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Item No. 12

Meeting Date Wednesday 14th June 2023

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

Report By: Sharon Wearing, Chief Officer, Finances 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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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 trends.
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Governance Route:	This paper has previously been considered by the following groups as part of its development: HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the content of this report.
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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.

Implications for Health and Social Care Partnership:

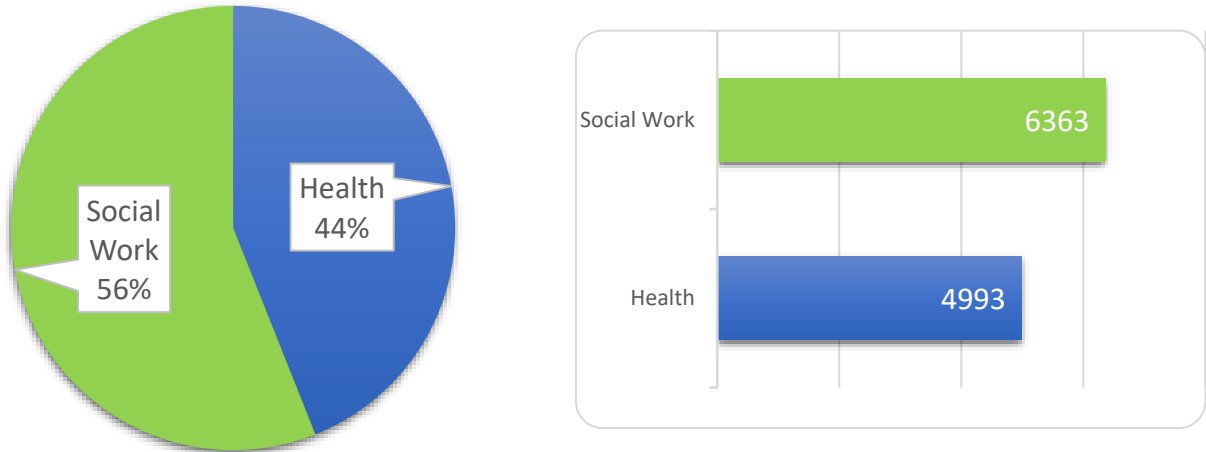
Reference to National Health & Wellbeing Outcome:	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
Carers:	N/A
Provider Organisations:	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. Staff Profile Summary

1.1 Staff Profile Summary – WTE Q4

Fig. 1a. WTE of Social Work and Health



1.2 Staff Profile Summary – Age Profile Q4

Fig. 1b. Age Profile (Social Work)

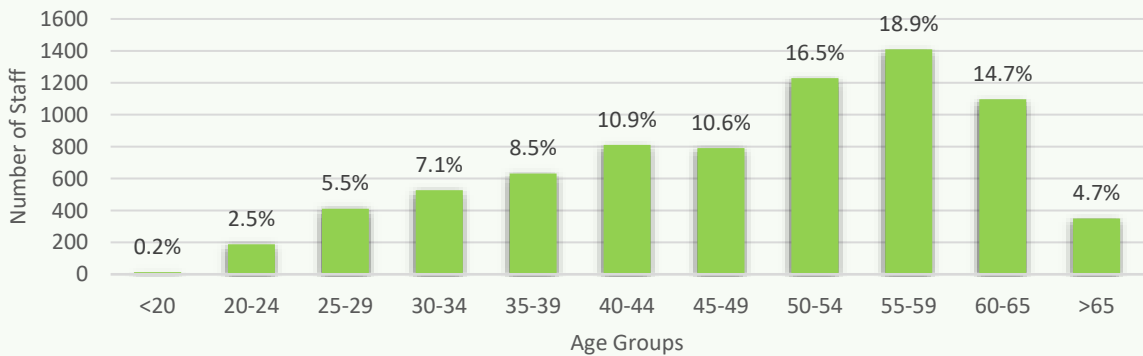


Fig. 1c. Age Profile (Health)

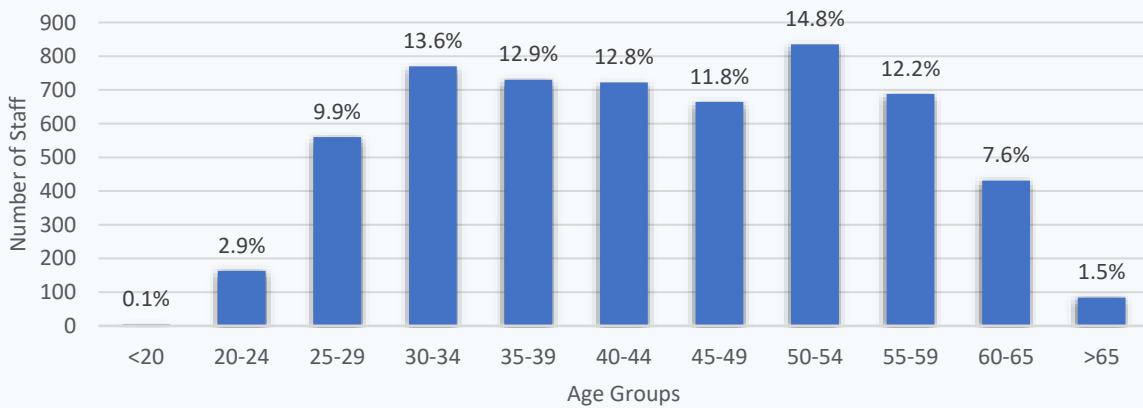


Fig. 1.a - Social Work staffing headcount remains higher than NHS staffing, with both staff groups increasing over the past 12 months.

Fig. 1.c - The most common age bracket for NHS staff is 50-54. Staff over the age of 55 can be considered as potential retirees in coming years. However, it is noted that within Band's 5 and 6, the most common age bracket is 30-34.

Fig. 1.b - This graph demonstrates that the workforce within Social Work is predominately between 50-65 years, again highlighting the number of potential retirees.

The age profile of the workforce highlights a risk to the HSCP in terms of future staffing and in significantly impacts the frequency and duration of sickness absence.

1.3 Staff Profile Summary – Grade Breakdown Q4

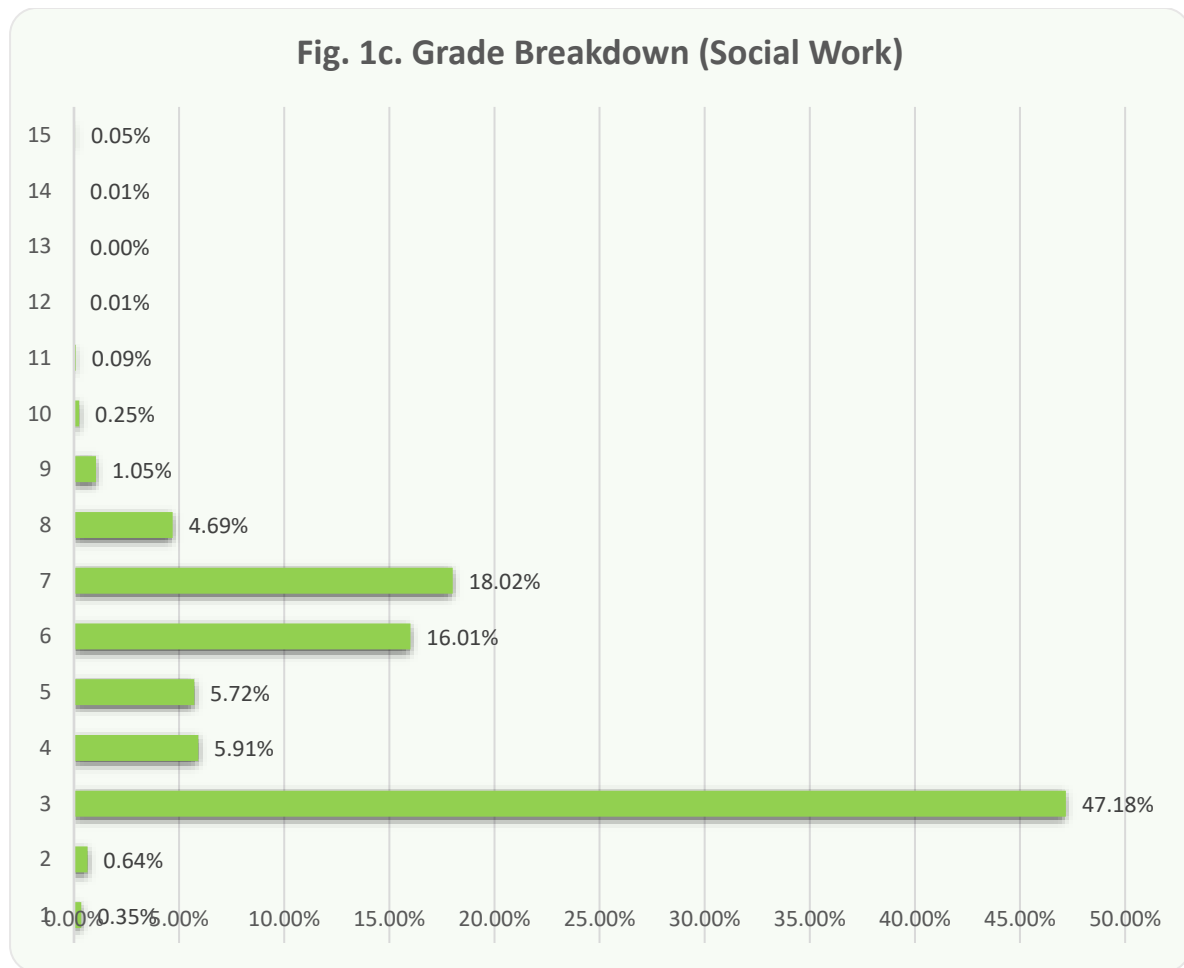


Fig.1c. This table shows the % SW staff within each grade across HSCP and highlights front line workers such as Home Carers, Social Care Assistants, Support Workers, Responders and Clerical Workers represent the highest percentage of the workforce at Grade 3 level.

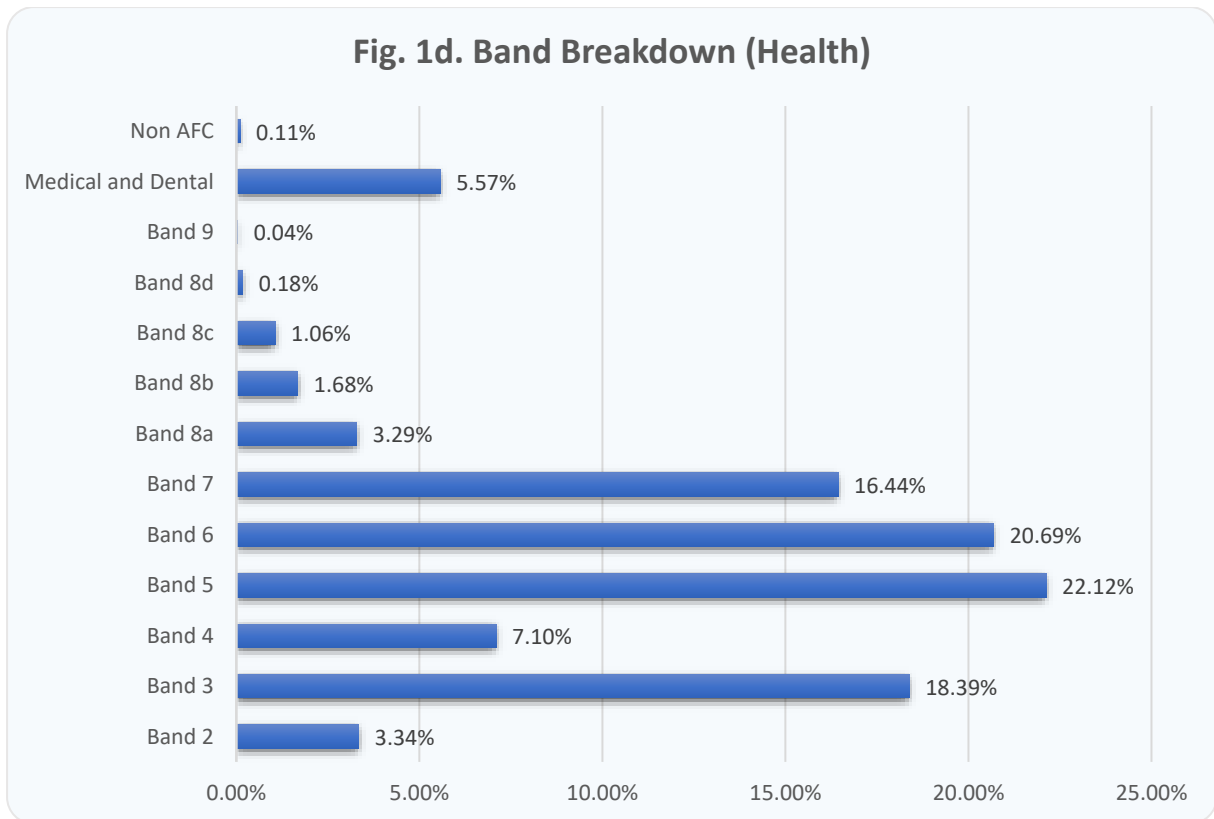


Fig. 1d –This table shows the % of staff within each pay band across the HSCP. The bulk of staff at Band 3, Band 5 and Band 6. This represents the cohorts of qualified nursing and AHP staff. The banding of staff represents the workforce profile of Inpatient Mental Health Services and community teams across the HSCP.

1.4 Staff Profile Summary – Grade / Band Breakdown Combined Analysis

Fig. 1c. & Fig 1d. The graphs show the banding breakdown across the HSCP, with the largest group of staff within Social Work and 3rd largest group in Health at Grade 3 and Band 3, representing support staff. Qualified Social Work and 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. 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.

2. Quarterly Absence

2.1 Absences - GCHSCP Social Work Absence (Average Days Lost per person)

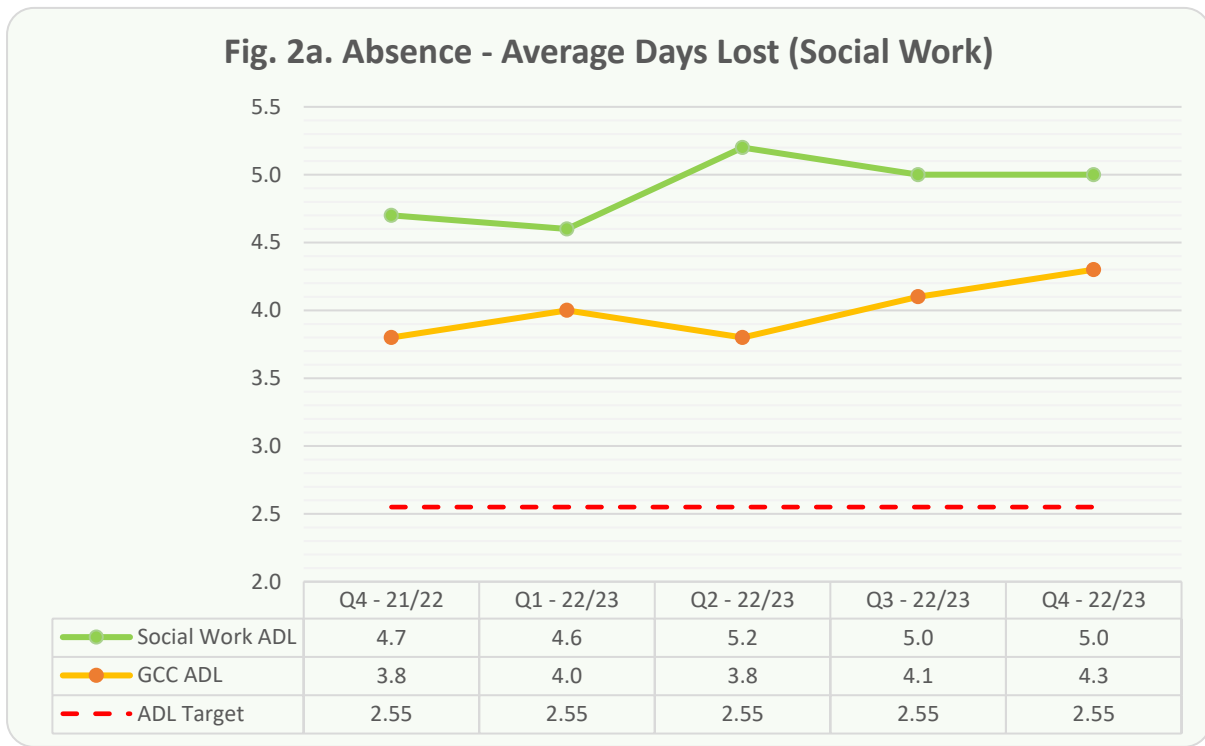
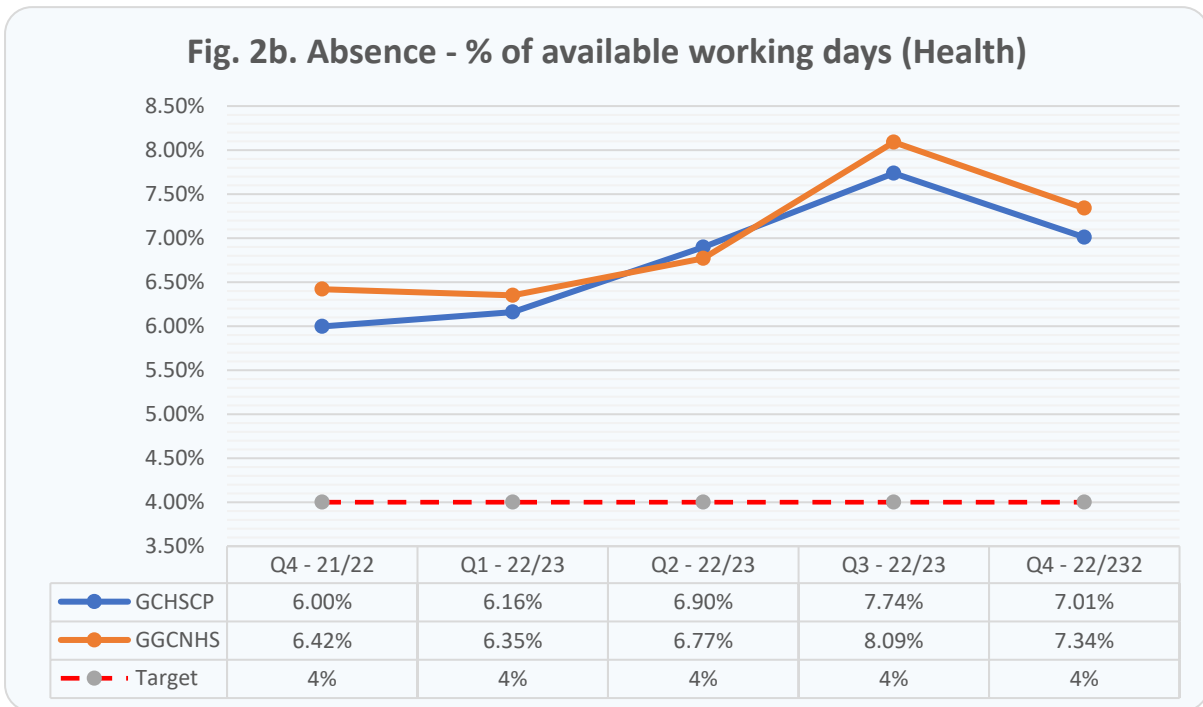


Fig. 2a. shows the quarterly trend for absence. Quarter 4’s position for SW this year reports the same as the previous quarter of 5.0 average days lost. In comparison to Q4 last year there has been a slight increase.

The chart also shows the absence performance trend for Glasgow City Council (GCC) as a whole and you can see SW performance against the Council quarterly target of 2.55 ADL (Annual Target 10.2 ADL). The absence trend for SW in comparison to GGC reports a different trend rising sharply from Q1-Q2 and then a reduction before continuing for the remaining quarters in a static position.

2.2 Absences – GCHSCP Health (% of available working days)



From **Fig. 2b.** We can see in this quarter HSCP Health staff absence reported as 7.01%. This compares unfavourably to 6% in the same period last year. The chart also shows the quarterly trend for absence this year demonstrating a gradual rise from 6% 12 months ago (Q4) to 7.74% at its highest in quarter 3, a 1.74% rise over 12 months. Quarter 4 has recorded a decrease in this trend.

The chart also shows the comparative performance for NHS Greater Glasgow & Clyde Health Board as a whole. We can see that over the last 12 months HSCP Health has consistently stayed just below NHSGGC except for Q2 – 22/23 where it was 0.13% higher.

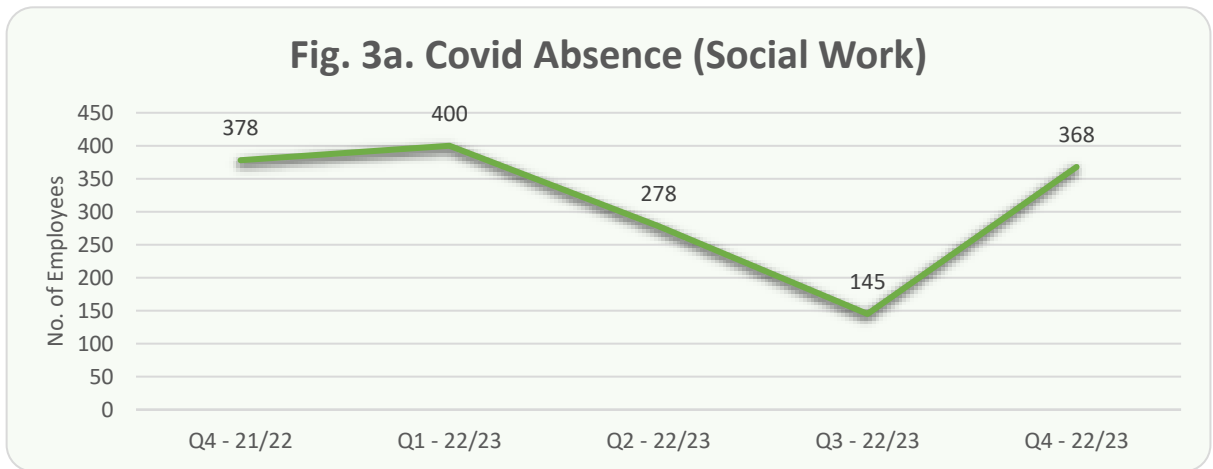
Finally, we can see the HSCP health staff performance against the NHS Scotland target of 4%. We can see that it has stayed between 2.35% (Q1 -22/23) and 3.74% above the target.

2.3 Absences – Combined Analysis

Fig 2a and **2b** – The graphs highlight a high level of sickness absence across the HSCP, above the target levels, which has been the case for a number of years. The level of sickness absence has remained high since covid 19. Whilst Health sickness absence has primarily remained below the level of NHSGGC as a whole, Social Work sickness absence levels have been slightly higher than GCC levels.

3. Covid Absence

3.1 Covid Absences – GCHSCP Social Work



(Fig. 3a.) The graph highlights a 61% increase from Q3 to Q4. This was mainly due to outbreaks within some of the Older People Residential Care Homes and it is anticipated that the trend will reduce considerably for next quarterly reporting.

3.2 Covid Absences – GCHSCP Health

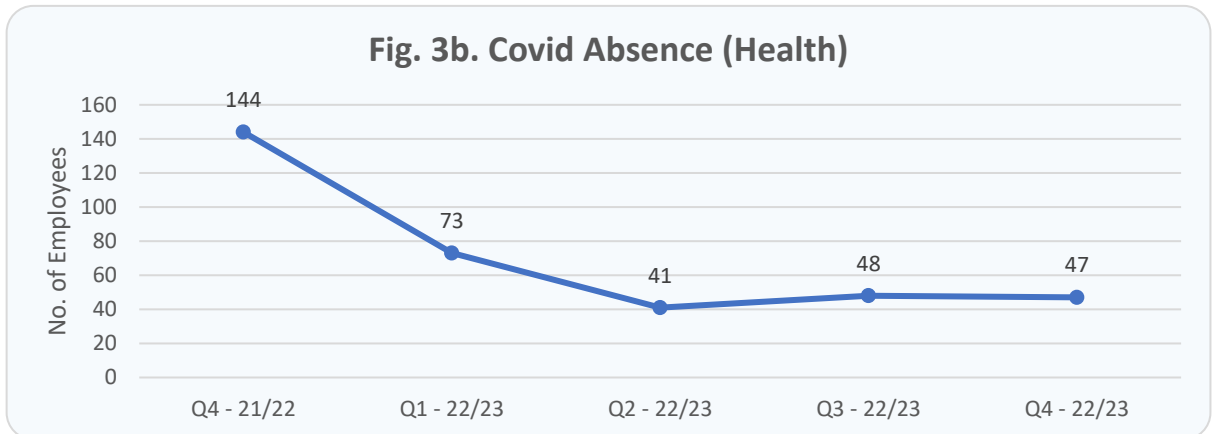


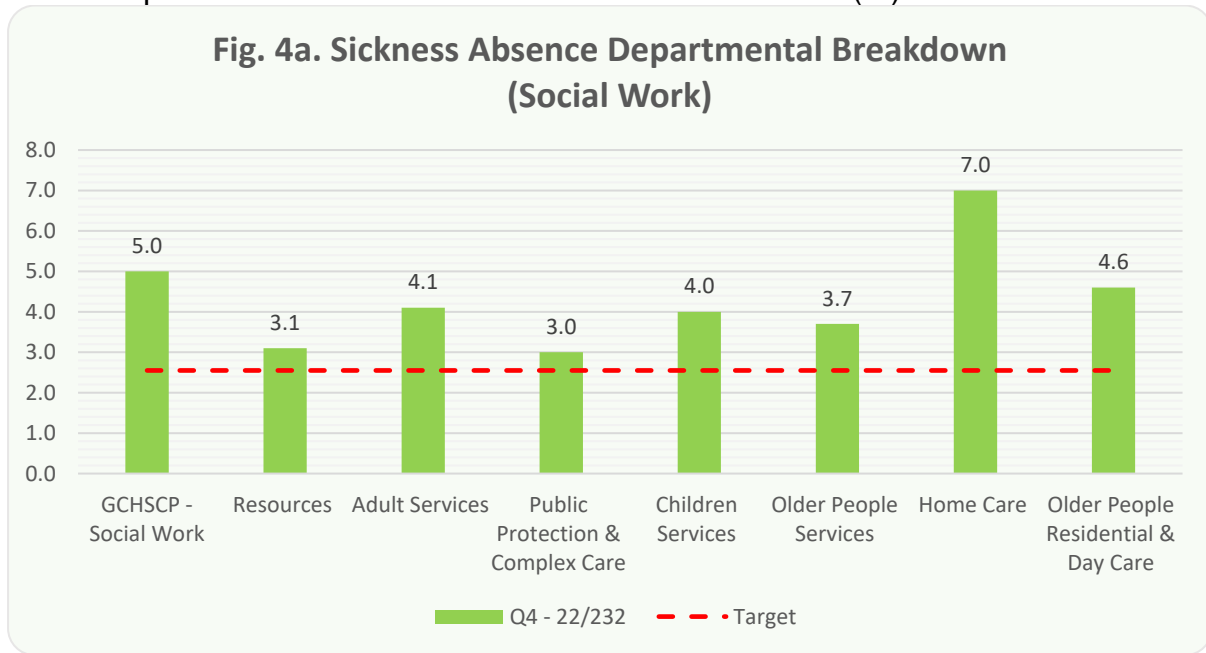
Fig. 3b. - The graph demonstrates the decrease in levels of covid related absence over the year yet there remains a steady level of absence due to this reason. All COVID related absence, except for positive cases, is now aligned to the 'Viral' category. In March 23, 'Viral' accounted for 10% of all absence, down 1% from the previous month.

3.3 Covid Absences – Combined Analysis

Across the HSCP, 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 from Occupational Health. Managers to continue to promote uptake of COVID booster vaccinations for staff.

4. Departmental Breakdown

4.1 Departmental Breakdown – GCHSCP – Social Work (%)



(Fig. 4a.) This graph shows the breakdown of SW services across HSCP, showing consistently our highest levels of absence within Home Care and Older People Residential and Day Care.

4.2 Departmental Breakdown – GCGSCP - Health

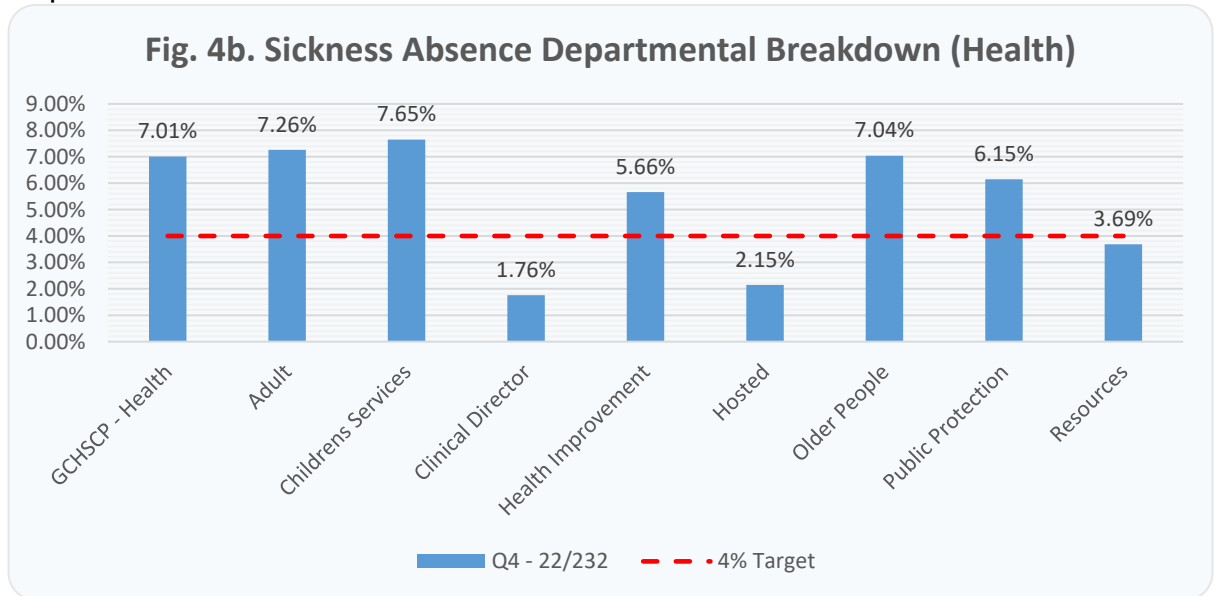


Fig. 4b – This graph shows the breakdown of sickness absence across the service areas of the HSCP, showing that the 3 largest service areas have the highest levels of sickness absence. Both Adult Services and Older People’s Services have Inpatient Mental Health Units which have historically had a significantly higher level of sickness absence that other areas across the HSCP. Children’s services have seen a gradual increase over the last 6 months and at the end of quarter 4, is at the highest level. Resources has significantly decreased through this quarter following a peak leave of absence in December 2022 at 6.9%.

5. Reasons for absence

5.1 Reasons for absence – HSHSCP – Social Work

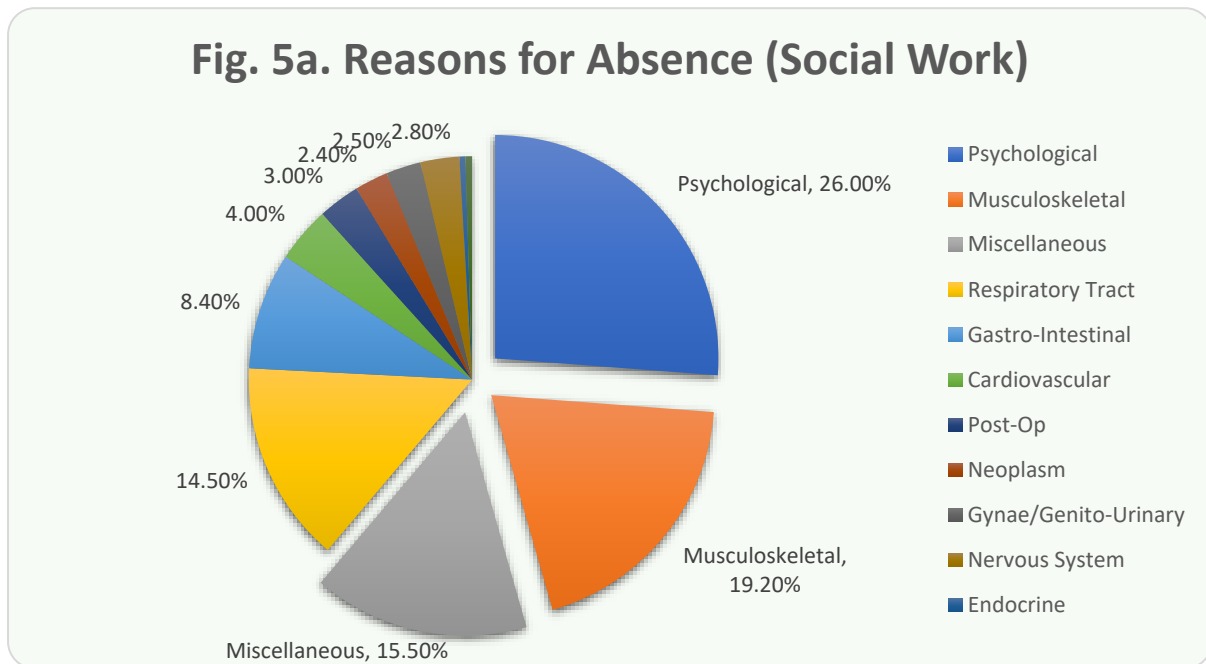


Fig. 5a. Above shows that the top 4 reasons for absence in HSCP Council Services are:

1. Psychological
2. Musculoskeletal
3. Miscellaneous
4. Respiratory Tract

Psychological absences is consistently reported as the top reason for staff absences, however, there has been a 25% reduction in days lost compared to Q4 2021/22.

Musculoskeletal absences is the 2nd top reason for absence, however, a 27% reduction in days lost has been achieved compared to Q4 2021/22.

Miscellaneous absences is the 3rd top reason for absences which has not been a consistent feature over the years However, from 1st July 2022 covid absences changed to be recorded under sickness absences which has impacted on the Miscellaneous OH category in 2022/23.

Respiratory Tract reported as the 4th top reason for sickness is expected in Q4 due to seasonal flu viruses/colds.

5.2 Reasons for absence – GCHSCP - Health

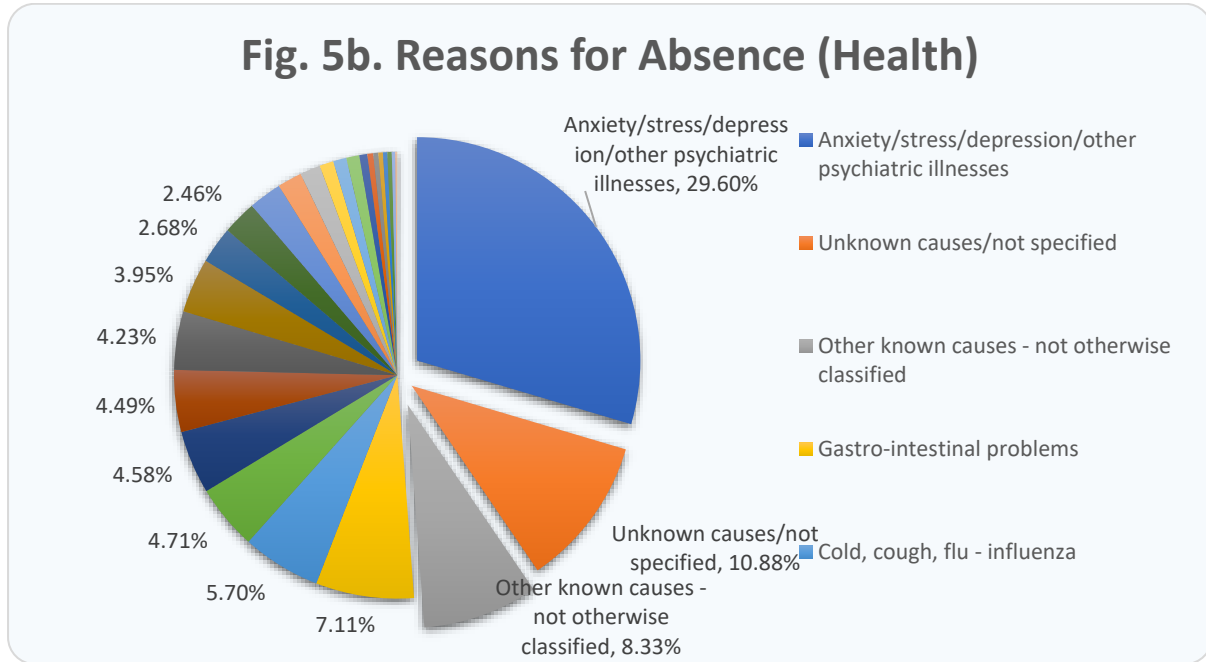


Fig. 5b. Above shows that the top 4 reasons for absence in HSCP Health Services are:

1. Psychological
2. Unknown causes / not specified
3. Other known causes
4. Gastro-intestinal problems

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In March, this accounted for 29.5% of sickness absence, down by 1% from the previous month.

'Other' and 'Unknown' absence accounted for 8.3% and 10.8% of total absence each. 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.

5.3 Reasons for Absence – Combined Analysis

Fig. 5a. And **Fig .5b.** - Across the HSCP, the main reason for absence is 'Psychological', which is a code to incorporate mental health related illness. Staff absence due to this reason tend to be off for a longer period than absence for other reasons. This code is used to record work related stress which will then prompt actions from their manager with support from Occupational Health and HR. Within Social Work, it is noted that 'musculoskeletal' is the second largest cause of sickness absence which may be attributed to the age profile and job requirements of the staff group.

6. Duration of Absence

6.1 Duration of Absence – GCHSCP – Social Work

Fig. 6a. Absence for Q4 - 22/23 (Social Work)

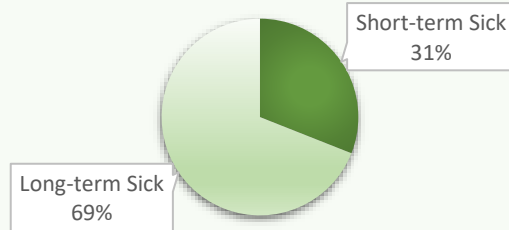
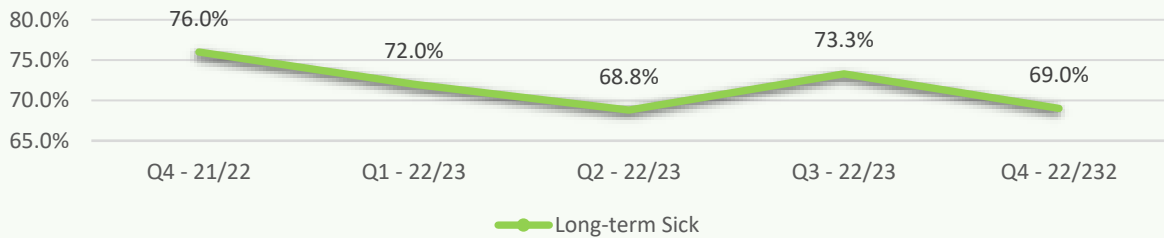


Fig. 6b. Long-term sickness (Social Work)



We can see from the Fig. 6a. and 6b. Above that HSCP Social Work Services. This is consistent with / indicates that (refer to other data in the report e.g., staff profile etc.)

6.2 Duration of Absence – GCHSCP Health

Fig. 6c. Absence for Q4 - 22/23 (Health)

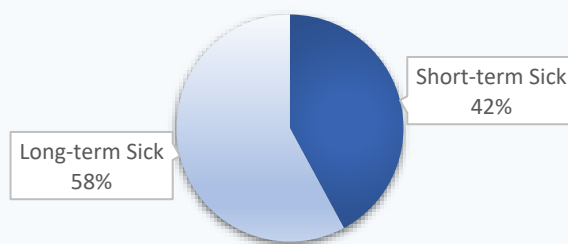
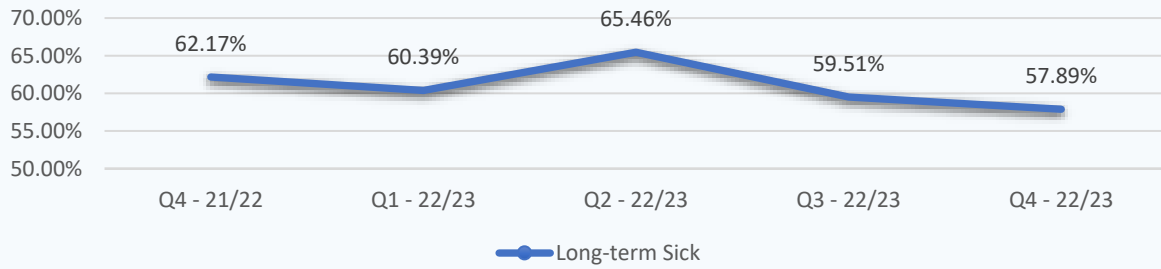


Fig. 6d. Long-term sickness (Health)



We can see from the **Fig. 6c. and 6d.** above that HSCP Health Services, Long term absence which remains at a higher level than short term absence, however this is still in keeping with established trend. In March 2023 Long Term absence accounted for 58% and short-term absence was 42%.

Except for Adult and Children’s services, all areas had a higher rate of short-term absence in March in comparison to the previous month.

Except for Children’s Services, all areas had a lower rate of short-term absence when the March results were compared against the area’s average for the previous quarter.

6.3 Absences – Combined Analysis

Fig. 6a, 6b, 6c, 6d - The graphs reflect a high level of long-term sickness absence across both organisations and although there have been decreases in both Health and Social Work, the level of long term absence is concerning. This can be linked to the main reason for absence in both areas ‘Psychological’ which would tend to lead to long term absence. It is also notable the short-term absence within Health has been at a higher level over the past 2 quarters than previously. Covid may account for this in part.

7. Quarterly Spotlight Area

7.1 Quarterly Spotlight Area - GCHSCP – Social Work – Older People Residential/Day care

Fig. 7.1a WTE of Older People Residential/Daycare

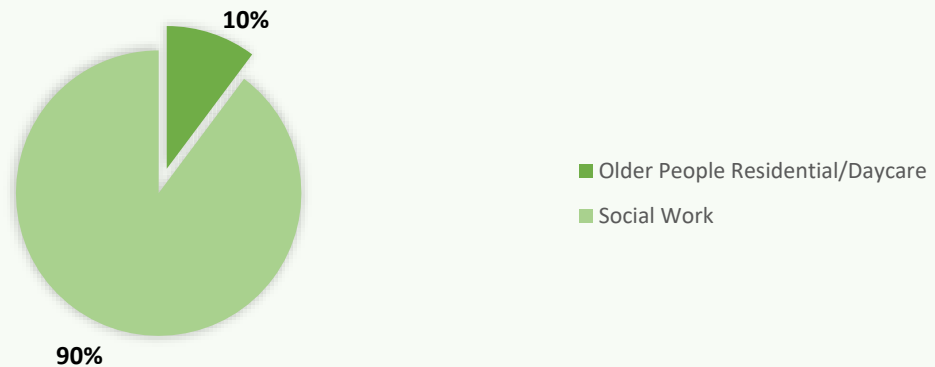


Fig. 7.1b Age Profile of Older People Residential/Daycare

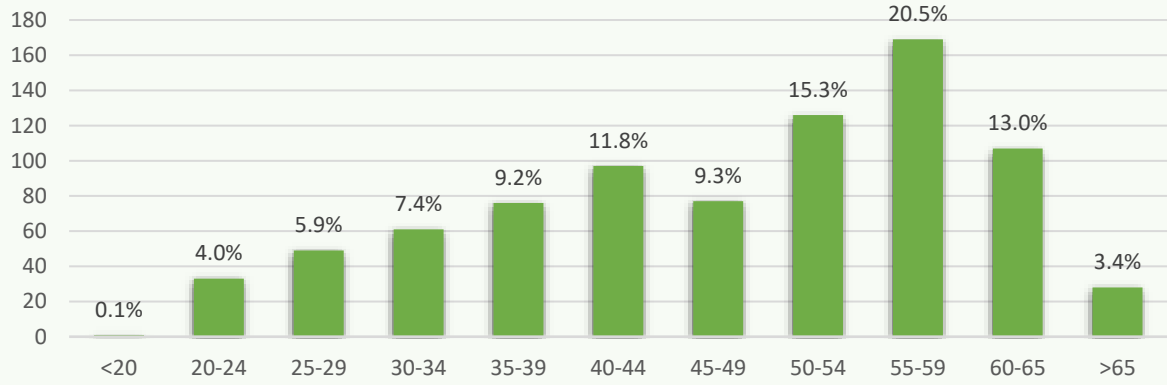


Fig. 7.1c Grade Breakdown of Older People Residential/Daycare

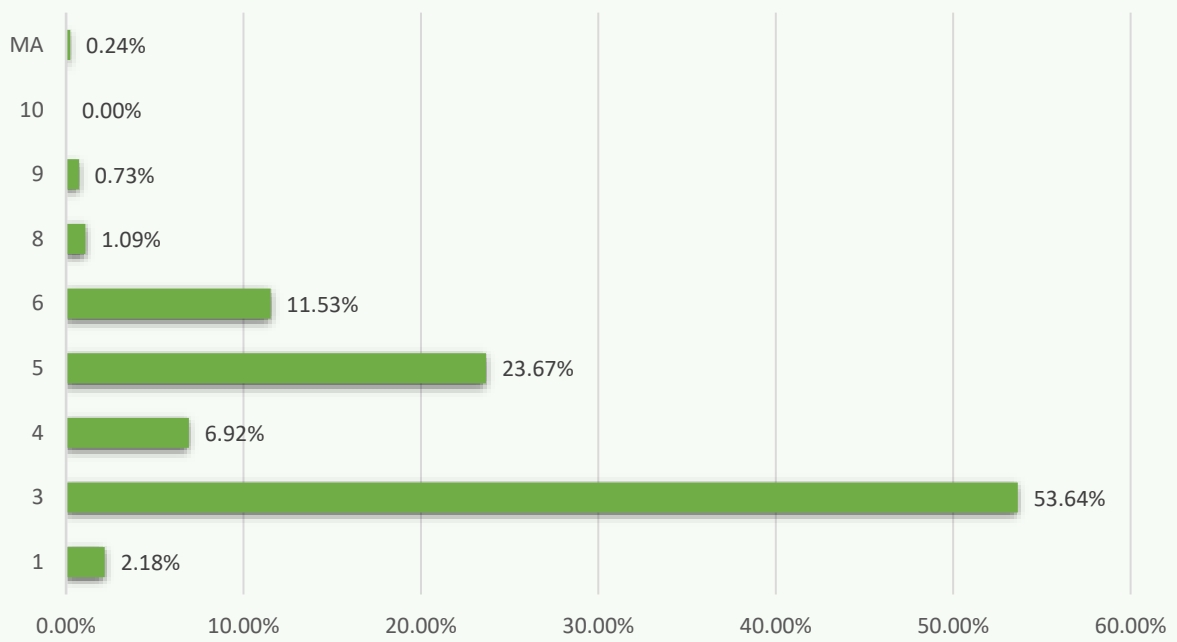


Fig. 7.1d Absence - Average Days Lost in Older People Residential/Daycare

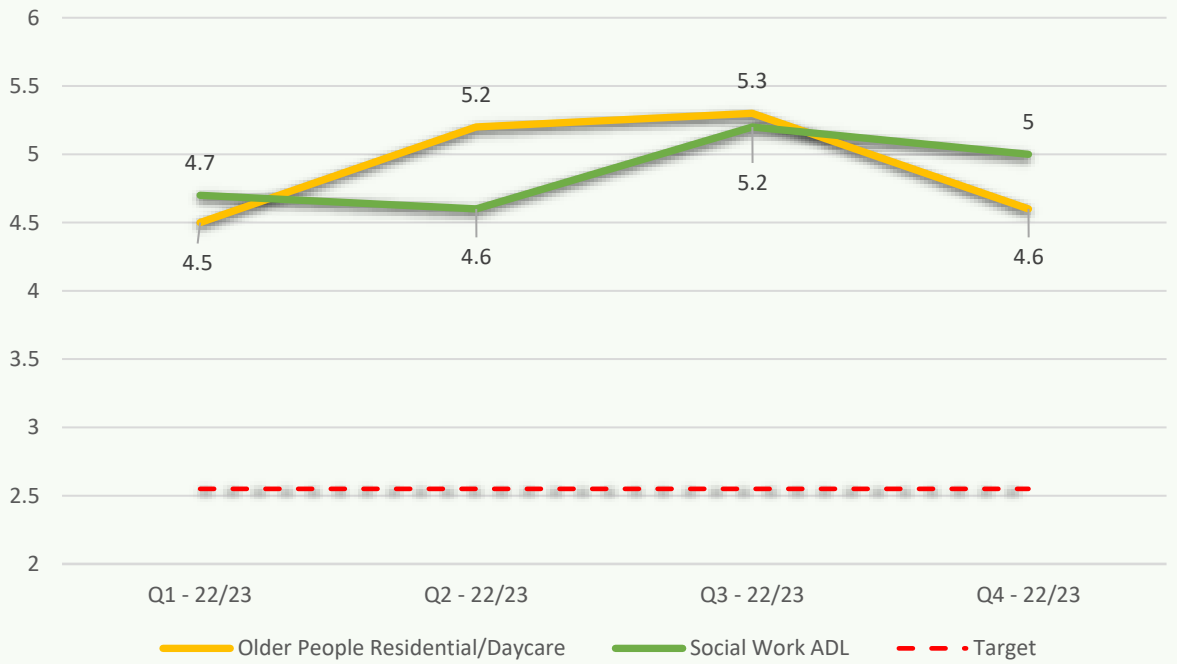


Fig. 7.1e Reasons for Absence (Older People Residential/Daycare)

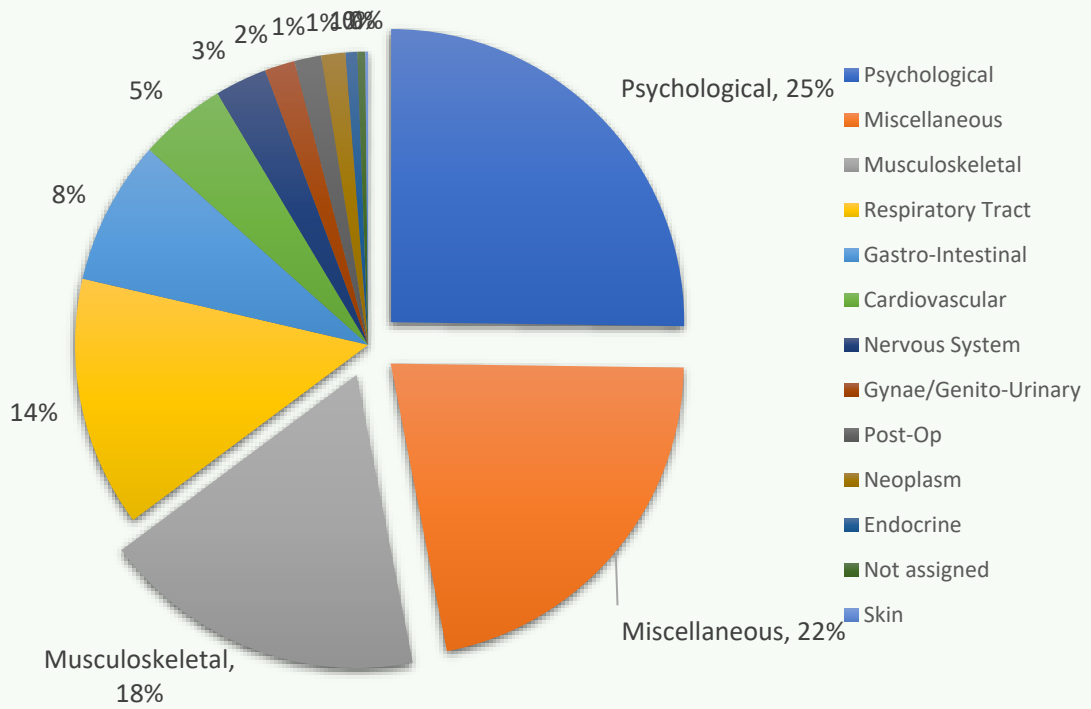
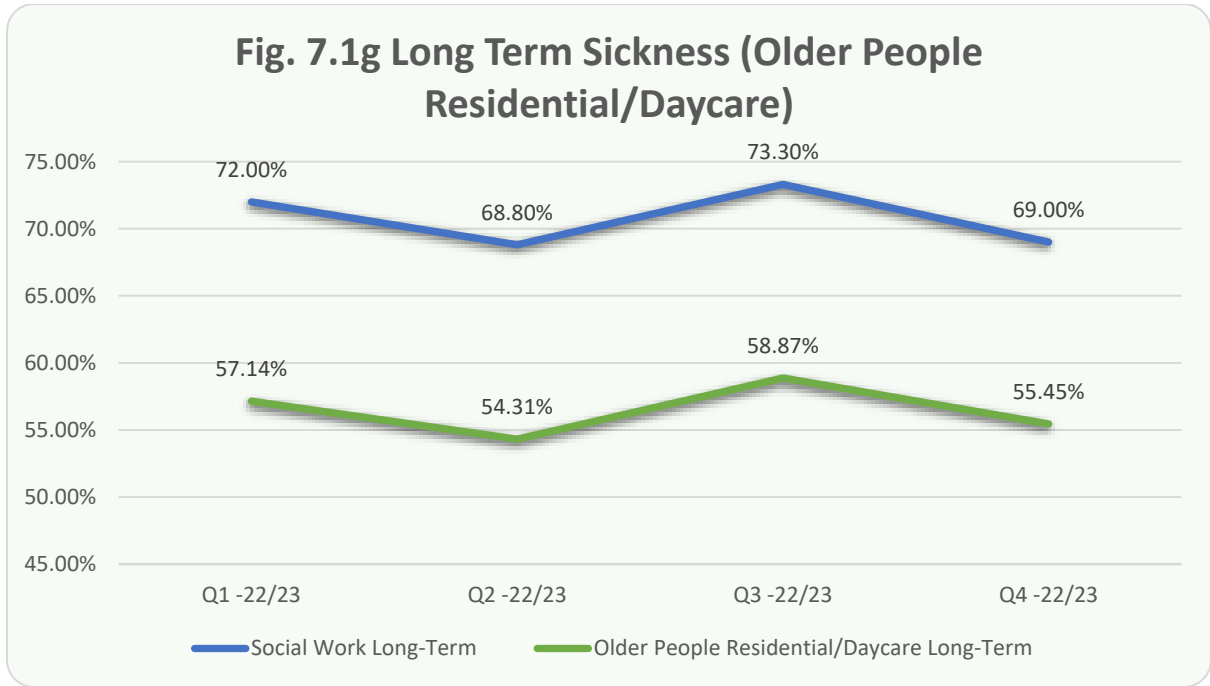


Fig. 7.1f Absence Duration for Q4 22/23 (Older People Residential/Daycare)





Over 50% of staff within the Care Homes are over the age of 50 with high Musculoskeletal absence levels being reported which is due to the physical nature of the role carried out by staff.

The chart above shows that the proportion of long term sickness absence is lower within OP Residential / Daycare compared to the overall Social Work figure. This suggests that OP Res / Daycare report higher short term, intermittent absence.

7.2 Quarterly Spotlight Area - GCHSCP – Health – Sexual Health Services

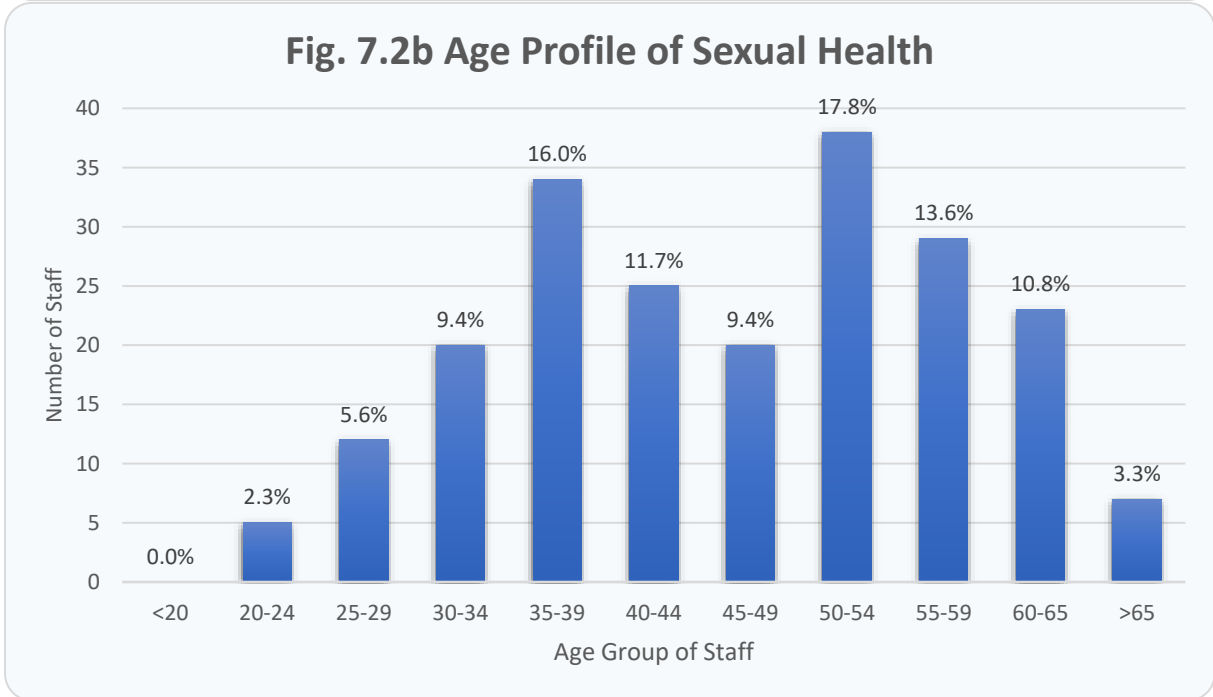
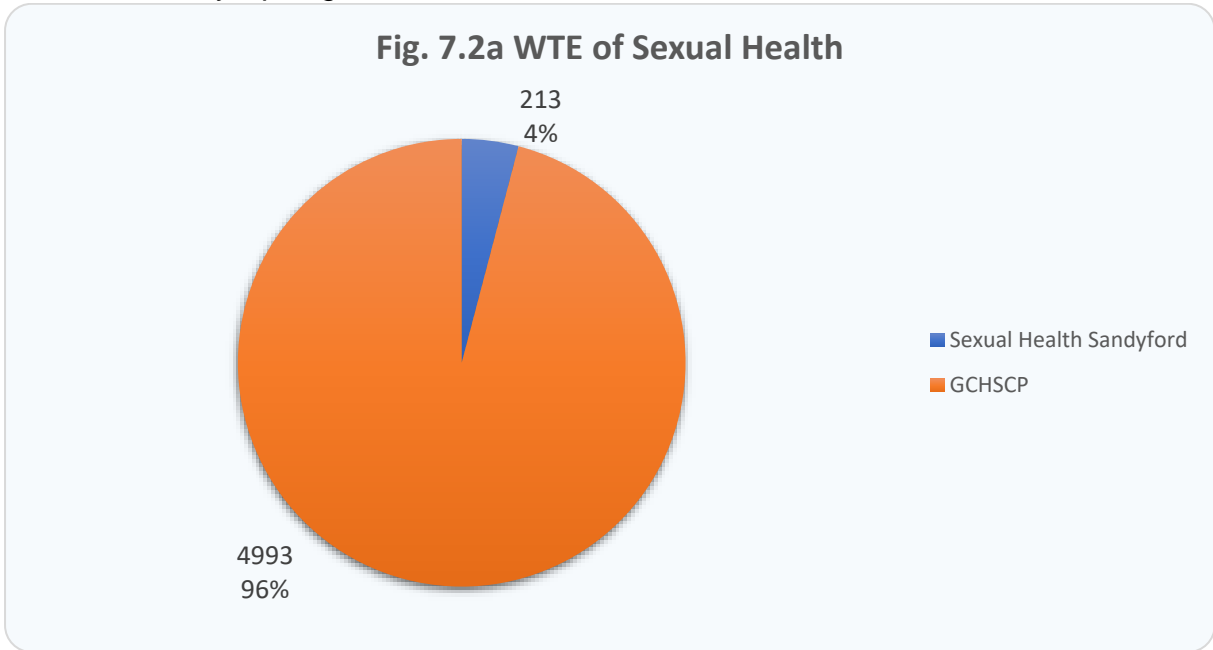


Fig. 7.2c Band Breakdown of Sexual Health

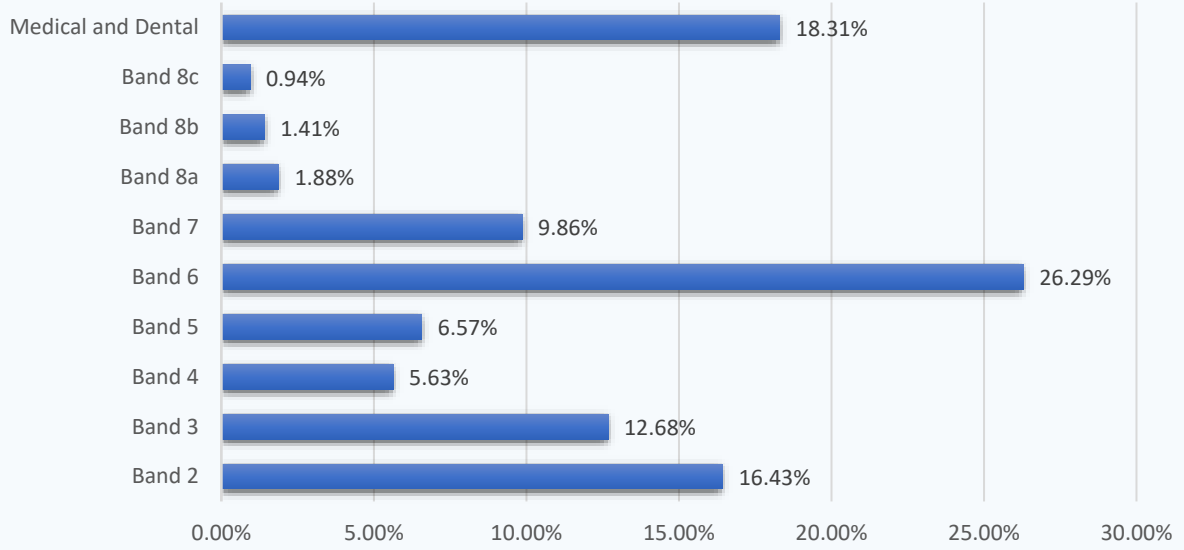


Fig. 7.2d Sexual Health Absence - % of available working days

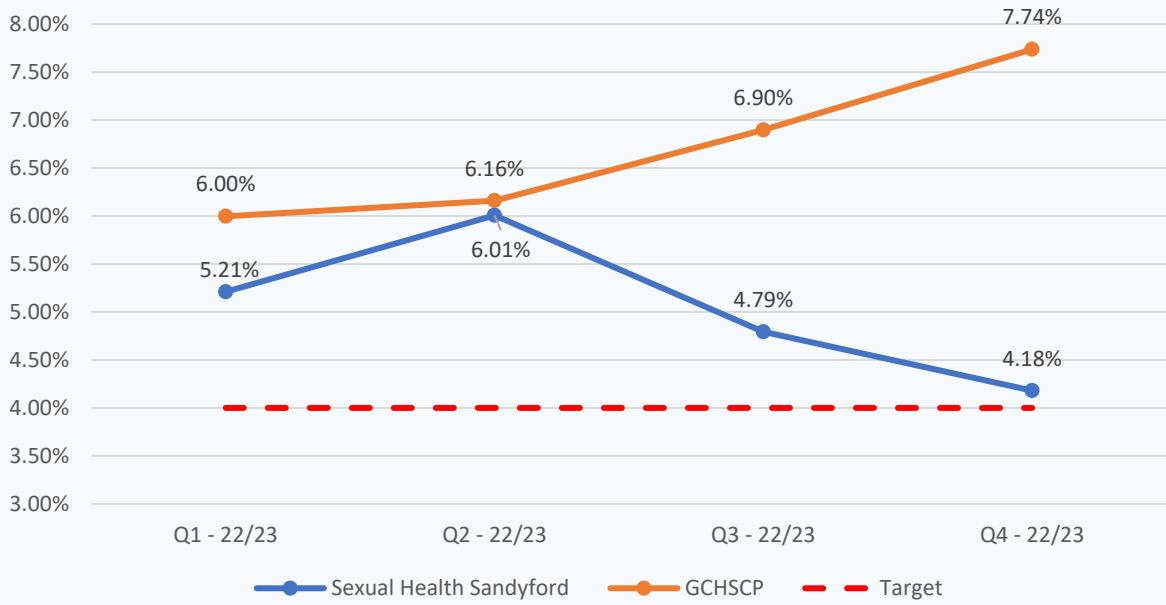


Fig. 7.2e Reasons for Absence (Sexual Health)

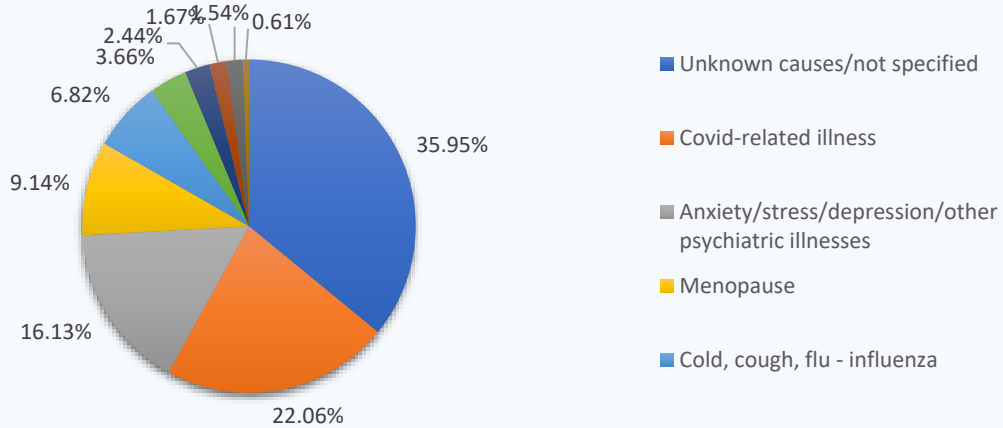


Fig. 7.2f Absence for Q4 - 22/23 (Sexual Health)

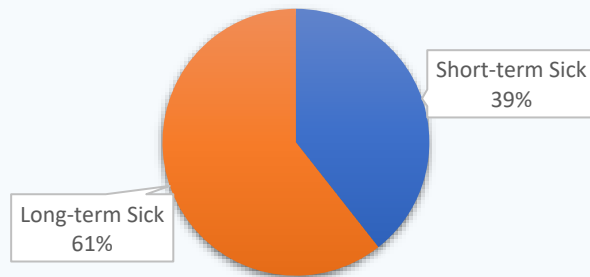
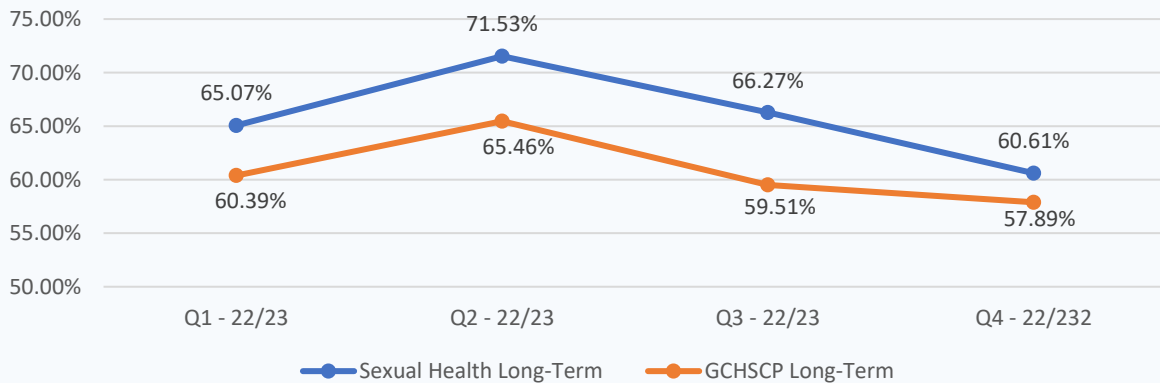


Fig. 7.2g Long Term Sickness (Sexual Health)









Sexual Health Services, primarily based within the Sandyford, is a service within Adult Services Core Leadership structure. The banding profile reflects the multidisciplinary team of medical staff, psychology, nursing, AHP, administrative and management. The sickness absence levels within this service have followed a similar trend to the HSCP however there has been a notable decrease in levels of absence this quarter, particularly in long term absence levels. Covid related absence has been high within the service, and this has impacted on the overall level since this has been managed through Attendance Management process from October 2022. The highest reason for sickness absence is 'Unknown causes' which should be addressed to ensure accurate information is available.

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8. Action Planning

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

No.	Action	Purpose	Target Date	Responsible Officer	RAG
1	GCHSCP HR Attendance Action Plan to be implemented	To ensure a joint, consistent approach to addressing Attendance Management and improving levels of sickness absence across the HSCP taking account of the reasons for sickness absence and the age profile of the services.	Aug-23	KB/GC	
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	
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 HSCP Wellbeing and Attendance Action plan	To co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.	Jun-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.	Aug-23	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 GC HSCP	Dec-23	TK	

9. Recommendations

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

- a) note the content of this report.