



Item No. 11

Meeting Date: Wednesday 7th February 2024

**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 provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in Quarter 3 (October to December 2023) as well as performance, notable key issues and the implications for Glasgow City HSCP.
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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).
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Governance Route:	<p>The matters contained within this paper have 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"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
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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.
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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:	None
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Provider Organisations:	None
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	Cost pressure arises from need to cover absence in staff groups.
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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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.
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Implications for Glasgow City Council:	As stated above
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Implications for NHS Greater Glasgow & Clyde:	As stated above
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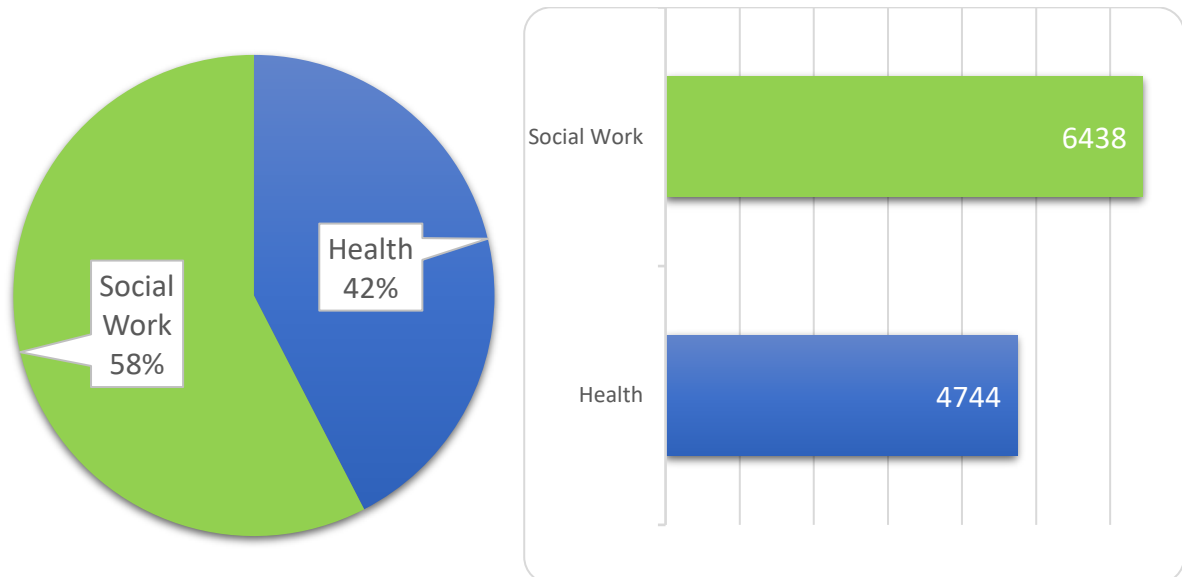
1. Purpose of Report

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 3, (October to December 2023) as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

2. Staff Profile Summary – Q3

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

Fig. 2a. WTE of Social Work and Health



2.2 Staff Profile Summary – Age Profile

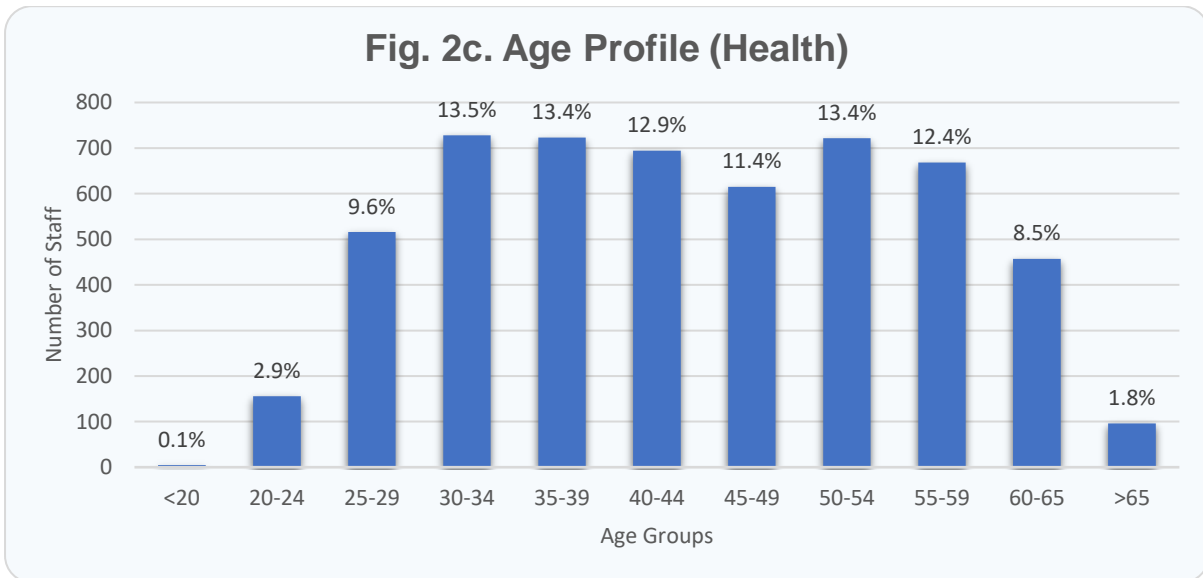
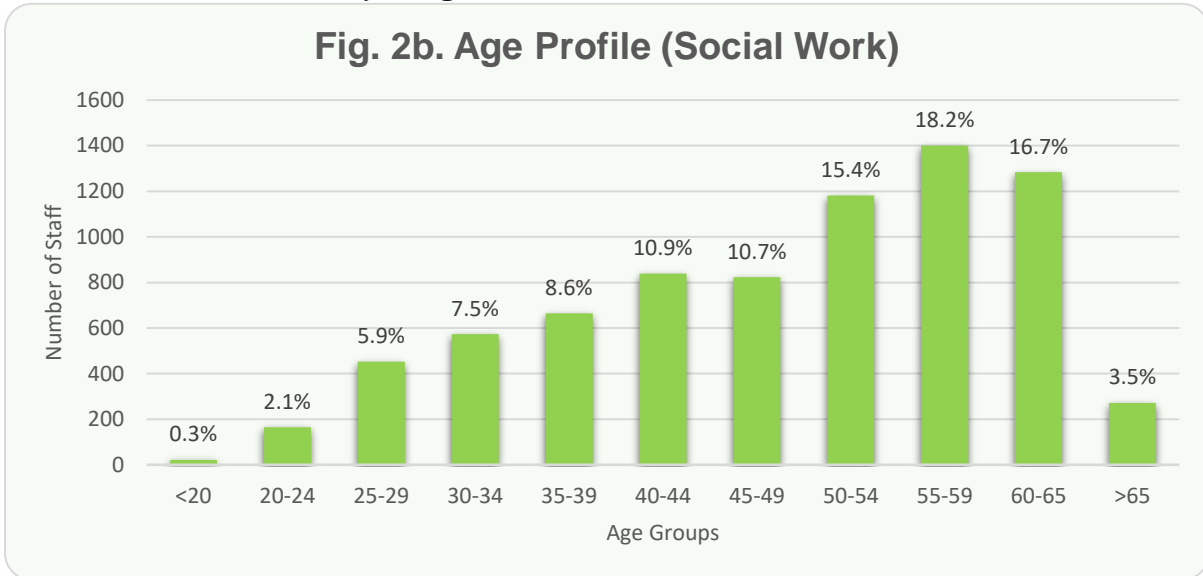


Fig. 2a shows the breakdown of whole-time equivalent staffing levels across GCHSCP with Social Work accounting for 58% of whole-time equivalent staff compared to 42% for Health.

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 Health staff is 30-34, closely followed by 30-39 and 50-54 years. Staff over the age of 55 (22.7%) can be considered as potential retirees in coming years.

2.3 Staff Profile Summary – Grade Breakdown Q3

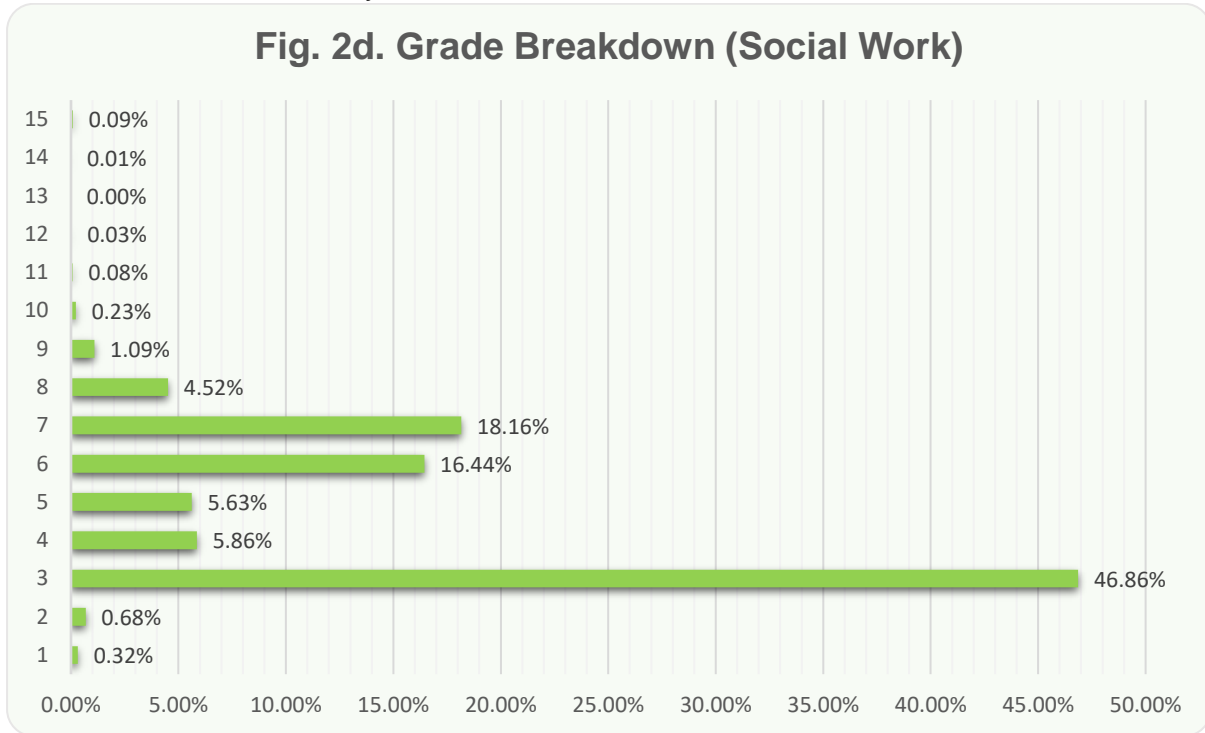


Fig. 2d highlights the highest percentage of the workforce for Social Work are in front-line worker roles at Grade 3 level, such as Home Carers, Social Care Assistants, Support Workers, Responders and Clerical Workers.

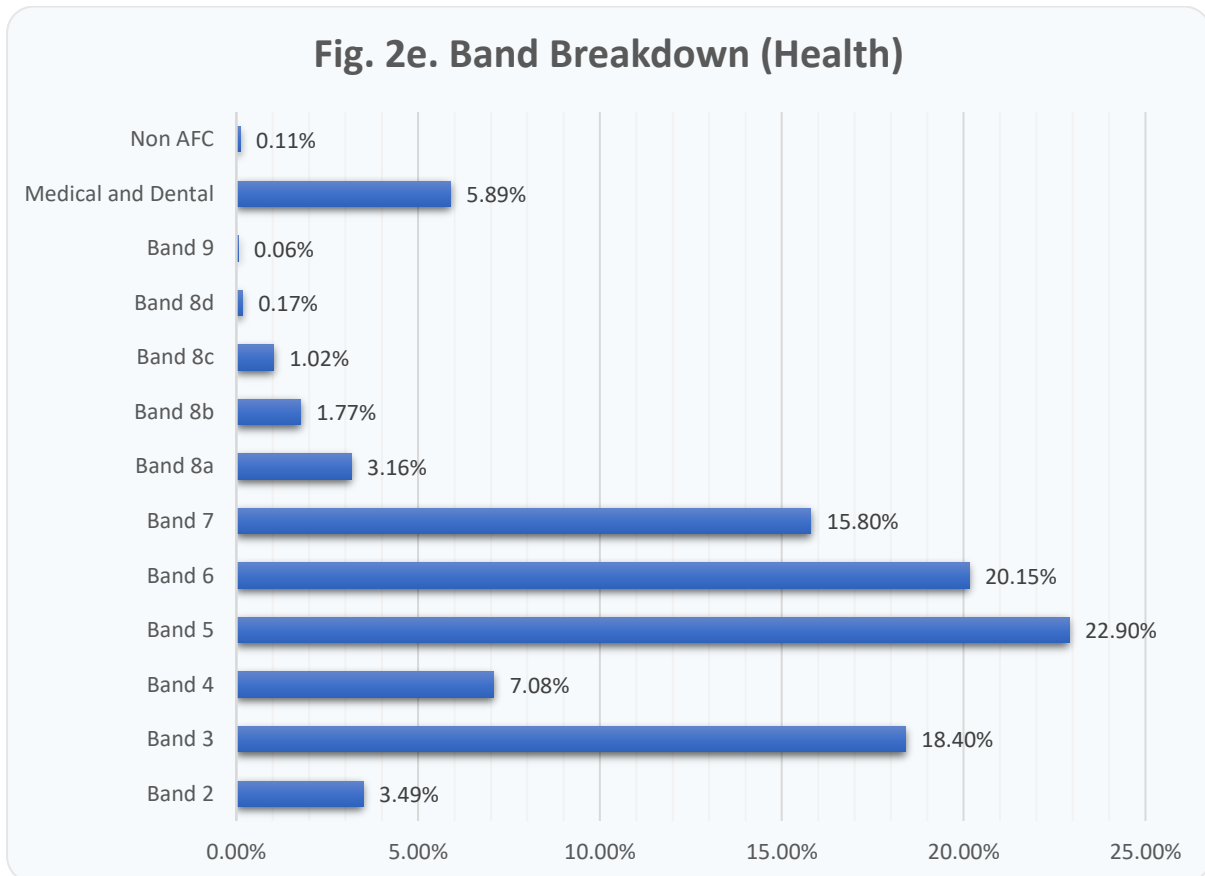


Fig. 2e shows that the majority of staff are band 5 & band 6 which represents the trained nursing and AHP staff across GCHSCP. Staff at Band 7 reflects the team leader level of management and specialist nursing and AHP staff. Band 3 reflects the large number of Health Care Support Workers and Business Administration Support staff.

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.

These staff groups are frontline workers and there is therefore a requirement to ensure ongoing recruitment and retention strategies to maintain staffing levels. This is detailed in the [GCHSCP Workforce Plan](#).

3. Quarterly Absence – Q3

3.1 Quarterly Absence - Social Work (% Sickness Absence)

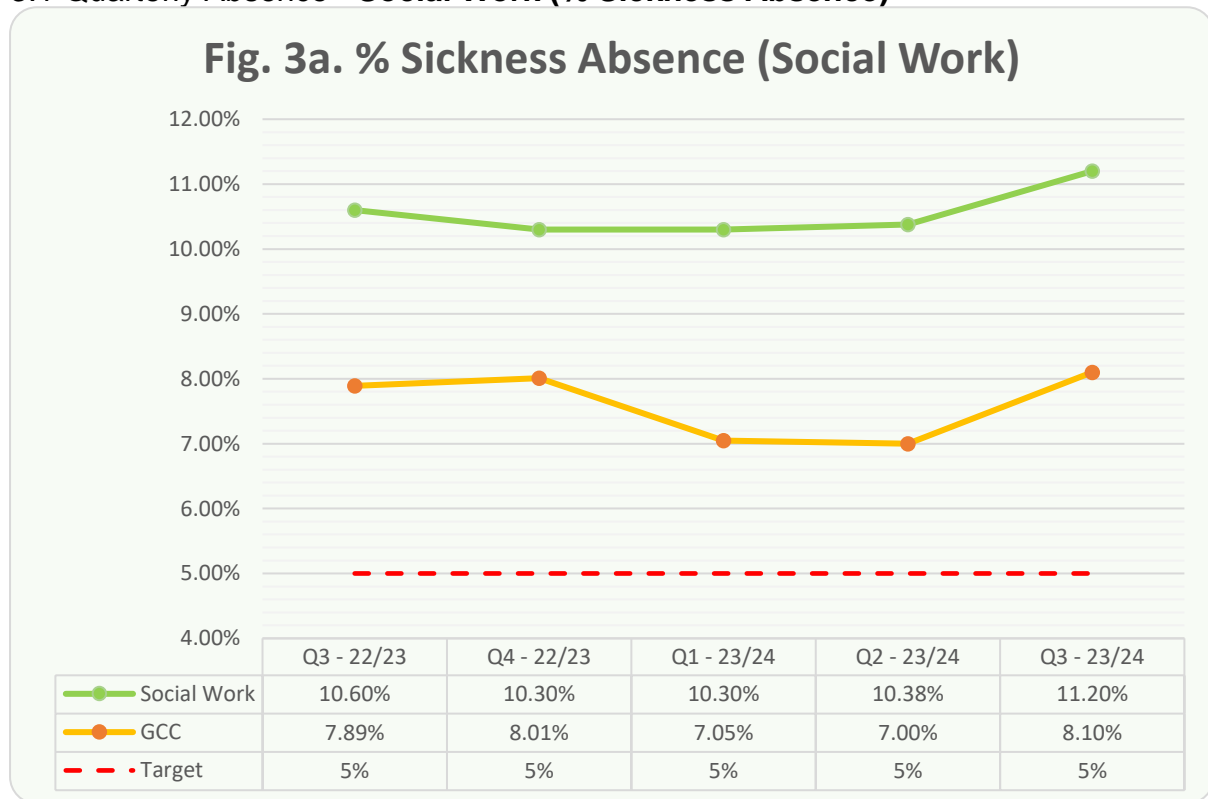


Fig. 3a highlights an increase in Q3 of 0.6% in comparison to Q3 last year and has the highest level of sickness absence over the last 4 quarters. The increased level of absence in Q3 for Social Work is consistent with the trend for Glasgow City Council (GCC). SW's quarterly absence performance overall stays consistently above GCC in all quarters and above the quarterly absence target of 5%.

3.2 Quarterly Absences – Health (% Sickness Absence)

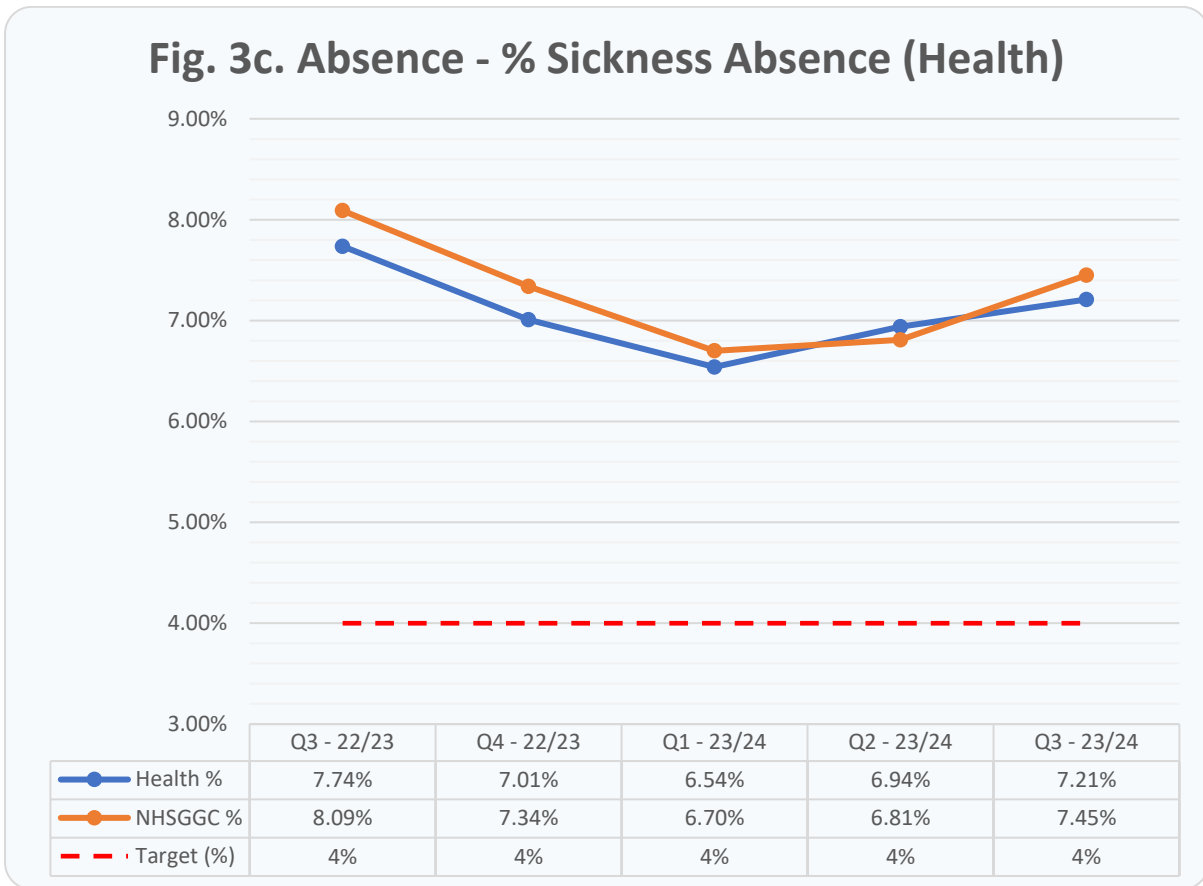


Fig. 3c shows a decrease in levels of sickness absence in this quarter compared to the same quarter last year. However Q3 23/24 has the highest level of sickness absence over the last 4 quarters. The increasing level of absence is consistent with the trend across NHSGGC.

3.3 Absences – Combined Analysis

Fig. 3a, b demonstrates that there is a concerning level of absence across GCHSCP, with levels significantly higher than the target level for both NHSGGC and GCC.

Where Health levels of sickness absence have remained slightly below the level of absence within NHSGGC, Social Work sickness absence has consistently been higher than GCC.

The higher level of sickness absence in Q3 is consistent with past trends which can be linked to an increase in seasonal illness.

4. Covid Absence – Q3

4.1 Covid Absences – Social Work

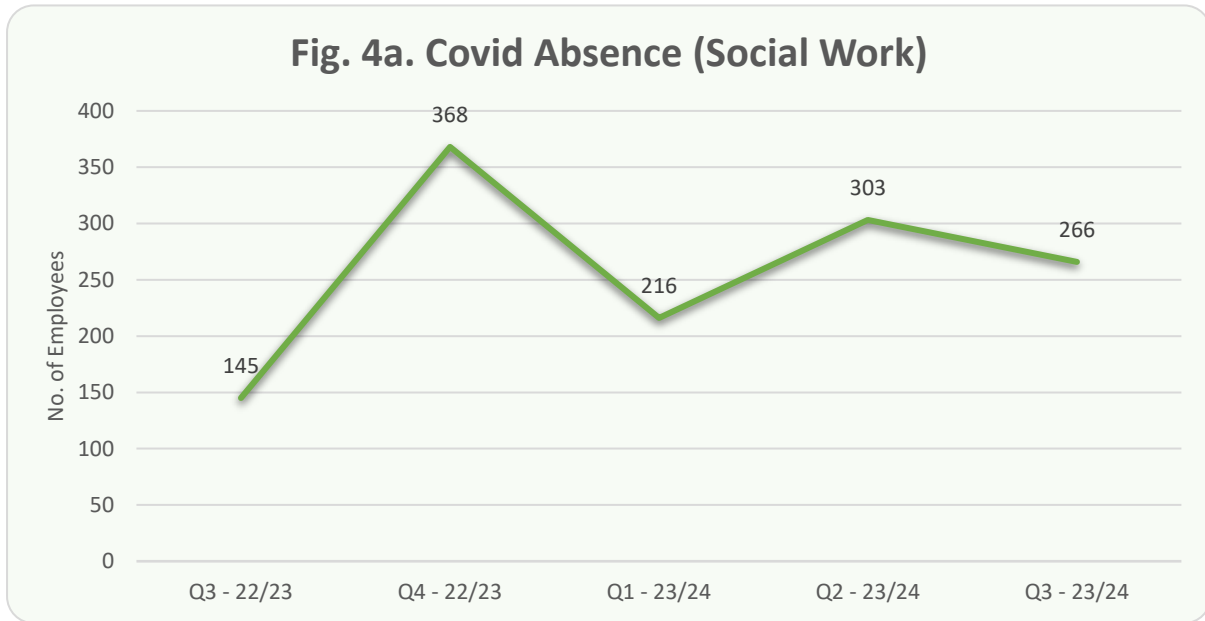


Fig. 4a Q3 shows a 12% decrease than the previous Q2 2023/24. Unlike other respiratory illnesses which tend to be seasonal, Covid 19 transmissions tend to occur in waves throughout the year.

4.2 Covid Absences – Health

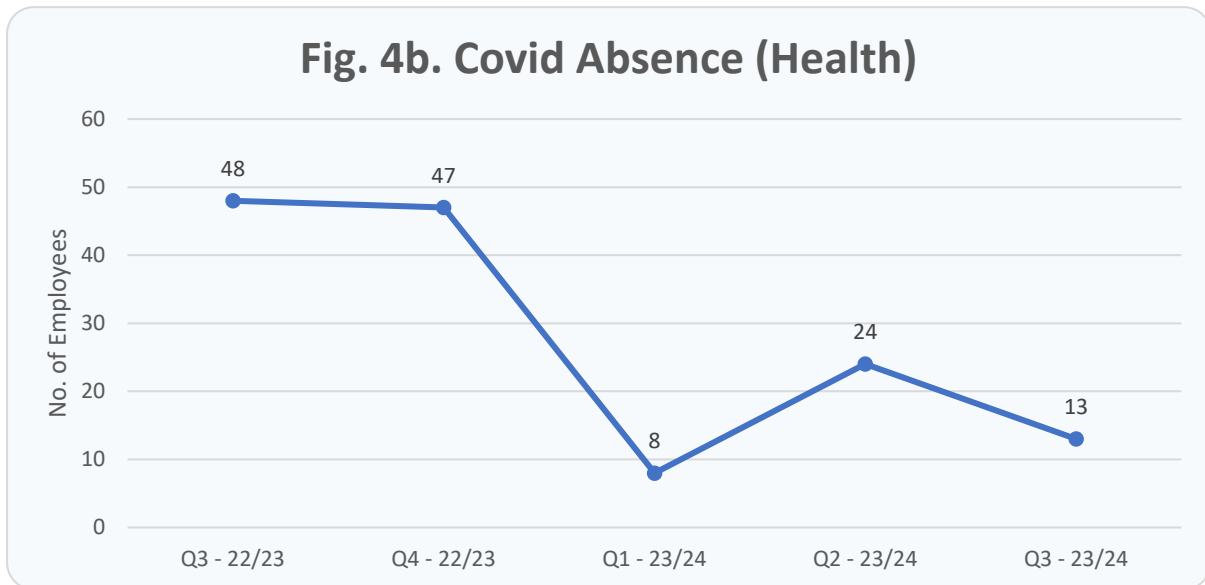


Fig. 4b shows a significant reduction in absence related to Covid over the last year. Q 1 - 23/24, had the lowest levels of covid related absence however this spiked again through Q2 - 23/24 and has begun to decrease in Q3 - 23/24.

4.3 Covid Absences – Combined Analysis

Across GCHSCP the trend around Covid related absence is similar in both Health and Social Work, however, the highest levels of covid absences are within Social Work.

Within Health, staff with covid who are absent over 10 days are then recorded as sick due to 'Viral' reason.

Social Work staff reporting with covid absences are recorded sick from day 1, under the Occupational Health Category "Miscellaneous".

Ongoing covid related sickness absence is managed through Attendance Management Policies.

5. Sickness Absences % Departmental Breakdown – Q3

5.1 Sickness Absences – Social Work

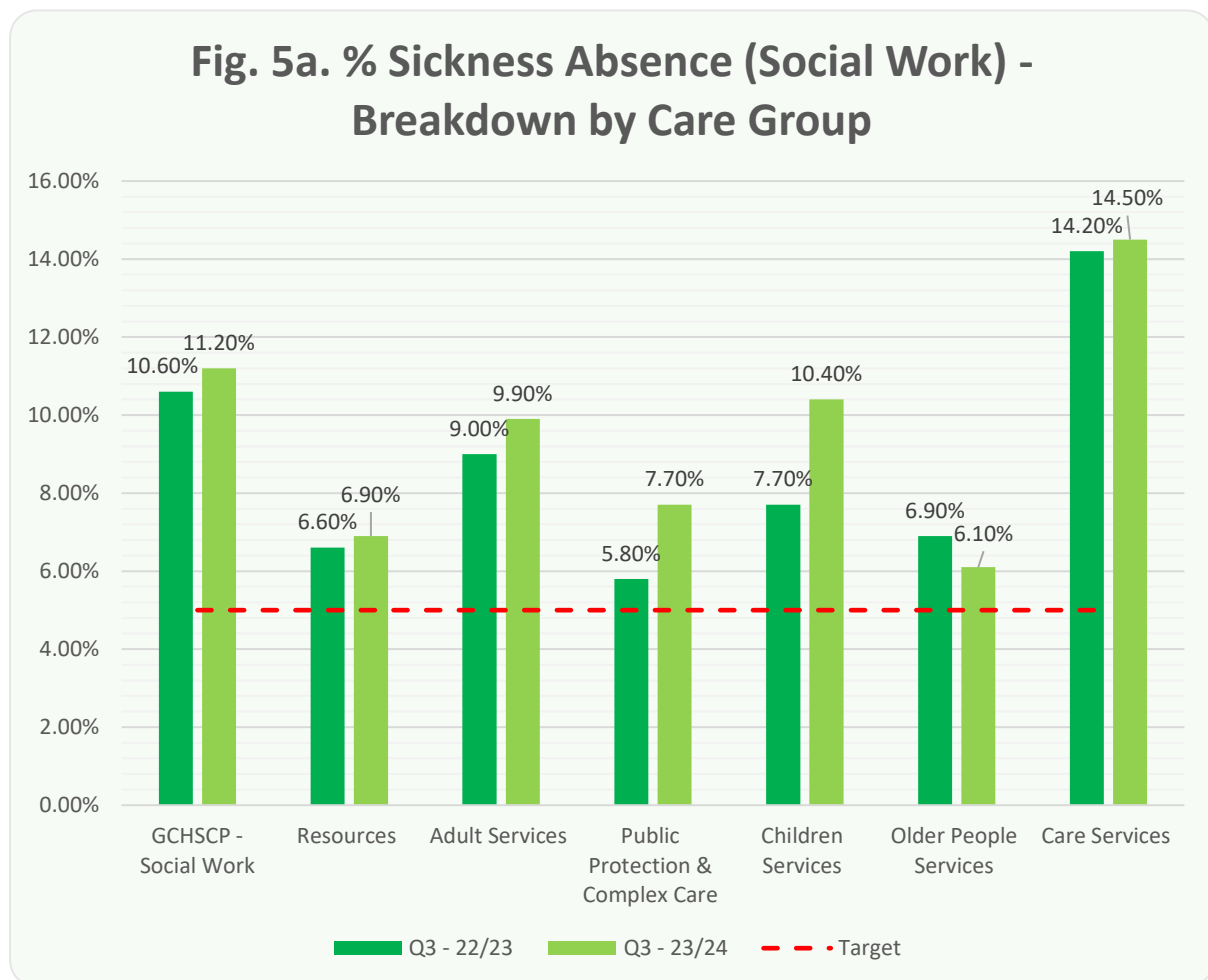


Fig. 5a shows the percentage absence breakdown by Care Groups for Social Work. All absence levels have increased in comparison to Q3 last year, with the exception of Older People Services.

Children Services shows the most significant increase of 2.7% in comparison to Q3 last year. This Care Group includes Children’s Residential Services, which continues to impact the most on overall absence performance.

5.2 Sickness Absences – Health

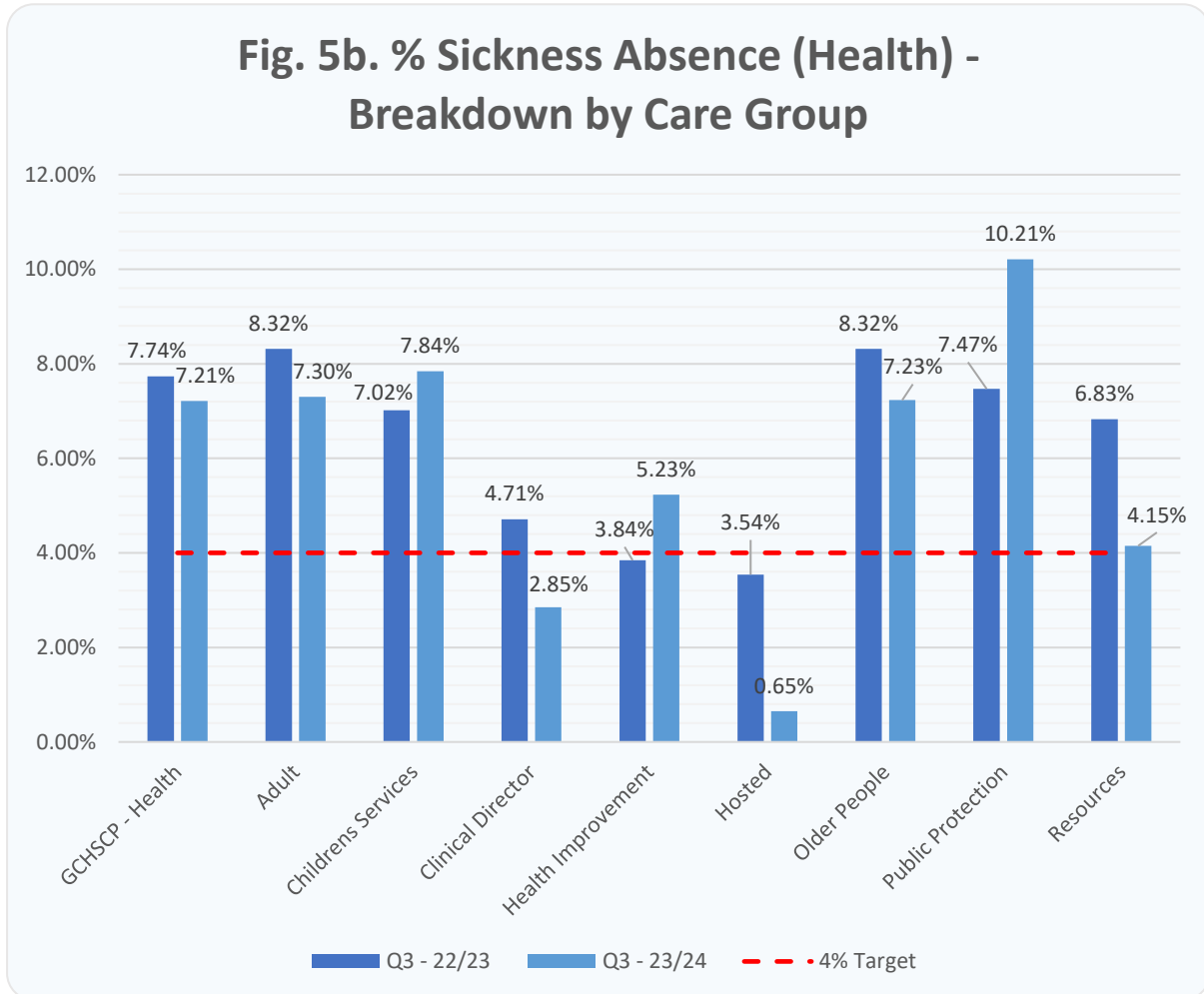


Fig. 5b shows decreased level of sickness absence in Older Peoples Services and Adult Services in Q3 – 23/24 compared to last year. These services have the largest staff groups and in-patient sites. However, there was an increase in sickness absence in Children’s Services and a significant increase in Public Protection.

The decrease in sickness absence within Resources, Hosted and Clinical Director brought the service level of absence below or close to the target level of 4%.

6. Reasons for Absence – Q3

6.1 Reasons for absence – Social Work

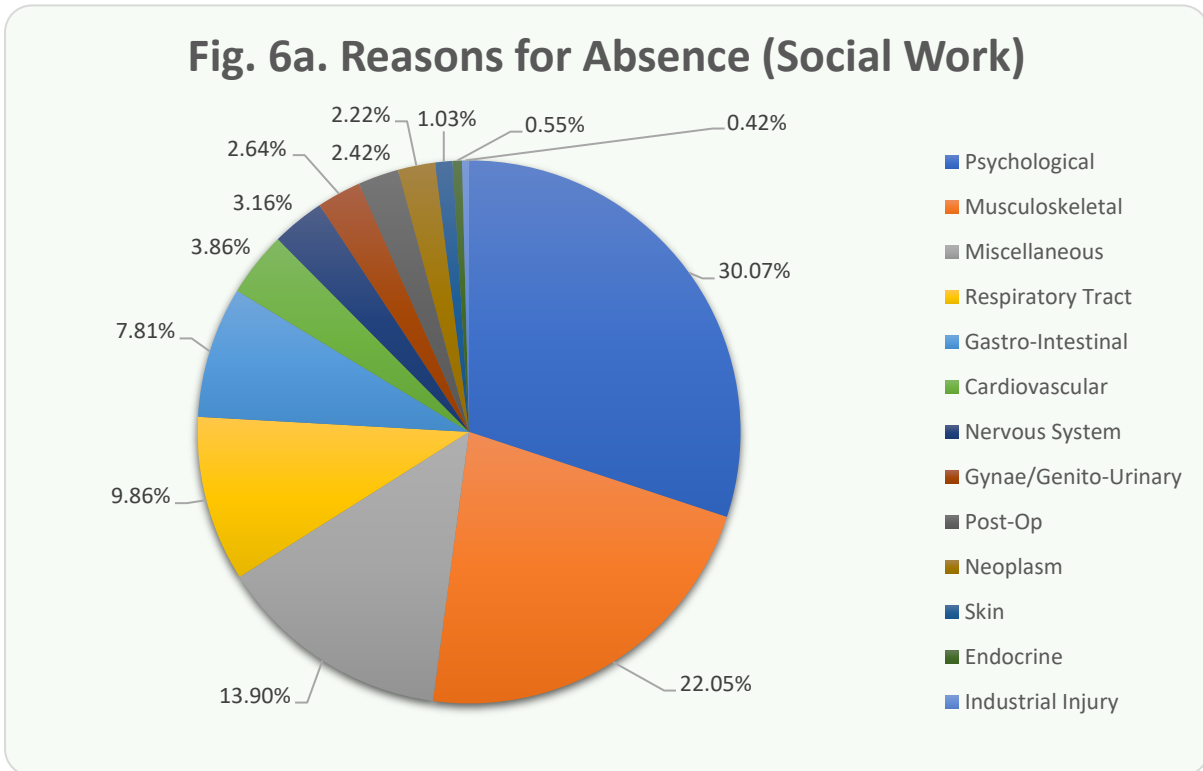


Fig. 6a. Above shows that the top 4 reasons for absence in HSCP Council Social Work Services are:

1. Psychological (30.07%)
2. Musculoskeletal (22.05%)
3. Miscellaneous (13.90%)
4. Respiratory Tract (9.86%)

The top 3 reasons for absence in Q3 remain the same as in Q2, however, the 4th highest reason has changed from Gastro-Intestinal to Respiratory Tract as we entered Flu season.

Psychological and Musculoskeletal are consistently the top 2 reasons for absence, which is a recurring feature across GCC. 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 14% decrease in days lost compared to Q3 last year.

6.2 Reasons for absence – Health

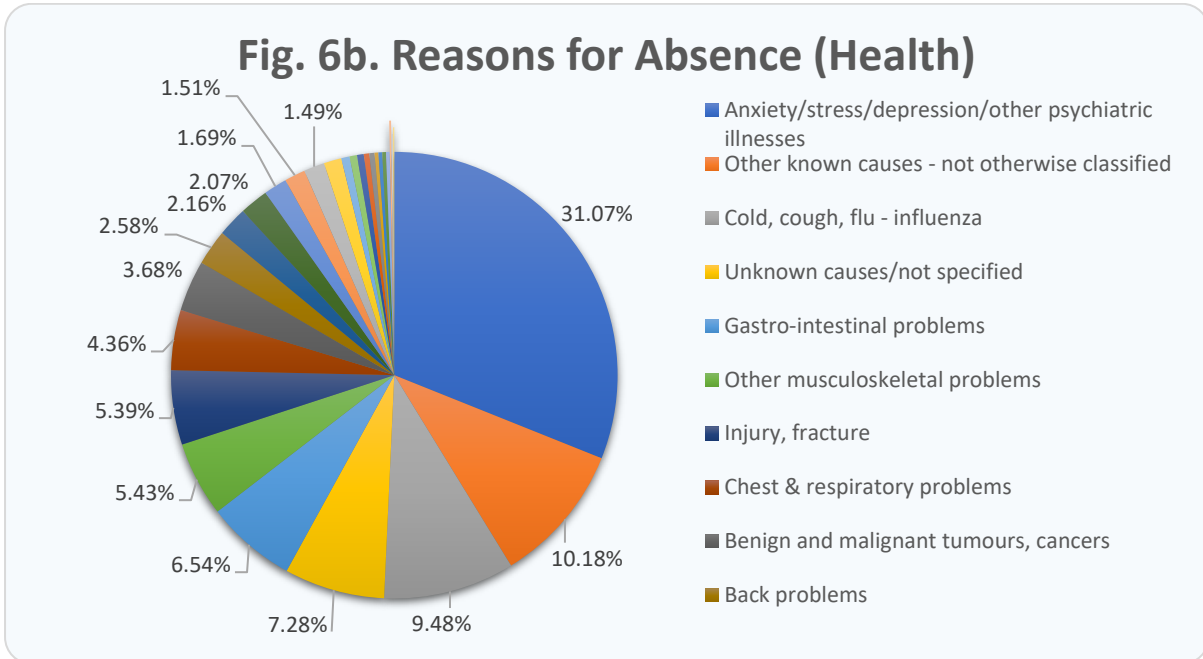


Fig. 6b. Above shows that the top 4 reasons for absence in GCHSCP Health Services Q2 23/24 are:

1. Anxiety/stress/depression/other psychiatric illnesses (31.07%)
2. Other known causes - not otherwise classified (10.18%)
3. Cold, cough, flu – influenza (9.48%)
4. Unknown causes/not specified (7.28%)

Absences recorded as 'Psychological' (which includes all stress and mental health related absence) remains the most common reason for absence. This is consistent over a number of years. This also reflects the trend across NHSGGC.

'Other' and 'Unknown' absence both accounted for 10.18% and 7.28% 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 'Cold, cough, flu - influenza' has replaced 'Other musculoskeletal problems' as the next most prevalent reason for absence. This is reflective of the time of year.

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 Q3 - 23/24 (Social Work)

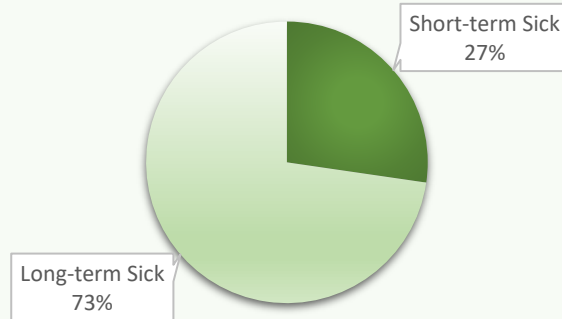


Fig. 7b. Long-term sickness (Social Work)

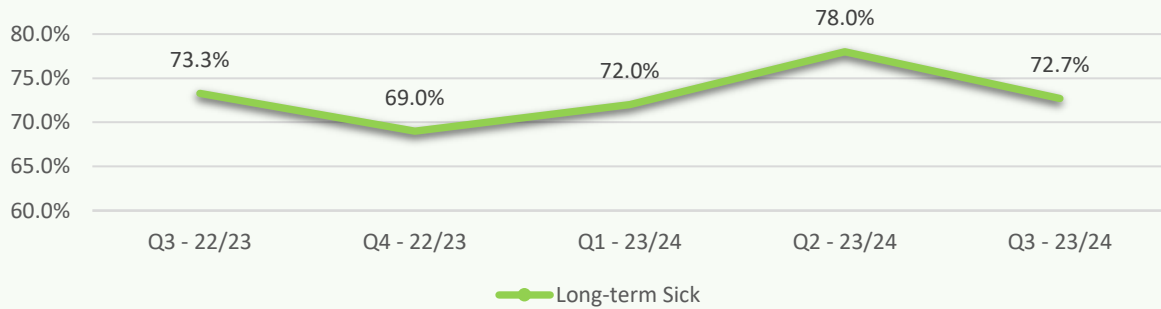
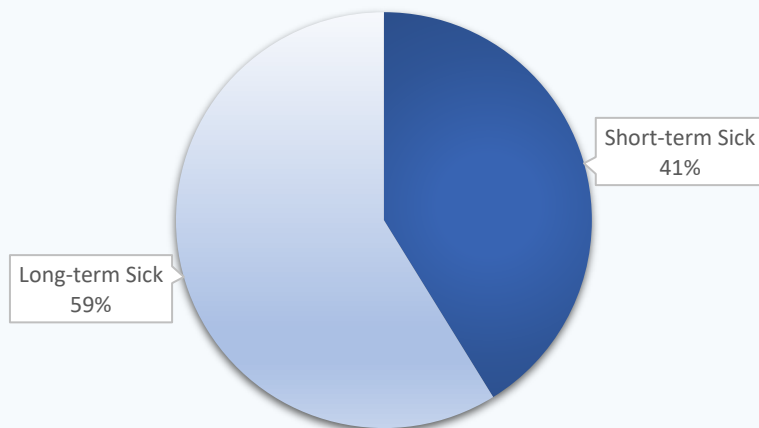
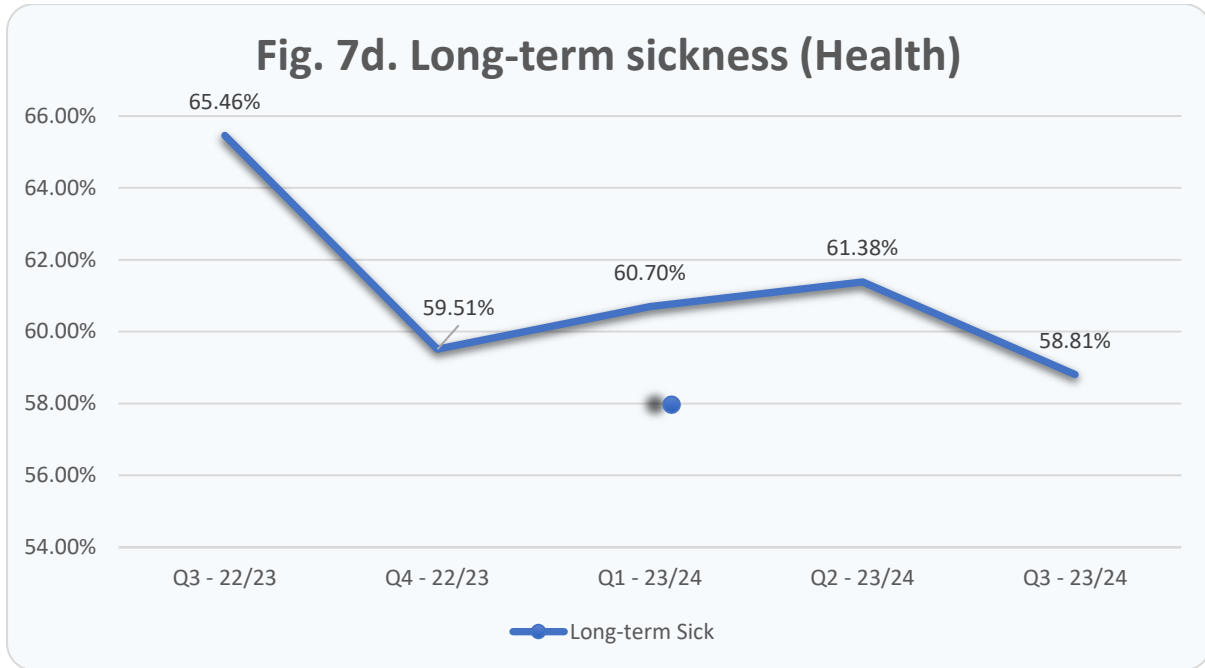


Fig. 7a. 7b. highlights that long term absence continues to be the largest contributor to SW's overall absence levels reporting at 72.7% of sickness. This is a slight decrease from the previous quarter and Q3 last year.

7.2 Duration of Absence – Health

Fig. 7c. Absence for Q3 - 23/24 (Health)





We can see from the **Fig. 7c.** that long term absence remains higher than short term absence, as is consistent with long established trends. Long term absence if considered any period of sickness absence over 29 days. Fig 7d shows a significant decrease in long term absence level since last year and a decrease from Q2 – 23/24. However, the level of long-term absence remains at a concerning level.

7.3 Absences – Combined Analysis

Fig. 7a, 7b, 7c, 7d The graphs reflect a high level of long-term sickness absence across both organisations. 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 – Home Care

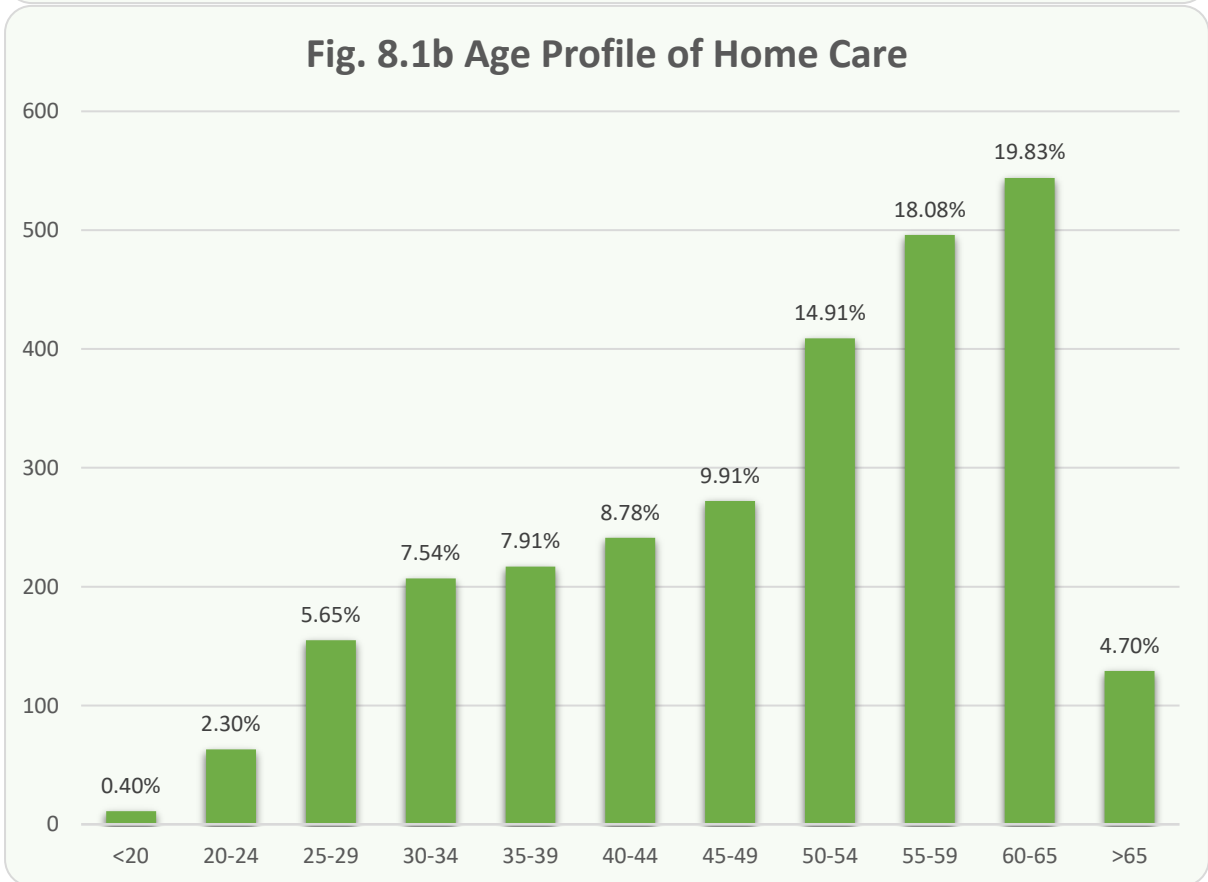
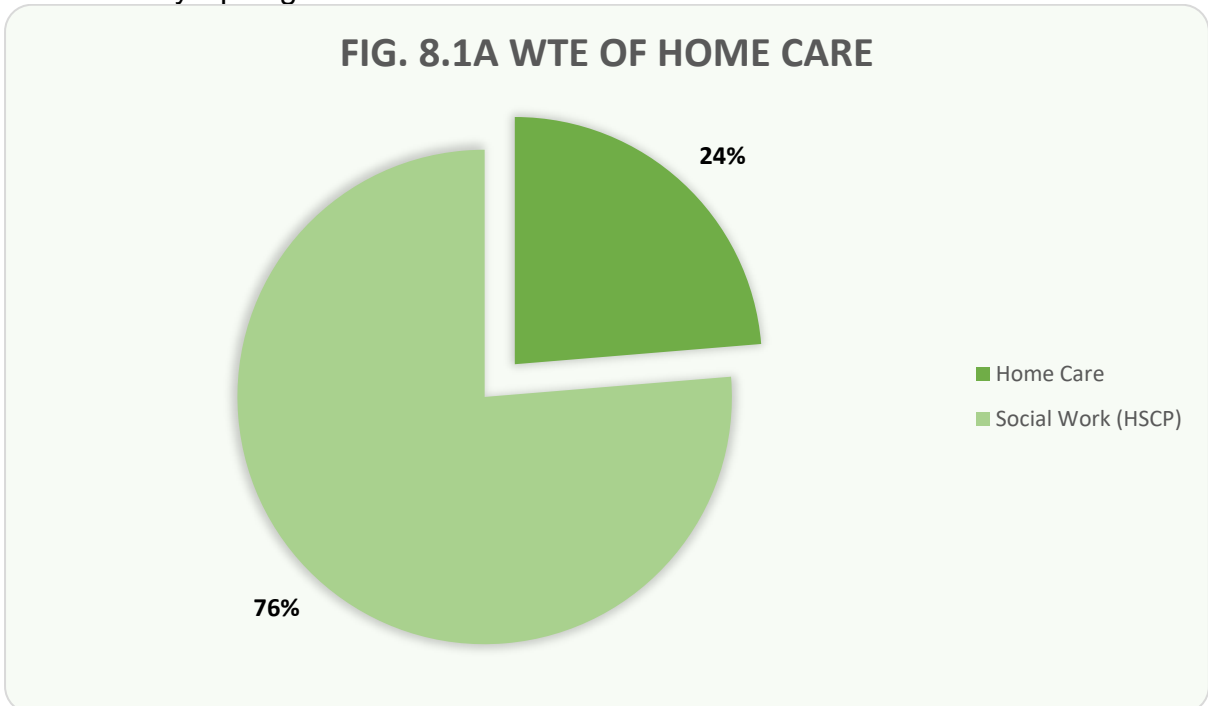


Fig. 8.1c Grade Breakdown of Home Care

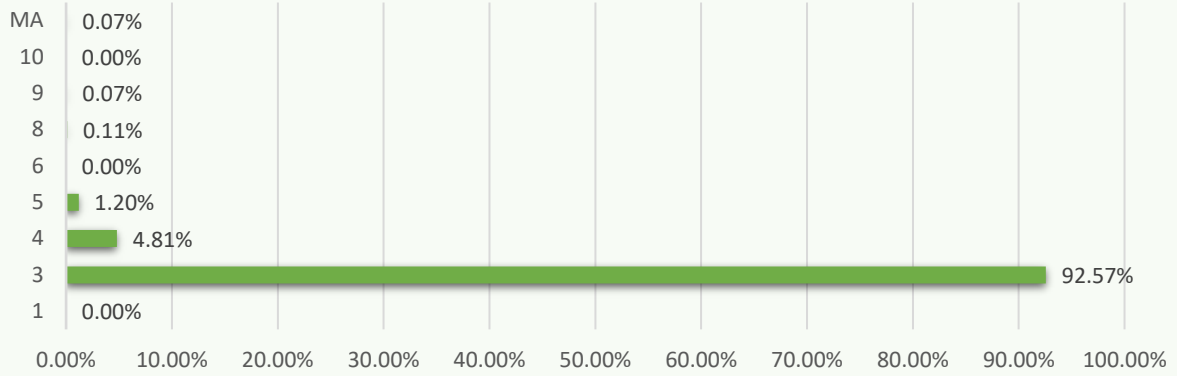


Fig. 8.1d Home Care - % Absence

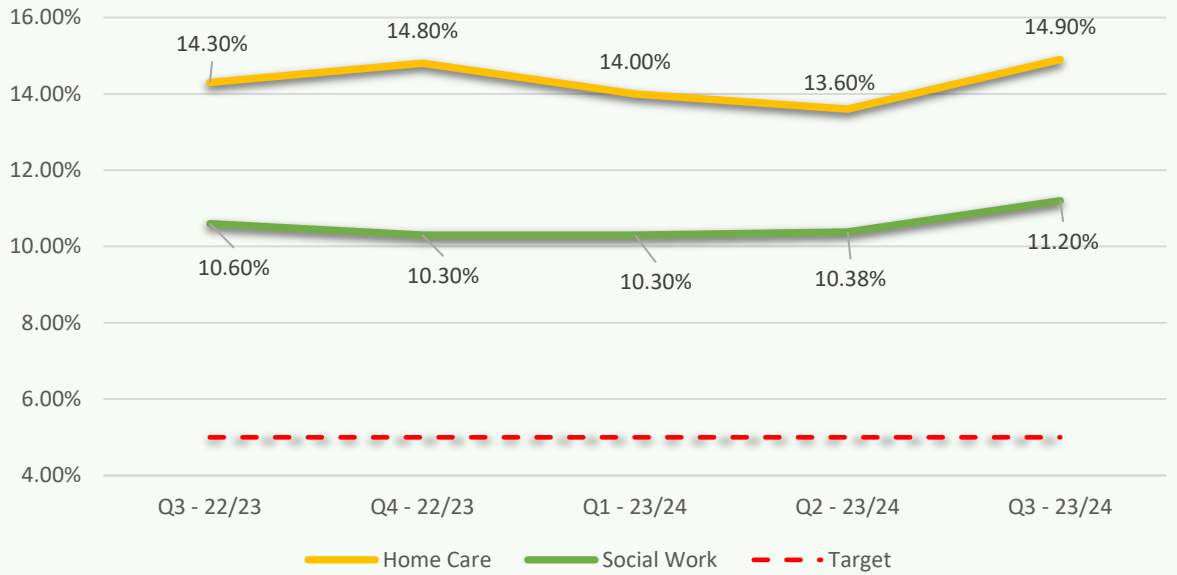


Fig. 8.1e Reasons for Absence Home Care

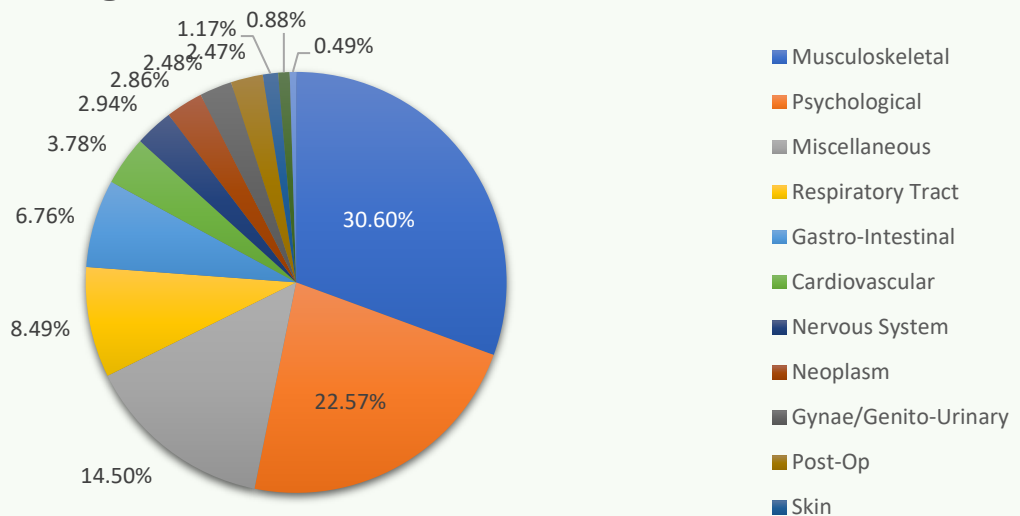


Fig. 8.1f Absence for Q3 - 23/24 Home Care

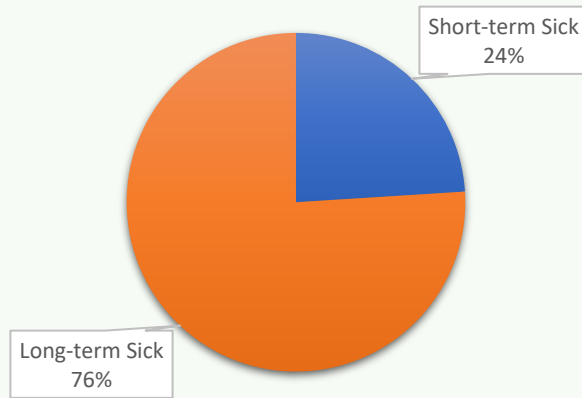


Fig. 8.1g Long Term Sickness Home Care

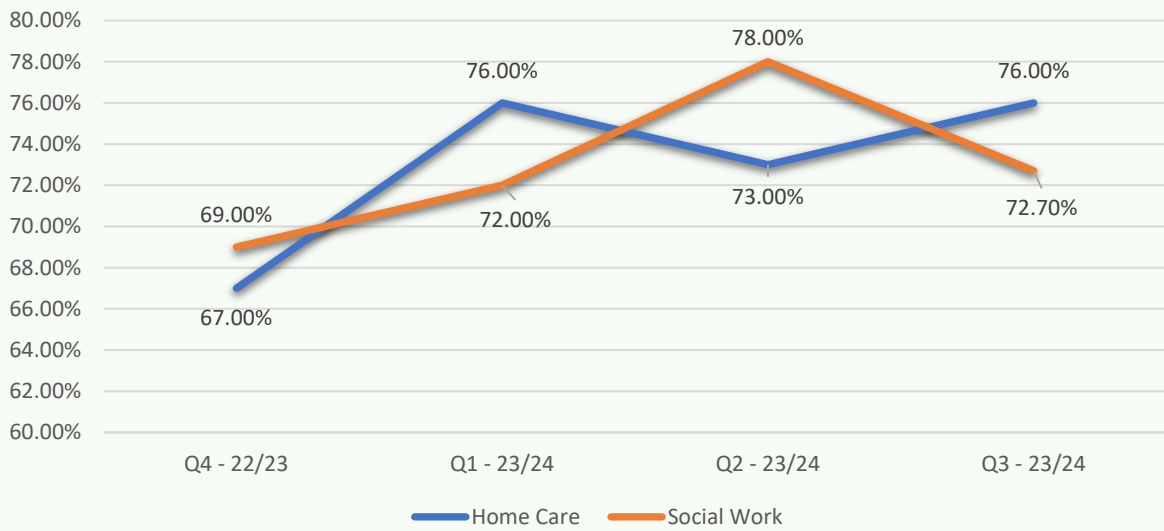
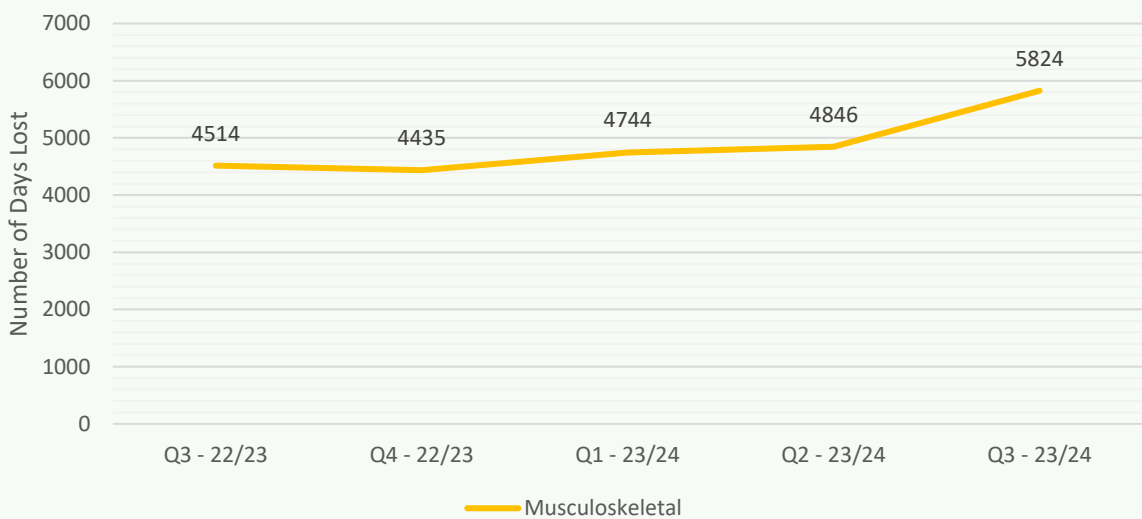


Fig. 8.1h Top Q3 23/24 Absence History (Days Lost)



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The graphs above relate to the Home Care staff who sit within the Care Services of GCHSCP. This incorporates Home Care staff who provide a variety of services to vulnerable individuals within their home environment, 365 days per year.

Home Care staff are predominately Grade 3 and over 57.5% of this staff group is over the age of 50, with nearly a quarter of the workforce aged 60 or over.

Staff absence continues to significantly impact on the Service; Q3 shows an increase in absence levels from Q2 of 1.3%. Q3 reports a 0.6% increase in comparison to Q3 last year and is significantly higher than the overall SW total of 11.2%. Long Term Absences account for 76% of sickness.

The top reasons for absence are consistent with GCHSCP overall. Within Home Care musculoskeletal absences are the main contributor, accounting for 30.6% in Q3, with Back Pain being the main absence reason. The Home Carer role is a physical role, and this combined with an aging workforce could account for this. Psychological absences which include Stress is consistently the second largest contributor to absence at 22.5% in Q3.

Home Care Services is one of 3 priority areas which have been identified for short term strategies to address the absence levels which includes targeting HR resources to support managers to improve attendance. Recruitment within the service has been mostly on a continual basis over recent years to attract Home Carers to the Service with the goal to address the current staffing crisis and impact on Service.

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8.2 Quarterly Spotlight Area - Health – Prison Services

Fig. 8.2a WTE of Prison Service Health Care

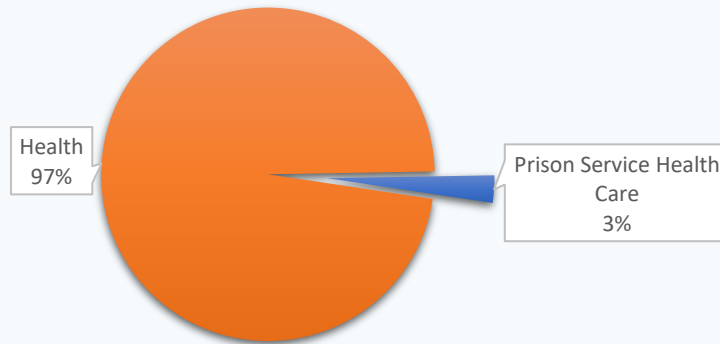


Fig. 8.2b Age Profile of Prison Service Health Care

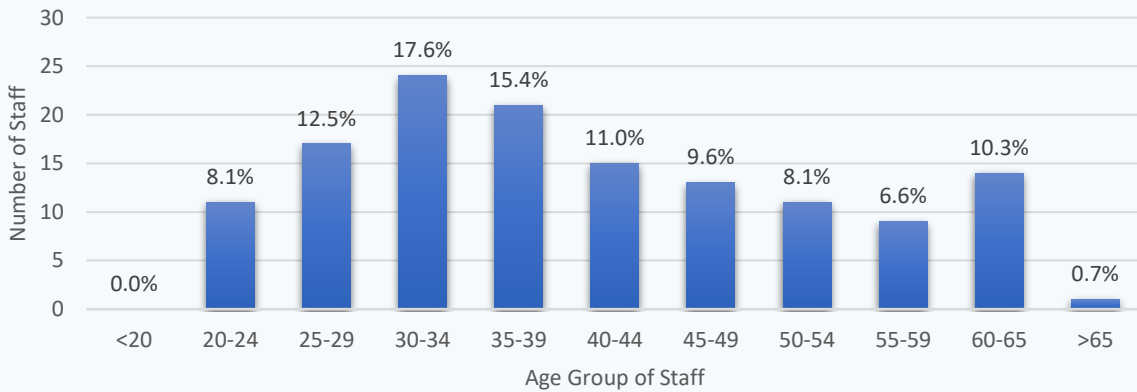


Fig. 8.2c Band Breakdown of Prison Service Health Care

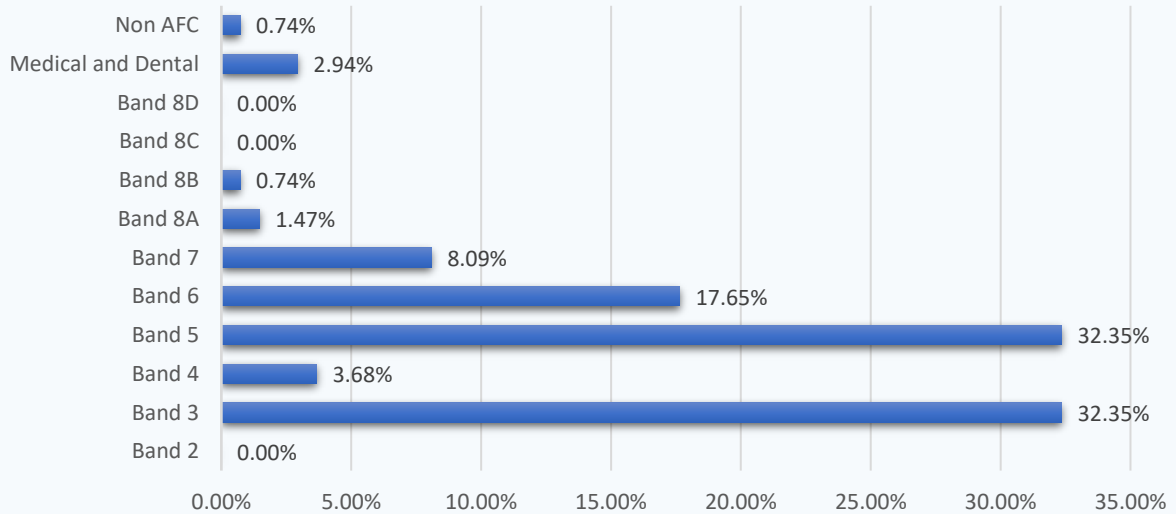


Fig. 8.2d Prison Service Health Care Absence - % of available working days

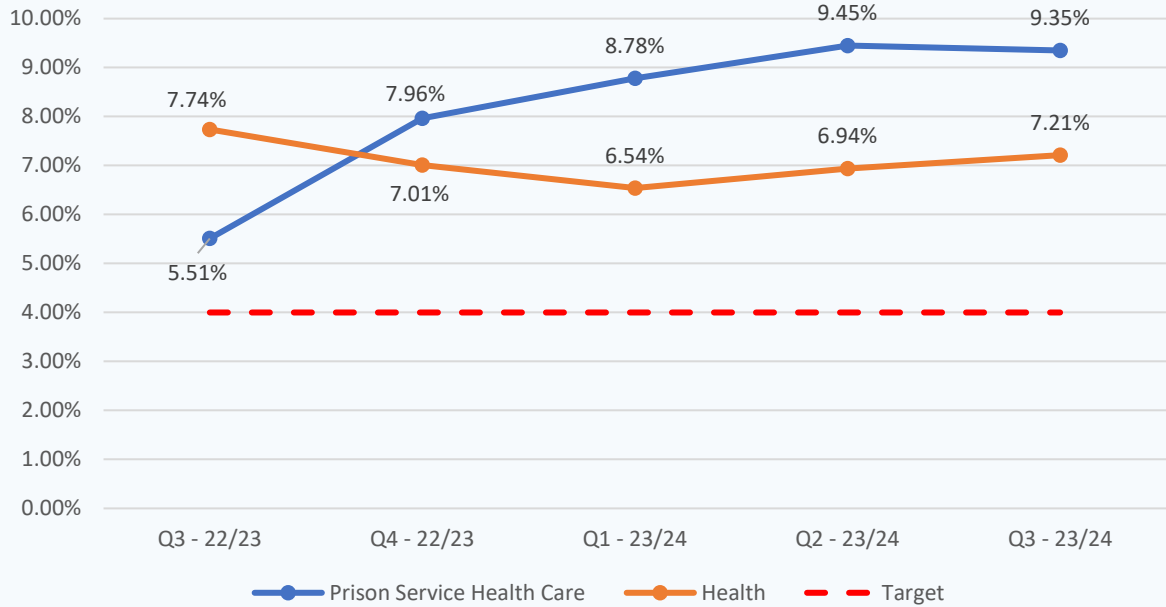


Fig. 8.2e Reasons for Absence (Prison Service Health Care)

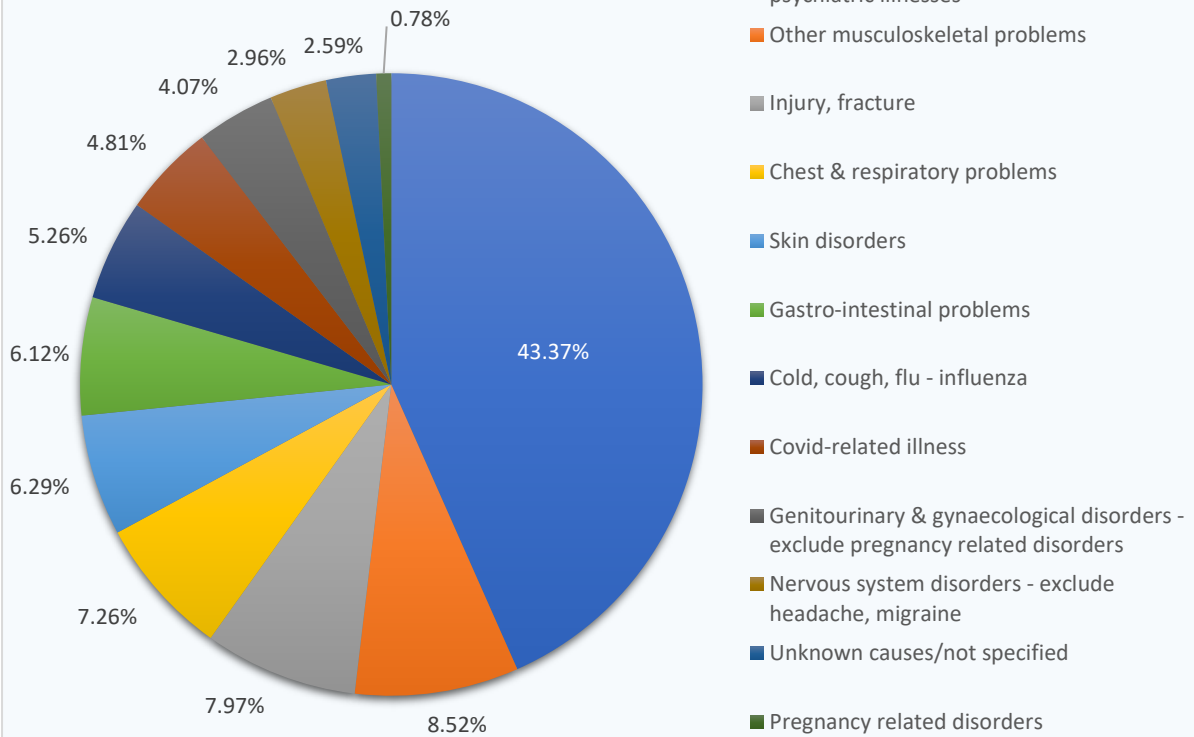


Fig. 8.2f Absence for Q3 - 23/24 (Prison Service Health Care)

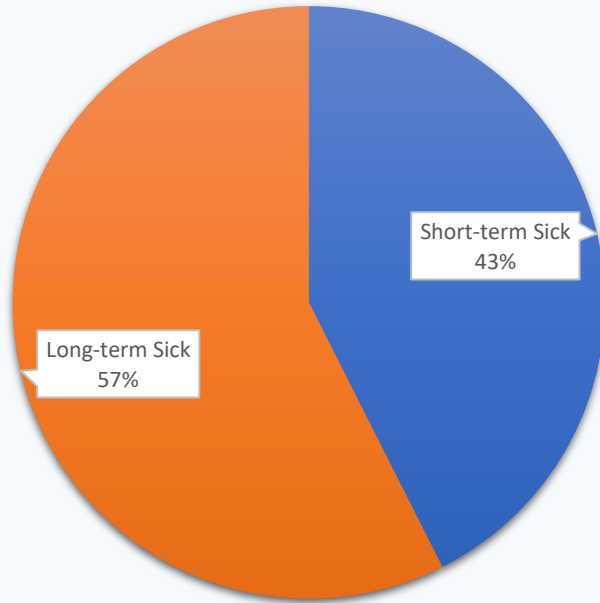
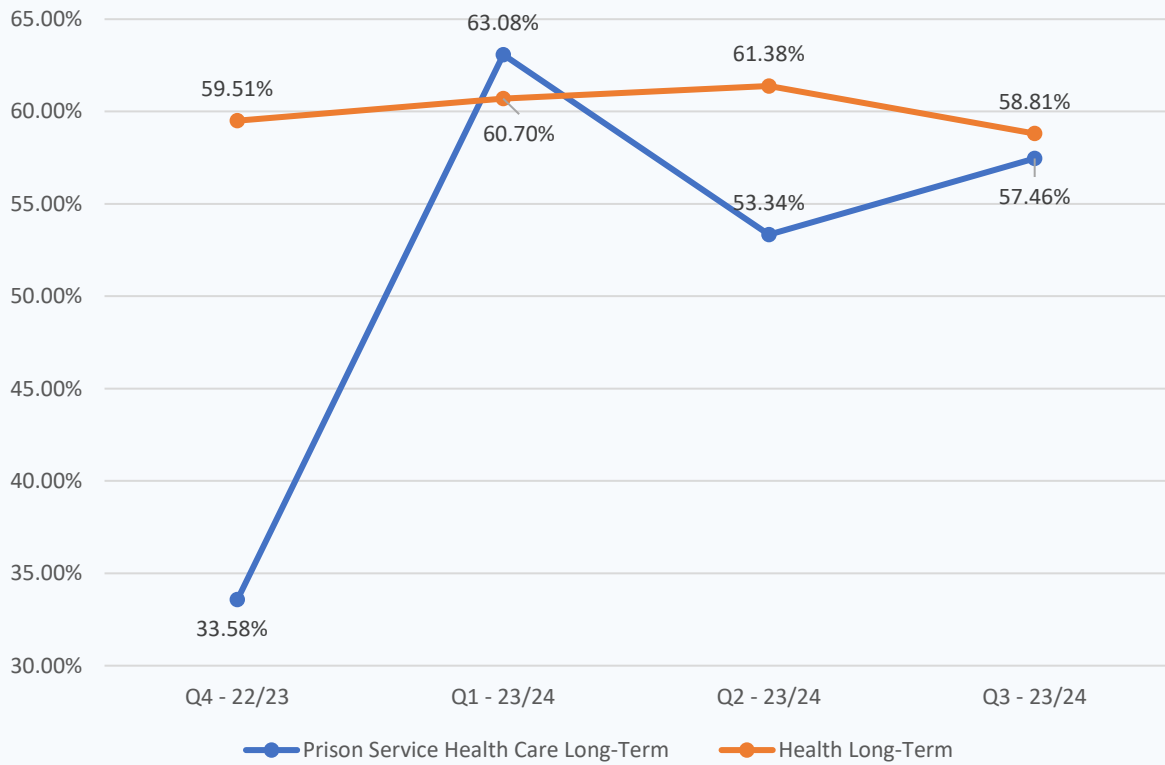


Fig. 8.2g Long Term Sickness (Prison Service Health Care)



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The graphs above relate to the Prison Healthcare function with GCHSCP which incorporates nursing, medical, psychology and administration staff. These staff groups are required to be on site due to the nature of the work undertaken.

The age profile of the staff group shows an even spread with most staff being reported within 30-50 years age bracket, with 11% of staff in the 60 plus age bracket.

Band 5 and band 3 staff make up over half of this staff group (64.7%) with this reflecting the qualified nursing role, Health Care Support Workers and administration roles within the service.

The reasons for absence are consistent with GCHSCP and NHSGGC with Anxiety/Stress/Depression being the predominant reason for absence.

Fig 8.2d shows the number of days lost attributed to sickness absence. There has been a sharp increase in the number of days lost due to sickness absence rising from 5.51% for Q3 in 22/23, to 9.35% in Q3 23/24. Although long term absence accounts for 57% of the overall figure, short term absence (43%) accounts for a larger proportion than in other areas. Due to the levels of absence within this service dedicated HR support has been provided to support managers to manage these levels of absence in conjunction with other support areas such as OH and wellbeing initiatives.

It is important to note the unique nature of the prison environment, the patient group and also the collaborative working relationships with the Scottish Prison Service who operate the prison service. As a result there are long standing challenges with recruiting to posts within this service and staff retention. The inclusion of Prison Healthcare within the rotational posts for newly qualified nurses may be beneficial in giving staff the opportunity to experience the environment and increase the profile of the service.

A review of Prison Healthcare was completed in late 2023 with recommendations made regarding skill mix relating to roles to enhance the service moving forward. These recommendations are currently being considered at a Board level prior to conclusion of this process.

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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.	Ongoing	KB/GC
4	Update GCHSCP Wellbeing and Attendance Action plan	Strategic Plan to be developed and aligned to HSCP Strategic Plan and Workforce Plan.	Apr-24	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.	Feb-24	JM/KB
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	Participate in NHSGGC Absence Audit and follow through recommendations	To receive feedback from NHSGGC Auditors in relation to compliance with Attendance Management Policy and	Dec 23 Audit complete	MK

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.

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