



Item No. 15

Meeting Date: Wednesday 14th December 2022

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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

Contact: Tracy Keenan, Assistant Chief Officer, HR

Tel: 07880 294 747

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.
---------------------------	--

Governance Route:	<p>This paper has 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"/> (please note below)</p> <p>Not Applicable <input checked="" type="checkbox"/></p>
--------------------------	---

Background/Engagement:	Absence Performance continues to be under scrutiny and where absence levels are consistently high, ensuring priorities within local plans are progressing, to try and reverse any consistent upward trend(s).
-------------------------------	---

Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) note the content of this report.</p>
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

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

OFFICIAL

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

OFFICIAL

1. Quarterly Absence Comparison

1.1 Tables 1a and 1b report Quarter 2 (July – September 2022/23) and highlights absence performance for the same quarter during and pre-covid, for comparison purposes.

Table 1a Social Work

Yearly ADL target is 10.2 **Quarterly ADL target 2.55**
 P1 is a 2 week period - ADL target is 0.4 P2-12 are 4 week periods - ADL target is 0.8 P13 is a 6 week period - ADL target is 1.2

Social Work	No. of Staff	P5	P6	P7	2022/23 Q2 ADL 1)	2022/23 Q2 % Diff between Actual & Target ADL	2021/22 Q2 ADL During Covid 2)	2021/22 Q2 % Diff between Actual & Target ADL	2020/21 Q2 ADL During Covid 3)	2019/20 Q2 ADL Pre-Covid
Glasgow City Wide **	7364	1.7	1.7	1.6	5.0	+96%	4.5	+76%	3.2	3.3
Resources	1064	1.2	1.1	1.1	3.4	+33%	2.4	-6%	2.4	2.9
Adult Services	517	2.0	1.6	1.6	5.2	+104%	4.5	+76%	1.8	3.0
Public Protection & Complex Care	640	1.2	1.1	1	3.3	+29%	2.4	-6%	1.4	1.5
Children Services	1060	1.3	1.3	1.4	4.0	+57%	3.1	+22%	2.1	3.2
Older People Services	332	1.2	1.3	1.2	3.7	+45%	4.5	+76%	2.8	3.1
Care Services	3749	2.1	2.0	1.8	5.9	+131%	5.7	+124%	4.1	4.2
Home Care	2751	2.2	2.2	1.9	6.3	+147%	5.8	+127%	4.1	4.2
Older People Residential & Day Care	859	1.7	1.7	1.6	5.0	+96%	6.0	+135%	4.5	3.7

1) 1 Covid Absences are recorded as sickness absence
 2) 2 Covid absences were recorded as Special Leave and did not impact on sickness absence figures. Shielding ended in April 2021 for high-risk employees.
 3) 3 Covid absences were recorded as Special Leave and did not impact on sickness absence figures. Shielding was in place for high-risk employees.

1.2 Social Work figures are calculated in Average Days Lost (ADL). Whilst there is a slight increase in the overall figure (5.0 ADL), Older People Services and Older People Residential & Day Care are showing a reduction, compared to the same quarter in the previous year.

OFFICIAL

Table 1b Health

Yearly & Monthly Average % target is 4%

Health	No. of Staff	Jul	Aug	Sept	2022/23 Q2 Ave %	2022/23 Q2 % Diff between Actual & Target ADL	2021/22 Q2 Ave % During Covid	2021/22 Q2 % Diff between Actual & Target ADL	2020/21 Q2 Ave % During Covid	2019/20 Q2 Ave % Pre-Covid
Glasgow City Wide **	4957	6.2	6.9	7.6	6.9	+73%	7.1	+78%	5.7	6.6
Resources	270	5.4	5.5	6.0	5.6	+40%	3.9	-3%	2.6	4.4
Adult Services	2343	7.0	7.8	8.2	7.7	+93%	7.5	+88%	6.8	7.3
Public Protection & Complex Care	207	4.7	4.8	6.3	5.2	+30%	6.6	+65%	8.1	7.2
Children Services	965	5.2	5.7	7.2	6.0	+50%	7.4	+85%	3.6	5.1
Older People Services	936	7.0	7.7	8.1	7.6	+90%	7.6	+90%	5.7	6.5
Health Improvement	123	2.5	4.8	4.1	3.8	-5%	5.1	+35%	2.0	5.2
Clinical Director	23	1.6	1.5	5.1	2.7	-33%	0.6	-85%	0.7	5.0

1.3 Health figures are calculated in Average Percentage. There is a reduction in the overall figure (6.9%), including staff groups Public Protection & Complex Care, Children Services and Health Improvement, compared to the same quarter in the previous year.

2. Covid-19 Absences

2.1 Tables 2a and 2b report the monthly number of Covid related absences for the Quarter 2 period.

Table 2a – Social Work

Period	No. of employees recorded sick due to Covid 19	No. of employees recorded sick due to Long Covid	Total **	Total Workforce	Workforce Absence %
September	138	19	157	7364	2.13%
August	221	22	243	7352	3.3%
July	407	25	433	7292	5.93%

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

OFFICIAL

2.2 Covid figures are further reduced each month for Social Work. With effect from the 1st July 2022, all covid related absences are now recorded as sickness absence and may account for the slight increase in the overall Social Work ADL figure in Table 1 above.

Table 2b – Health

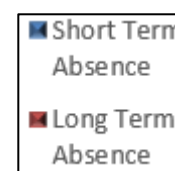
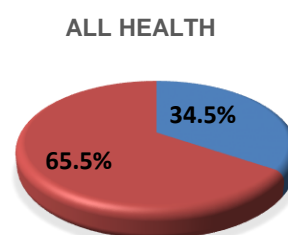
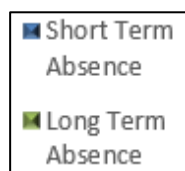
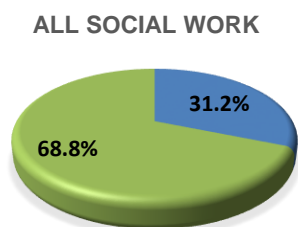
Period	Covid-19	Covid-19 Self Isolate / Other*	Long Covid	Total**	Total Workforce	% off due to Covid related absence
September	12	0	29	41	4957	0.83%
August	38	2	29	36	4957	0.72%
July	40	3	28	71	4957	1.43%

*Based on comparative data in each month

2.3 Covid figures are further reduced each month for Health. With effect from the 31st August 2022, all covid related absences are now recorded as sickness absence.

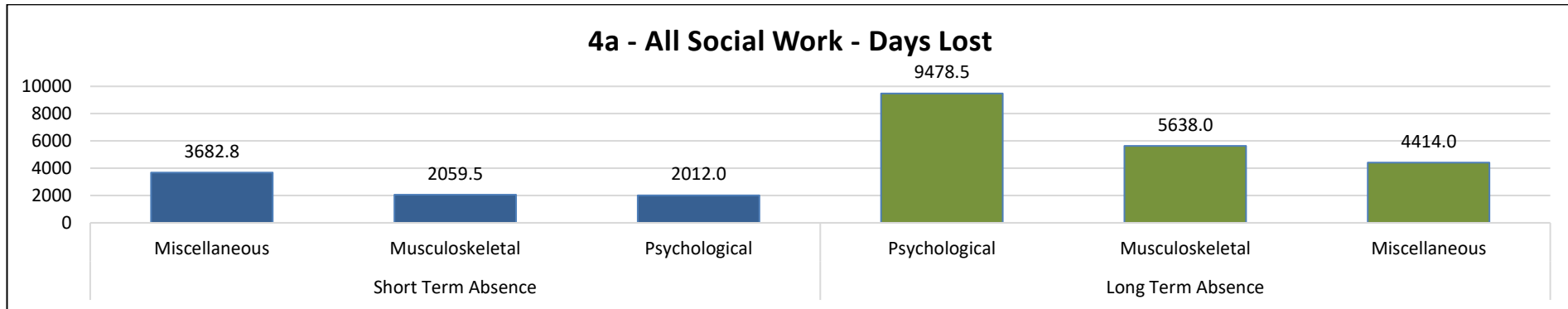
3. Long-Term / Short-Term Absence

3.1 The percentage ratios for long and short term absence for GHSCP has not changed significantly. Long Term absence continues to be the largest contributor to overall sickness absence levels.

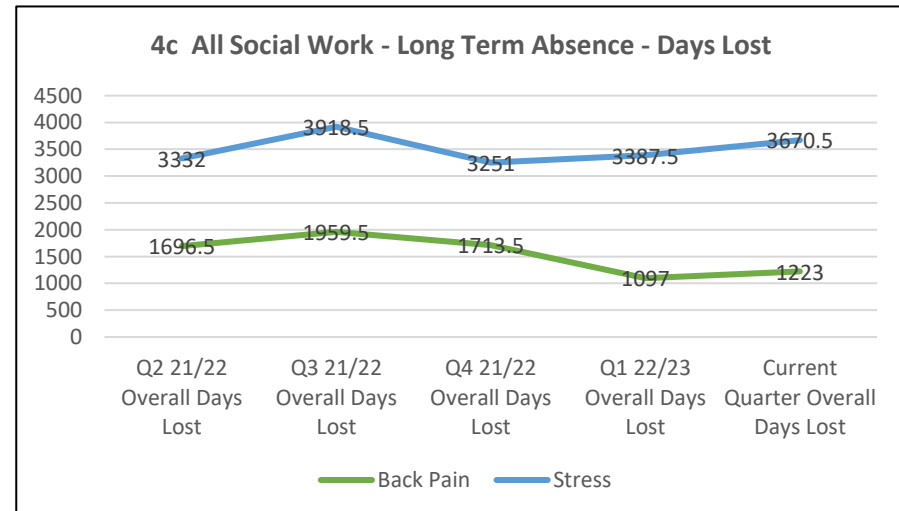
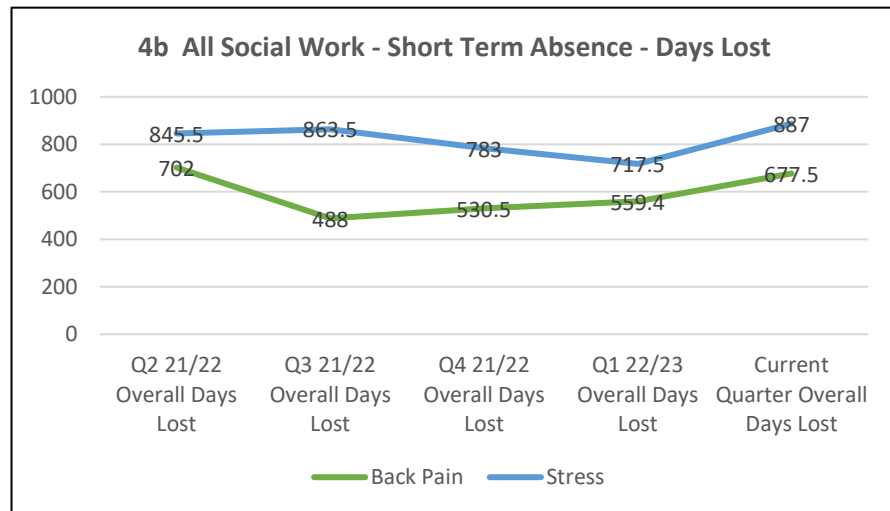


4. Absence Reasons – Social Work

4.1 Table 4a-I highlights the top 3 sickness absence reasons for both short-term and long-term absences.



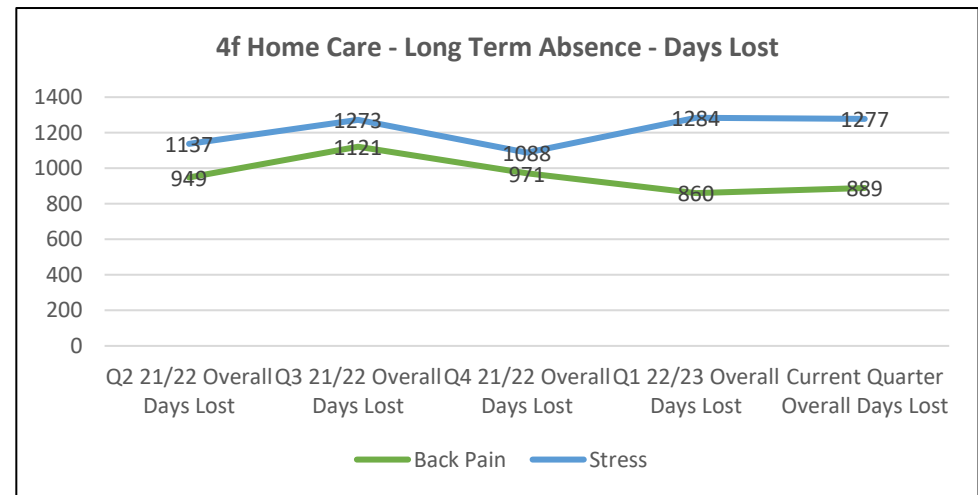
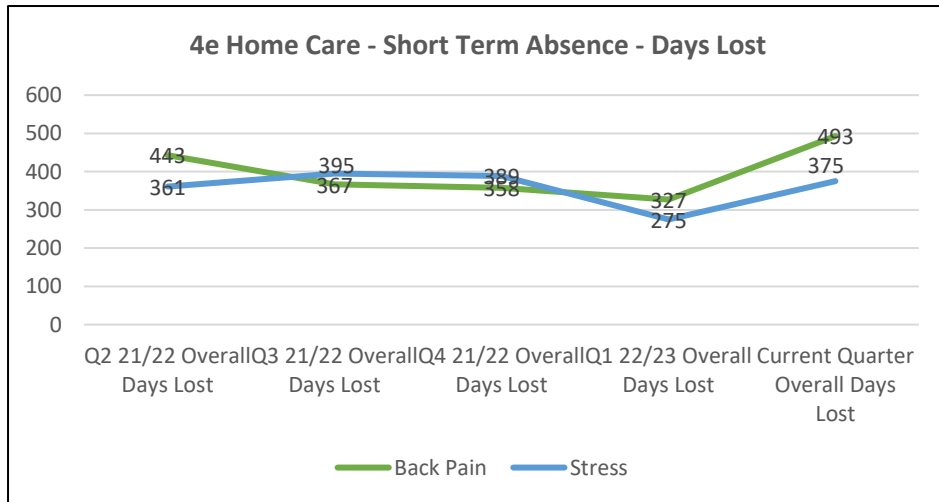
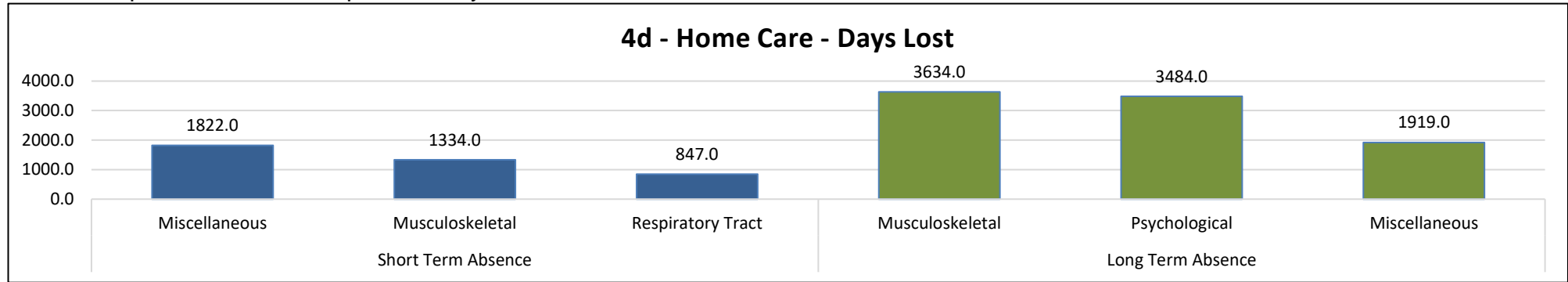
4.2 Table 4a for all Social Work shows that the “Miscellaneous” Occupational Health (OH) Sickness Absence Category (which now covers Covid-19 absences), is the largest contributor to short term absences for all Social Work. Psychological for long term absences.



OFFICIAL

4.3 For all Social Work, Back Pain is consistently the main reason for sickness absences within the Musculoskeletal OH Category and Stress within the Psychological OH Category, for both short-term and long-term absences. Tables 4b and 4c highlight the total days lost in the current quarter (Q2), previous 3 quarters and Quarter 2 last year, for comparison purposes. Over time the overall objective is to demonstrate a reduction in days lost relating to these absences.

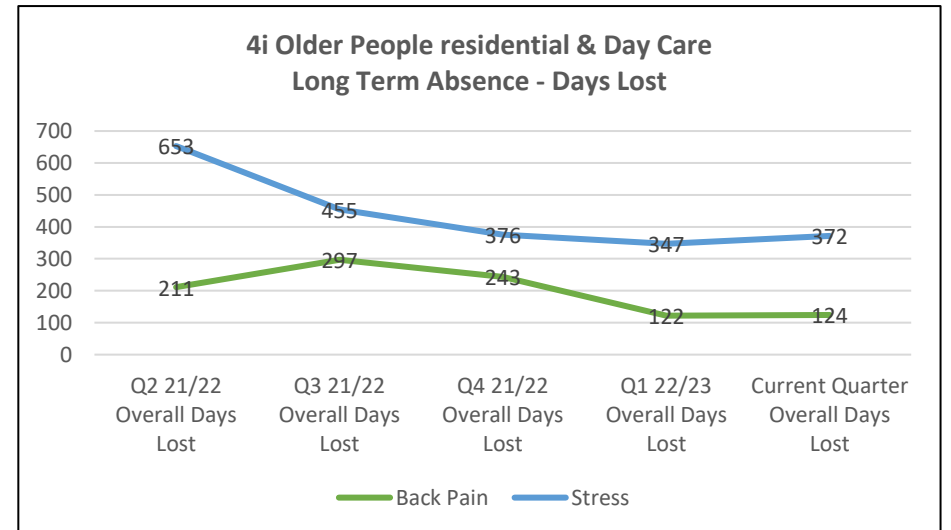
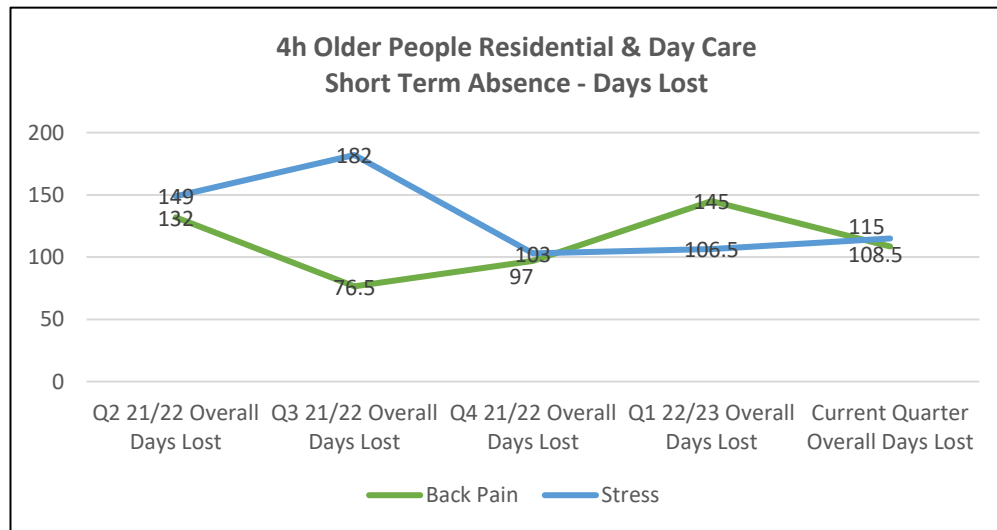
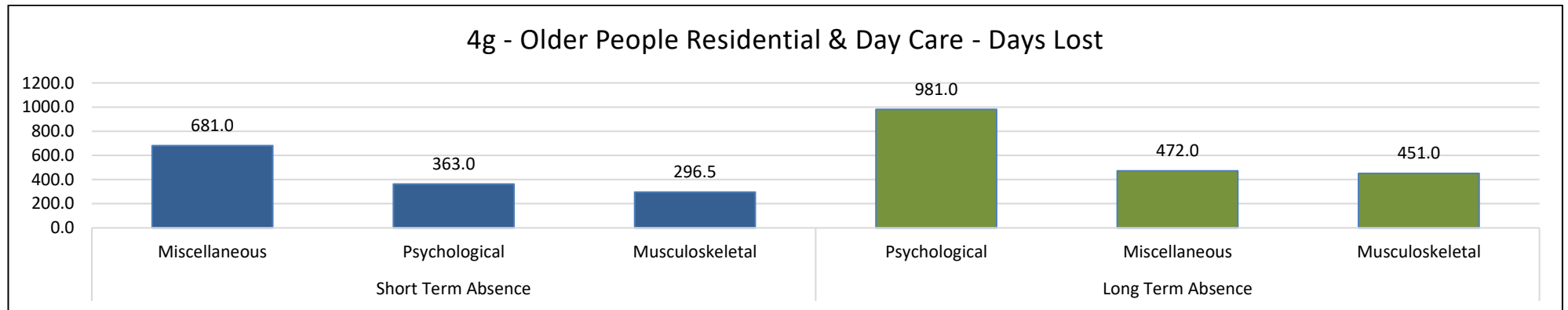
4.4 **The most significant change is in Table 4c** which highlights a 28% reduction in days lost due to Back Pain for long term absence, compared to the same quarter last year.



4.5 **Table 4d for Home Care** also shows that “Miscellaneous” is the largest contributor to short-term absences but Musculoskeletal for long-term absences.

OFFICIAL

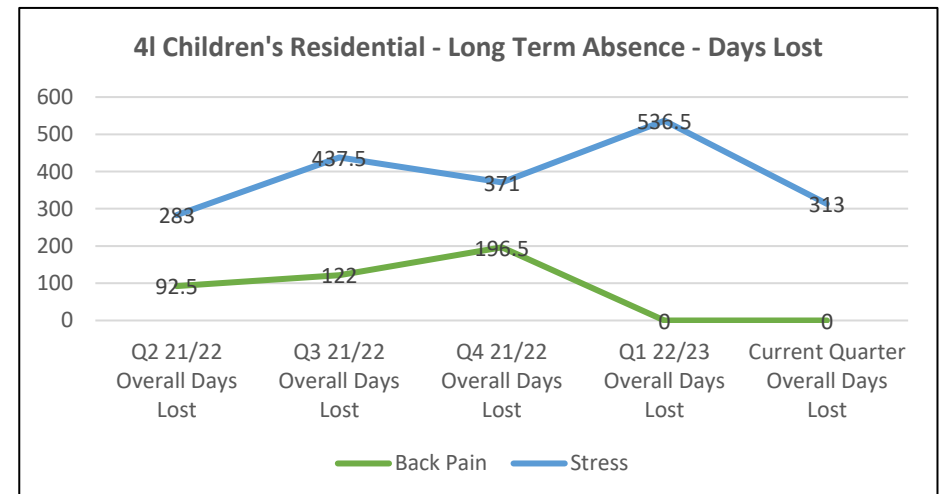
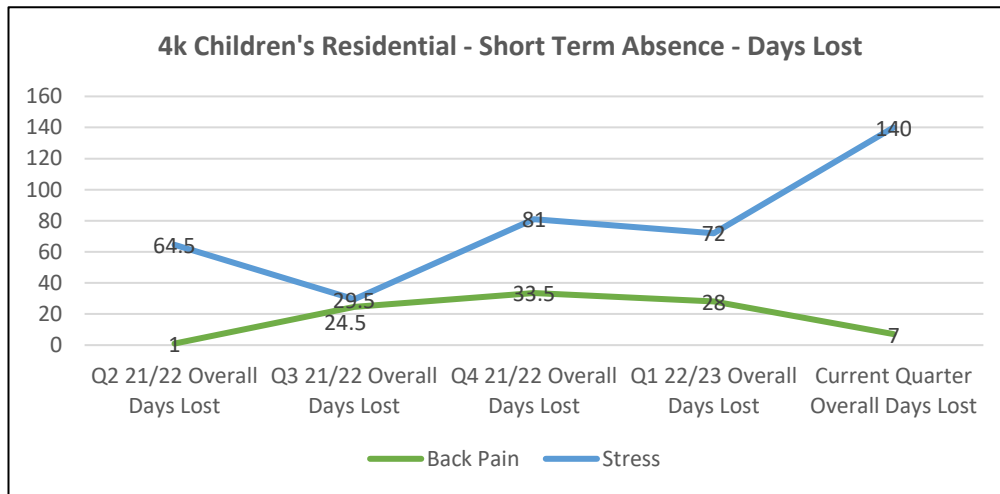
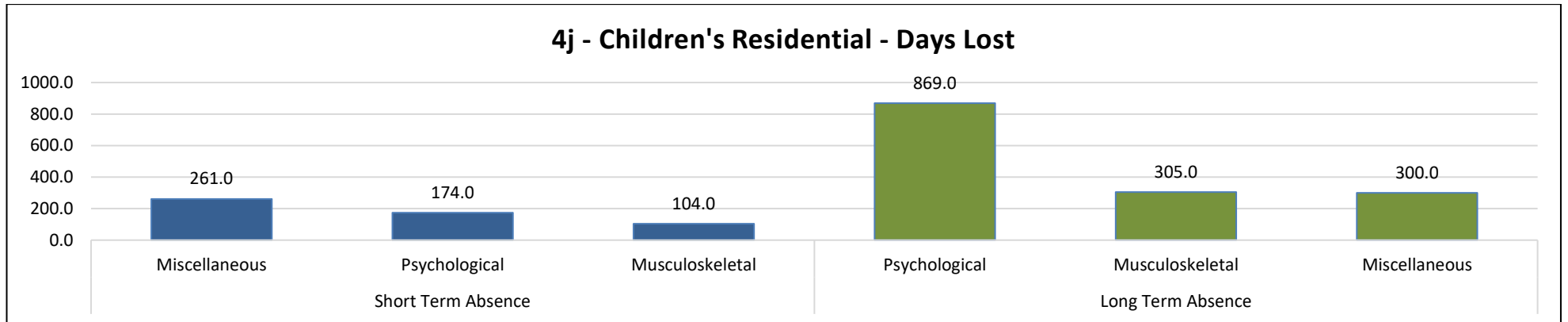
4.6 There are no significant changes in days lost due to back pain and stress, compared to last year. However, there are slight increases for short-term absences and in long term stress absences, but with a slight decrease in long-term back pain absences.



4.7 **Table 4g for Older People Residential & Day Care** also shows that “Miscellaneous” is the largest contributor to short-term absences and Psychological for long-term absences.

4.8 **In table 4h** short-term back pain and stress absences have reduced. **However, the most significant change is in table 4i** which highlights a 44% reduction in stress absences and 42% reduction in back pain absences, compared to the same quarter last year.

OFFICIAL

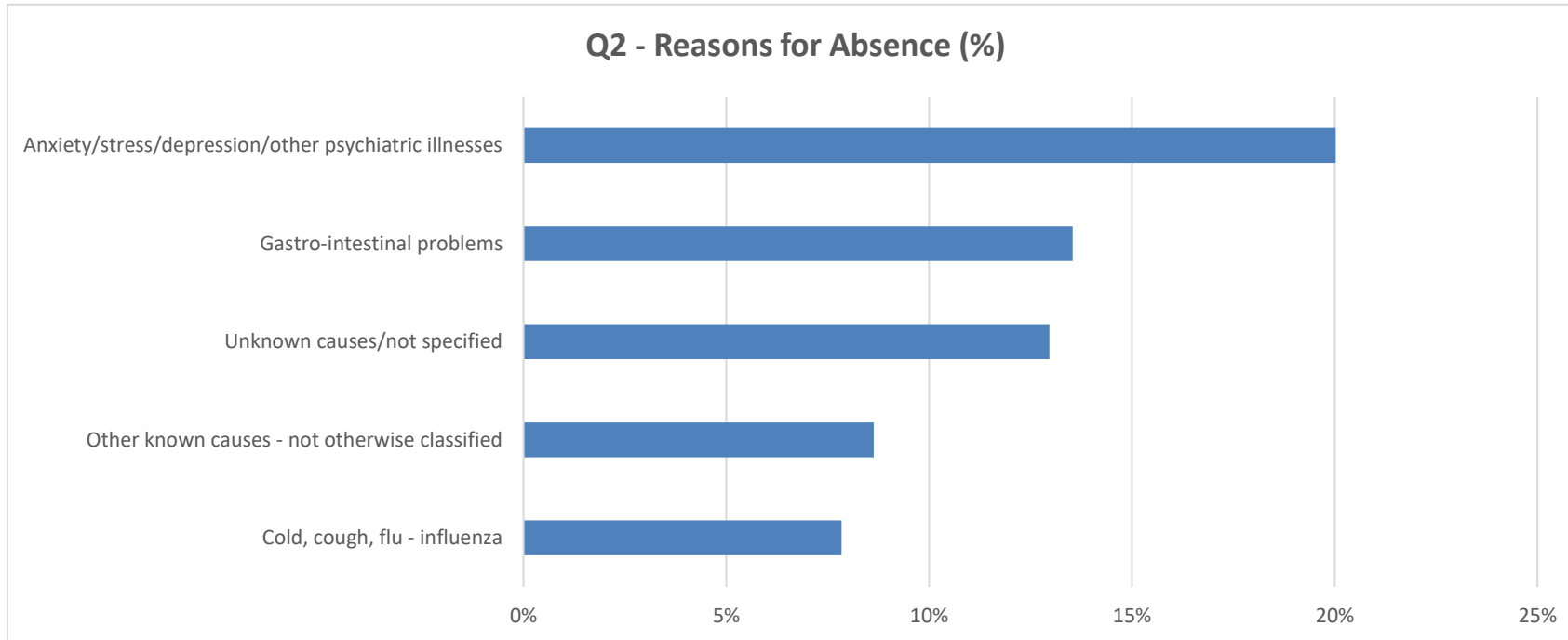


4.9 **Table 4j for Children’s Residential** also shows that the “Miscellaneous” is the largest contributor to short-term absences and Psychological for long-term absences.

4.10 **The most significant change is in table 4k** where short-term stress absences have increased by 54% compared to Quarter 2 last year. This may be as a result of violent incidents at work during the quarter. **Table 4l shows** in the current quarter that there are no long-term back pain absences.

5. Absence Reasons – Health

Table 5



5.1 Table 5 shows absences recorded as 'Psychological' (which includes all stress related absence) and remains the main absence reason. In September, this accounted for 36% of sickness absence. 'Unknown' absence accounted for 8% of total absence, while 'Other' accounted for 10%. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information.

OFFICIAL

6. Annual Reporting on Overtime and Agency Costs in Key Social Work Areas

- 6.1 Table 6 illustrates overtime and agency costs within Older People Residential & Day Care Services, Care Services, Homelessness Residential Services and Children's Residential Services.
- 6.2 For Older People Residential & Day Care Services, Care Services and Children's Residential Services, the total spend highlighted is not solely attributed to sickness absence. Costs also include vacancy cover, annual leave cover and additional staff for complex care needs.
- 6.3 Homelessness Residential Services highlights total spend to date including overtime and agency costs attributed to sickness absence.

Table 6

Staff Group	2022/23 to Period 8 (22/10/22)	2021/22	2021 to Period 8 22/10/21)	2020/21
Older People Residential & Day Care Services				
Total Overtime Spend	£825,782	£2,283,388	£1,062,867	£1,626,396
Total Agency Spend	£2,264,546	£2,662,473	£1,078,736	£1,747,509
Overall Total	£3,090,328	£4,945,861	£2,141,603	£3,373,905
Care Services				
Total Overtime Spend	£3,503,098	£7,058,966	£3,375,644	£5,266,509
Total Agency Spend	£869,218	£1,323,641	£658,666	£913,629
Overall Total	£4,372,316	£8,382,607	£4,034,310	£6,180,138
Homelessness Residential Services				
Total Overtime Spend	£189,728	£421,742	£186,603	£353,376
Overtime Cost Sickness	£31,305	£62,840	£20,023	£47,706
Total Agency Spend	£47,367	£75,428	£28,844	£62,502
Agency Cost Sickness	£10,823	£14,761	£2,582	£10,782
Overall Total	£279,223	£574,771	£238,052	£474,366
Children's Residential Services				
Total Overtime Spend	£1,040,909	£1,193,886	£767,909	£841,051
Total Agency Spend	£30,067	£35,777	£26,952	£67,179
Overall Total	£1,070,976	£1,229,663	£794,861	£908,230

OFFICIAL

7. Overview – Social Work

7.1 The following priorities within the HR Wellbeing & Attendance Action Plan will continue across Partnership.

- Training for Managers – 45 min online session “Back to Basics”, “Conducting Effective Meetings – 45 min session
- HR Communications – detailed plan for 2023 is currently being developed with regular HR Communication going out, some relevant to all staff and others related being service specific
- Ongoing development of online Wellbeing & Attendance Support Hubs for all managers and staff - this is a one stop shop area for all guidance, supports and resources relating to wellbeing and attendance
- Further promotion of MIND Action Planning Tools for staff and managers to use to encouraged wellbeing conversations and create supportive work environments around mental health and wellbeing (e.g., via 1-1 / Supervision Meetings)
- Increase the Wellbeing Champions network to improve local engagement around health and wellbeing promotions
- Review of HR processes and support, which includes interventions for Psychological and Musculoskeletal absences, including enhancing the availability of management information for managers on absence performance and trends.

8. Overview – Health

8.1 The HR Support & Advice Unit continue to support managers across the HSCP in addressing sickness absence within their service. Managers should ensure that they request support from HR staff using HRSAU Service Now portal.

8.2 Attendance Management briefing sessions for GCHSCP managers will be delivered during October 22 with further sessions to be delivered in December 22.

8.3 HR Managers continue to support service areas highlighting 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.

OFFICIAL