Item No.   16

Meeting Date: **Wednesday 26th October 2022**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

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

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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.

Governance Route:	This paper has been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ (please note below) Not Applicable ☒

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

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.

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

1. High Level Quarterly Absence Comparison

1.1 Quarter 1 (April-June 2022) highlights the latest absence trends for GCHSCP, 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**
> **Quarterly ADL target 2.55**
> **P1 ADL target is 0.4**
> **P2-12 ADL target is 0.8**
> **P13 ADL target is 1.2**

Social Work	No. of Staff	Current Year Q1				Previous Year Q1			
		P1	P2	P3	Quarterly ADL	P1	P2	P3	Quarterly ADL
**Glasgow City Wide **	**7318**	**0.4**	**1.4**	**1.3**	**3.1**	**0.4**	**1.2**	**1.4**	**3.0**
Resources	1041	0.2	0.6	0.6	1.4*	0.2	0.6	0.8	1.6
Adult Services	477	0.6	1.5	1.4	3.5	0.3	0.9	1.0	2.2
Public Protection & Complex Care	599	0.3	0.9	0.9	2.1	0.3	0.7	0.7	1.7
Children's Services	1076	0.4	1.3	1.3	3.0	0.3	0.9	0.9	2.1
Older People's Services	317	0.4	0.9	1.0	2.3*	0.3	1.2	1.5	3.0
Care Services	3804	0.5	1.8	2.0	4.3	0.5	1.5	1.8	3.8
• Home Care	2821	0.5	1.8	1.6	3.9	0.5	1.5	1.7	3.7
• Older People Residential & Day Care	847	0.5	1.5	1.4	3.4*	0.5	1.6	1.9	4.0

** Latest Period Figures reports P4 1.5 ADL & P5 1.7 ADL
*Whilst there is a slight increase in ADL overall, there is an improved position for those staff groups highlighted in comparison to Quarter 1 last year

Table 2 Health

> **Average Yearly % target is 4%**
> **Monthly % target is 4%**

Health	No. Staff WTE	Current Year 2022				Previous Year 2021			
		Month APR	Month MAY	Month JUNE	Quarterly Average %	Month APRIL	Month MAY	Month JUNE	Quarterly Average %
Glasgow City Wide	4839	5.68	6.39	6.38	6.15	5.48	6.16	6.38	**6.0**
Resources		4.08	4.33	4.90	4.43	8.48	7.35	5.20	7.01
Adult Services		6.15	6.78	6.58	6.50	5.82	6.57	6.60	6.33
Public Protection & Complex Care		5.21	5.11	4.38	4.9	6.34	6.68	5.04	6.02+
Children's Services		4.86	5.44	5.98	5.42	4.31	5.26	5.82	5.13
Older People's Services		6.38	7.46	7.56	7.13	6.94	7.39	7.37	7.23
Health Improvement		5.18	8.19	5.48	6.28	1.61	3.00	4.24	2.95
Clinical Director		0.72	5.06	0.38	2.05	0.33	1.14	2.82	1.43

2. Covid-19 Absences

2.1 Introduction

The allocation of coding for employees absent due to Covid-19 has changed and with effect from 19th April, Social Work employees testing positive for Covid and self-isolating, will now be recorded off under sickness absence. The change for Health employees will take place from 31st August.

2.2 Table 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
June	330	3	19	352	7339	4.8%
May	211	19	25	255	7339	3.5%
April	446	120	28	594	7326	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
August	26	1	27	54	5478	0.98%
July	39	4	28	71	5478	1.29%
June	41	4	28	73	5478	1.33%

* includes household related, quarantine, self-displaying symptoms, test & protect, underlying health condition
** this figure may include employees absent on more than one occasion
***July and August Workforce figure not yet available

3. Table 5 - % Long-Term / Short-Term Absence – Social Work
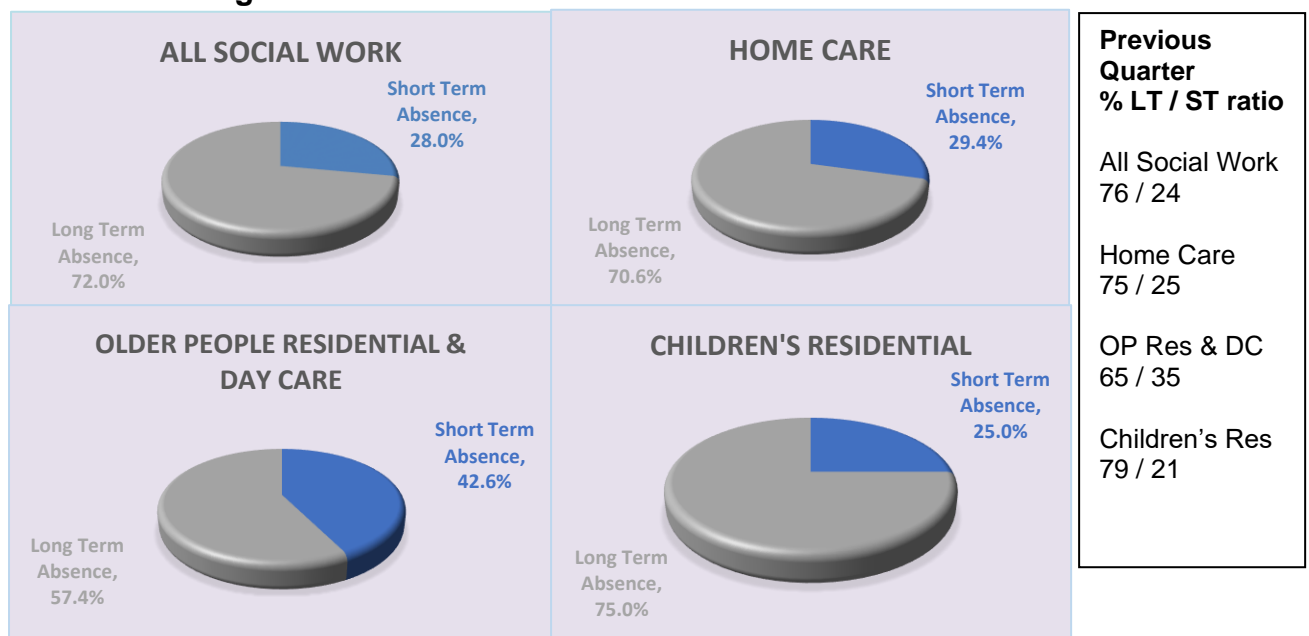
3.1 **Long-Term / Short-Term Analysis – Social Work**

The Social Work workforce has significantly increased.

In September 2018, the arms-length company Care Services (Cordia) transferred back to Glasgow City Council and this increased the workforce within Glasgow City Health and Social Care Partnership to 7158 employees.

Whilst not all sickness absences will be attributed to this staff group, it demonstrates the increase in absence levels to be managed.

Looking at Social Work absence figures historically (prior to Sept 2018), table 6 below highlights the yearly average number of employees off both short-term (STS) and long-term sick (LTS) and this being much less.

Table 6

Prior to September 2018	September 2018 to date
Average workforce 4762 **Short-Term Absence** A yearly average of 506 employees off STS **Long-Term Absence** A yearly average of 146 employees off LTS	**Average workforce** 7158 **Short-Term Absence** A yearly average of 1189 employees off STS **Long-Term Absence** A yearly average of 352 employees off LTS

4. Table 7 - Absence Reasons – Social Work Overall and 3 Priority Staff Groups
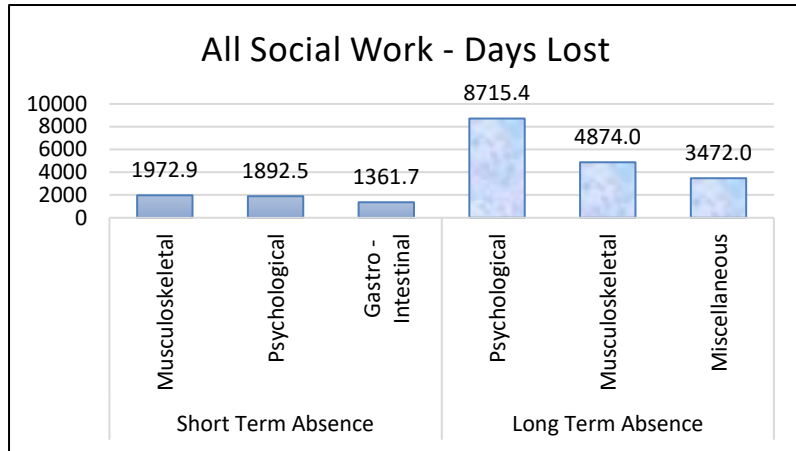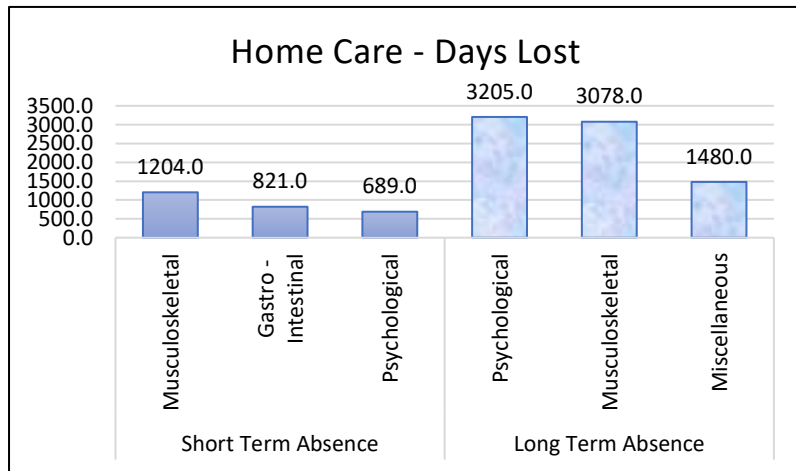

Short Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
28% Back Pain - Musculoskeletal	1972.9	28% Back Pain - Musculoskeletal	1926.5	Increase
38% Stress - Psychological	1892.5	40% Stress - Psychological	1973	Decrease

Long Term Absence

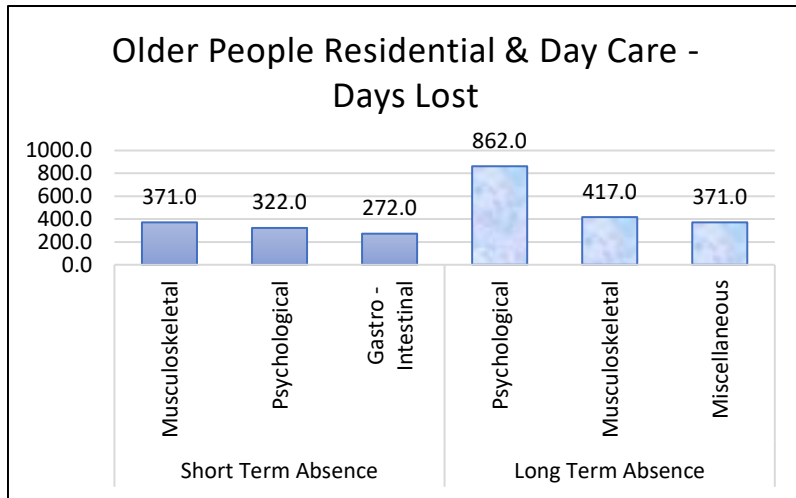| Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
23% Back Pain - Musculoskeletal	4874	26% Back Pain - Musculoskeletal	6683	Decrease
39% Stress - Psychological	8715.4	49% Stress - Psychological	9276	Decrease

Short Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
27% Back Pain - Musculoskeletal	1204	27% Back Pain - Musculoskeletal	1136	Increase
28% Gastro-Intestinal - Sickness	821	43% Stress - Psychological		
Psychological	689	Psychological	916	Decrease

Long Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
28% Back Pain - Musculoskeletal	3078	26% Back Pain - Musculoskeletal	3915	Decrease
38% Stress - Psychological	3205	49% Stress - Psychological	3333	Decrease

__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.

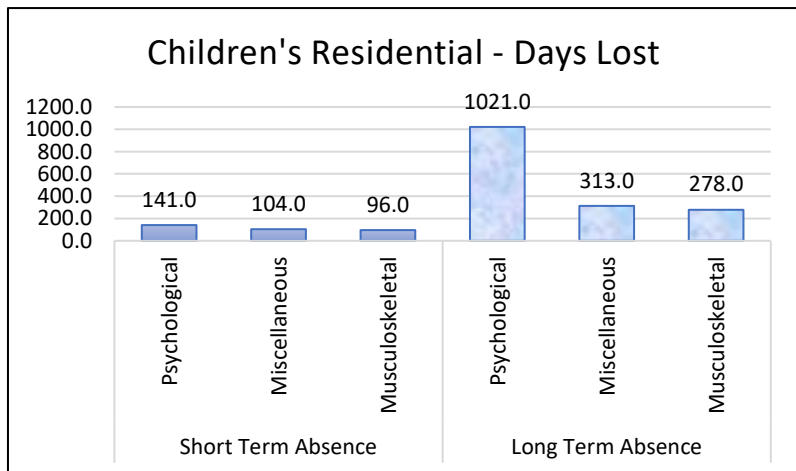### Older People Residential & Day Care - Days Lost

Short Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
46% Back Pain - Musculoskeletal	371	30% Back Pain - Musculoskeletal	330	Increase
34% Bereavement - Psychological	322	26% Stress - Psychological	399	Decrease

Long Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
29% Back Pain - Musculoskeletal	417	27% Back Pain - Musculoskeletal	899	Decrease
40% Stress - Psychological	862	41% Stress - Psychological	924	Decrease

Children's Residential - Days Lost

Short Term Absence

Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
51% Stress - Psychological	141	57% Stress - Psychological	142	Decrease
55% Covid 19 - Miscellaneous	104	35% Back Pain - Musculoskeletal	96.5	Increase
Musculoskeletal	96			

Long Term Absence

| Current Quarter	Overall Days Lost	Previous Quarter	Overall Days Lost	Increase/ Decrease
52% Stress - Psychological	1021	49% Stress - Psychological	764	Increase
25% Assault - Miscellaneous	313	39% Back Pain - Musculoskeletal	500	
Musculoskeletal	278			Decrease

__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.

## 4.1   Absence Reasons Analysis – Social Work

Psychological and Musculoskeletal absences have historically been the main reasons and largest contributor to overall sickness absence levels for years. However, the tables above highlight predominantly a reduction in the overall days lost due to these absence reasons, for short and long-term absences in the current quarter (Q1), compared to the previous quarter (Q4 2021/22).

5. % Long Term / Short Term Absence - Health
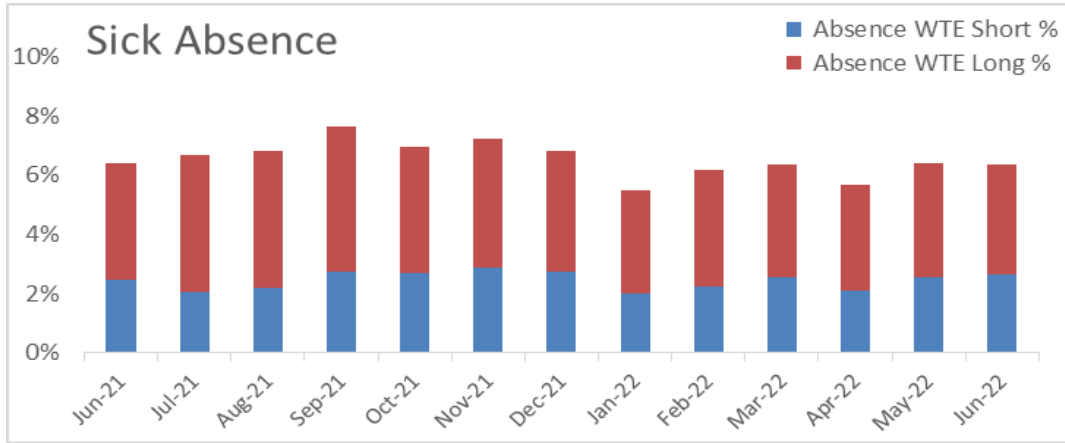
6. Absence Reasons - Health
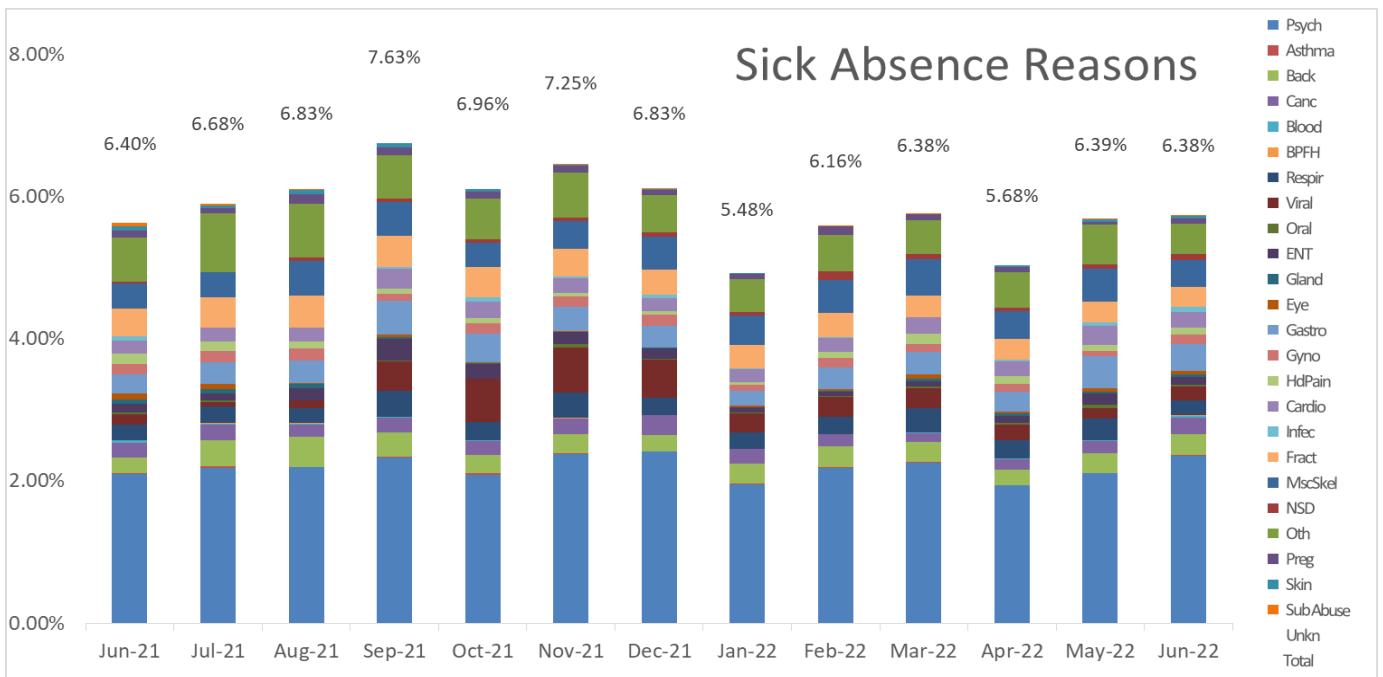
7.   Overview – Social Work

7.1   Whilst the overall Social Work ADL figure has slightly increased in Quarter 1, there has been some marked improvements made within Older People Residential & Day Care Services with a service ADL reduction in absence being achieved (see table 1). This is also demonstrated in the reduction in overall days lost relating to long term absences due to musculoskeletal reasons (see table 7).

7.2   The plan for this year's flu vaccination programme will involve our largest front facing staff groups of Home Care and Older People Residential & Day Care Services receiving the flu vaccination and covid booster via the NHSGG&C mass vaccinations clinics.

The remaining workforce will get the opportunity to receive the flu vaccination via Glasgow City Council's (GCC) Occupational Health Provider.

7.3   HR Wellbeing & Attendance Team are working through their own Action Plan for this year to support managers and staff, as well as actioning priorities within GHSCP Staff Mental Health & Wellbeing Action Plan. Some examples of progress are as follows:

a)   As part of the HR Training Programme for Managers, a 45 minute online session has commenced and is being rolled out for newly appointed managers and managers that would benefit from a refresher. This is "Back to Basics" training of their role and responsibilities in maximising attendance and creating a wellbeing culture within their service area, as well as the promotion of the MIND action planning tools to encourage wellbeing conversations at 1-1 / Supervision meetings. Based on manager feedback, further training will be planned and incorporated into the programme.

b)   Wellbeing & Attendance Support Hubs have been developed on GCC's digital platform, for all managers and staff. This is a one stop shop for all guidance, supports and resources relating to wellbeing and attendance and over time, service specific information will also be included, making documents and information easily accessible to each staff group.

c)   Building a network of Wellbeing Champions across GCHSCP is currently increasing. The overall objective is about getting local ideas and staff feedback via local champions so that staff mental health and wellbeing promotions are relevant, interesting and encourage staff to access them and participate in events/webinars/initiatives.

7.4   Plans to introduce further interventions for Psychological – Stress absences and Musculoskeletal – Back Pain absences will be developed, to try and reduce the duration of these absences and focus on additional supportive measures and robust processes, in order to achieve improvements.

8.   Overview – Health

8.1   This quarter shows a slight increase in sickness absence levels across the HSCP with some minor variations in the larger staffing groups. It is noted that Resources have decreased from 7% down to 4% which is more representative of the expected level of absence in this staff group. Long term absence remains at a higher level than short term absence, in keeping with established trend. Long term absence in June was 3.71% and short term absence was 2.66%.

8.2   Absences recorded as 'Psychological' (which includes all stress related absence) remains the most commonly used absence reason.

8.3   In June, this accounted for 37% of sickness absence, up by 4% from the previous month and consistent with the 12m average of 33%. 'Unknown' absence accounted for 11% of total absence, while 'Oth' and 'MscSkel' accounted for 7% and 6% respectively. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information.

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

8.5   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.