

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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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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Background/Engagement:	Scotland's road map out of Covid restrictions focuses Glasgow City HSCP on recovery planning, supporting staff previously shielding back into the workplace safely and ensuring staff's mental health and wellbeing at work is a priority.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the content of this report.
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Relevance to Integration Joint Board Strategic Plan:

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.

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.
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Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
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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

1. High Level Absence Comparison

- 1.1 Latest absence trends for Social Work and Health. Table 1 highlights Social Work figures in Average Days Lost and Table 2 highlights Health figures in Percentage Absence. Tables 1 & 2 exclude Covid-19 related absences.

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Table 1 Social Work – Period Figures (P1-4 covers Q1)

	2020/21						2021/22				
	Quarter 1				P5		Quarter 1				P5
	P1**	P2	P3	P4			P1**	P2	P3	P4	
ADL Target 10.2 per year/0.2 per week	0.4	0.8	0.8	0.8	0.8		0.4	0.8	0.8	0.8	0.8
Glasgow	0.4 (G)	1.2 (R)	1.2 (R)	1.1 (R)	1.0 (R)		0.4 (G)	1.2 (R)	1.4 (R)	1.5 (R)	1.5 (R)
Resources	0.3 (G)	0.7 (G)	0.8 (G)	0.6 (G)	0.7 (G)		0.2 (G)	0.6 (G)	0.8 (G)	0.8 (G)	0.9 (R)
Adult Services	0.5 (R)	1.3 (R)	1.0 (R)	0.7 (G)	0.6 (G)		0.3 (G)	0.9 (R)	1.0 (R)	1.5 (R)	1.6 (R)
Public Protection & Complex Care	0.1 (R)	0.3 (G)	0.3 (G)	0.4 (G)	0.5 (G)		0.3 (G)	0.7 (G)	0.7 (G)	0.7 (G)	0.7 (G)
Children's Services	0.3 (G)	0.7 (G)	0.8 (G)	0.8 (G)	0.7 (G)		0.3 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)
Older People's Services	0.2 (G)	0.6 (G)	0.8 (G)	0.8 (G)	0.8 (G)		0.3 (G)	1.2 (R)	1.5 (R)	1.7 (R)	1.9 (R)
Care Services	0.5 (R)	1.6 (R)	1.3 (R)	1.4 (R)	1.3 (R)		0.5 (R)	1.5 (R)	1.8 (R)	1.8 (R)	2.0 (R)

* Period 13 is 6, rather than 4, weeks long. **Period 1 is 2, rather than 4, weeks long.

Table 2 Health – Monthly Figures (Month May-Jul)

Glasgow City Sickness %	May-21	Jun-21	Jul-21
Grand Total	4.94 (R)	6.41 (R)	6.69 (R)
Resources	4.34 (R)	5.2 (R)	4.47% (R)
Adult Services	5.21 (R)	6.21 (R)	6.91% (R)
Public Protection and Complex Care	5.95 (R)	8.38 (R)	7.56% (R)
Children's Services	4.89 (R)	6.76 (R)	7.04% (R)
Older People	5.14 (R)	6.94 (R)	7.03% (R)
Health Improvement	2.08 (G)	5.21 (R)	5.48% (R)
Clinical Director	0 (G)	0.38 (G)	0.37% (G)

2. Covid-19 Absences

2.1 Social Work

The following data shows the total number of Covid-19 absences between 26/4/21 to 15/8/21. The latest figure equates to 0.8% out of a total workforce of 7376 employees that were off due to a Covid related absence.

Table 3 – Covid-19 Absences

Period	Covid-19	Covid-19 Childcare	Covid-19 Dependents Care	Covid-19 Self Isolate	Covid-19 Shielding	Covid-19 UHC	Total
09/08 to 15/08	13	2	0	27	15	0	57
26/07 to 01/08	19	2	1	60	14	0	96
19/07 to 25/07	24	1	1	80	10	0	116
12/07 to 18/07	27	3	0	99	3	0	132
05/07 to 11/07	22	3	0	117	2	0	144
21/06 to 27/06	8	3	0	49	9	0	69
14/06 to 20/06	10	3	0	38	11	0	62
07/06 to 13/06	6	3	1	35	11	0	56
31/05 to 06/06	9	3	0	29	9	0	50
24/05 to 30/05	8	2	0	20	9	0	39
17/05 to 23/05	8	4	0	17	10	0	39
10/05 to 16/05	7	1	0	13	10	0	31
03/05 to 09/05	5	0	0	11	15	0	31
26/04 to 02/05	10	0	0	4	109	2	125

2.2 Tables 4, 5 and 6 below highlight Covid-19 Absence Trends by Essential Care Groups.

Table 4 Covid-19 Absences – Home Care

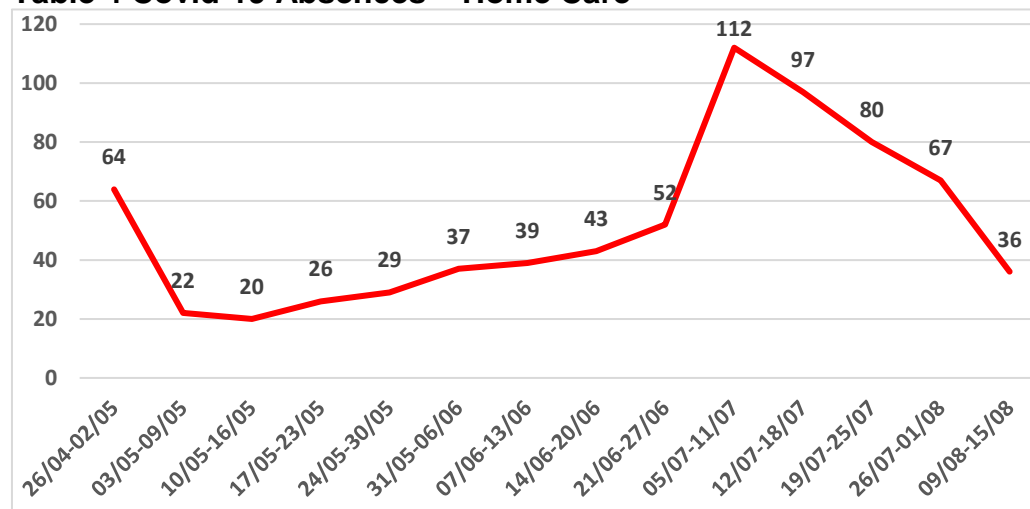
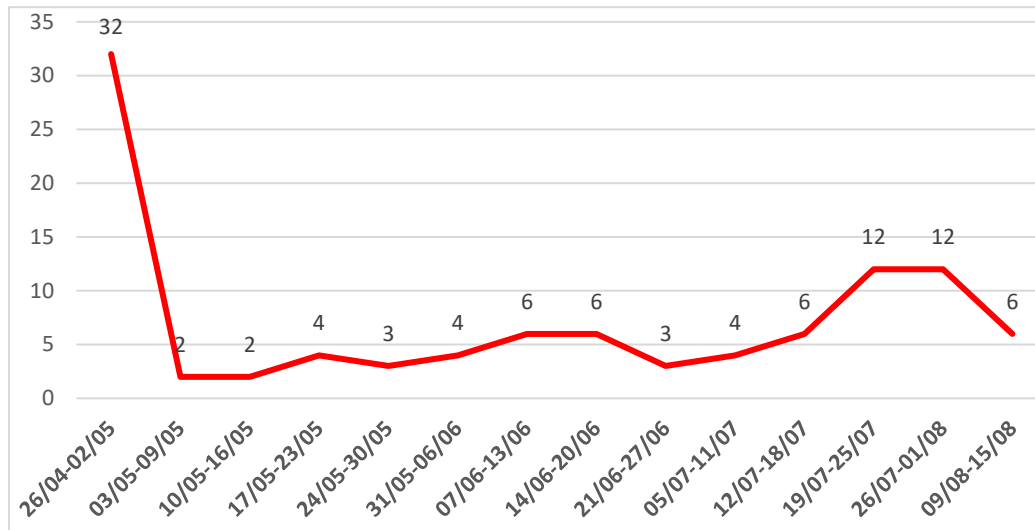
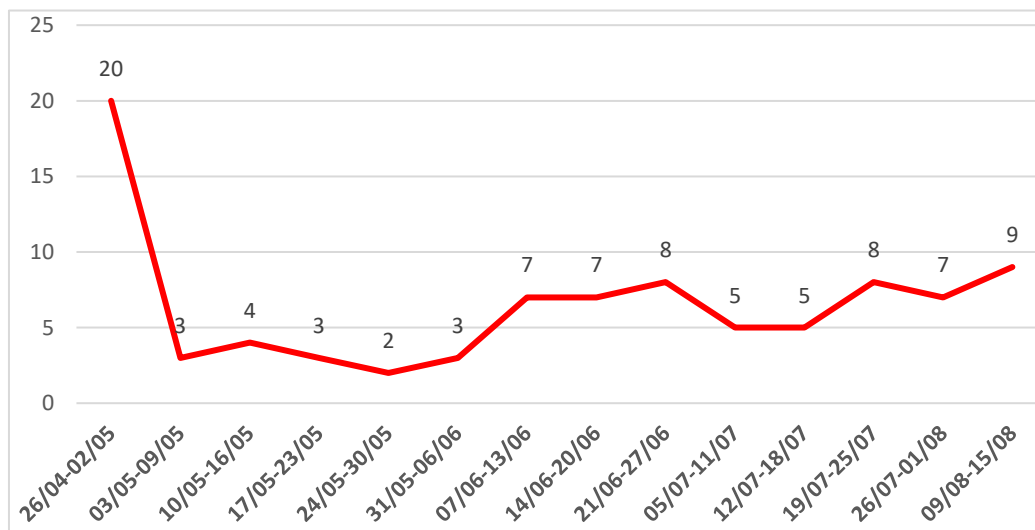


Table 5 Covid-19 Absences - Older People Residential & Day Care**Table 6 Covid-19 Absences – Children's Residential**

2.3 Health

The following data shows the total number of Covid-19 absences between 24/5/21 to 11/7/21. The latest figure equates to 0.8% out of a total workforce of 4584 employees that were off due to a Covid related absence.

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Row Labels	Coronavirus	Coronavirus – Covid 19 Positive	Coronavirus – Household Related – Self Isolating	Coronavirus – Long Covid	Coronavirus – Quarantine	Coronavirus symptoms – Self Isolating	Coronavirus – Self displaying – Test and Protect Isolation	Coronavirus – Underlying Health Condition	Grand Total
24/05/2021	1	1	14	2	2	1		1	22
31/05/2021	2	5	8	2		2	3	1	23
07/06/2021	7	3	18	1		3	10		42
14/06/2021	3	3	13	1		3	3	1	27
21/06/2021		3	24		2	5	6	1	41
28/06/2021	5	5	27			5	12	1	55
05/07/2021	1	9	14			5	7		36
Grand Total	19	29	118	6	4	24	41	5	246

3. Health and Wellbeing

Social Work

- 3.1 Older People's Services shows a sharp increase in absence compared to last year at this time, when they achieved below target.
- 3.2 Care Services, which includes the biggest staff group of Home Care and also the 5 Care Homes and Day Care Centres, consistently reports figures above target and the latest quarterly reporting shows an average increase of 0.5 ADL compared to 2020/21.
- 3.3 The impact of the pandemic on the workforce has been quite significant, in particular on staff mental health and wellbeing.
 - a) HR will develop localised Wellbeing and Attendance Action Plans for each staff group, taking on board employee and manager feedback to implement a quarterly plan that is operationally feasible for each specific staff group.
 - b) Further analysis of absence trends and the identification of staff areas within GHSCP where there is a concerning upward trend, will be prioritised and HR resources deployed to provide robust support for managers, as part of the overall HR Wellbeing and Attendance Strategy.

With the above actions being implemented, it would be hoped that a reversed trend starts to show in reporting. However, this may take time throughout the year 2021/22 to see any tangible results.

- 3.4 Managers will continue to support staff safely back into the workplace, ensuring individual risk assessments are carried out and staff are wearing the appropriate PPE / face coverings in line with service requirements.

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Health

- 3.5 Variations across areas and over time but performance overall remains above target for the HSCP and there has been an increase in absences at a city level in the last quarter.
- 3.6 This quarter shows a notable increase in sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. Whilst most services saw an increase - the most marked rise was in Children's Services, an increase of 20 WTE due to Long-Term absence.
- 3.7 Absence recorded as 'Psychological' remains the most commonly used absence code. In June this accounted for 33%, up 2% from May.

3.8 Actions

- 1. HSCP HR Team to develop Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff, ensuring that the Action Plan is operationally feasible for the specific staff groups.
- 2. Ensure links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available HSCP staff and managers.
- 3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.

4. Recommendations

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