Item No. **10**

Meeting Date: **Wednesday 13ᵗʰ December 2023**

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**

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Attendance Management	

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in Quarter 2, (July to September 2023) as well as performance, notable key issues and the implications for Glasgow City HSCP.

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).

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 ☐ Not Applicable ☒

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to:

	a) Note the findings made within this report and the data attached; and b) Note the actions to improve the current position.

Relevance to Integration Joint Board Strategic 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. The IJB is further committed to its strategic priority for a health, valued and supported workforce.

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.   Purpose of Report

1.1.   To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in Quarter 2, (July to September 2023) as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).
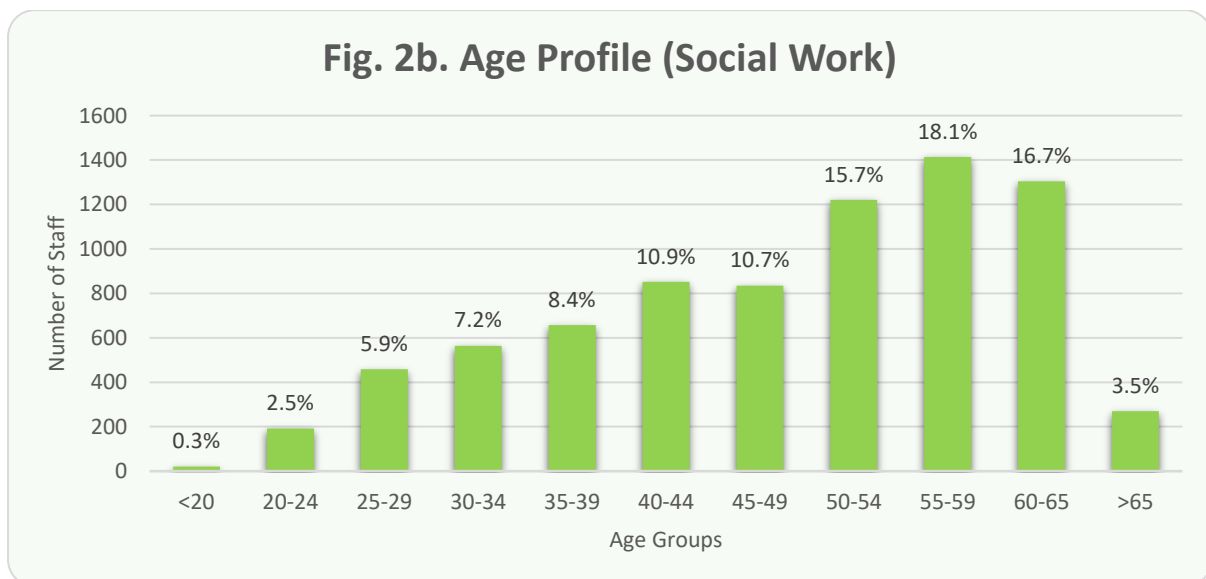
2.   Staff Profile Summary – Q2

2.1   Staff Profile Summary – Whole Time Equivalent **(WTE)**

Fig. 2a. WTE of Social Work and Health
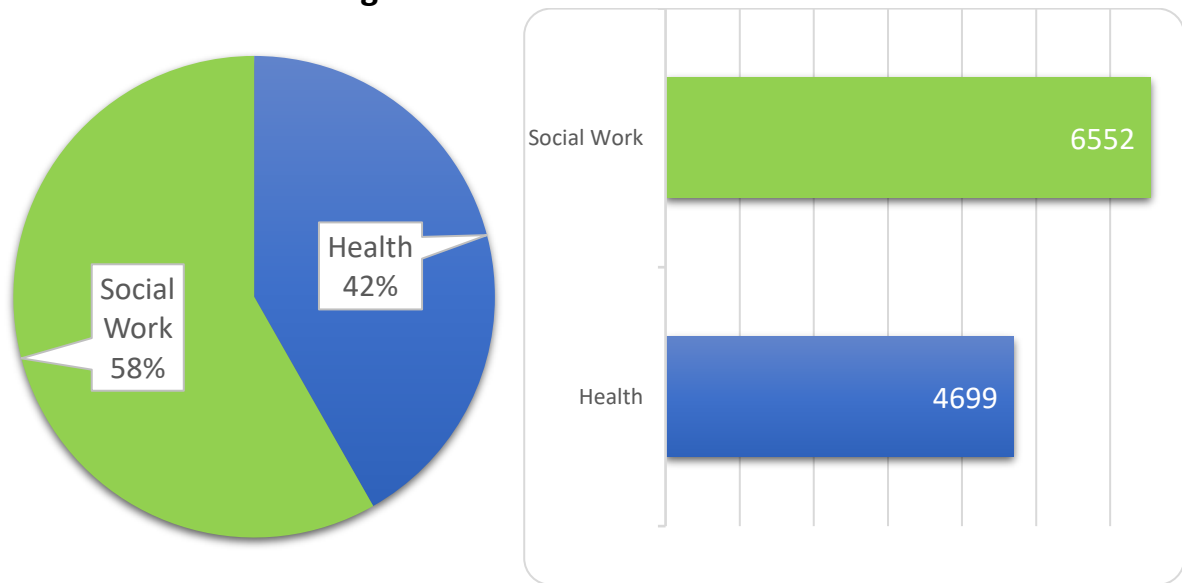
2.2   Staff Profile Summary – **Age Profile**

Fig. 2b. Age Profile (Social Work)
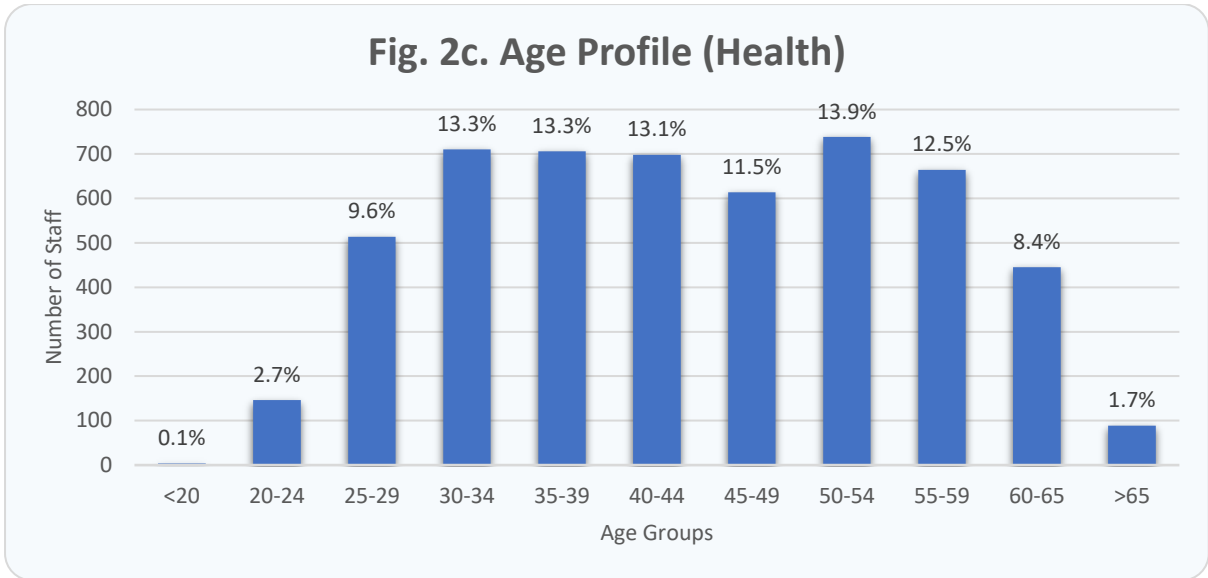
Fig. 2c. Age Profile (Health)

Fig. 2a shows the breakdown of whole-time equivalent staffing levels across GCHSCP with GCC (Glasgow City Council) accounting for 58% of whole-time equivalent staff compared to 42% whole time equivalent staff in Health.

Fig. 2b demonstrates that the workforce within Social Work is predominately between 50-65 years, highlighting the number of potential retirees. The age profile of the workforce highlights a risk to GCHSCP in terms of future staffing and significantly impacts the frequency and duration of absence.

Fig. 2c shows the most common age bracket for NHS staff is 50-54, closely followed by 30-39 years. Staff over the age of 55 (22.6%) can be considered as potential retirees in coming years.

2.3   Staff Profile Summary **– Grade Breakdown Q2**

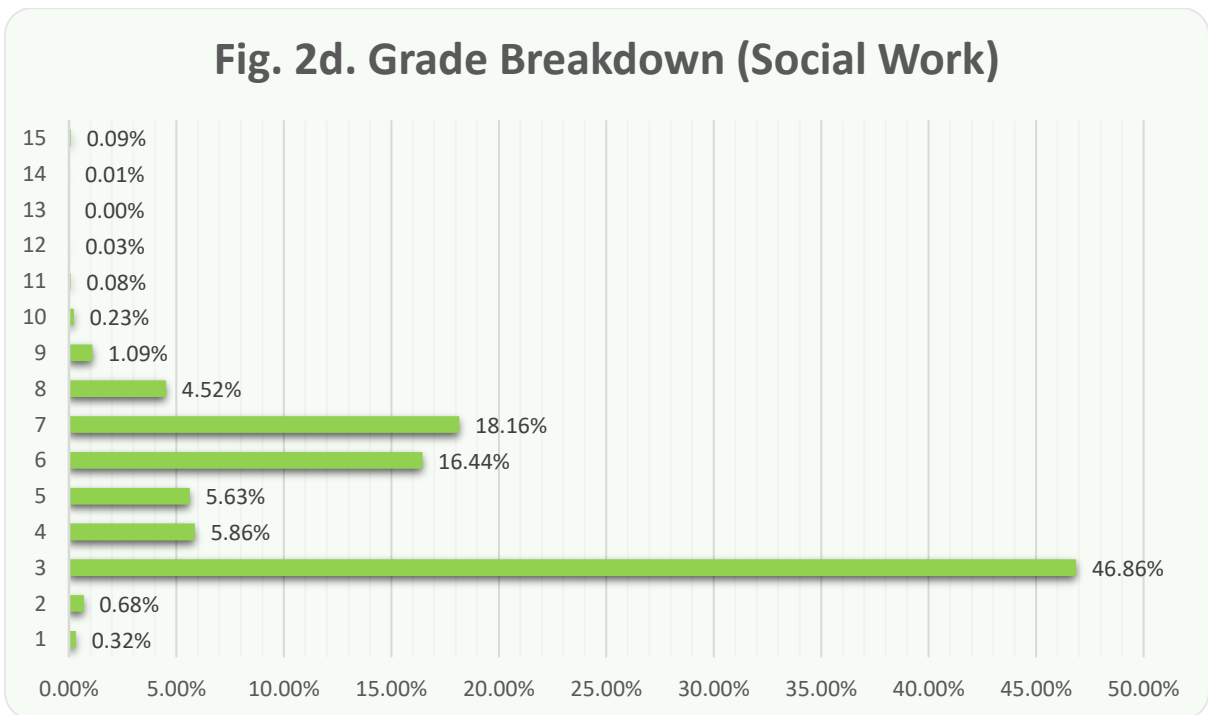**Fig. 2d. Grade Breakdown (Social Work)**

Fig. 2d shows the % SW Staff within each grade across the HSCP and highlights front-line workers such as Home Carers, Social Care Assistants, Support Workers, Responders and Clerical Workers represent the highest percentage of the workforce at Grade 3 level.
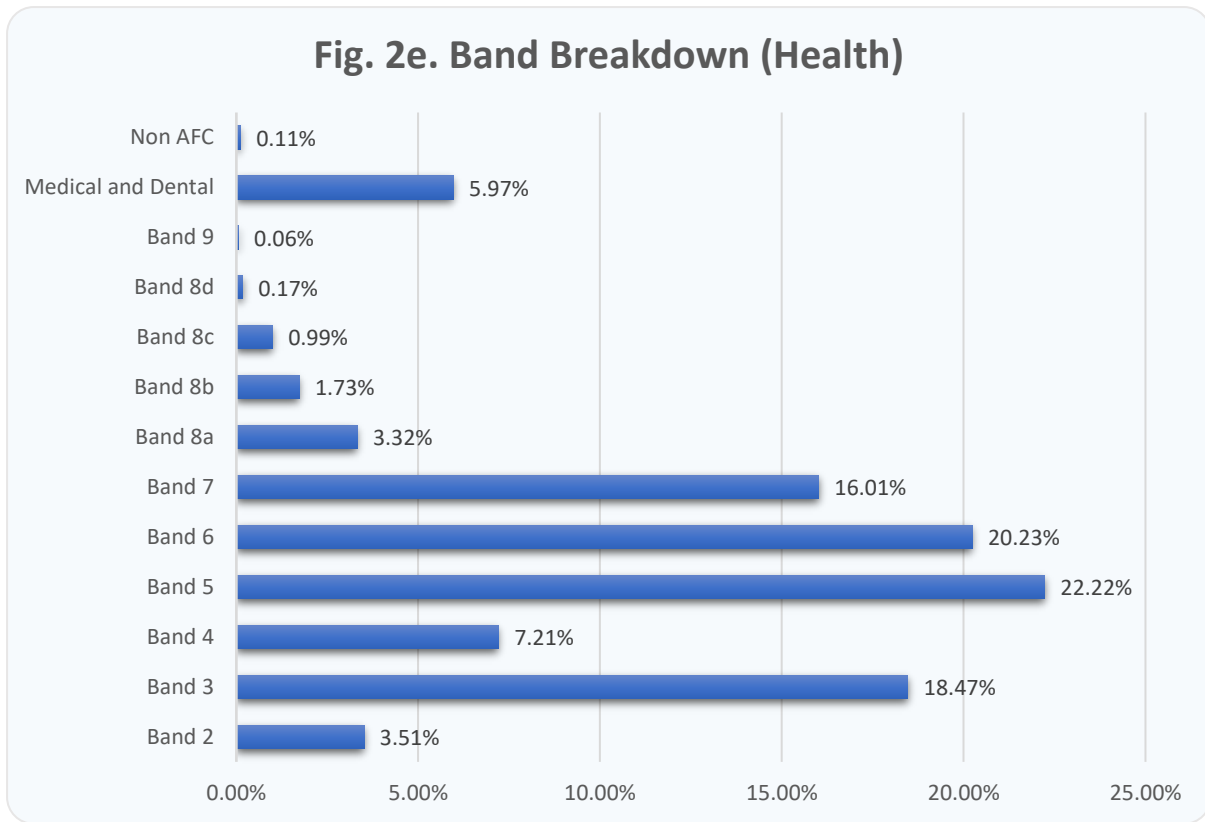
Fig. 2e. Band Breakdown (Health)

Band	%
Non AFC	0.11%
Medical and Dental	5.97%
Band 9	0.06%
Band 8d	0.17%
Band 8c	0.99%
Band 8b	1.73%
Band 8a	3.32%
Band 7	16.01%
Band 6	20.23%
Band 5	22.22%
Band 4	7.21%
Band 3	18.47%
Band 2	3.51%

Fig. 2e shows the % of Health staff within each pay band across the GCHSCP. The bulk of staff are at Band 3, Band 5, and Band 6. Band 5 and 6 represents the cohorts of qualified nursing and AHP staff. Most Band 3 staff are Health Care Support Workers.

2.4   Staff Profile Summary – **Grade / Band Breakdown Combined Analysis**

Fig. 2d & Fig. 2e shows the grade / band breakdown across GCHSCP with the largest group of staff within Social Work and 3rd largest group in Health at Grade 3 and Band 3, representing support staff. Supervisors at Grade 6, Qualified Social Workers, Senior Officers at Grade 7 and Band 5 and 6 Health staff account for the next largest grouping of staff.

Increased Sickness Absence levels within these bandings have a significant impact on the overall levels of absence across the HSCP due to the high numbers of staff in these categories. Some of the roles of these staff are frontline and therefore often require to be backfilled when staff are absent, impacting on availability of staff elsewhere or leading to additional staffing costs.

3. **Quarterly Absence – Q2**

3.1 Quarterly Absence - **Social Work (% Sickness Absence)**

Fig. 3a. Absence - % of available working days (Social Work)

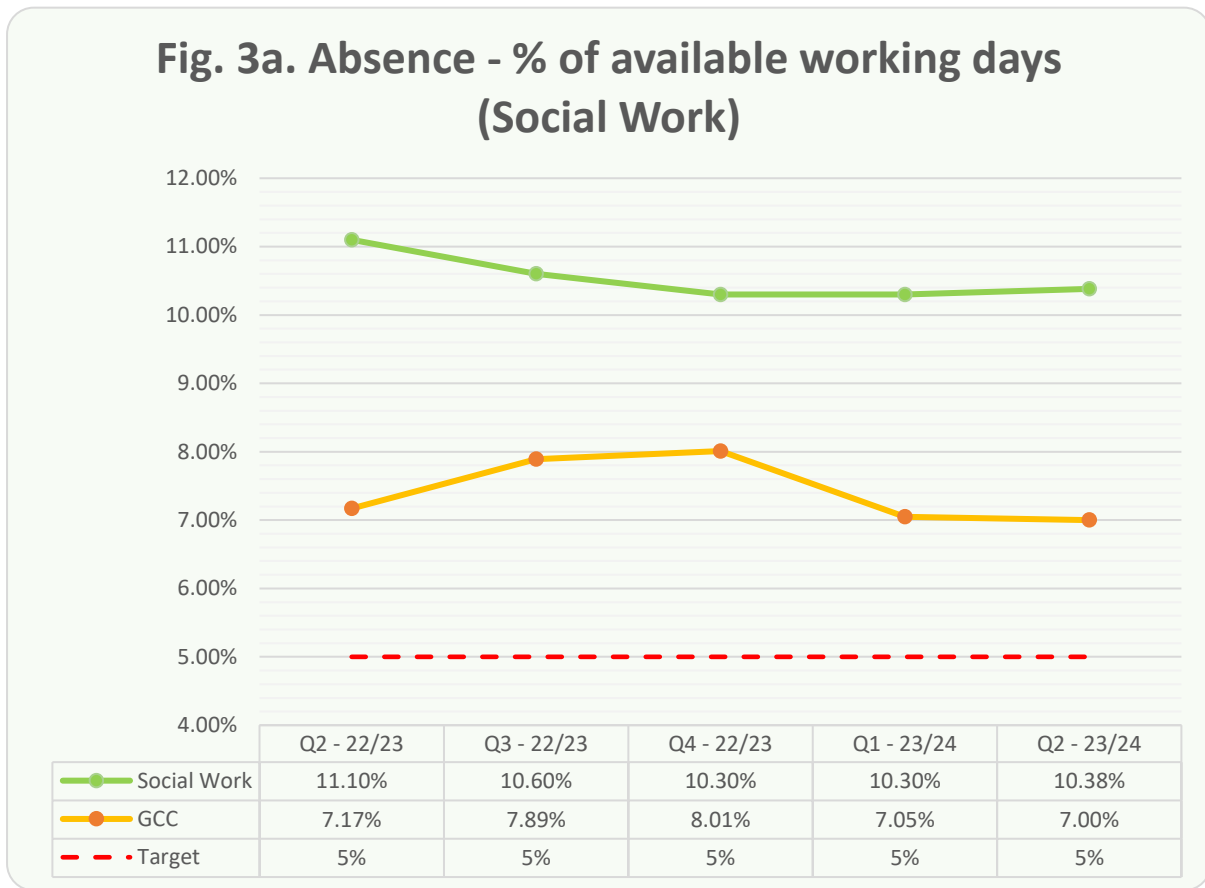|	Q2 - 22/23	Q3 - 22/23	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24
Social Work	11.10%	10.60%	10.30%	10.30%	10.38%
GCC	7.17%	7.89%	8.01%	7.05%	7.00%
Target	5%	5%	5%	5%	5%

Fig. 3a highlights a slight increase of 0.08% between Q1 and Q2 for this year 23/24, however, comparing Q2 to the same quarter last year, there has been a 0.72% decrease.

The chart also shows comparative absence data for Glasgow City Council as a whole and highlights that SW's quarterly absence stays consistently above GCC in all quarters and above the quarterly absence target of 5%. Q2 23/24 trend shows a similar position.

3.2   Quarterly Absences – **Health (% Absence)**

Fig. 3c. Absence - % of available working days (Health)

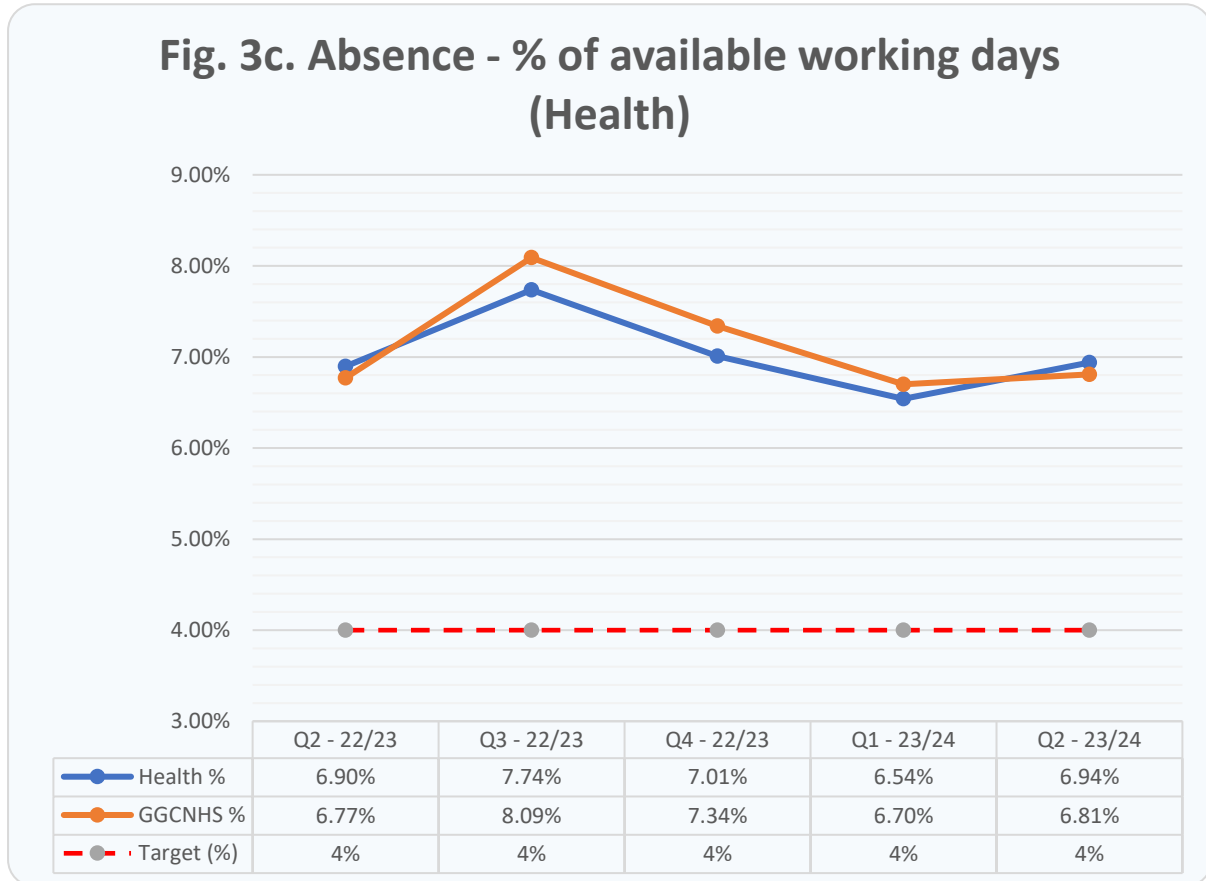|	Q2 - 22/23	Q3 - 22/23	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24
Health %	6.90%	7.74%	7.01%	6.54%	6.94%
GGCNHS %	6.77%	8.09%	7.34%	6.70%	6.81%
Target (%)	4%	4%	4%	4%	4%

Fig. 3c shows the quarterly absence trend. Quarter 2 23/24 reports at 6.94%, which is a slight increase compared to the same quarter last year (6.90%). Although there has been an increase, this has not reached the levels of quarter 3 and 4 of last year. However, this is a risk with the winter months approaching and sickness absence levels may increase.

The chart also shows the comparative absence performance for NHS Greater Glasgow & Clyde Health Board as a whole. We can see that over the last 12 months GCHSCP Health has consistently stayed just below NHSGGC except for Q2 – 23/24 where it was 0.13% higher. Finally, we can see GCHSCP Health absence performance against the NHS Scotland target of 4%. Over the last 12 months absence has fluctuated from ranging between +2.54% (Q1 23/24) over target to +3.74% over target (Q3 22/23).

3.3   Absences – **Combined Analysis**

Fig 3a, b, c shows a high level of sickness absence across GCHSCP, which is above the target levels and has been a recurring pattern for several years. The level of sickness absence has remained high since Covid 19. Social Work sickness absence levels have been slightly higher than GCC levels, whilst GCHSCP Health levels have fluctuated though predominately remain below NHSGCC levels.

4. **Covid absence – Q2**

4.1 Covid Absences – **Social Work**
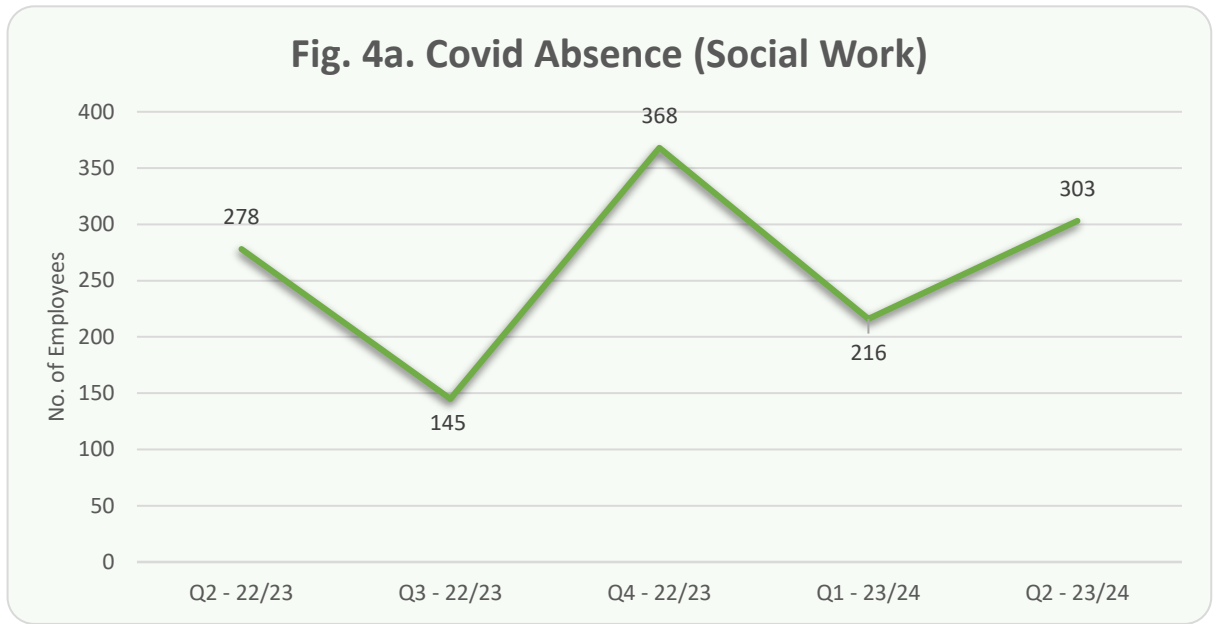

Fig. 4a. Covid Absence (Social Work)

Fig. 4a Q2 is 29% higher than the previous Q1 2023/24, with increases across most Care Groups in Q2. Unlike other respiratory illnesses which tend to be seasonal, Covid 19 transmissions have been occurring in waves throughout the year and since the beginning of the pandemic.

4.2 Covid Absences **– Health**
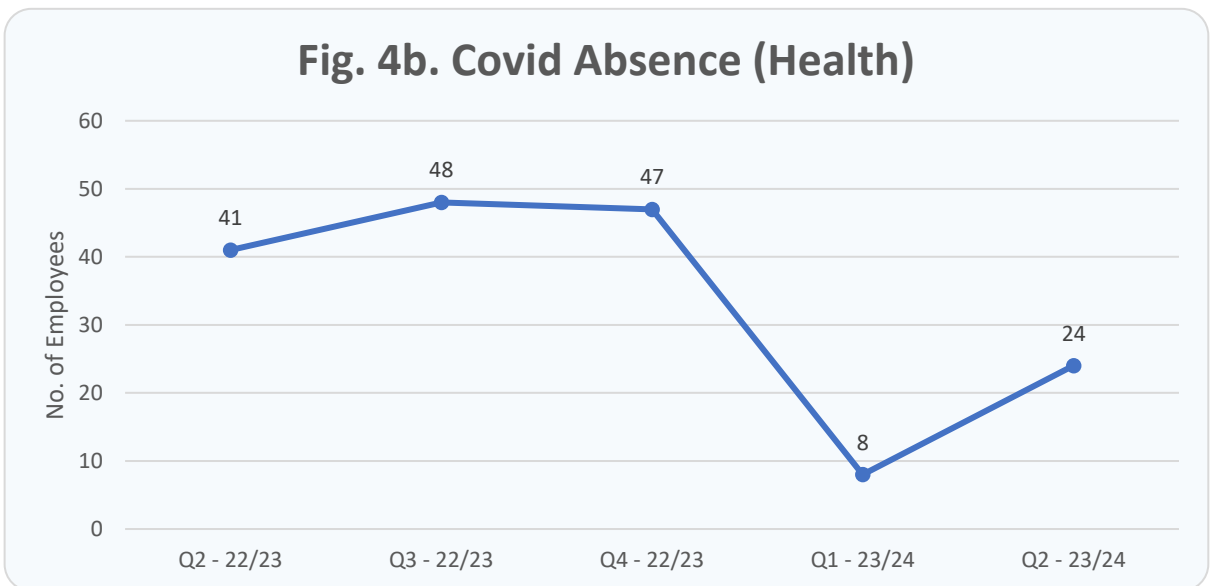

Fig. 4b. Covid Absence (Health)

Fig. 4b shows the decrease in levels of Covid related absence over the year followed by a spike in Q2 23/24, which is in keeping with the levels of sickness within the community. All Covid related absence, except for positive cases, are now aligned to the 'Viral' absence reporting category and managed under the Attendance Management Policy.

4.3   Covid Absences – **Combined Analysis**

Across GCHSCP Covid related absence is managed under the relevant Attendance Management policy and procedure. Although Long Covid cases are not a significant cause of absence across the HSCP, managers are supported by HR through the process and ensure that staff are provided with advice and support from Occupational Health.

5.   Sickness Absences % Departmental Breakdown – Q2

5.1   Sickness Absences – **Social Work**

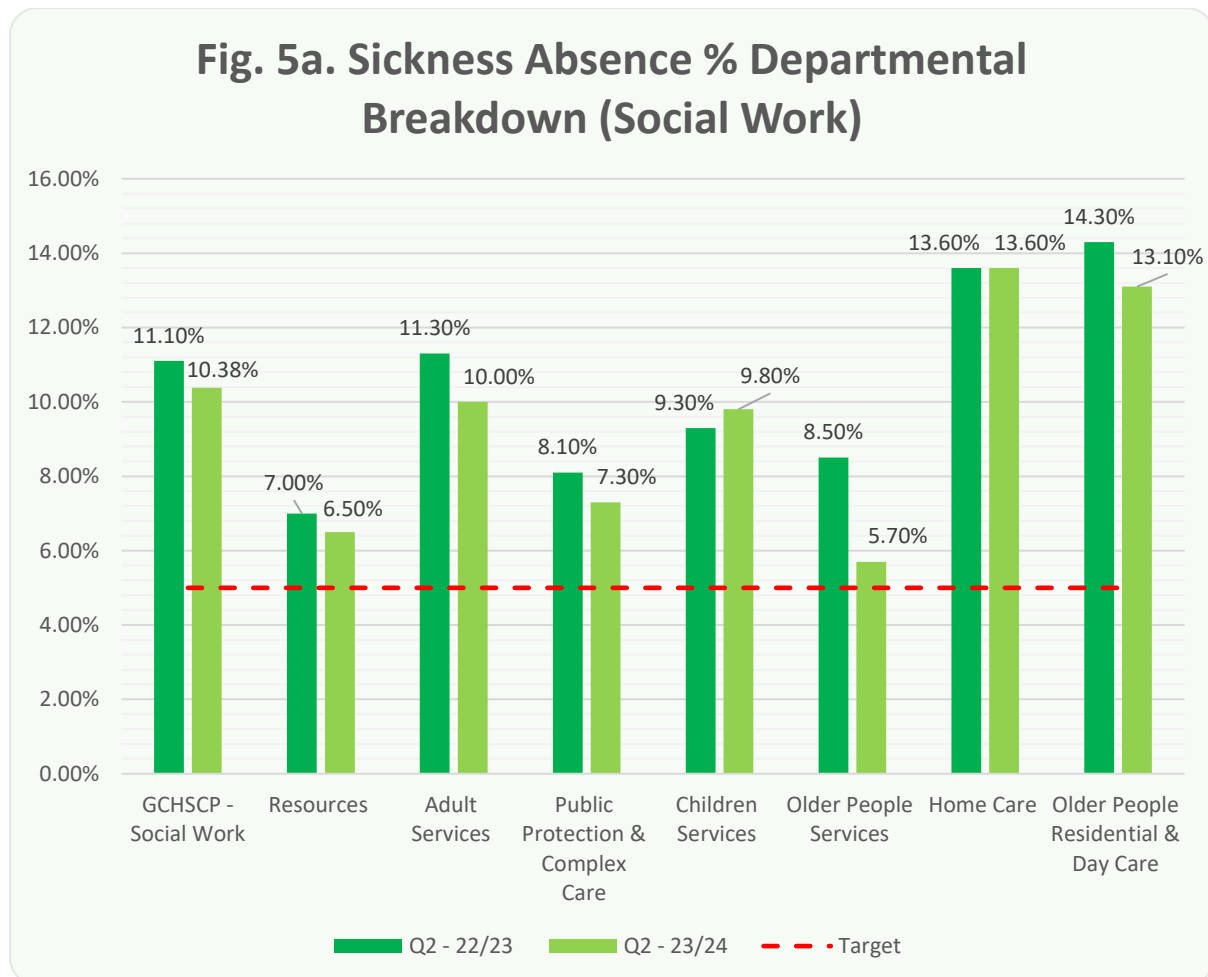Fig. 5a. Sickness Absence % Departmental Breakdown (Social Work)

Fig. 5a shows the percentage absence breakdown by Care Group for Social Work. Consistently high levels reported for Home Care and Older People Residential and Day Care. Absence percentage remains above the quarterly target for all areas.

All Care Groups have either decreased or remained the same in Q2 in comparison to the same quarter last year, except for Children's Services, which is showing a slight increase.

In terms of previous Q1 2023/24 most areas have minimal changes, however, Older People Residential and Day Care has increased significantly by 2.4% this quarter.

5.2   Sickness Absences – **Health**

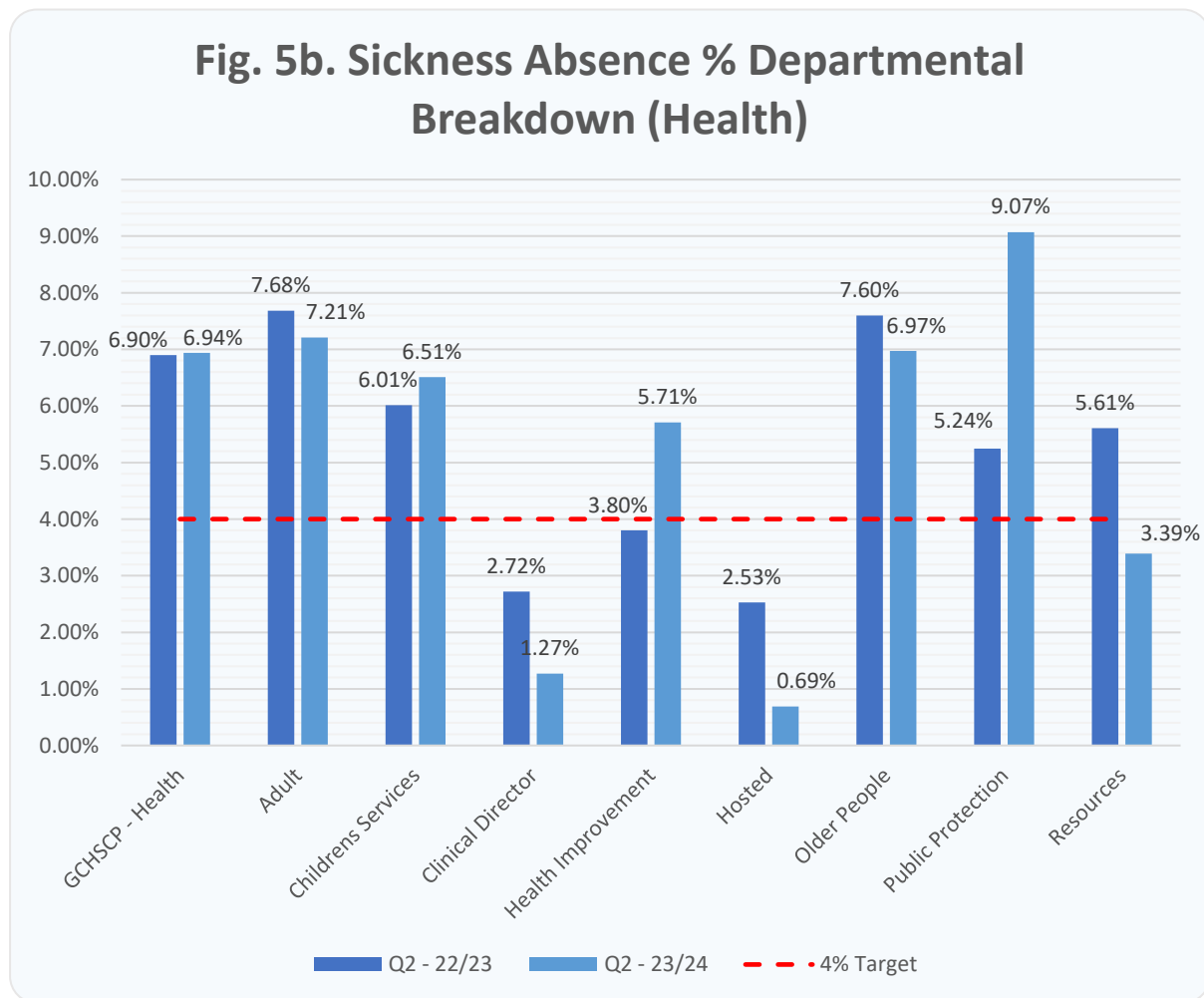Fig. 5b. Sickness Absence % Departmental Breakdown (Health)

Fig. 5b shows the breakdown of sickness absence across the service areas of GCHSCP. Public Protection shows the highest level of absence at 9.07% which is consistent with the last quarter however this is one of the smaller services in staffing numbers.

The 3 service areas with the highest absence are Public Protection, Adults and Older People. Both Adult Services and Older People's Services have Inpatient Mental Health Units which have historically had a significantly higher level of sickness absence than other areas across GCHSCP.

Public Protection absence has significantly increased in Q2 23/24 by 3.83%   Health Improvement is the second area to show the largest increase in absence levels by 1.91%. These are both smaller services and have traditionally had lower levels of absence.

## 6.	Reasons for absence – Q2

6.1	Reasons for absence – **Social Work**

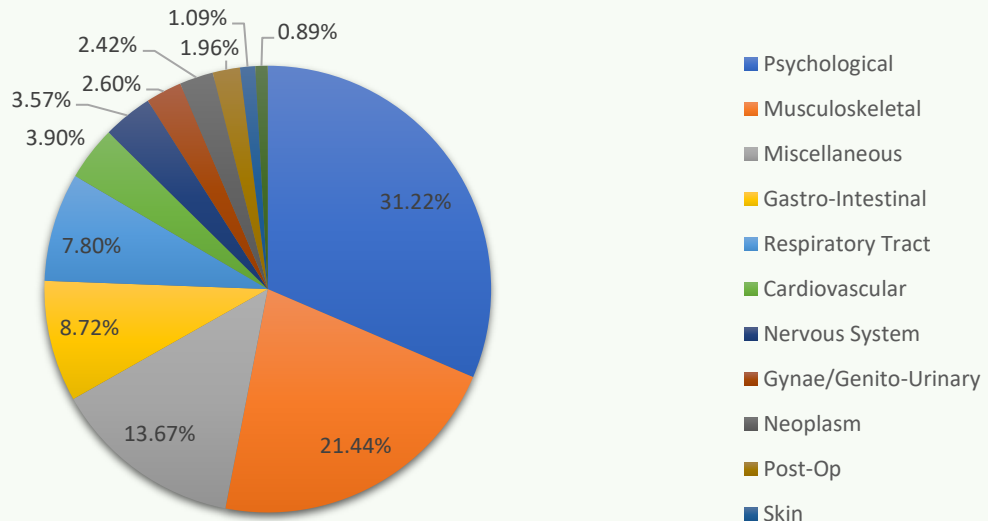Fig. 6a. Reasons for Absence (Social Work)

Fig. 6a. Above shows that the top 4 reasons for absence in HSCP Council Services are:

1.	Psychological (31.22%)
2.	Musculoskeletal (21.44%)
3.	Miscellaneous (13.67%)
4.	Gastro-Intestinal (8.72%)

The top 3 reasons for absence in Q2 remain the same as in Q1, however, the 4th reason has changed from Respiratory Tract to Gastro-Intestinal.
Psychological and Musculoskeletal are consistently the top 2 reasons for absence, which is a recurring feature across most Partnerships.

This may relate to the fact that a high percentage of the workforce is between 50-65 years, some of which are front line workers where there is a greater psychological and physical impact on their roles.

Miscellaneous absences include Covid related absences and there has been a 37% decrease in days lost compared to Q2 last year.

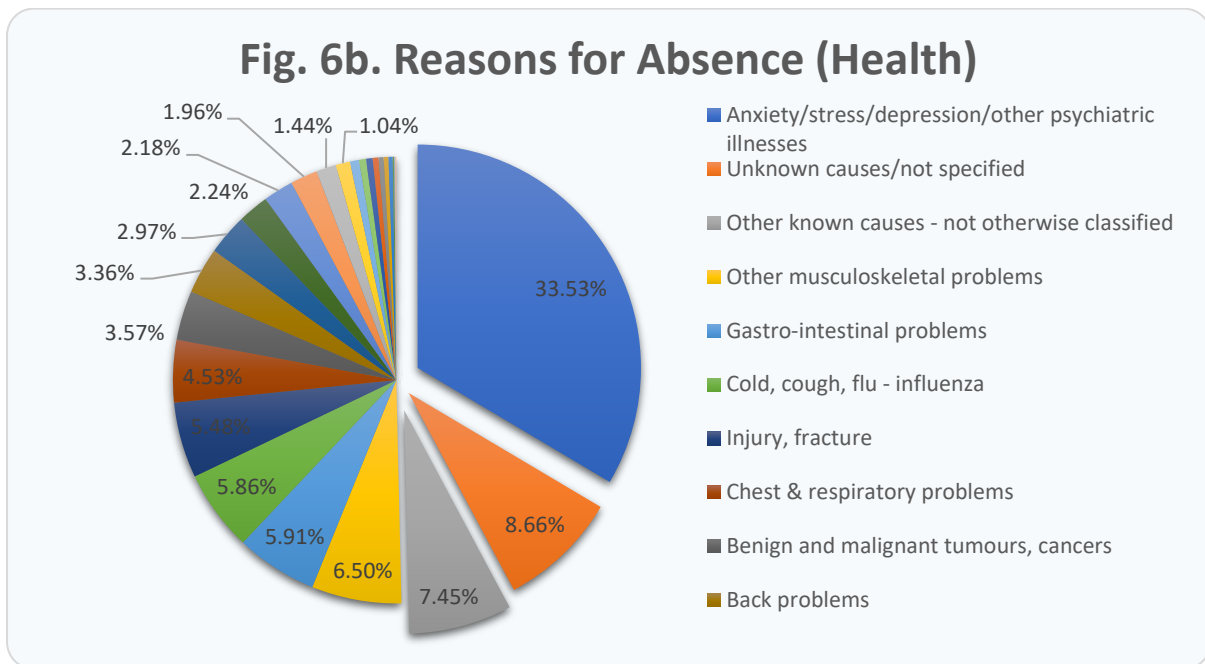## 6.2   Reasons for absence – **Health**

Fig. 6b. Above shows that the top 4 reasons for absence in GCHSCP Health Services Q2 23/24 are:

1.   Anxiety/stress/depression/other psychiatric illnesses (33.53%)
2.   Unknown causes/not specified (8.66%)
3.   Other known causes - not otherwise classified (7.45%)
4.   Other musculoskeletal problems (6.50%)

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most prevalent absence reason. In September, this accounted for 34 % of sickness absence compared to an annual average of 29%.

Other' and 'Unknown' absence both accounted for 8.66% and 7.45% of total absence respectively. The use of the 'Unknown causes' as a reason for absence on the recording system is highlighted to management teams as a reason for absence must be recorded to ensure accuracy or recording and managing attendance.

It is noted that 'Other musculoskeletal problems' has replaced 'Gastro-intestinal problems' as the next most prevalent reason for absence.

6.3   Reasons for Absence – **Combined Analysis**

Fig. 6a. 6b. Psychological absence reasons remain concerning across both organisations and the main contributor to long term absence which consistently highlights the need for change within the GCHSCP absence strategy and approach to try and positively make the desired improvements.

7. Duration of absence

7.1 Duration of Absence – **Social Work**

Fig. 7a. Absence for Q2 - 23/24 (Social Work)

Short-term Sick 22%

Long-term Sick 78%

Fig. 7b. Long-term sickness (Social Work)

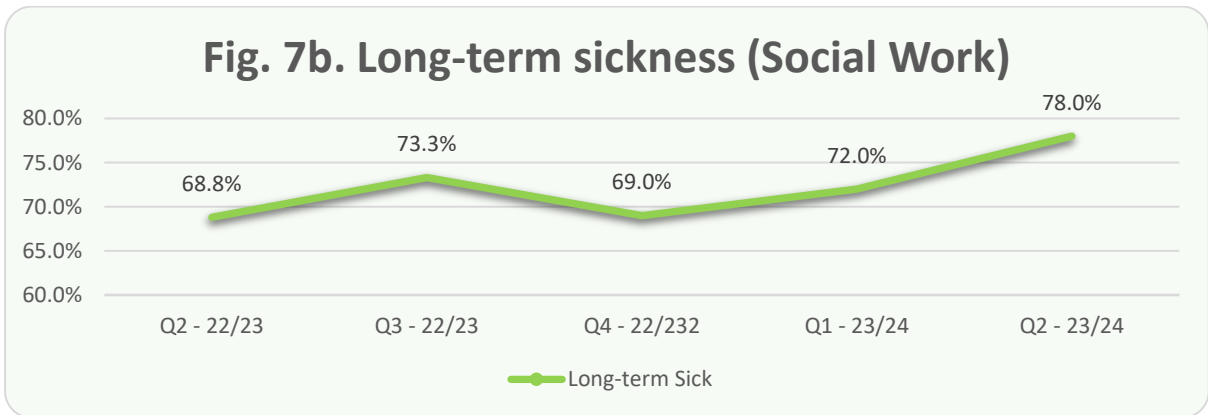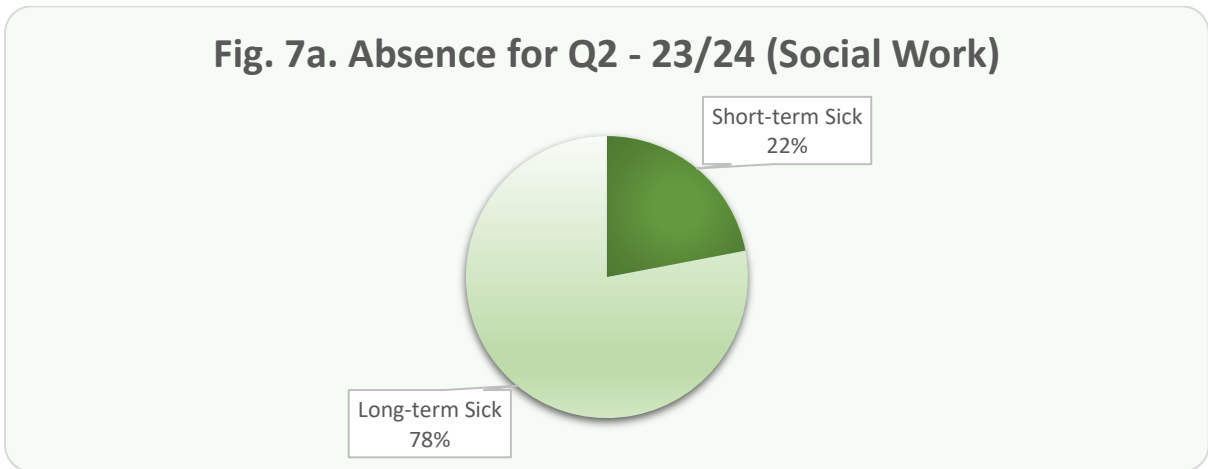|	Q2 - 22/23	Q3 - 22/23	Q4 - 22/232	Q1 - 23/24	Q2 - 23/24
Long-term Sick	68.8%	73.3%	69.0%	72.0%	78.0%

Fig. 7a. continues to highlight that long term absence is the largest contributor to SW's overall absence levels.
Fig. 7b. Quarter 2 reports at 78% which has increased slightly from the previous quarter. It also highlights a 9.2% increase in comparison to Q2 last year.

7.2   Duration of Absence – **Health**
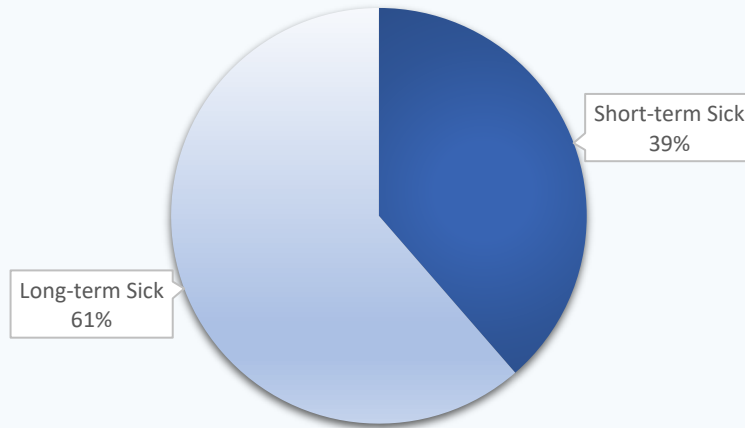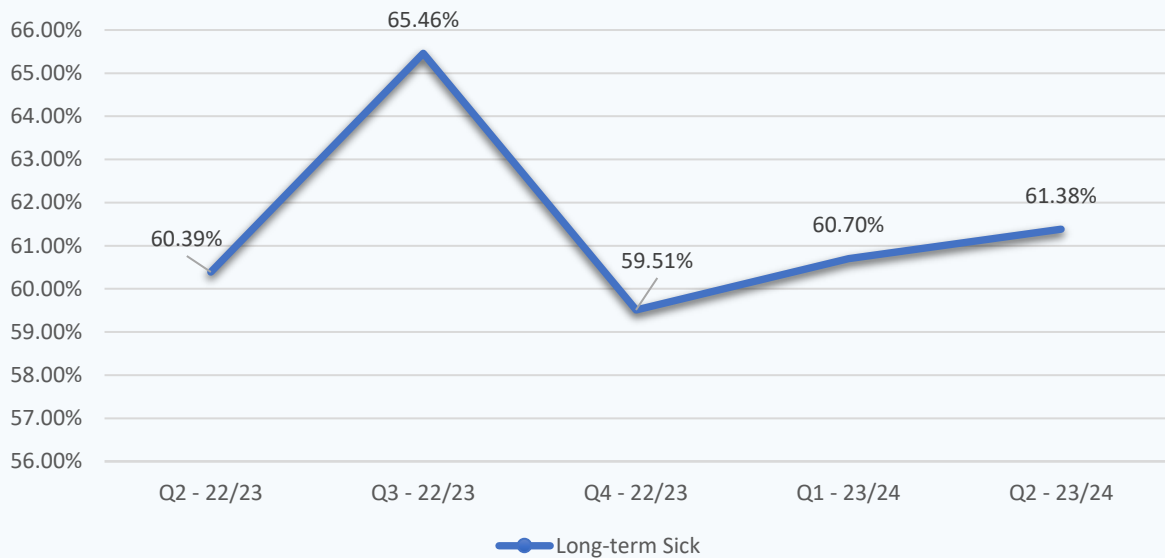
Fig. 7c. Absence for Q2 - 23/24 (Health)

Short-term Sick
39%

Long-term Sick
61%

Fig. 7d. Long-term sickness (Health)

65.46%

60.39%

59.51%

60.70%

61.38%

Q2 - 22/23   Q3 - 22/23   Q4 - 22/23   Q1 - 23/24   Q2 - 23/24

Long-term Sick

We can see from the **Fig. 7c. and 7d**. above that GCHSCP Health Services, Long term absence remains at a higher level than short term absence, however this is still in keeping with the established trend.   Long Term absence accounted for 61% and short-term absence was 39%.

Except for Resources and Public Protection, all areas had a higher rate of short-term absence in September 2023 in comparison to the previous month.

Except for Public Protection, all areas had a lower rate of long-term absence when the September results were compared against the area's average for the previous month and quarter.

7.3   Absences – Combined Analysis

Fig. 7a, 7b, 7c, 7d The graphs reflect a high level of long-term sickness absence across both organisations and increased levels of absence in both Health and Social Work. The level of long-term absence is concerning and can be linked to the main reason for absence in both areas 'Psychological' which would tend to lead to long term absence.

8.   Quarterly Spotlight Area

8.1   Quarterly Spotlight Area - **Social Work – Children's Residential**

FIG. 8.1A WTE OF CHILDRENS RESIDENTIAL

Social Work (HSCP) 94%

Childrens Residential 6%

■ Childrens Residential ■ Social Work (HSCP)

Fig. 8.1b Age Profile of Childrens Residential

0.00% (<20), 0.69% (20-24), 4.12% (25-29), 8.01% (30-34), 11.21% (35-39), 16.48% (40-44), 14.87% (45-49), 17.16% (50-54), 14.65% (55-59), 11.21% (60-65), 1.60% (>65)
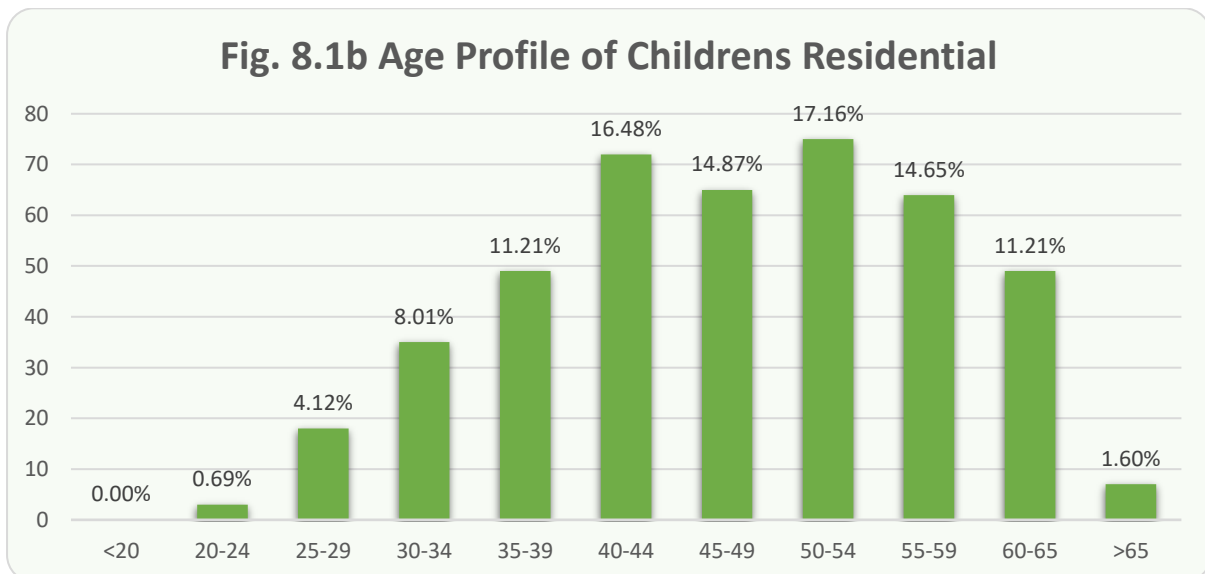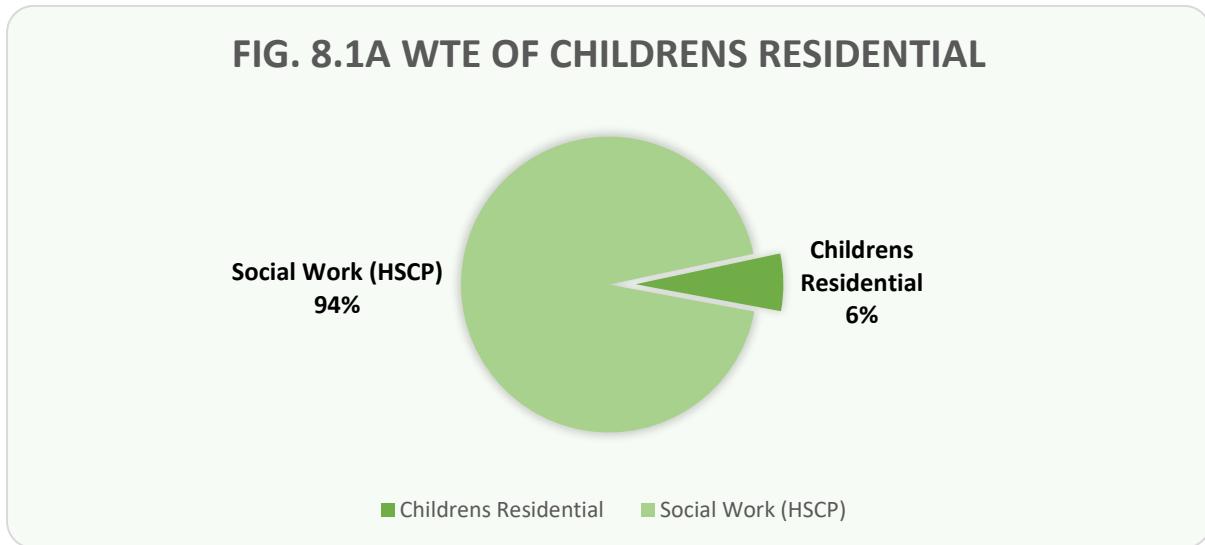
Fig. 8.1c Grade Breakdown of Childrens Residential

MA

Grade	Value
9	0.69%
8	5.49%
6	80.55%
1	0.23%

Axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00%, 60.00%, 70.00%, 80.00%, 90.00%
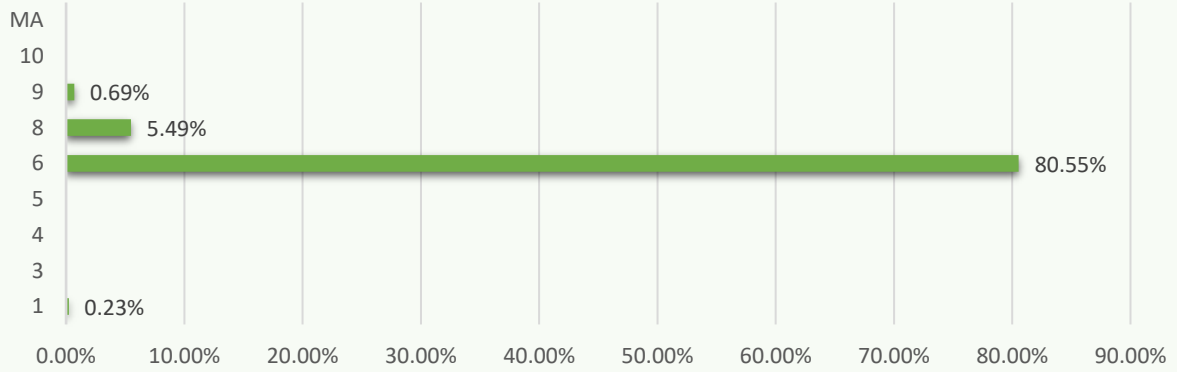
Fig. 8.1d Childrens Residential - % Absence

Childrens Residential: Q2 - 22/23: 13.30%, Q3 - 22/23: 11.10%, Q4 - 22/23: 11.90%, Q1 - 23/24: 13.50%, Q2 - 23/24: 16.70%

Social Work: 11.10%, 10.60%, 10.30%, 10.30%, 10.38%

Legend: Childrens Residential — Social Work — Target
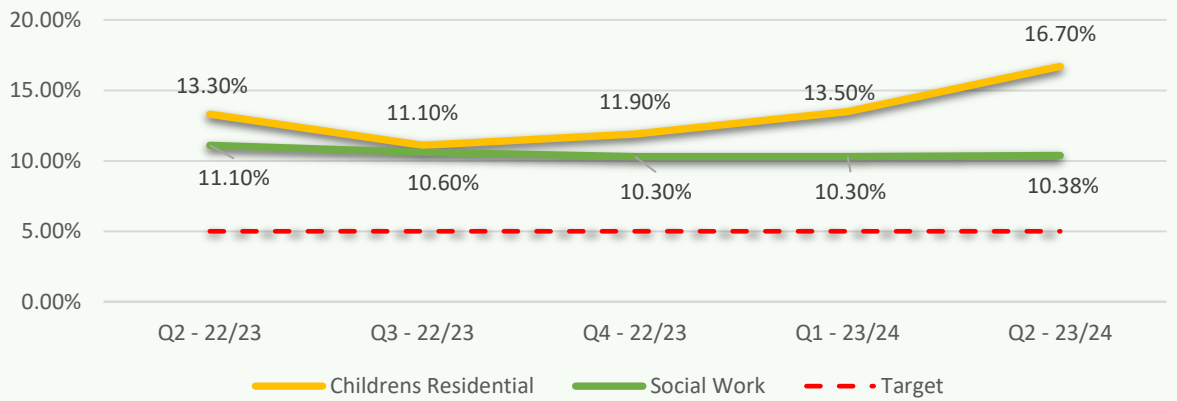
Fig. 8.1e Reasons for Absence Childrens Residential

44%, 2%, 2%, 2%, 3%, 4%, 10%, 13%, 17%

Legend:
- Not assigned
- Skin
- Gynae/Genito-Urinary
- Post-Op
- Cardiovascular
- Neoplasm
- Nervous System
- Endocrine
- Respiratory Tract
- Gastro-Intestinal
- Miscellaneous
- Musculoskeletal
- Psychological
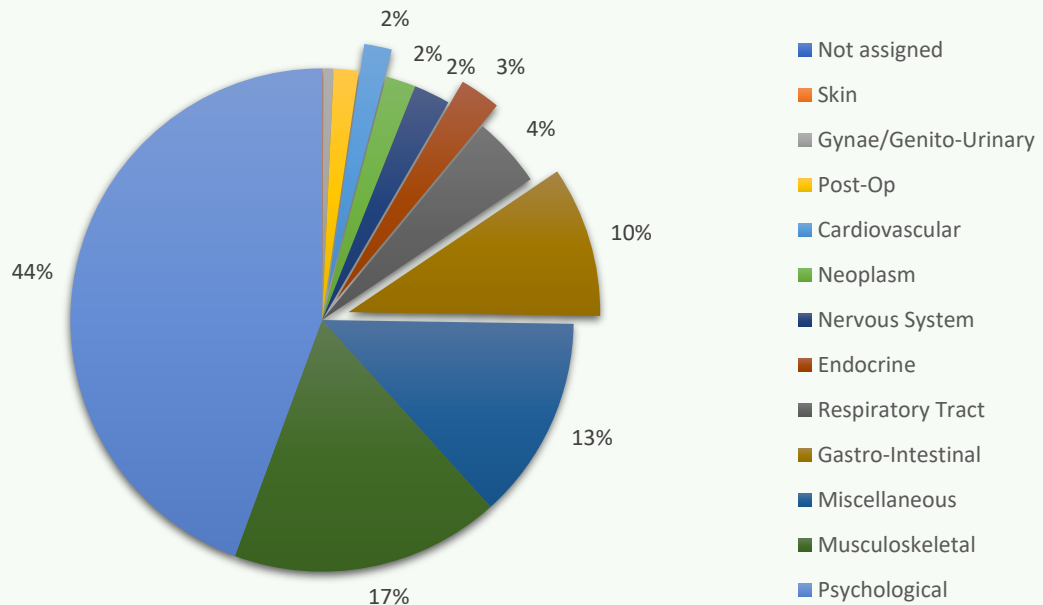
Fig. 8.1f Absence for Q2 - 23/24 Childrens Residential

Short-term Sick
29%
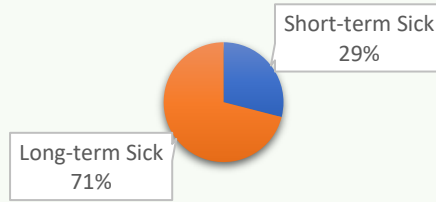
Long-term Sick
71%

Fig. 8.1g Long Term Sickness Childrens Residential

73.30%
69.00%
72.00%
78.00%
66.00%
64.00%
71.00%
71.00%

Q3 - 22/23   Q4 - 22/232   Q1 - 23/24   Q2 - 23/24

— Childrens Residential   — Social Work

Fig. 8.1h Top Q2 23/24 Absence History (Days Lost)

1092
502
567
737
453

Number of Days Lost

Q2 - 22/23   Q3 - 22/23   Q4 - 22/23   Q1 - 23/24   Q2 - 23/24

— Psychological
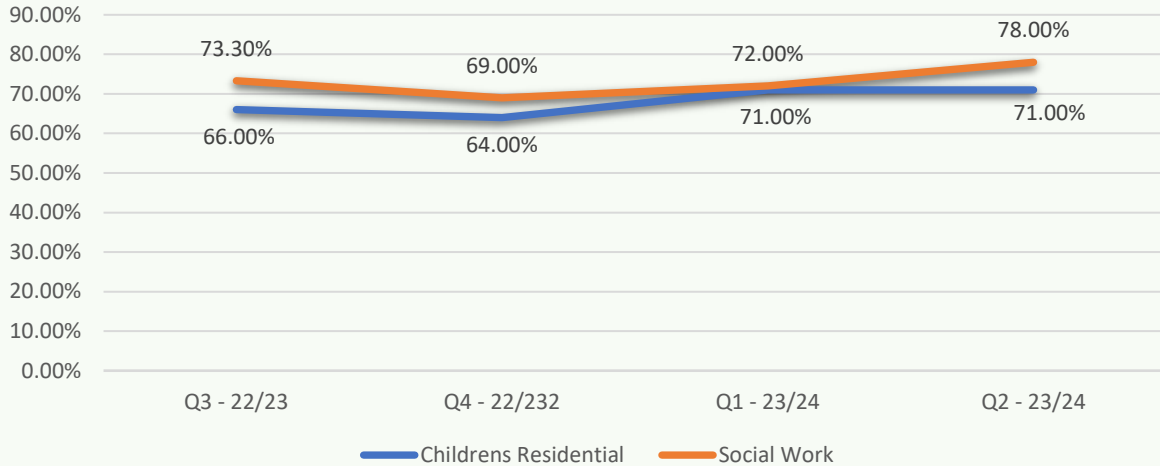
Children's Residential staff are predominately Grade 6 and over 44% of these staff are over the age of 50.

Staff absence continues to significantly impact on the Service. Additional overtime and agency staff costs, to try and achieve the statutory minimum staffing requirements, is the greatest challenge, during an already financially challenged climate for the Partnership.

There is a recruitment campaign currently underway to attract Residential Workers to the Service with the goal to address some of these challenges.

The overall absence performance trend has steadily increased since quarter 3 22/23 and is 3.4% higher than Q2 the previous year. Q2 reports at 16.7% which is significantly higher than the overall SW total of 10.38%

Psychological absences are the largest contributor to overall absences with stress being the main absence reason within this Occupational Health Category. Q2 reports that stress absences have significantly increased by over 50% in comparison to the same quarter last year.

Musculoskeletal illness is the second largest contributor to absence in Q2 23/24.

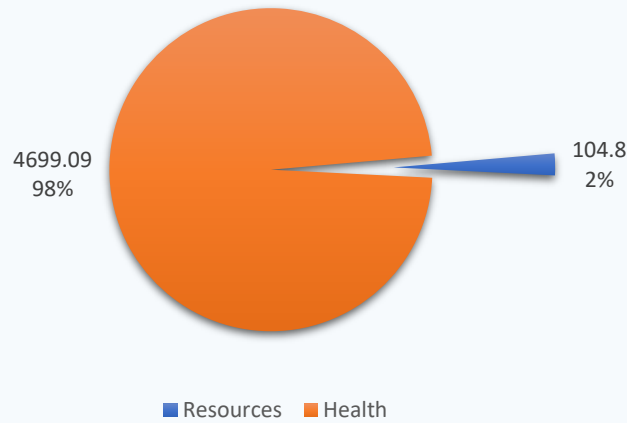8.2   Quarterly Spotlight Area - **Health – Resources**

Fig. 8.2a WTE of Resources
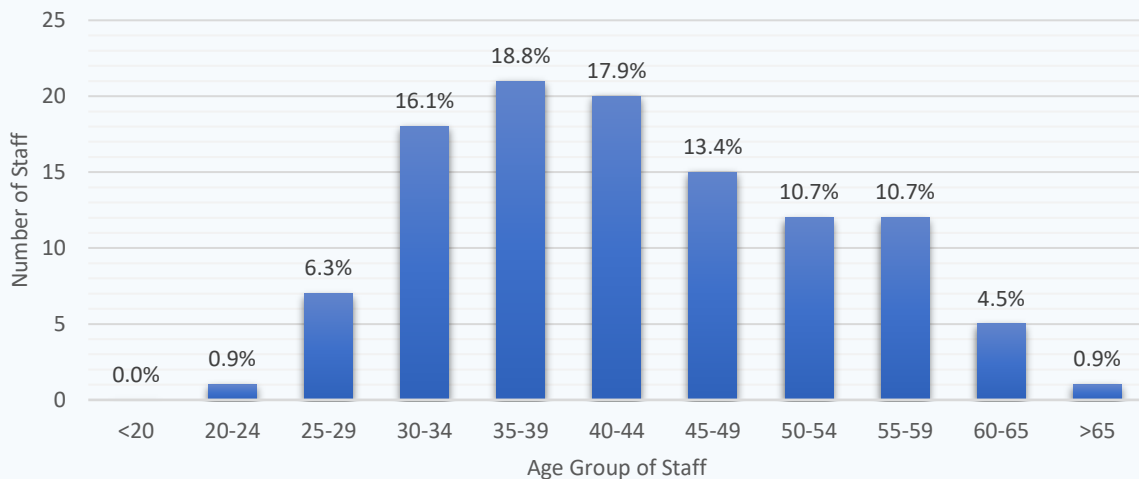

Fig. 8.2b Age Profile of Resources
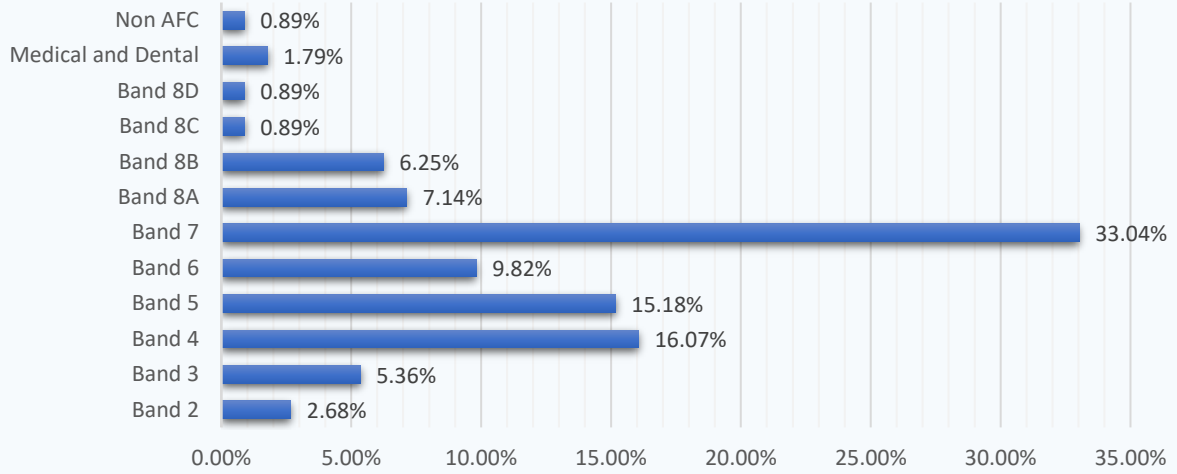
Fig. 8.2c Band Breakdown of Resources

Band	Percentage
Non AFC	0.89%
Medical and Dental	1.79%
Band 8D	0.89%
Band 8C	0.89%
Band 8B	6.25%
Band 8A	7.14%
Band 7	33.04%
Band 6	9.82%
Band 5	15.18%
Band 4	16.07%
Band 3	5.36%
Band 2	2.68%

Fig. 8.2d Resources Absence - % of available working days

	Q2 - 22/23	Q3 - 22/23	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24
Resources	6.83%	3.69%	2.87%	3.39%	3.36%
Health	6.90%	7.74%	7.01%	6.54%	6.94%

Legend: Resources, Health, Target

Fig. 8.2e Reasons for Abesence (Resources)
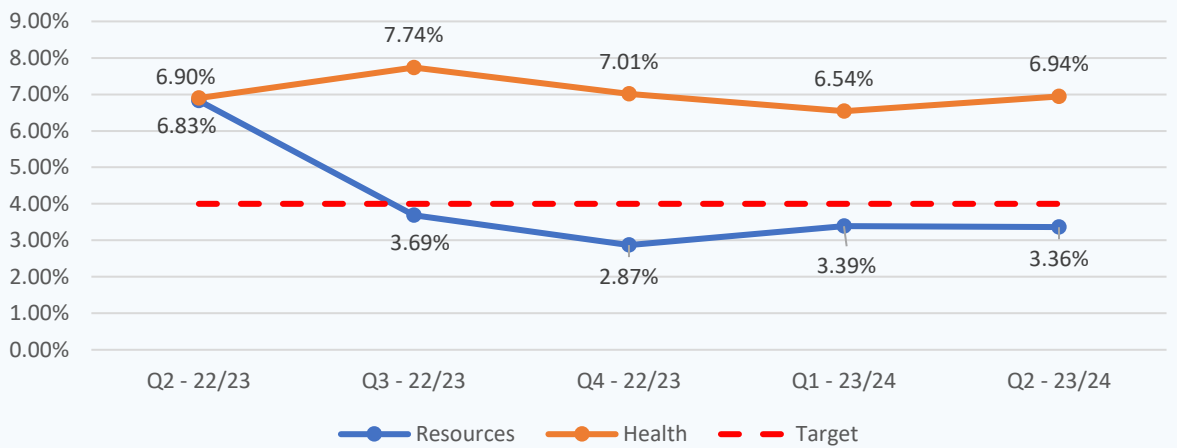
- 53.82% Anxiety/stress/depression/other psychiatric illnesses
- 29.49% Other known causes - not otherwise classified
- 8.19% Cold, cough, flu - influenza
- 4.21% Covid-related illness
- 3.51% Gastro-intestinal problems
- 0.78% Pregnancy related disorders
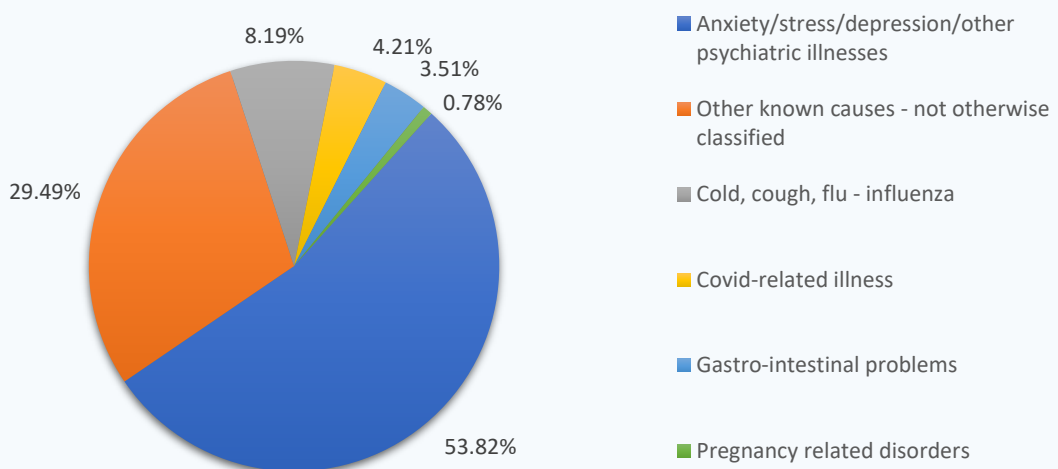
Fig. 8.2f Absence for Q2 - 23/24 (Resources)

Long-term Sick
29%

Short-term Sick
71%
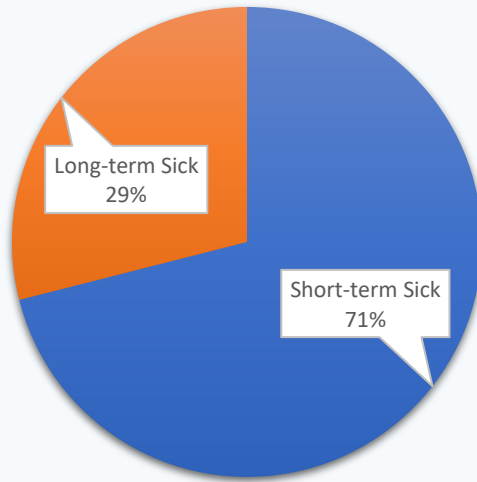
Fig. 8.2g Long Term Sickness (Resources)

64.84%

55.88%

43.79%

28.94%

28.94%

Q2 - 22/23   Q3 - 22/23   Q4 - 22/23   Q1 - 23/24   Q2 - 23/24

— Resources Long-Term

Fig. 8.2h Top Q2 23/24 Absence History (Days Lost)

636

388

102.5

38

99

Number of Days Lost

Q2 - 22/23   Q3 - 22/23   Q4 - 22/23   Q1 - 23/24   Q2 - 23/24

— Anxiety/stress/depression/other psychiatric illnesses
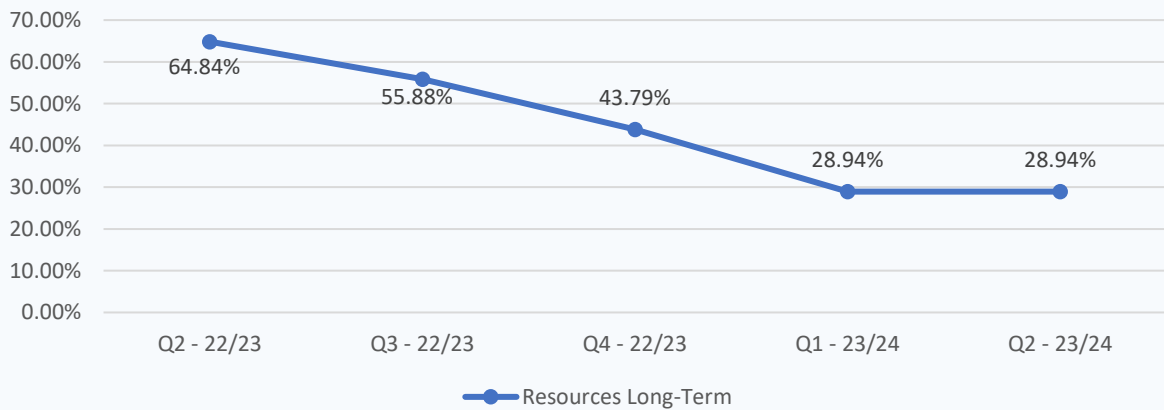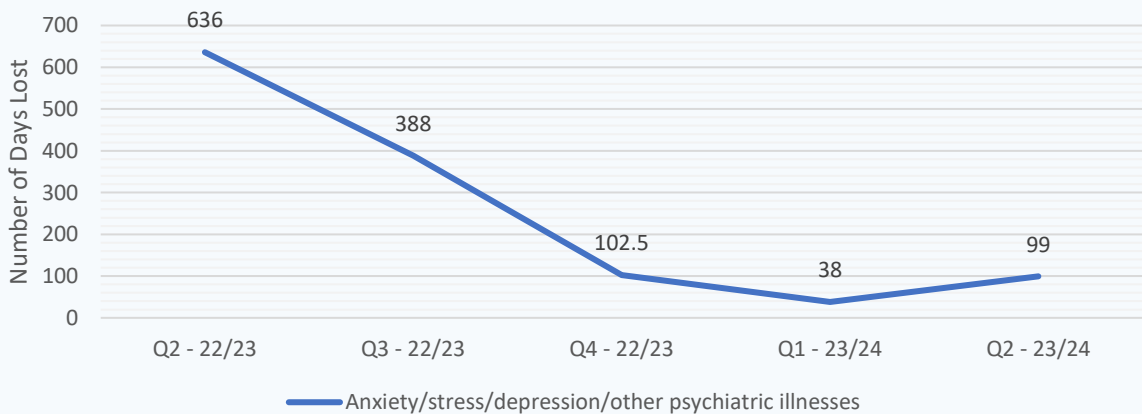
The graphs above relate to the Resources function with GCHSCP which incorporates Glasgow City health Business Administration staff. This staff group will predominately be office based with many staff utilising hybrid working arrangements.

The age profile of the staff group shows an even spread with most staff being within 30-50 years age bracket, with band 7 representing half of this staff group and band range evenly distributed out with the band 7. Staff within their services may be aligned to clinical service areas such as Older People, Adults and Children's Services and therefore are not all represented within the Resources function.

The reasons for absence are consistent with GCHSCP with Anxiety/Stress/Depression being the predominant reason for absence. However, it is noted that short term absence is significantly higher than long term absence in this staff group accounting for 71% of absence.

Fig 8.2h shows the number of days lost attributed to Psychological/Stress related absence. There has been a sharp decline in the number of days lost due to Psychological/Stress which correlates to the reduction in staffing numbers within the Service. In Q2, 22/23 the headcount in Resources was 322, this declined to 300 in January 2023 and in February 2023 reduced significantly to a headcount of 92 which now currently sits at 99.

9.   Action Planning

9.1   The following table highlights those priority actions identified in the **short term** to address sickness absence.

No.	Action	Purpose	Target Date	Responsible Officer
1	Short Term Absence Strategy	Targeting supports in areas with consistently high absence levels to try and improve the GCHSCP's overall sickness absence levels by the end of 2023/24	Mar-24	Short Term Absence Strategy
2	Report to SMT, Core Leadership Groups, TU Liaison and SPF on absence data	Support management teams to access and analyse available attendance data and identify trends and areas of concern	Ongoing	MK/DN KB/GC/ SM/JM
3	Provide Attendance Management Training and Awareness Sessions	To equip managers with the knowledge and tools to address Attendance Management within their teams.	Aug-23	KB/GC
4	Update GCHSCP Wellbeing and Attendance Action plan	To co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.	Sep-23	KB/SM
5	Development of quick reference guide to Attendance Management for joint managers	To ensure managers with a joint role managing staff from both parent organisations are equipped to access and apply policies from both organisations.	Sep-23	JM/KB

No.	Action	Purpose	Target Date	Responsible Officer
6	Deliver the Absence Workstream identified in the Maximising Our Resources Strategy	To maintain a focus on reducing the cost of absence in GCHSCP	Dec-23	TK
7	Focus on 6 priority areas across GC HSCP to target HR resources and support	To ensure managers in these areas are fully equipped and supported in addressing Attendance Management within their service	Mar-24	MK/KB

10. Recommendations

10.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

   a) Note the findings made within this report and the data attached; and
   b) Note the actions to improve the current position.