



Item No. 17

Meeting Date: Wednesday 8th February 2023

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

- 1.1 Tables 1a and 1b report Quarter 3 (October – December 2022/23) and highlights absence performance in the current quarter and the previous 3 years, for comparison purposes.

Table 1a Social Work

Yearly ADL target is 10.2

P1 is a 2 week period - ADL target is 0.4

Quarterly ADL target 2.55

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	P8	P9	P10	2022/23 Q3 ADL	2022/23 Q3 % Diff between Actual & Target ADL	2021/22 Q3 ADL	2021/22 Q3 % Diff between Actual & Target ADL	2020/21 Q3 ADL	2019/20 Q3 ADL
Glasgow City Wide **	7438	1.6	1.6	1.5	4.7	84	5.0	96	3.9	3.9
Resources	1084	1.1	1.1	1.1	3.3	29	3.0	17	2.9	3.2
Adult Services	522	2	1.4	1.3	4.7	84	5.3	107	2.0	3.3
Public Protection & Complex Care	692	0.9	0.9	0.8	2.6	2	2.7	6.0	2.2	2.3
Children Services	1089	1.2	1.3	1.1	3.6	41	4.3	68	2.8	3.3
Older People Services	326	1.3	0.9	1.1	3.3	29	4.2	65	3.1	1.6
Care Services	3745	2	2	2	6.0	135	6.0	135	5.2	4.6
Home Care	2770	2	2.1	2.1	6.2	143	6.3	147	5.0	4.8
Older People Residential & Day Care	843	1.7	1.7	1.6	5.0	96	5.5	115	5.1	4.1

- 1.2 Social Work figures are calculated in Average Days Lost (ADL). Figures highlight a positive change in the absence trend with a reduction in ADL for all staff groups being achieved.

Table 1b Health

Yearly & Monthly Average % target is 4%

Health	No. of Staff	Oct	Nov	Dec	2022/23 Q3 Ave %	2022/23 Q3 % Diff between Actual & Target ADL	2021/22 Q3 Ave %	2021/22 Q3 % Diff between Actual & Target ADL	2020/21 Q3 Ave %	2019/20 Q3 Ave %
Glasgow City Wide **	5005	7.21	7.91	8.09	7.7	94	7.3	83	5.8	6.1
Resources	255	6.75	7.19	6.54	6.8	71	3.7	-7.5	5.0	4.8
Adult Services	2373	7.93	8.26	8.76	8.3	108	8.1	102.5	6.4	6.5
Public Protection & Complex Care	204	8.86	8.11	7.44	7.5	87	6.9	72.5	8.6	8.8
Children Services	962	6.51	7.29	7.26	7.0	76	6.0	50	4.2	5.8
Older People Services	959	7.2	8.88	8.87	8.3	108	8.0	100	5.9	6.9
Health Improvement	127	2.82	4.13	4.58	3.8	-4	2.9	-27.5	3.8	3.6
Clinical Director	25	6.64	4.92	2.57	4.7	18	0.6	-85	2.6	n/a

- 1.3 Health figures are calculated in Average Percentage. There is an increase in the overall figure (7.7%) from 6.9% for Q2. This is also a slight increase from the same timeframe for 2021/22. There has been an increase in levels of sickness absence from start to end of the quarter within all services with the exception of Clinical Director and Public Protection & Complex Care, both of which cover some of the smaller staff groups. Adult Services and Older People's services have the highest levels of sickness absence and it is noted that these areas include the inpatient services which have historically shown a high level of absence compared with community services.

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2. Covid-19 Absences

2.1 Tables 2a and 2b report the monthly number of Covid related absences for the Quarter 3 period.

Table 2a – Social Work

Period	No. of employees recorded sick due to Covid 19	No. of employees recorded sick due to Long Covid	Q3 Total **	Total Workforce	Workforce Absence %	Period	Q2 Total**
October	170	14	184	7408	2.5	July	157
November	144	13	157	7426	2.1	August	243
December	84	10	94	7438	1.3	September	433
TOTAL	398	37	435	7424 (Ave)	2.0 (Ave)		833

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

2.2 Covid figures are further reduced each month for Social Work. The previous quarter is also shown for comparison purposes and highlights a 48% quarterly reduction in total covid absences.

Table 2b – Health

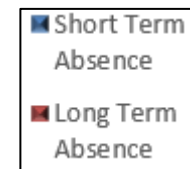
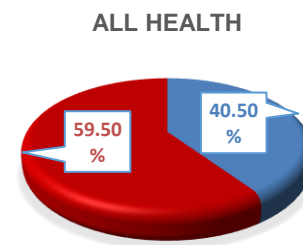
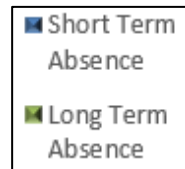
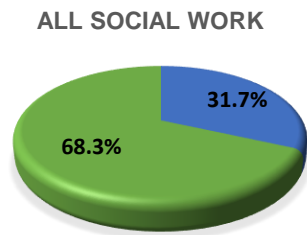
Period	Covid Positive	Covid related sick leave	Q3 Total**	Total Workforce	% off due to Covid related absence	Period	Q2 Total**
October	13	28	41	5667	0.72	July	71
November	11	24	35	5658	0.61	August	36
December	16	32	48	5641	0.85	September	41
TOTAL	40	84	124	5655 (Ave)	0.73 (Ave)		148

*Based on comparative data at mid point of month

2.3 Covid figures are further reduced each month for Health. The previous quarter is also shown for comparison purposes and highlights a 16% quarterly reduction in total covid absences.

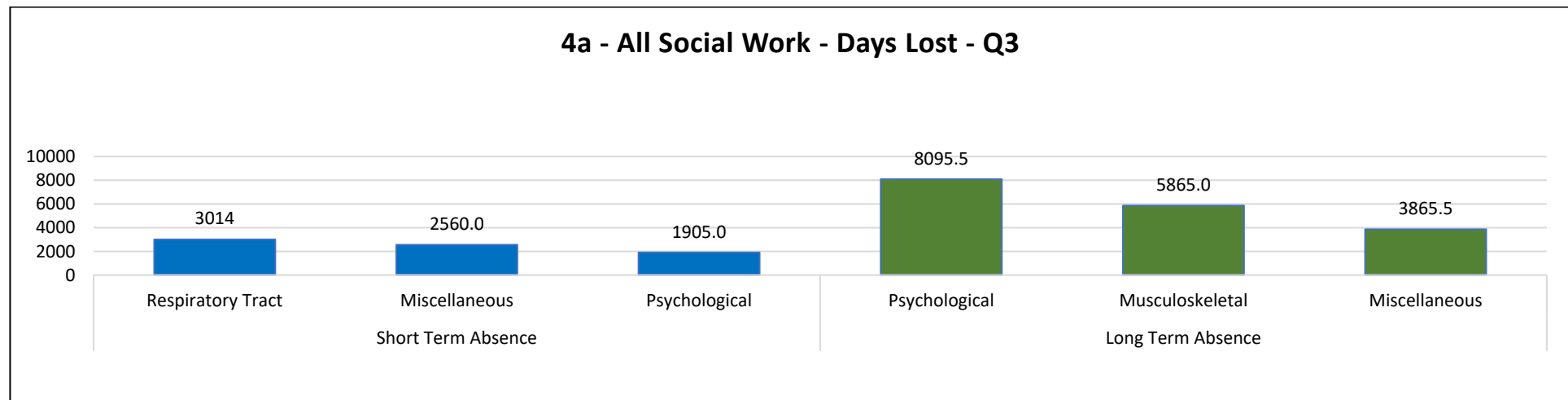
3. Long-Term / Short-Term Absence

- 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 **Tables 4a, d, g and j** highlight the top 3 sickness absence reasons in Quarter 3 for both short-term and long-term absences for all Social Work, Home Care, Older People Residential & Day Care.

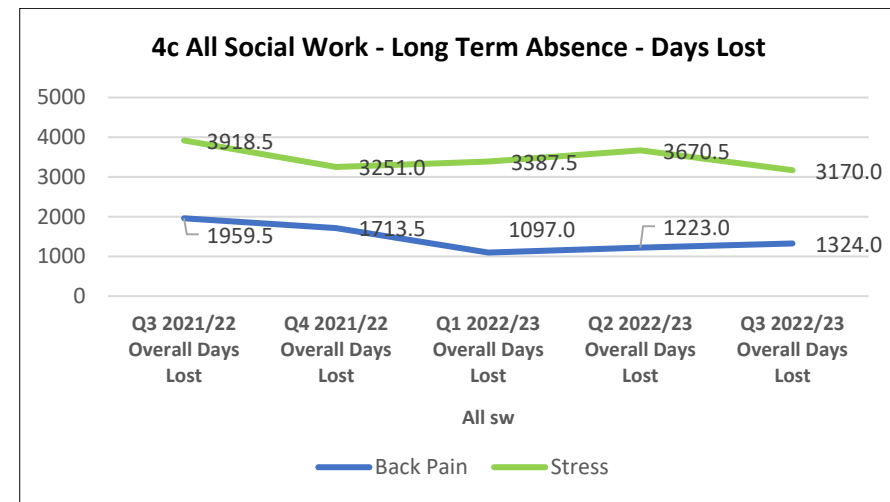
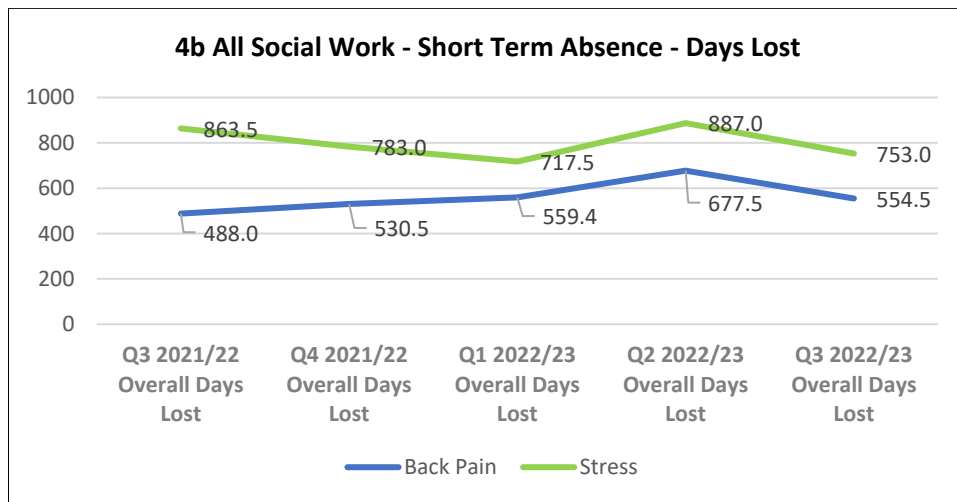


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- 4.2 **Table 4a for all Social Work** shows that **Respiratory Tract** is the largest contributor to short term absences of 3014 days lost (3093.5 days lost in Q3 2021/22 therefore a **3% reduction**).

Psychological absences remain the highest contributor to long term absence of 8095.5 days lost (10144.5 days lost in Q3 2021/22 therefore a **20% reduction**).

Overall days lost for both short / long term absences, **Miscellaneous absences (which includes Covid absences)** has reduced by **21%** and **Psychological absences** by **13%** compared to Q3 2021/22.



4.3 Back Pain & Stress Absences (Tables 4 b/c)

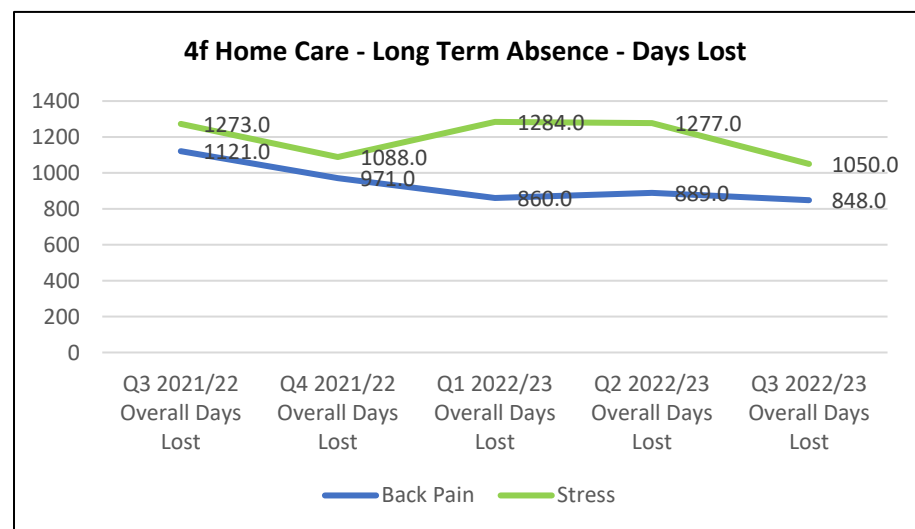
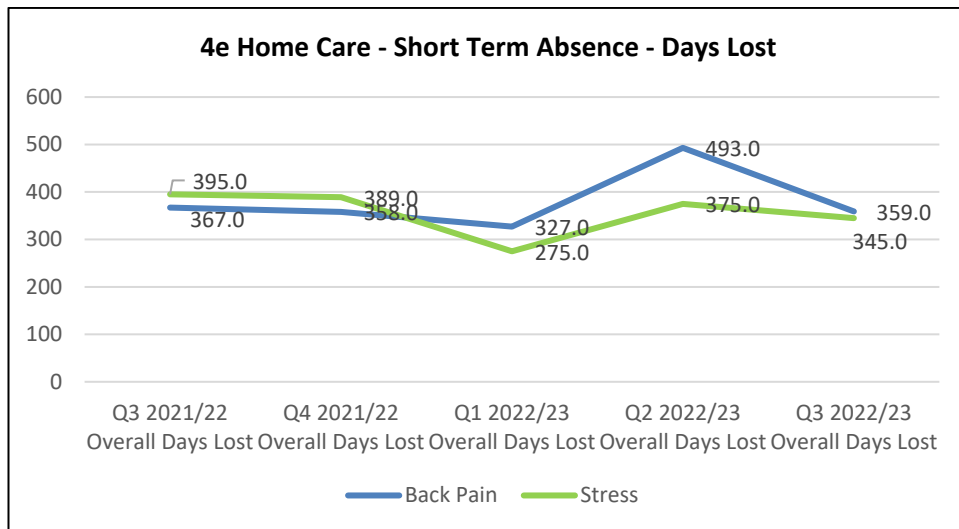
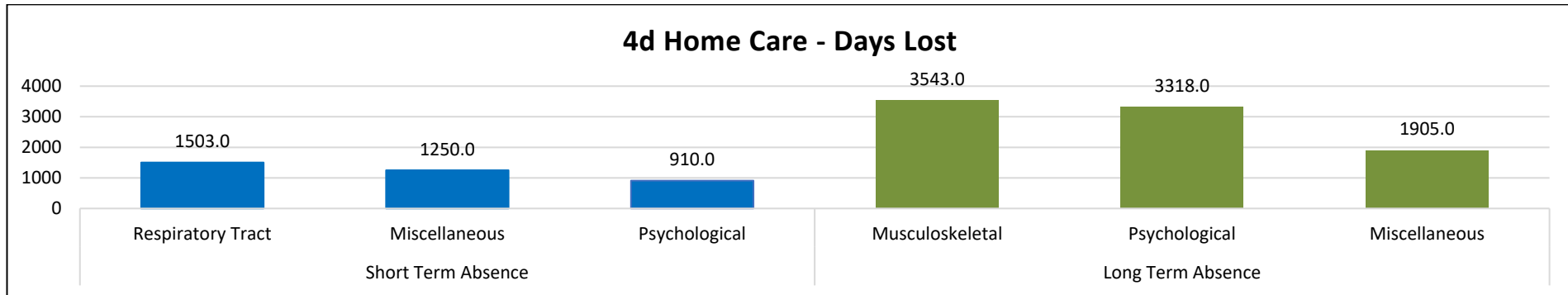
Quarter 3 and previous 4 quarters are provided for comparison purposes.

Back Pain continues to be 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**.

Overall days lost for short / long term absences **Back Pain absences** has reduced by **23%** and **Stress absences** by **18%** compared to Q3 2021/22.

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4.4 **Table 4d for Home Care** shows that **Respiratory Tract** is the largest contributor to short-term absences of 1503 days lost (1653 days lost in Q3 2021/22 therefore a **9% reduction**).

Musculoskeletal absences remains the highest contributor to long term absence of 3543 days lost (4415 days lost in Q3 2021/22 therefore **20% reduction**) and **Psychological absences** 3318 days lost (3979 days lost in Q3 2021/22 therefore **17% reduction**)

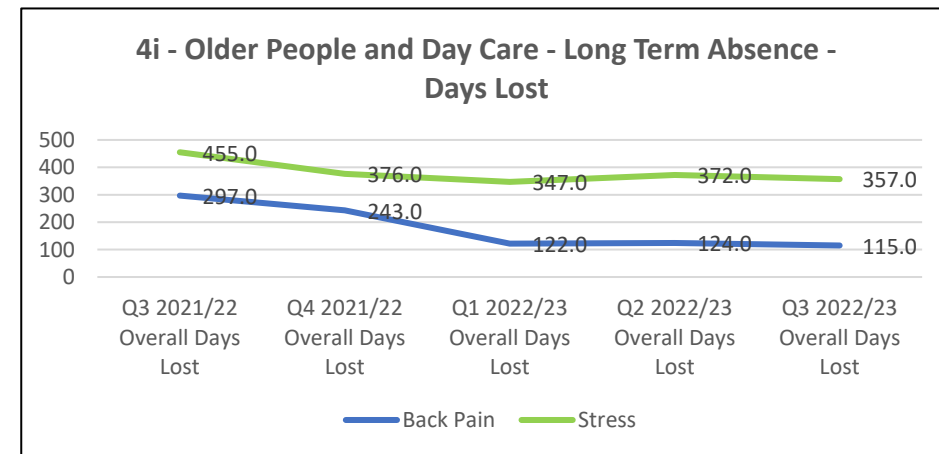
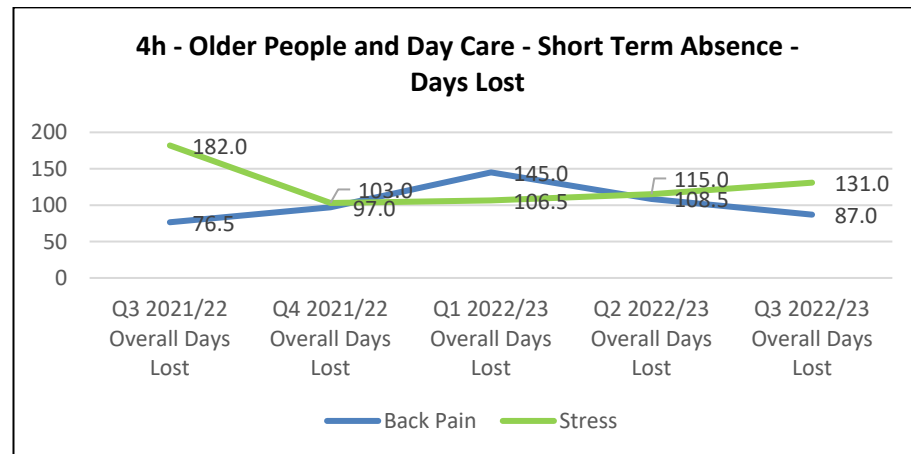
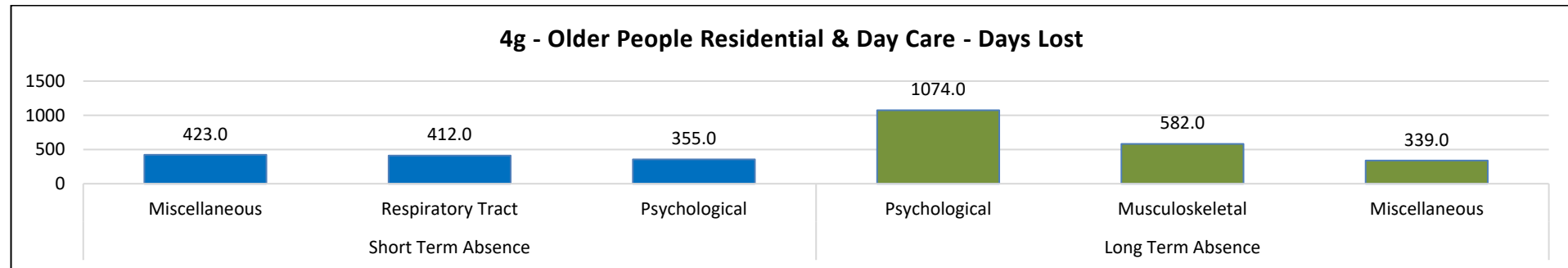
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4.5 Back Pain & Stress Absences (Tables 4e / f)

Quarter 3 and previous 4 quarters are provided for comparison purposes.

Overall days lost for short / long term absences **Stress absences has reduced by 16% and Back Pain absences by 19%** compared to Q3 2021/22.



4.6 Table 4g for Older People Residential & Day Care shows that **Miscellaneous is the largest contributor to short-term absences of 423 days lost** (212 days lost Q3 2021/22 therefore **50% increase**), followed closely by **Respiratory Tract** of 412 days lost (371.5 days lost Q3 2021/22 therefore a **10% increase**).

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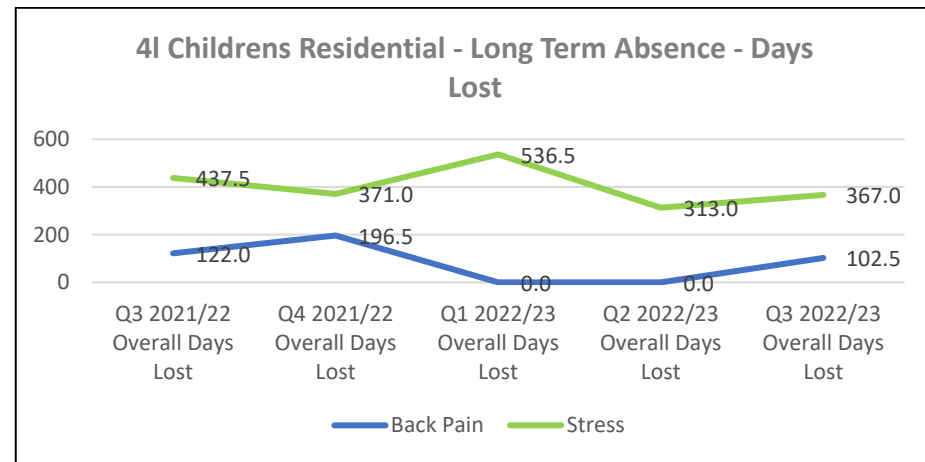
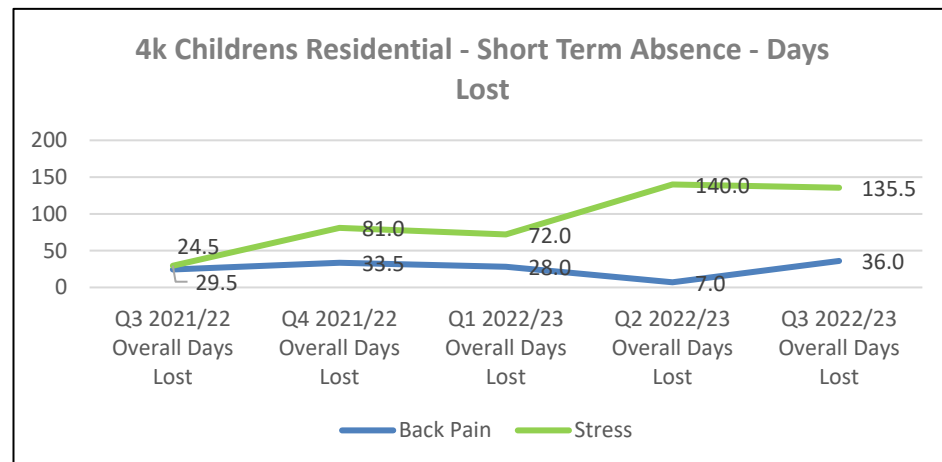
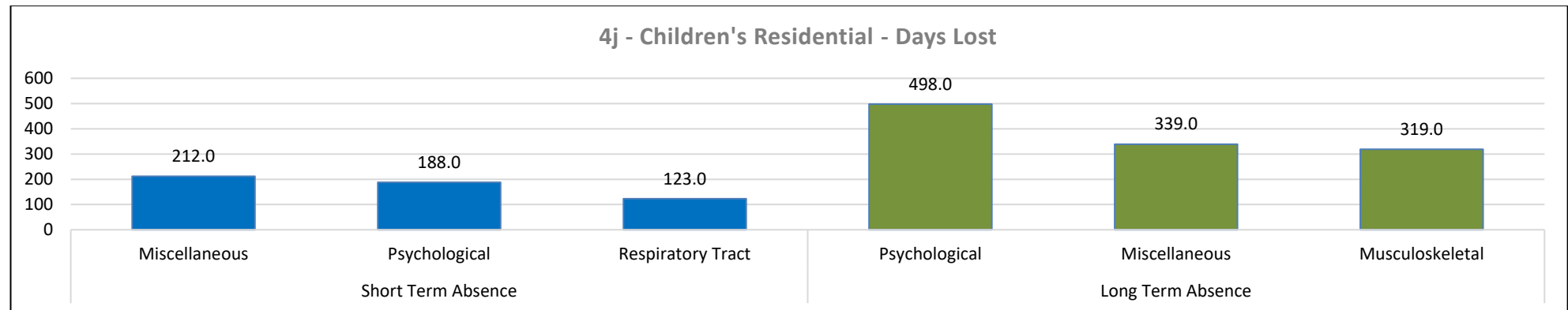
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Psychological remains the highest contributor to long term absence of 1074 days lost (1167.5 days lost Q3 2021/22 therefore **8% reduction**), with **Musculoskeletal** with 582 days lost (1145 days lost Q3 2021/22 **therefore 49% reduction**)

4.7 Back Pain & Stress Absences (Tables 4 h / i)

In table 4h For short term absence there has been a slight reduction in back pain absences and an increase in stress absences, compared to Quarter 3 last year.

However, overall for both short and long term absences, **there is a 23% reduction in stress days lost and 46% reduction in back pain absences compared to Quarter 3 last year.**



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4.8 **Table 4j for Children's Residential** also shows that the **Miscellaneous is the largest contributor to short-term absences** of 212 days lost (93.5 days lost Q3 2021/22 therefore **66% increase**).

Psychological remains the highest contributor to long term absence of 498 days lost (660.5 days lost Q3 2021/22 therefore **25% reduction**), with **Musculoskeletal** of 319 days lost (399.5 lost Q3 2021/22 therefore **20% reduction**)

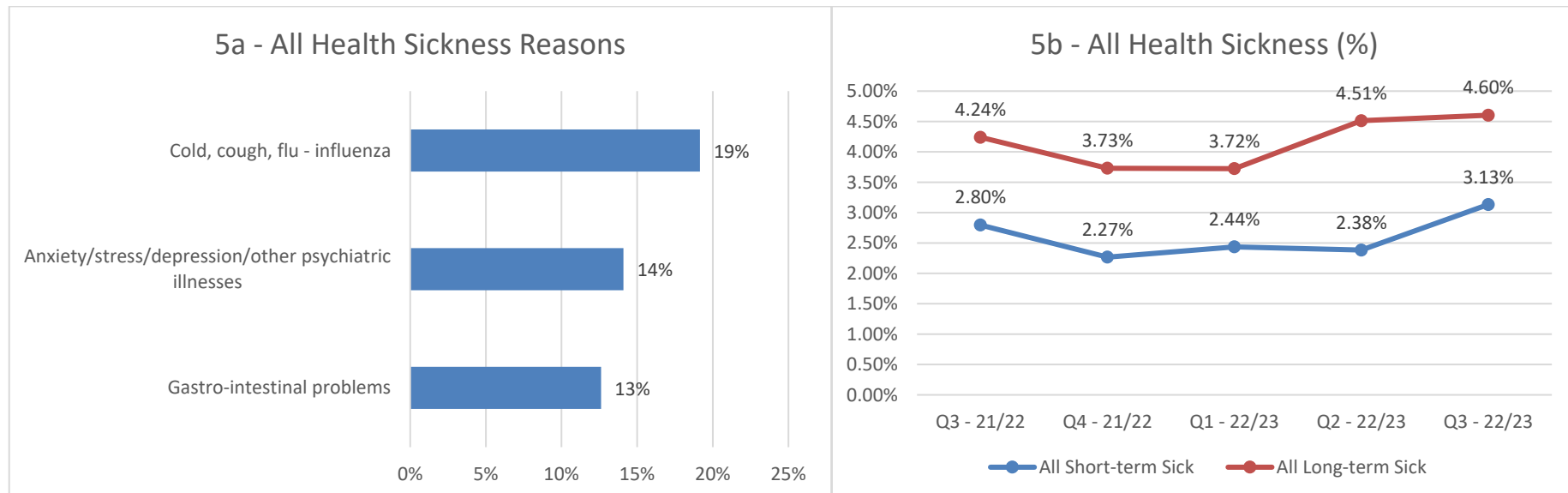
4.9 Back Pain & Stress Absences (Tables 4k / l)

Back Pain short term days lost have **slightly reduced**, however, **stress** short term days lost have **increased significantly by 82%** compared to Quarter 3 2021/22.

For long term absence both back pain and stress absences have slightly reduced, compared to Quarter 3 last year

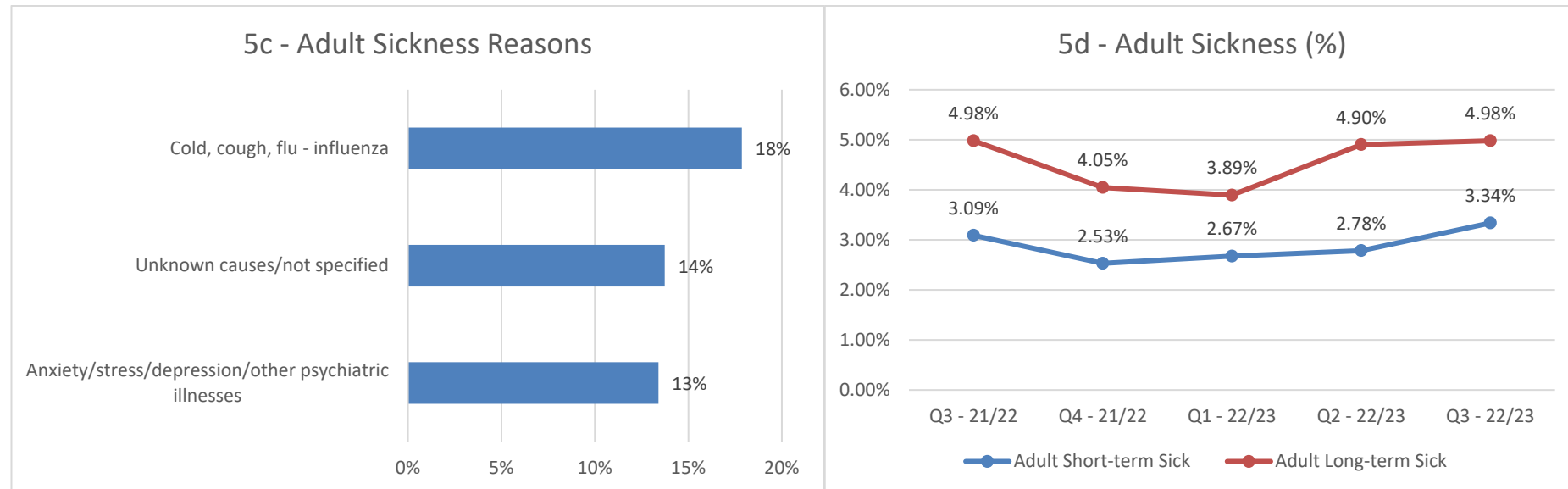
Overall, for both short and long term absences, **there is an 8% increase in stress days lost and 9% reduction in back pain absences compared to Quarter 3 last year.**

5. Absence Reasons – Health



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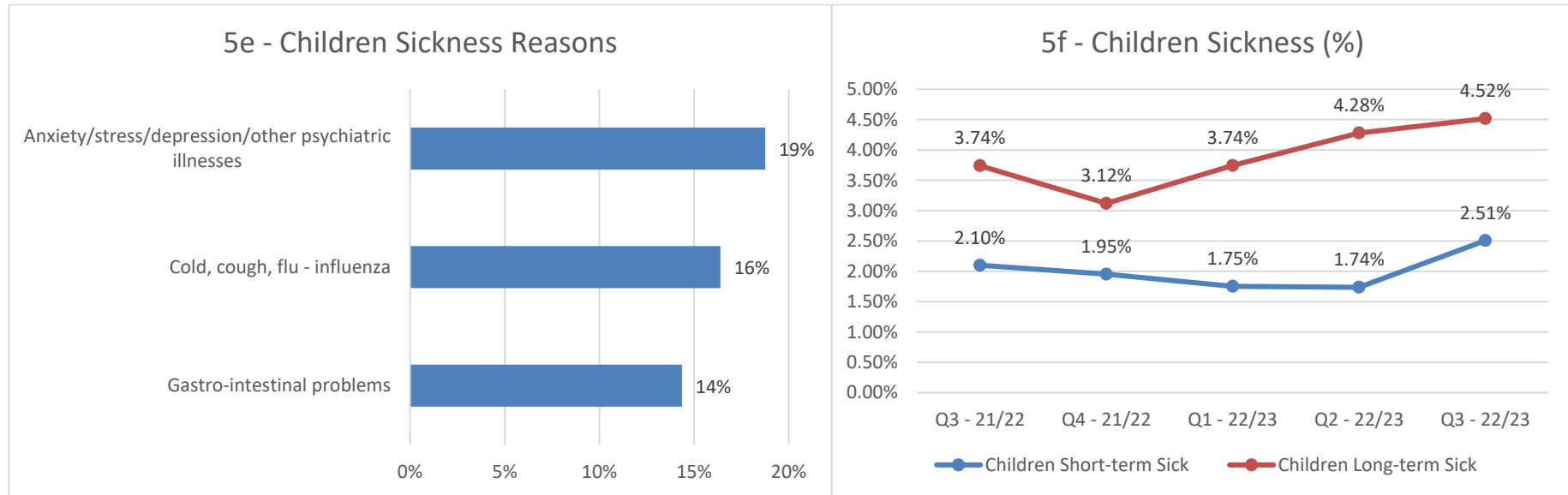
- 5.1 Tables 5a/5b highlights there is a significant increase in sickness absence due to 'Cold, cough, flu' throughout this quarter compared to Q2 which showed absence for this reason at 8%. This is a change in the established trend as 'Anxiety/ stress/ depression' had been the most common reason for absence. It is also notable that short term sickness absence has increased significantly this quarter and this is linked to absence due to 'Cold, cough, flu'.



- 5.2 Tables 5c/5d highlight the trend within Adult Services reflects the trend across the HSCP with a significant increase in short term absence and the increase in 'Cold, cough, flu' being recorded as the most common reason for absence. There is a high level of use of the 'Unknown causes' code which should be addressed.

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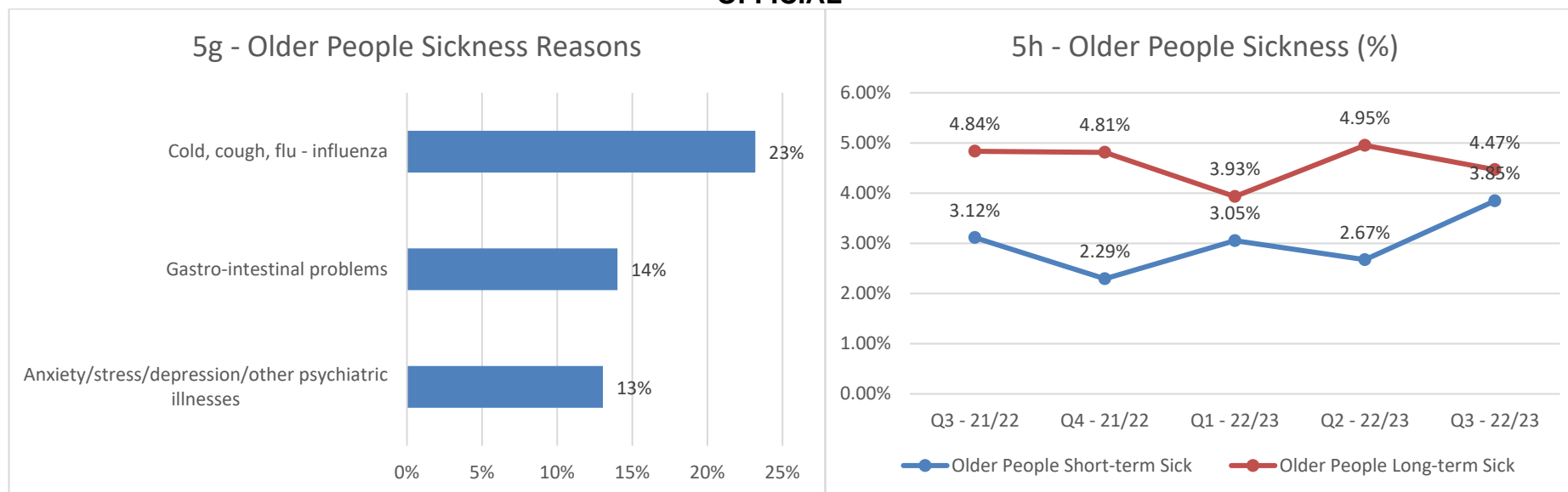


5.3 Tables 5e/5f

Within Children's Services, the level of absence increased from 6.01% in Q2 to 7.02% in Q3. There is a significant increase in short term absence as well as long term absence. The most common reason for absence remains 'Anxiety/ stress/ depression' though 'Cold, cough, flu' are also high. It is noted that there is 6% use of the 'Unknown Cause' code.

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5.4 Tables 5g/5h

Within Older People's Services, there has been an increase in sickness absence from 7.6% in Q2 to 8.87% in Q3. Although there is a decrease in long term sickness, there is a significant increase in short term absence. The rest across the HSP is reflected in Older People's Services with an increase in short term absence and 'Cold, cough, flu' becoming the most common cause of absence. It is noted that the use of 'Unknown Cause' code is 6%.

6. Overview – Social Work

6.1 The following priorities within the HR Wellbeing & Attendance Action Plan will continue to be implemented across the Partnership.

- Training for Managers Programme - newly developed 90 minutes training sessions being rollout out city wide, starting with Managers within Home Care week commencing 23rd January 2023.
- HR Communications – detailed plan for 2023 is currently being developed with regular HR Communication going out, some relevant to all staff and other comms 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)

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- 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.

7. Overview – Health

- 7.1 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.
- 7.2 Attendance Management briefing sessions for GCHSCP managers were delivered during October 22 and were fully booked with positive feedback received. Further sessions to be delivered in coming months.
- 7.3 HR Managers continue to support service areas highlighting trends and providing advice based on the NHS Scotland Workforce Policy – Attendance Management.

8. Recommendations

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