



# Item No. 17

Meeting Date

Wednesday 13<sup>th</sup> April 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

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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:**

The matters contained within this paper have 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:**

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.

**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.

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### Implications for Health and Social Care Partnership:

|  |   |
|--|---|
| <b>Reference to National Health &amp; Wellbeing Outcome:</b> | Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.                                   |
| <b>Personnel:</b>  | Requirement to maintain level of scrutiny and implement action plans to maximise attendance.  |
| <b>Carers:</b>   | N/A   |
| <b>Provider Organisations:</b>                               | N/A   |
| <b>Equalities:</b>   | N/A   |
| <b>Fairer Scotland Compliance:</b>                           | N/A   |
| <b>Financial:</b>  | Cost pressure arises from need to cover absence in staff groups.  |
| <b>Legal:</b>  | N/A   |
| <b>Economic Impact:</b>                                      | N/A   |
| <b>Sustainability:</b>                                       | N/A   |
| <b>Sustainable Procurement and Article 19:</b>               | N/A   |
| <b>Risk Implications:</b>                                    | There is a risk that increasing absence levels impact on the efficiency of services and where replacement staff are required, a financial impact. |
| <b>Implications for Glasgow City Council:</b>                | As stated above   |
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b>     | As stated above   |

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## 1. High Level Quarterly Absence Comparison

1.1 Quarter 3 (Oct-Dec 2021) 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<br>Q3              |              |            |            |            |                       | Current Year<br>Q3 |            |            |                       |
|----------------------------------|--------------|------------|------------|------------|-----------------------|--------------------|------------|------------|-----------------------|
| Social Work                      | No. of Staff | P8         | P9         | P10        | Quarterly Average ADL | P8                 | P9         | P10        | Quarterly Average ADL |
| <b>Glasgow City Wide **</b>      | <b>7362</b>  | <b>1.2</b> | <b>1.3</b> | <b>1.4</b> | <b>1.3</b>            | <b>1.7</b>         | <b>1.7</b> | <b>1.6</b> | <b>1.7</b>            |
| Resources                        | 112          | 0.9        | 1.0        | 1.0        | 1.0                   | 1.0                | 1.0        | 1.0        | 1.0                   |
| Adult Services                   | 457          | 0.6        | 0.8        | 0.6        | 0.7                   | 1.6                | 1.7        | 2.0        | 1.8                   |
| Public Protection & Complex Care | 606          | 0.8        | 0.7        | 0.7        | 0.7                   | 0.8                | 0.9        | 1.0        | 0.9                   |
| Children's Services              | 1075         | 0.9        | 0.9        | 1.0        | 0.9                   | 1.4                | 1.4        | 1.5        | 1.4                   |
| Older People's Services          | 324          | 0.9        | 1.1        | 1.1        | 1.0                   | 1.3                | 1.5        | 1.4        | 1.4                   |
| Care Services                    | 3851         | 1.6        | 1.8        | 1.8        | 1.7                   | 2.1                | 2.0        | 1.9        | 2.0                   |
| • Home Care                      | 2860         | 1.6        | 1.6        | 1.8        | 1.7                   | 2.3                | 2.1        | 1.9        | 2.1                   |
| • Care Homes (inc. Day Care)     | 861          | 1.6        | 1.7        | 1.8        | 1.7                   | 1.7                | 2.0        | 1.8        | 1.8                   |

\*\* Latest Period Figure (P12) reports at **1.5** ADL

**Table 2 Health**

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

| Previous Year<br>200/21        |             |                |                |               |                     | Current Year<br>2021/22 |             |             |                     |
|--------------------------------|-------------|----------------|----------------|---------------|---------------------|-------------------------|-------------|-------------|---------------------|
| Health                         | In Post     | Oct            | Nov            | Dec           | Quarterly Average % | Oct                     | Nov         | Dec         | Quarterly Average % |
| <b>Glasgow City Wide**</b>     | <b>4746</b> | <b>5.59</b>    | <b>5.99</b>    | <b>5.79</b>   | <b>5.8</b>          | <b>6.66</b>             | <b>7.08</b> | <b>7.18</b> | <b>7.0</b>          |
| Resources                      | 313         | 4.57           | 5.73           | 4.6           | 5.0                 | 8.49                    | 7.35        | 5.20        | 7.0                 |
| Adult Services                 | 2123<br>202 | 6.54 /<br>8.64 | 6.49<br>/ 9.34 | 6.48<br>/ 7.9 | 6.5 / 8.6           | 6.56                    | 7.54        | 6.83        | 7.0                 |
| Children's Services            | 950         | 3.64           | 4.14           | 4.9           | 4.2                 | 5.50                    | 4.49        | 6.56        | 5.5                 |
| Older People's Services        | 922         | 5.41           | 6.40           | 6             | 5.9                 | 9.94                    | 9.19        | 8.08        | 9.1                 |
| Health Improvement             | 118         | 2.93           | 5.27           | 3.3           | 3.8                 | 3.72                    | 1.99        | 2.91        | 2.9                 |
| Clinical Director              | 25          | 3.07           | 2.13           | 2.5           | 2.6                 | 5.68                    | 3.60        | 7.80        | 5.7                 |
| • Mental Health Inpatient Ward | -           | -              | -              | -             | -                   | 7.90                    | 6.08        | 6.37        | 6.8                 |
| • District Nursing             | -           | -              | -              | -             | -                   | 8.50                    | 8.86        | 7.94        | 8.4                 |

\*\* Latest Monthly Figure (February) reports at **6.2** %

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### 2. Covid-19 Absences

- 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 |
|---------------|----------|--------------------------------|------------|----------|-----------------|--------------------|
| February      | 323      | 202                            | 31         | 556      | 7362            | 7.2%               |
| January       | 487      | 578                            | 32         | 1097     | 7388            | 14.8%              |
| 8/11 to 31/12 | 321      | 618                            | 42         | 981      | 7432            | 11.8%              |

\* includes dependant's care

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

**Table 4 – Health**

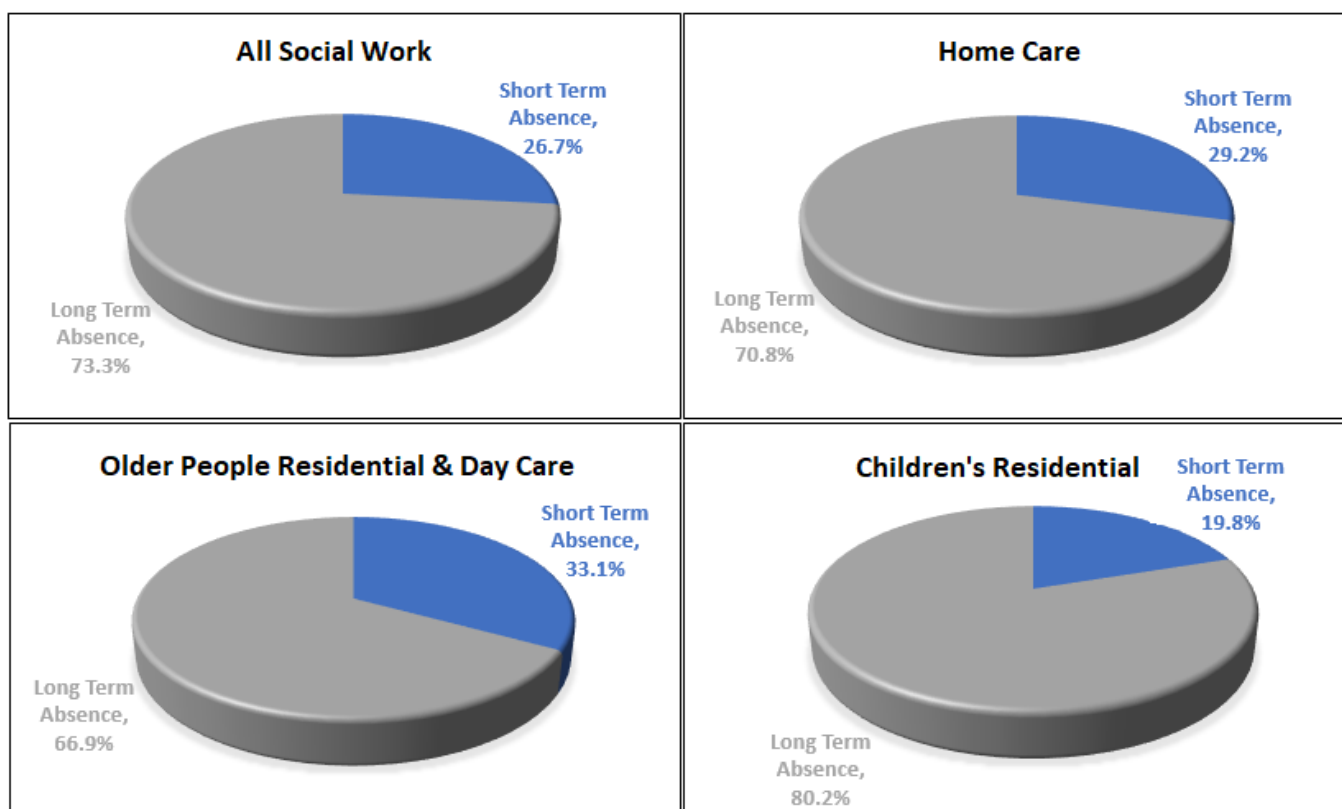
| Period   | Covid-19 | Covid-19 Self Isolate / Other* | Long Covid | Total** | Total Workforce | % off due to Covid related absence |
|----------|----------|--------------------------------|------------|---------|-----------------|------------------------------------|
| February | 29       | 12                             | 33         | 74      | 4872            | 1.51%                              |
| January  | 96       | 25                             | 35         | 156     | 4867            | 3.2%                               |
| December | 16       | 44                             | 32         | 92      | 4846            | 1.89%                              |

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

\*\* data taken at mid-point of month

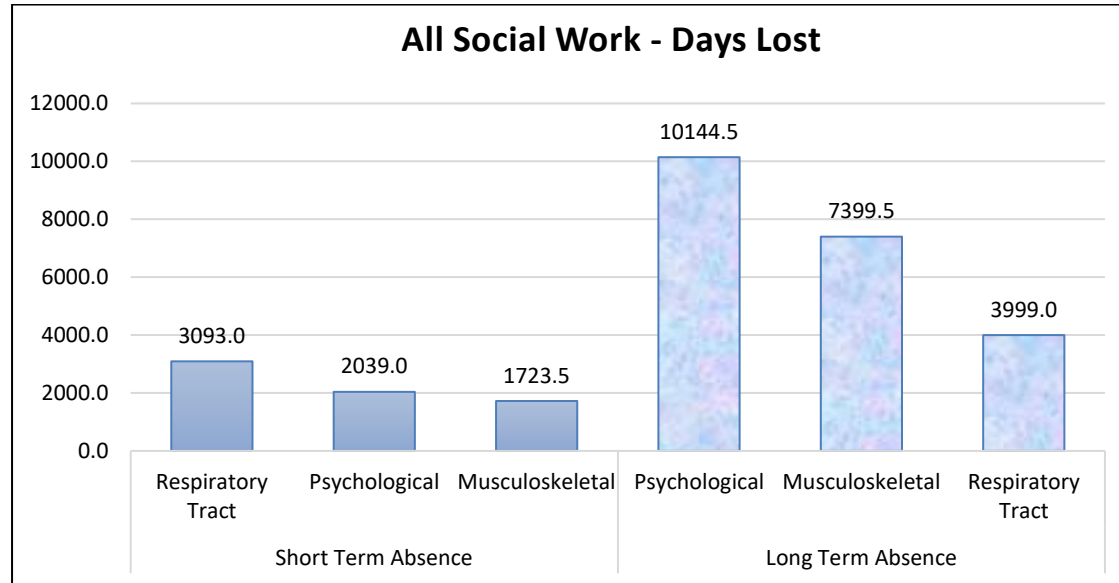
\*\*\* Mid-March daily covid absence total – 208 (headcount)

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



## 4. Absence Reasons

### 4.1 Social Work



#### Short Term Absence

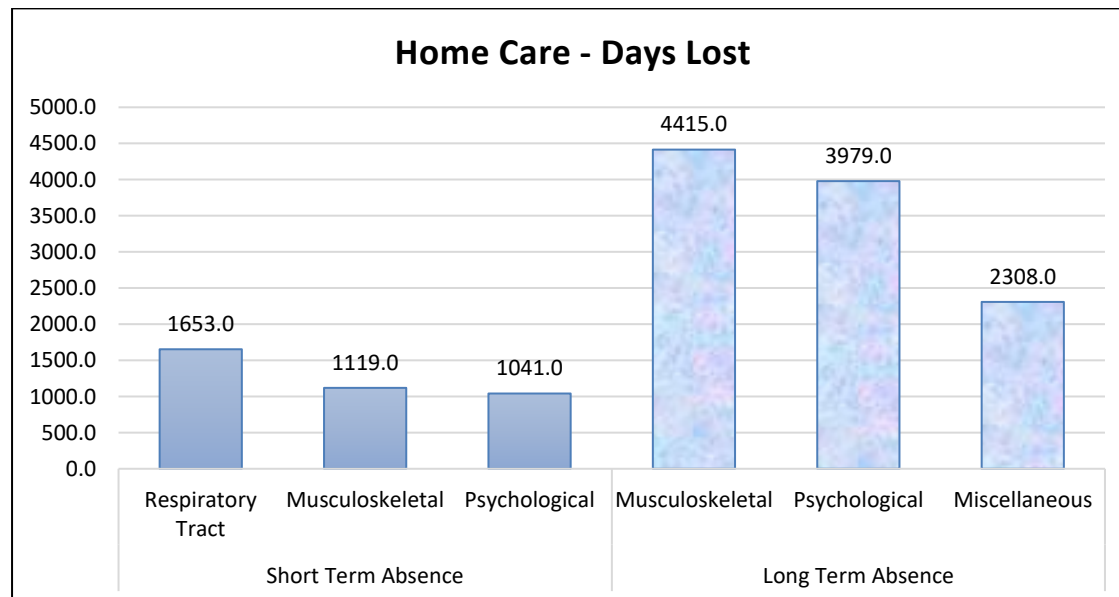
Stress = 42% of Psychological absences

Back Pain = 28% of Musculoskeletal absences

#### Long Term Absence

Stress = 39% of Psychological absences

Back Pain = 26% of Musculoskeletal absences



#### Short Term Absence

Stress = 38% of Psychological absences

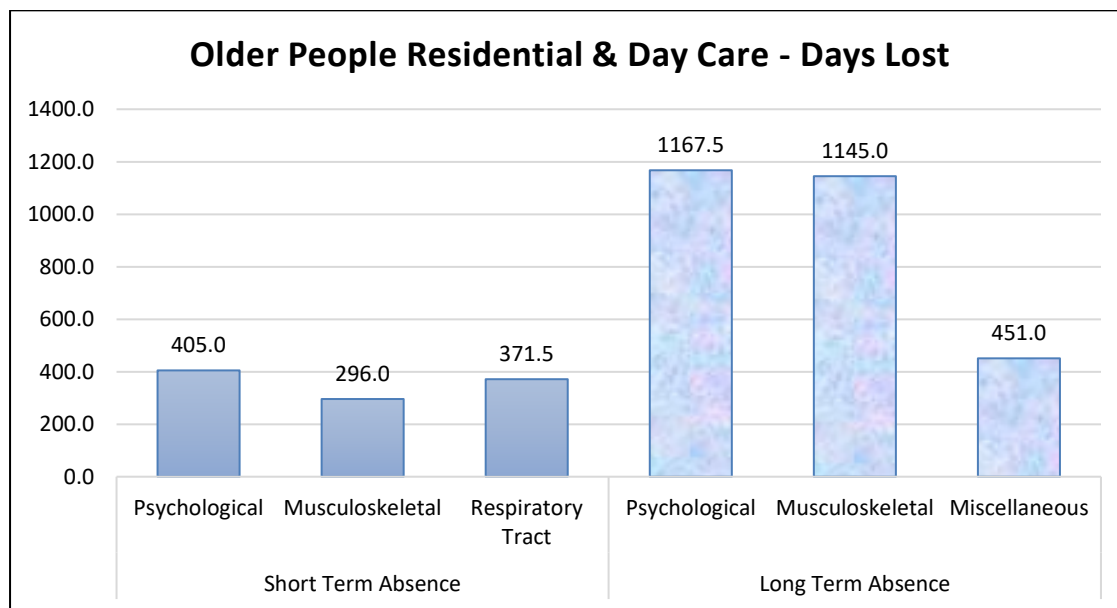
Back Pain = 33% of Musculoskeletal absences

#### Long Term Absence

Stress = 32% 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.

**Short Term Absence**

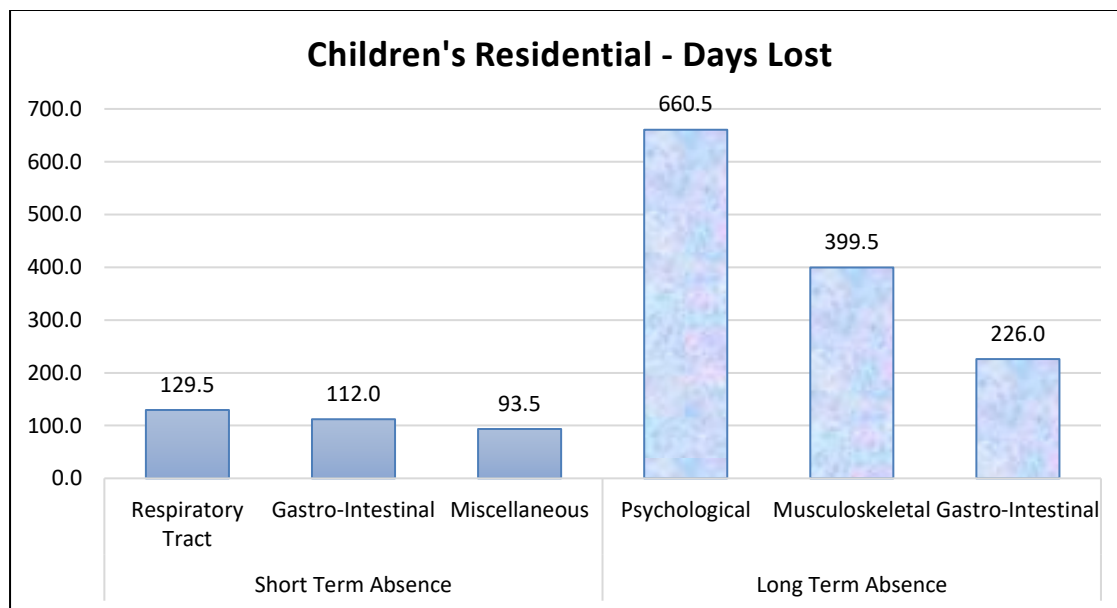
Stress = 45% of Psychological absences

Back Pain = 26% of Musculoskeletal absences

**Long Term Absence**

Stress = 39% of Psychological absences

Back Pain = 26% of Musculoskeletal absences

**Long Term Absence**

Stress = 66% of Psychological absences

Back Pain = 31% 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.

## 4.2 Health

| All GC HSCP absence trend Annual data | 2020/21 | 2021/22 |
|---------------------------------------|---------|---------|
| Mental Health related                 | 36.2%   | 33.2%   |
| Musculoskeletal                       | 16.3%   | 18.0%   |
| Respiratory                           | 9.5%    | 8.3%    |
| Not Specified (or not disclosed)      | 9.1%    | 9.4%    |
| All Other Specified                   | 28.9%   | 31.1%   |

## 5. Overview – Social Work

- 5.1 The following HR Wellbeing & Attendance Action Plan has been developed for 2022, with priorities focused on staff mental health and wellbeing, targeted approaches and interventions for employees and managers that have the greatest need for support, manager training and exploring different communications to reach and engage with each staff group, to ensure information is easily accessible.
- 5.2 Government funding has been made available to support staff wellbeing within the Adult Social Work and Social Care sector, therefore, GCHSCP has the opportunity to apply for either 1) a grant up to £5000 for short-term wellbeing initiatives, or 2) a grant up to £10000 for more sustainable impact solutions. Applications are open between 1<sup>st</sup> February to 29<sup>th</sup> July 2022 and services are being encouraged to bid for funding for their local service areas and teams and be more involved in positive mental health and wellbeing within their workplace.
- 5.3 The implementation of GHSCP's Staff Mental Health & Wellbeing Action Plan was supported by the Senior Management Team on 16<sup>th</sup> February 2022. The Staff Mental Health & Wellbeing Group are working towards having a wider network of Wellbeing Champions across GHSCP and increase staff engagement on all matters relating to staff mental health and wellbeing at work.

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| <b>HR Wellbeing &amp; Attendance Action Plan 2022</b>   |   |
|---|---|
| <b>Aims</b>   | <b>Objectives</b>   |
| 1) To develop local Wellbeing & Attendance Action Plans for each staff group  | <ul style="list-style-type: none"><li>a) HR attendance at core management / leadership meetings</li><li>b) Regular HR / Service Manager discussions to focus on manager and employee wellbeing and action plan priorities</li><li>c) Making staff mental health and wellbeing a priority by incorporating the following key principles of Glasgow HSCP Staff Mental Health &amp; Wellbeing Action Plan into local plans<ul style="list-style-type: none"><li>1) Staff mental health becomes part of the HSCP's local strategies and action plans</li><li>2) Staff mental health and wellbeing is everybody's responsibility</li><li>3) All staff deserve to work in a mentally healthy workplace where discussions about mental health and wellbeing are valued and met with kindness and compassion</li><li>4) All staff have the opportunity to talk about mental health and wellbeing with their manager to ensure they receive the appropriate supports</li></ul></li></ul> |
| 2) To support managers in their understanding and application of GCC's Maximising Attendance Policy, supplementary guides, recording tools and conditions of service, making them all easily accessible to refer to and use | <ul style="list-style-type: none"><li>a) Review of HR Wellbeing &amp; Attendance Connect Pages</li><li>b) Review HR Processes to provide managers with the best possible HR service</li><li>c) Develop local Absence Reporting Procedures for each staff group</li><li>d) Non-Portal Users - Review absence reporting / recording process to be more robust and effective</li><li>e) Portal Users – Maximise the potential of My Portal experience for Managers</li><li>f) Review of previous HR Comms via Manager and Employee Bulletins and identify improvements to communication process to suit all staff groups</li></ul>   |



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| <b>Aims</b>  | <b>Objectives</b>  |
|--|--|
| 3) For all managers to receive policy and associated training, creating learning and wellbeing space, to develop skills and approach to managing staff attendance, supporting employee wellbeing | a) HR input into Service Level Induction Training<br>b) Identify and remind managers of existing training available to be undertaken<br>c) Develop new manager training<br>d) Create a Senior Manager Network to support one another on matters relating to Wellbeing and Attendance |
| 4) To collaborate with other services to meet business objectives  | a) Discussions through a range of forums to achieve common goals and consistency of approach   |
| 5) Maximise the support from the Occupational Health Service to support local action plans   | a) HR and OH meetings quarterly to review the service and identify improvements and any support required<br>b) Managing the management structure on OHS online system (OHIO) for referrals   |

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### **6. Overview – Health**

- 6.1 This quarter shows an increase in sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. There was a reduction in absence within Resourcing, Adult Services and Children's Services increased slightly. Older People's Services reduced however remains at a concerning level. Clinical Director Service increased, although this is a smaller staff group. Mental Health Inpatient and District Nursing have been areas of concern as their level of absence remains high, in particular due to long term absence.
- 6.2 Absence recorded as 'Psychological' remains the most commonly used absence code, in keeping with the trend across NHS GGC.
- 6.3 In relation to Covid related absence, there is a notable increase in December which then began to fall in January, though it is noted the recent significant increase to date. Long covid remains at a consistent level and all cases are being actively supported by HR.
- 6.4 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.

### **7. Recommendations**

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