on manager training, staff mental health and wellbeing, targeted approaches and interventions for employees and managers that have the greatest need for support and improving HR communication to each staff group for better engagement and to ensure information is easily accessible.
- 7.2 GHSCP's Staff Mental Health & Wellbeing Action Plan remains a priority with specific actions around increasing the number of Wellbeing Champions to have a wider network, exploring MIND wellbeing tools for managers and employees to encourage wellbeing conversations, Peer Support Framework and having regular promotion of the GHSCP central hub for all information relating to staff health and wellbeing and events.

8. Overview – Health

This quarter shows a decrease in sickness absence levels across the HSCP in all service areas. Long term absence remains at a higher level than short term absence, in keeping with established trend.

Absence recorded as 'Psychological' remains the most commonly used absence code, in keeping with the trend across NHSGGC. In March, this accounted for 35% of sickness absence, unchanged from the previous month and slightly higher than the 12m average of 33%.

'Unknown' absence accounted for 10% of total absence, while 'Oth' and 'MscSkel' accounted for 7% and 8% respectively. Managers are encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information.

In relation to Covid related absence, there is a notable increase in recent months. Long covid remains at a consistent level and all cases are being actively supported by HR and / or local line managers.

The HR team continue to support managers across the HSCP in addressing sickness absence within their service, highlighting any trends and providing advice based on the NHS Scotland Workforce Policy – Attendance Management.

9. Recommendations

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

- a) note the content of this report.