



Item No. 12

Meeting Date: Wednesday 13th September 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

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| 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 1 (April to June 2023) as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP). |
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| Background/Engagement: | Absence performance continues to be under scrutiny and where absence levels are consistently high, 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: | <p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the findings made within this report and the data attached; and</p> <p>b) Note the actions to improve the current position.</p> |
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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.

A focus on attendance management also supports the HSCP to meet the IJBs strategic priority of A healthy, valued and supported workforce.

Implications for Health and Social Care Partnership:

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| 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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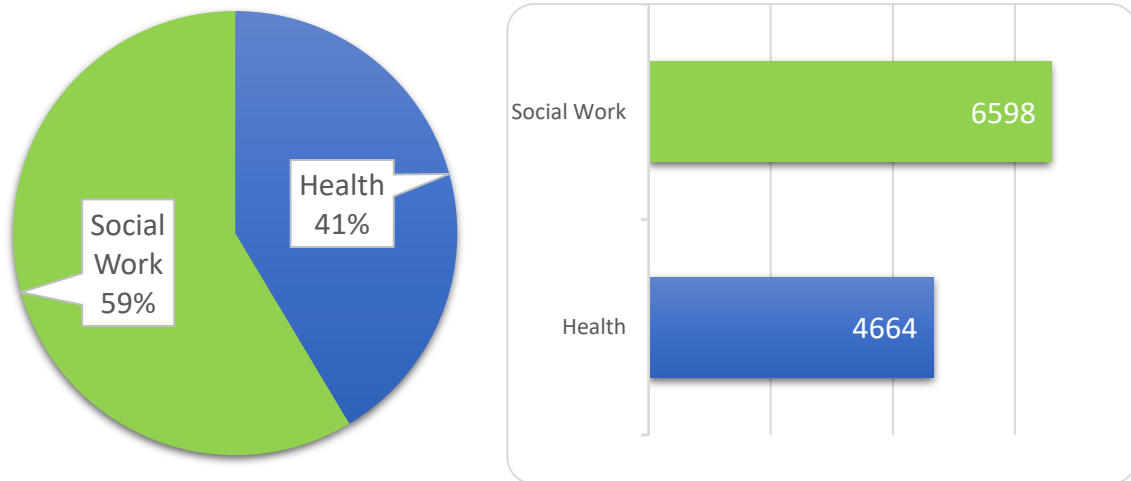
1. Purpose

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 1 (April to June 2023) as well as performance, notable key issues and the implications for Glasgow Health & Social Care Partnership (GCHSCP).

2. Staff Profile Summary – Q1

2.1 Staff Profile Summary – **WTE**

Fig. 2a. WTE of Social Work and Health



2.2 Staff Profile Summary – Age Profile

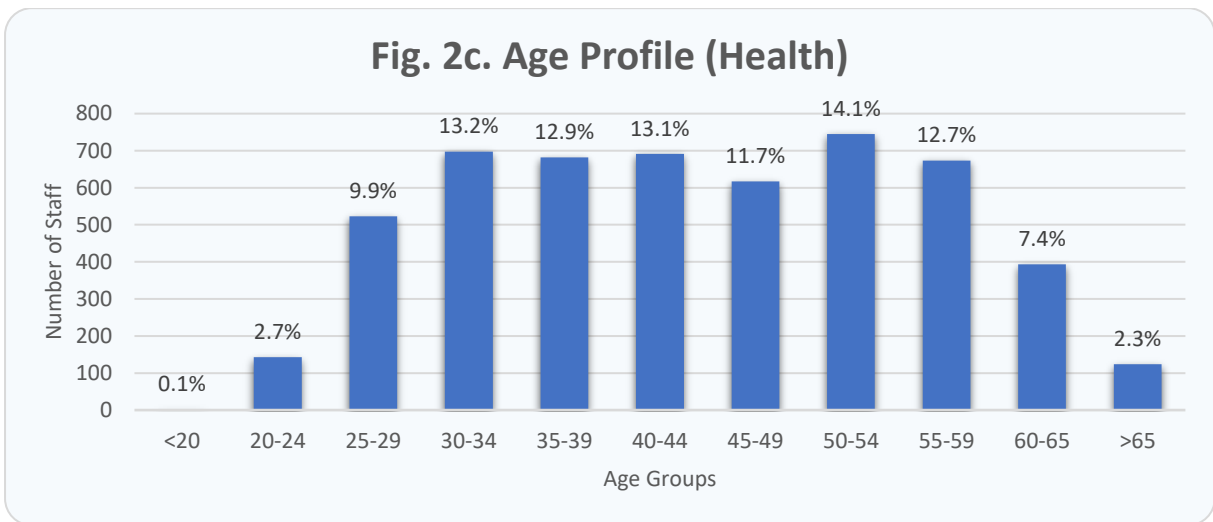
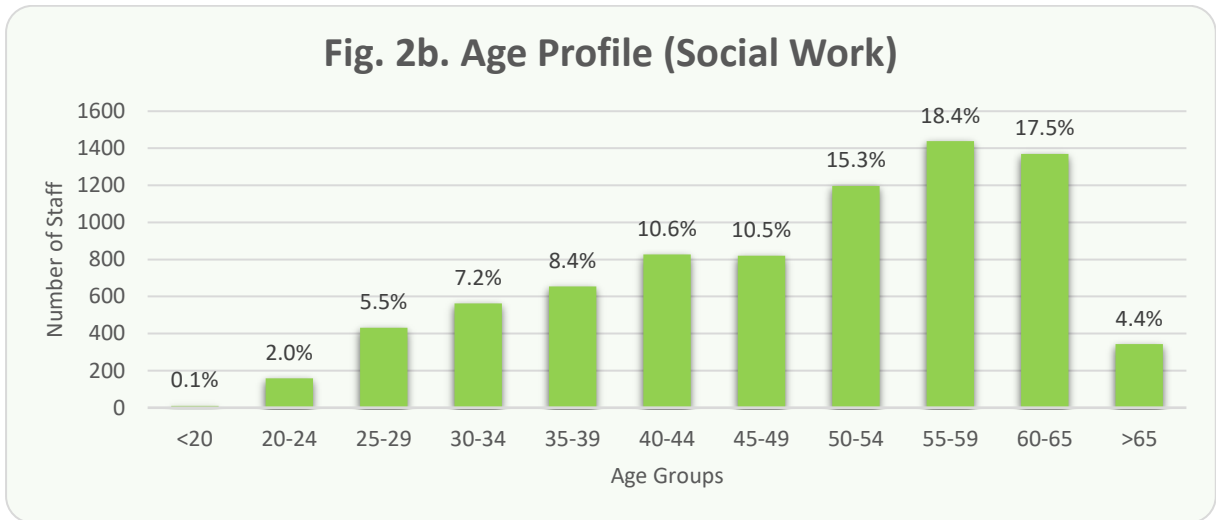


Fig. 2a shows that Social Work staffing headcount remains higher than NHS staffing, with both staff groups increasing over the past 12 months.

Fig. 2b 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 GCHSCP in terms of future staffing and it significantly impacts the frequency and duration of sickness absence.

Fig. 2c shows 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.

2.3 Staff Profile Summary – Grade Breakdown Q1

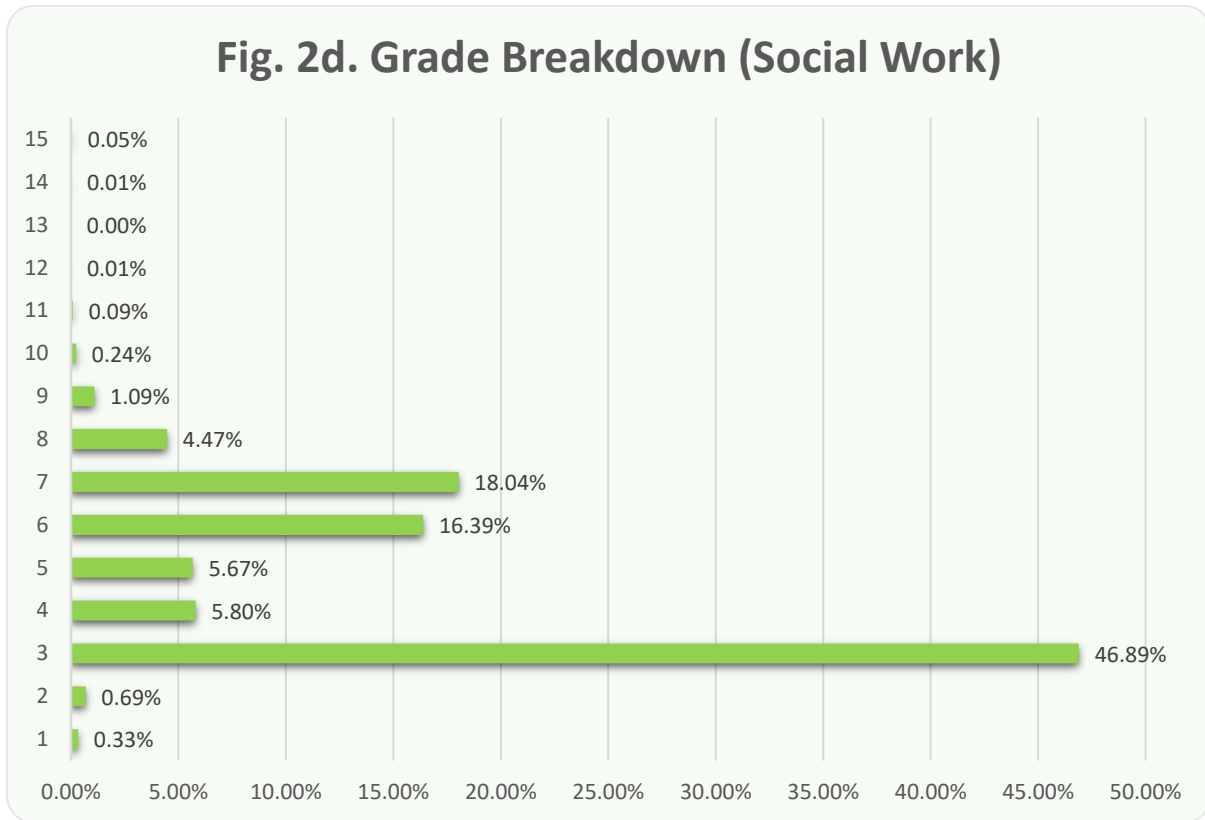
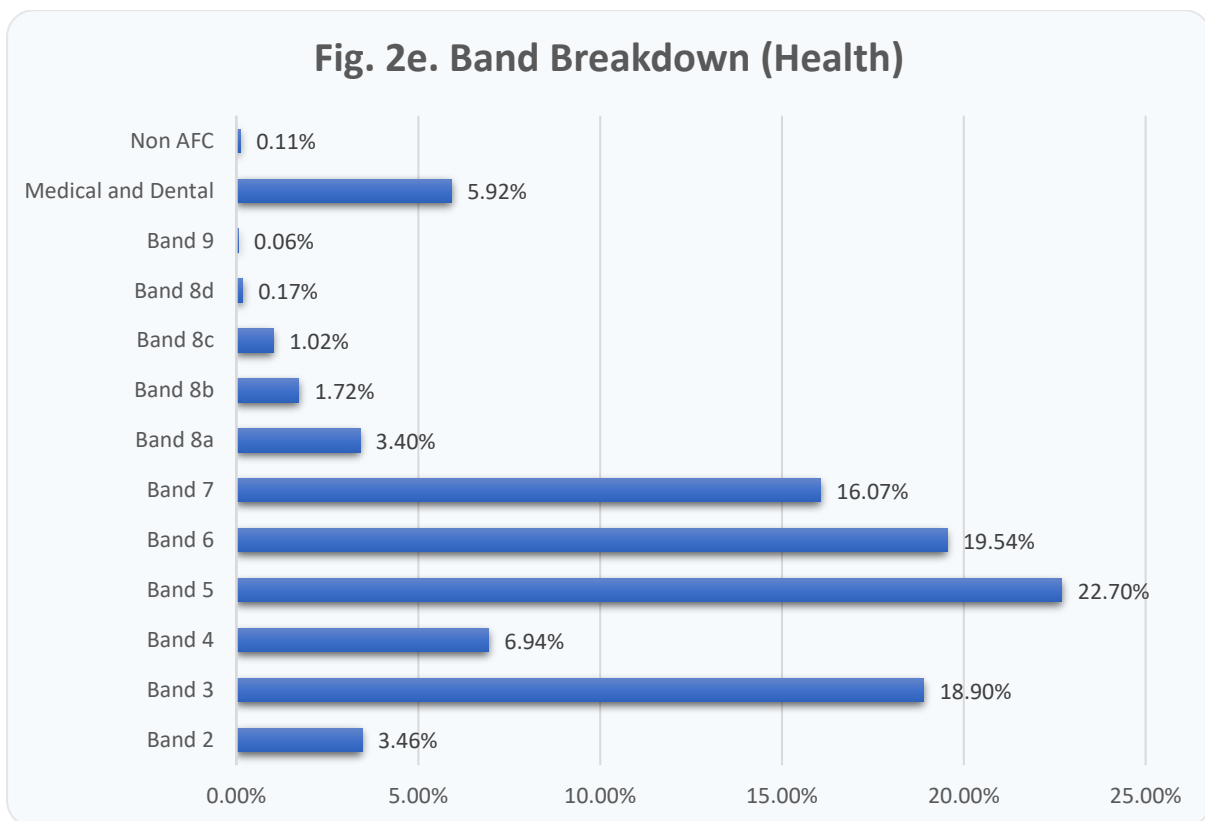


Fig. 2d shows the % SW staff within each grade across HSCP and highlights front line workers such as Home carers, Social Care Assistants, Support Workers, Responders and Clerical Workers represent the highest percentage of the workforce at Grade 3 level.



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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. 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 GCHSCP.

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 GCHSCP 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 – Q1

3.1 Quarterly Absence - Social Work (% Sickness Absence & Average Days Lost Per Employee ADL)

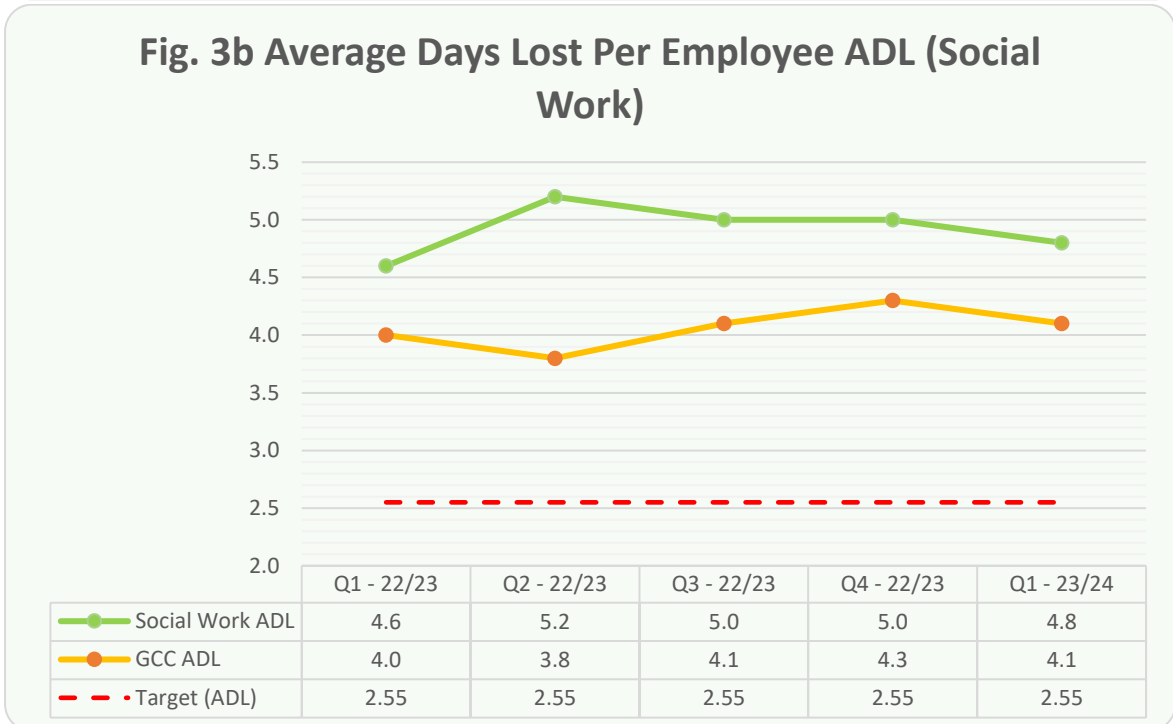
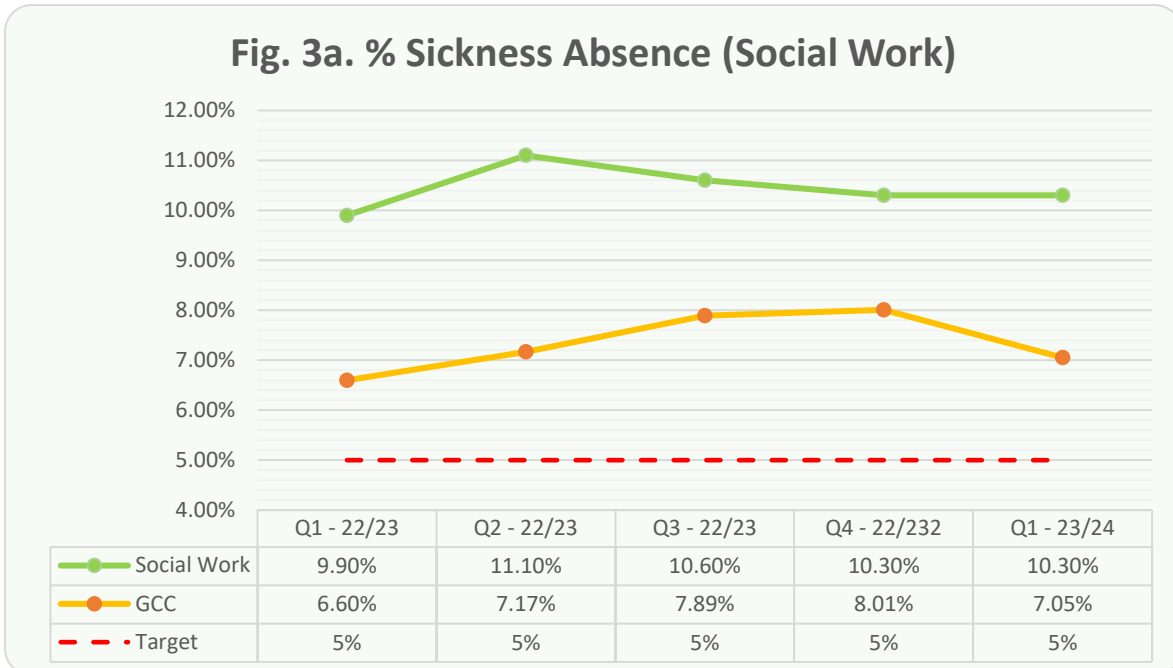


Fig. 3a shows the quarterly absence trend. Quarter 1 for 2023/24 reports the same as the previous quarter of 10.30%. In comparison to Q1 last year there has been a slight increase.

Fig. 3b shows the variation in quarterly absence trend by each quarter for 2022/23 between Social Work (SW) and Glasgow City Council (GCC), in particular Q2 to Q4 that shows SW with a gradual decrease in absence and GCC showing a gradual increase, but both moving in the same direction for this Q1 2023/24.

3.2 Quarterly Absences – Health (% Absence)

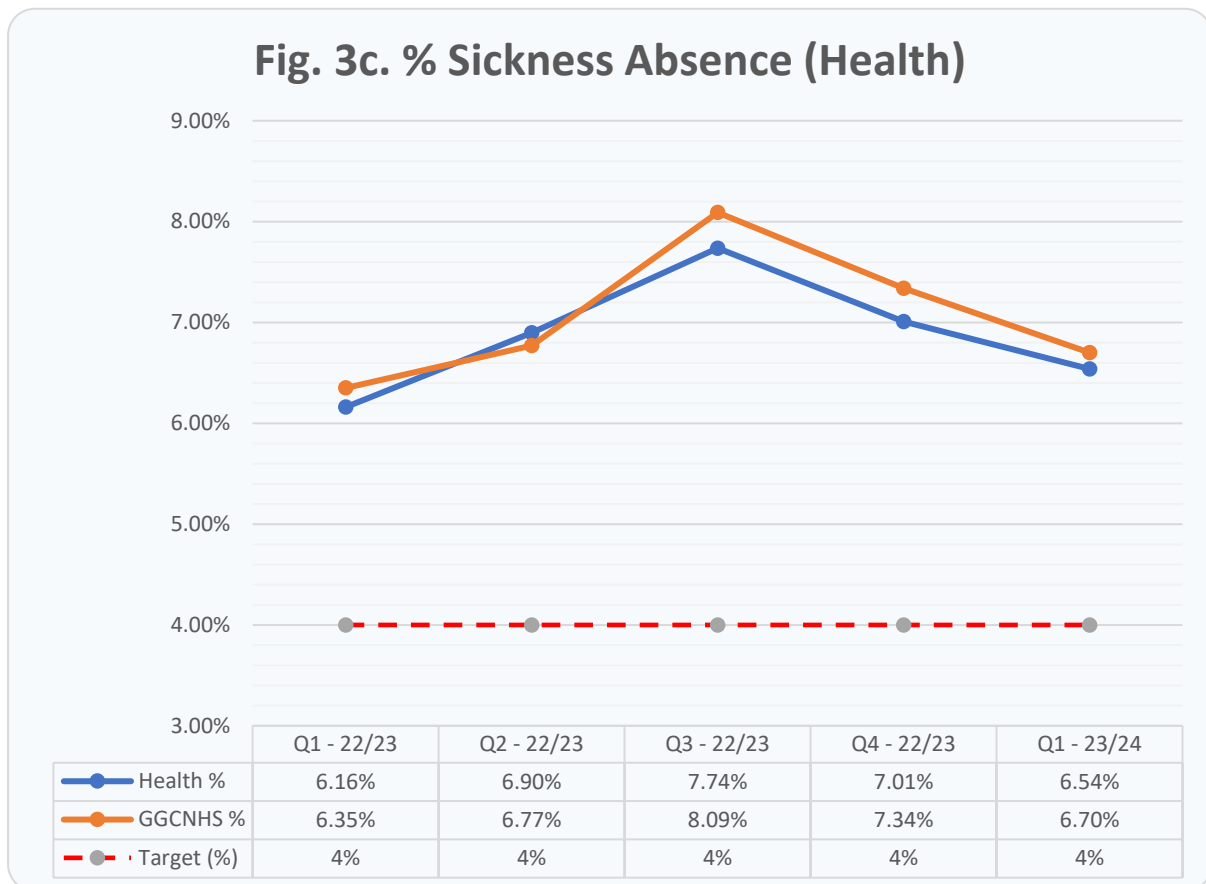


Fig. 3c shows the quarterly absence trend. Quarter 1 2023/24 reports at 6.54%, which is an increase compared to the same quarter last year (6.16%). There is a gradual increase from 6.16% 12 months ago (Q1) to 7.74% at its highest in quarter 3, a 1.74% increase over 9 months. Quarter 4 22/23 recorded a decrease (7.01%), and this trend has continued into Q1 23/24 with a further decrease of 0.47% to (6.54%).

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 – 22/23 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 +2.16% 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 are above the target levels and have been a recurring pattern for several years. The level of sickness absence has remained high since Covid-19. Health sickness absence has primarily remained below the level of NHSGGC as a whole and Social Work sickness absence levels have been slightly higher than GCC levels.

4. Covid absence – Q1

4.1 Covid Absences – Social Work

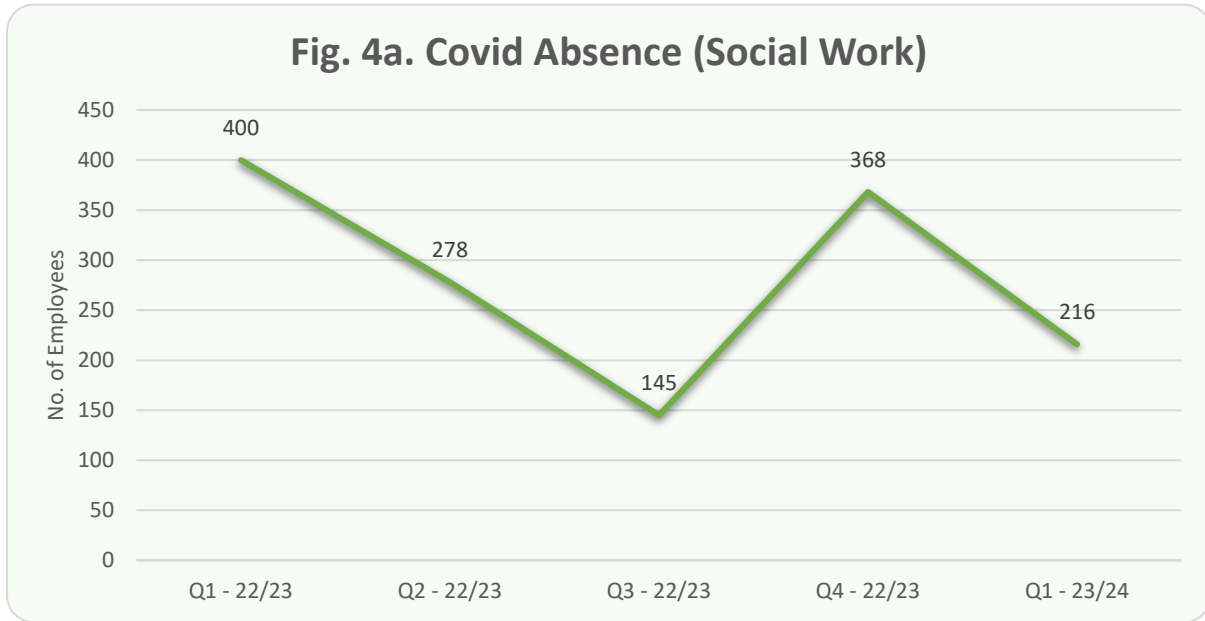


Fig. 4a shows a 41% decrease from Q4 to Q1 which was the expected trend as there were no reporting of any outbreaks within Older People Residential Care Homes for this quarter.

4.2 Covid Absences – Health

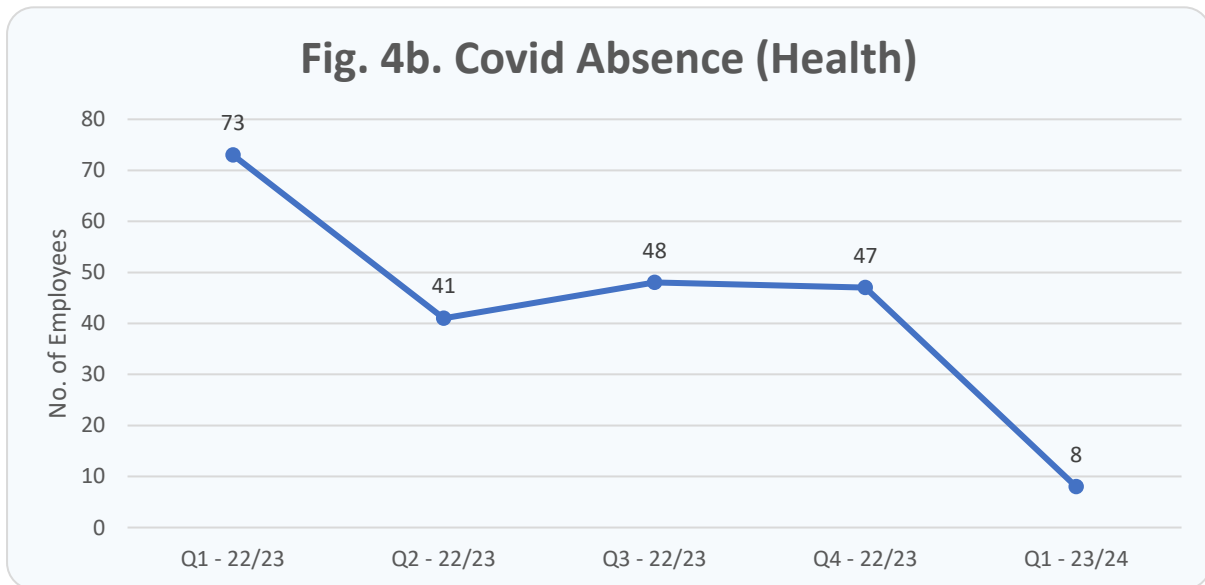


Fig. 4b shows the decrease in levels of Covid related absence over the year, yet there remains a steady level of absence due to this reason. All Covid related absence, except for positive cases, is now aligned to the 'Viral' category. In March 23, 'Viral' accounted for 10% of all absence, down 1% from the previous month.

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. Managers to continue to promote uptake of Covid booster vaccinations for staff.

5. Sickness Absences ADL / % Departmental Breakdown – Q1

5.1 Sickness Absences – Social Work

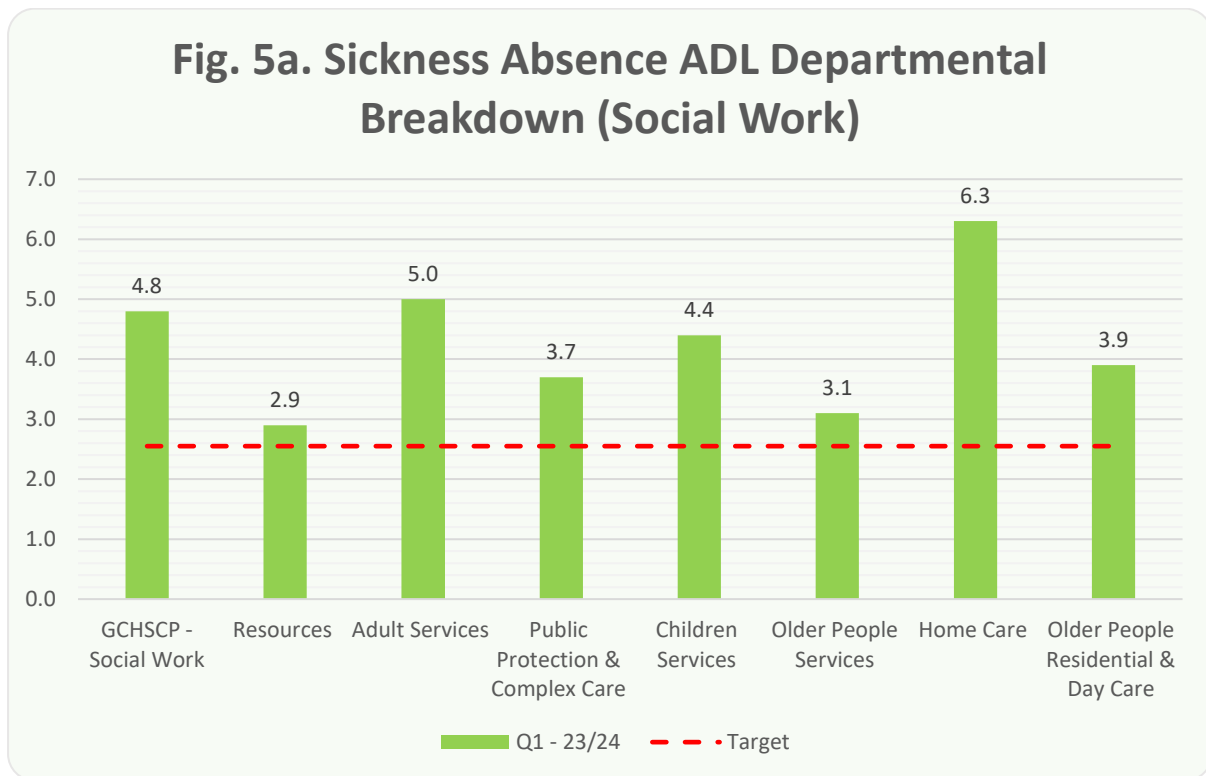


Fig. 5a shows the breakdown of SW services across GCHSCP, showing consistently our highest levels of absence within Home Care and Older People Residential and Day Care. ADL remains above the quarterly target for all areas, however, there has been a reduction in ADL in comparison to previous quarter (Q4 2022/23) for all areas with exception of Children Services, Adult Services and Public Protection & Complex Care.

Q1 2023/24 levels in comparison to the same quarter last year shows an increase in Resources, Public Protection & Complex Needs, Home Care and SW overall. Children’s Services, Adult Services and Older People Services remained the same. Older People and Day Care is the only service area that has reduced ADL in comparison to Q1 2022/23.

5.2 Sickness Absences - Health

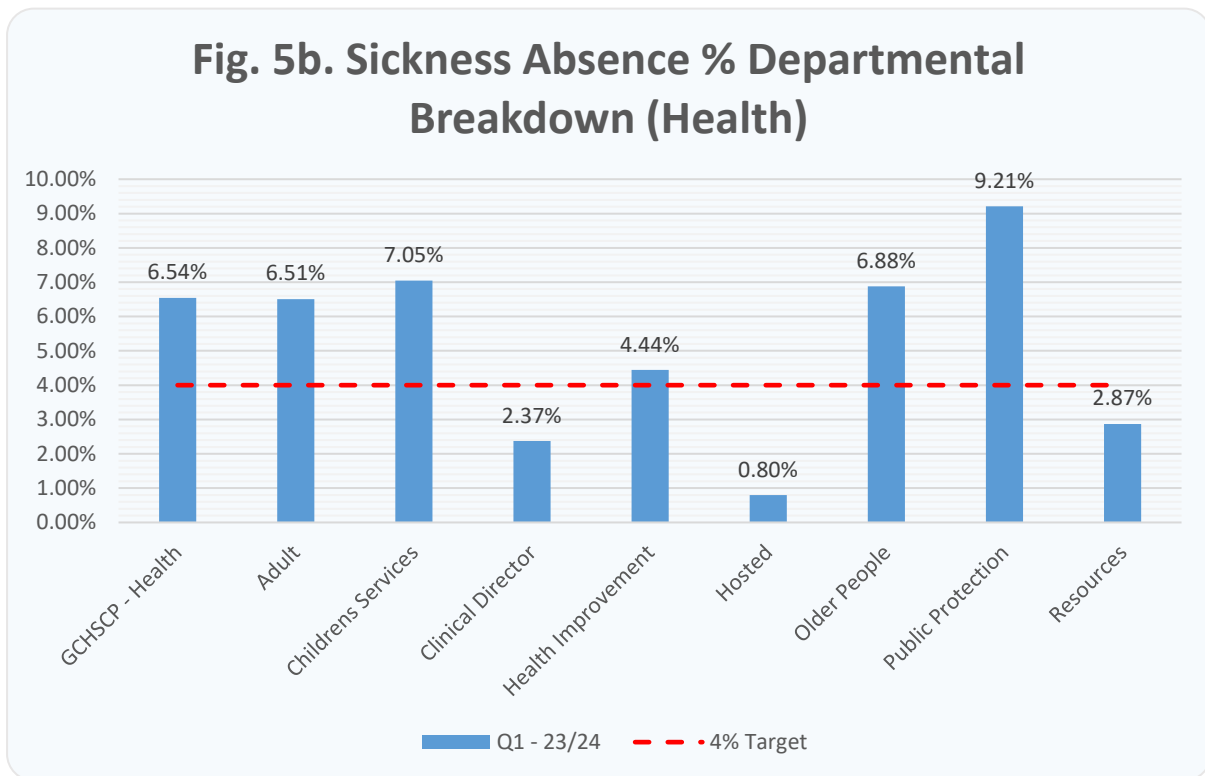


Fig. 5b shows the breakdown of sickness absence across the service areas of GCHSCP. Public Protection shows the highest level of absence at 9.21% but in terms of the number of staff in this service area, this is one of the smaller services. The 3 largest service areas (Adults, Older People and Children’s Services) continue to 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 than other areas across GCHSCP. 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%.

6. Reasons for absence – Q1

6.1 Reasons for absence – Social Work

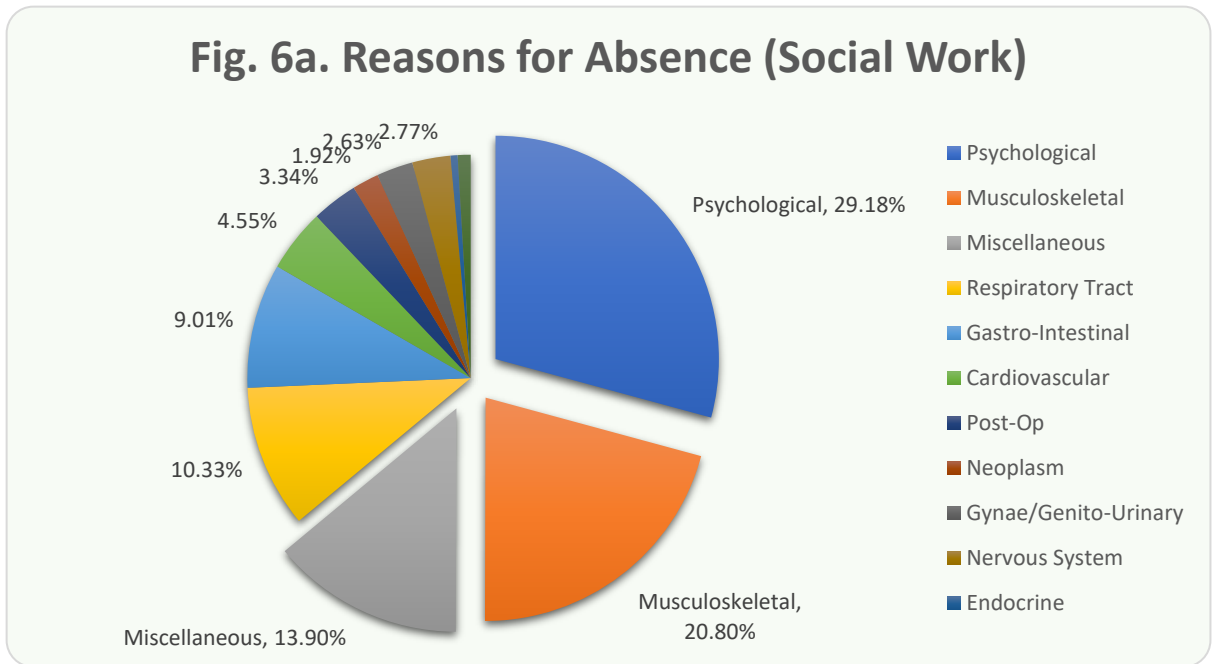


Fig. 6a. Above shows that the top 4 reasons for absence in HSCP Council Services are:

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

Psychological absences are consistently reported as the top reason for staff absence. This includes stress absences as the main contributing factor for absences in this Occupational Health category. Days lost for Q1 2023/24 remains very similar to Q1 2022/23, however, there has been a 5.5% increase in days lost compared to the previous Q4 2022/23.

Musculoskeletal absences are consistently reported as the 2nd top reason for staff absence. This includes back pain absences as the main contributing factor for absences in this Occupational Health category. There has been a 9% increase in days lost in comparison to Q1 2022/23 and a 3% increase in days lost compared to the previous Q4 2022/23.

Miscellaneous absences are reported as the 3rd top reason for staff absence. There has been an increase in days lost in comparison to Q1 2022/23 and a 15% decrease in days lost compared to the previous Q4 2022/23.

Respiratory Tract absences are reported as the 4th top reason for staff absence. There has been an increase in days lost in comparison to Q1 2022/23 and a 32% decrease in days lost compared to the previous Q4 2022/23, which is consistent with seasonal related illnesses such as flu viruses/colds.

6.2 Reasons for absence - Health

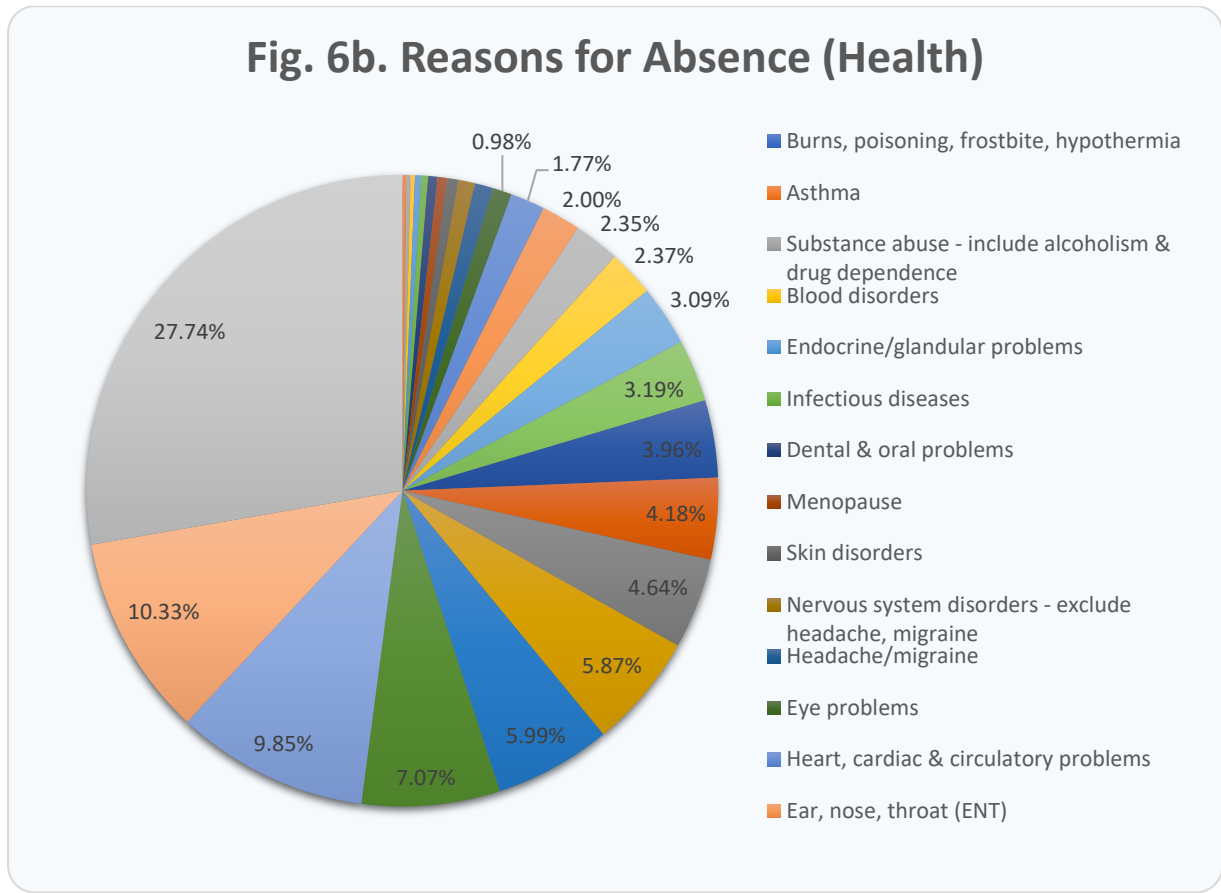


Fig. 6b. Above shows that the top 4 reasons for absence in HSCP Health Services Q1 23/24 are:

1. Anxiety/stress/depression/other psychiatric illnesses
2. Unknown causes/not specified
3. Other known causes - not otherwise classified
4. Gastro-intestinal problems

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most prevalent absence reason. In June, this accounted for 27.74% of sickness absence, down by 1.76% from March 23.

'Other' and 'Unknown' absence accounted for 9.85% and 10.33% 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.

6.3 Reasons for Absence – Combined Analysis

Fig. 6a. And **Fig. 6b.** - 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.

7. Duration of absence

7.1 Duration of Absence – Social Work

Fig. 7a. Absence for Q1 - 23/24 (Social Work)

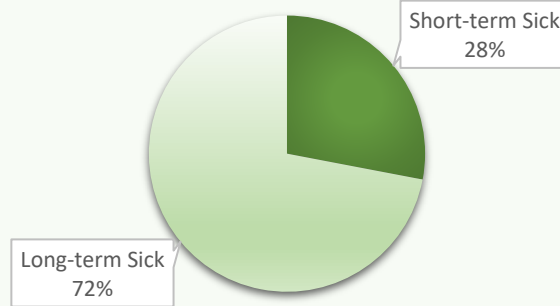
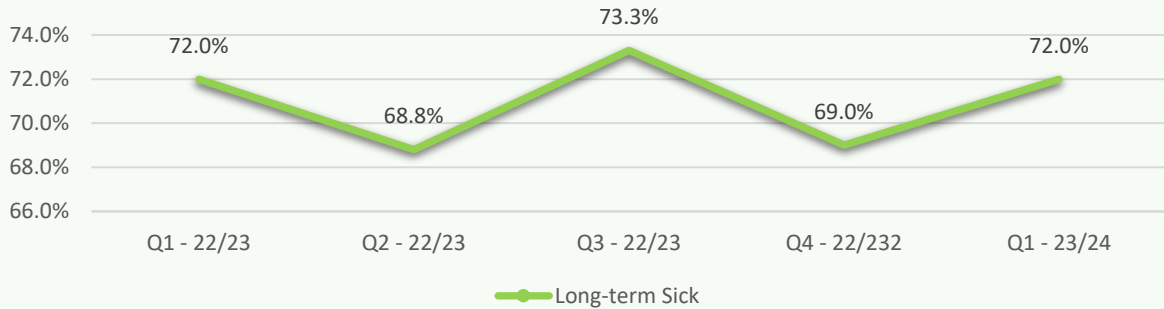


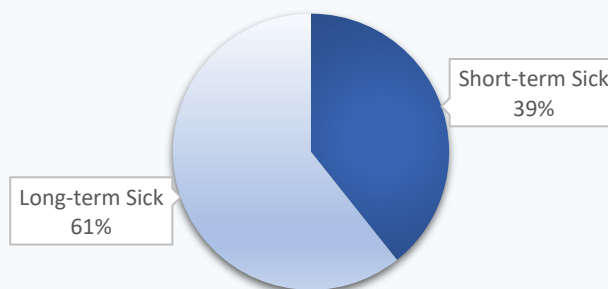
Fig. 7b. Long-term sickness (Social Work)

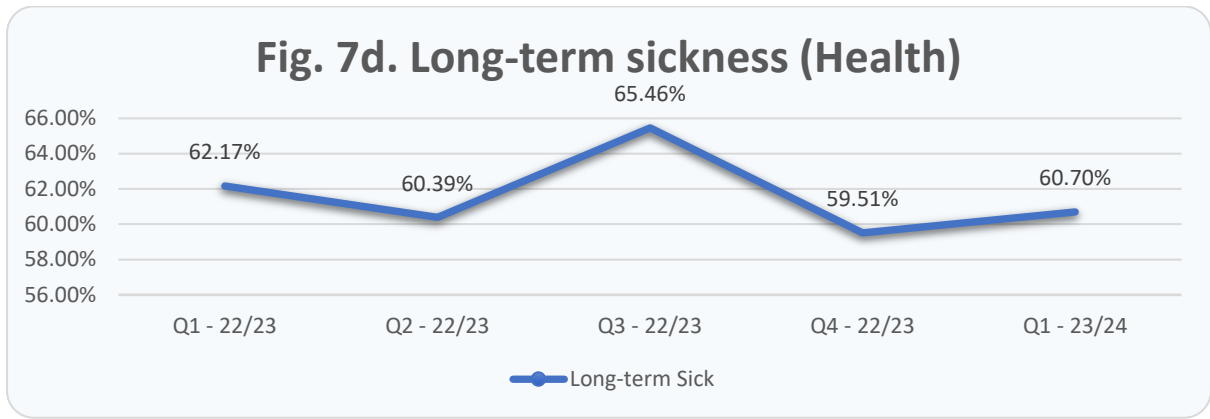


We can see from the **Fig. 7a. and 7b** HSCP Social Work Services absence is predominately long term and averages around 70%. This is consistent in comparison to previous quarters and relates to the fact that a high percentage of the workforce is between 50-65 years, some of which are front line workers where there is a greater psychological and physical impact in their roles.

7.2 Duration of Absence – Health

Fig. 7c. Absence for Q1 - 23/24 (Health)





We can see from the **Fig. 7c. and 7d.** 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 June 2023 long term absence accounted for 61% and short-term absence was 39%.

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 Childrens 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.

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 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.

8. Quarterly Spotlight Area

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

Fig. 8.1a WTE of Care Services

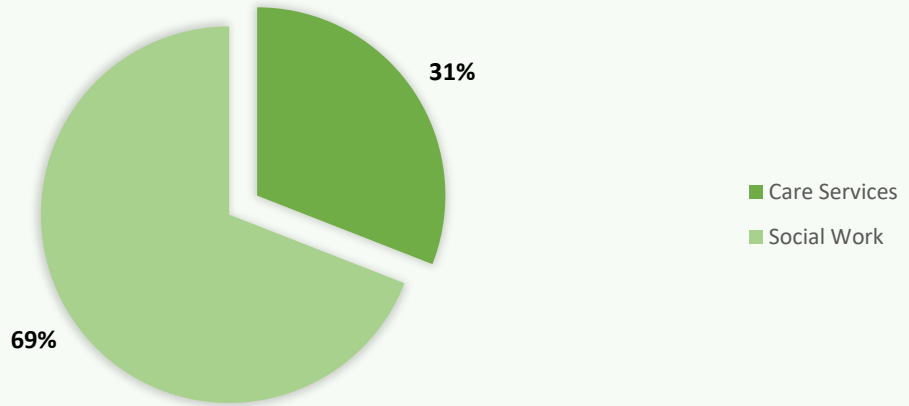


Fig. 8.1b Age Profile of Care Services

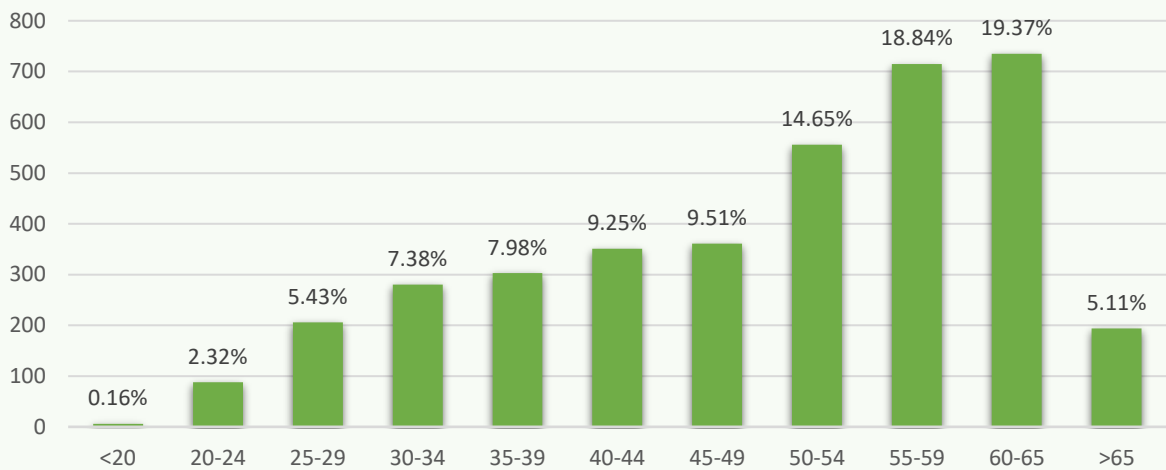


Fig. 8.1c Grade Breakdown of Care Services

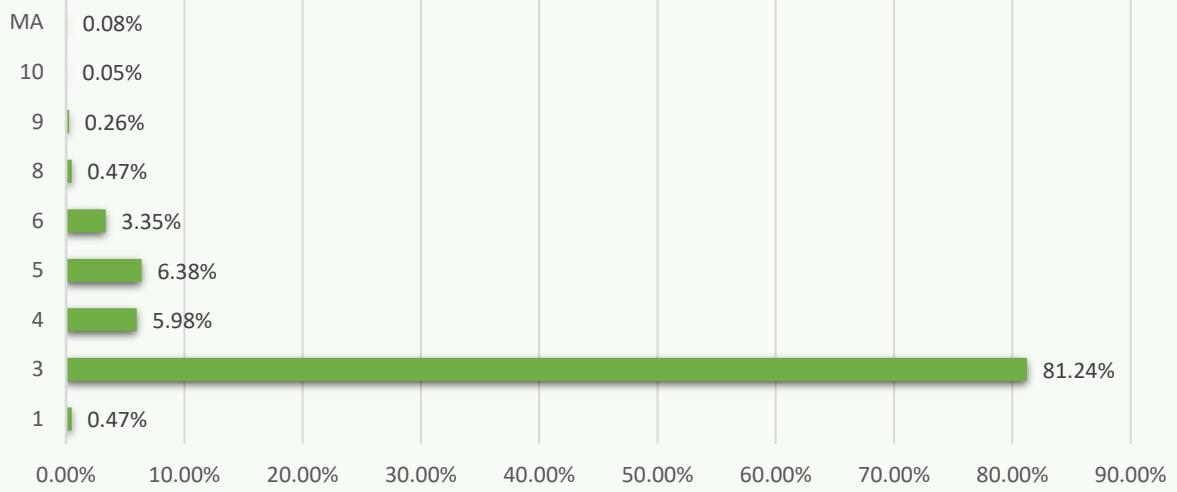


Fig. 8.1d Absence - Average Days Lost in Care Services

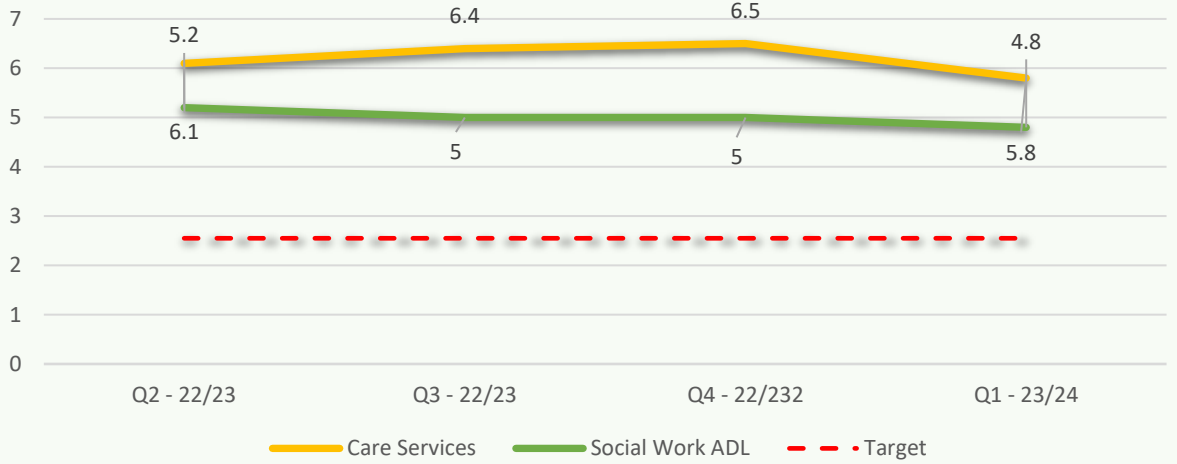


Fig. 8.1e Reasons for Absence (Care Services)

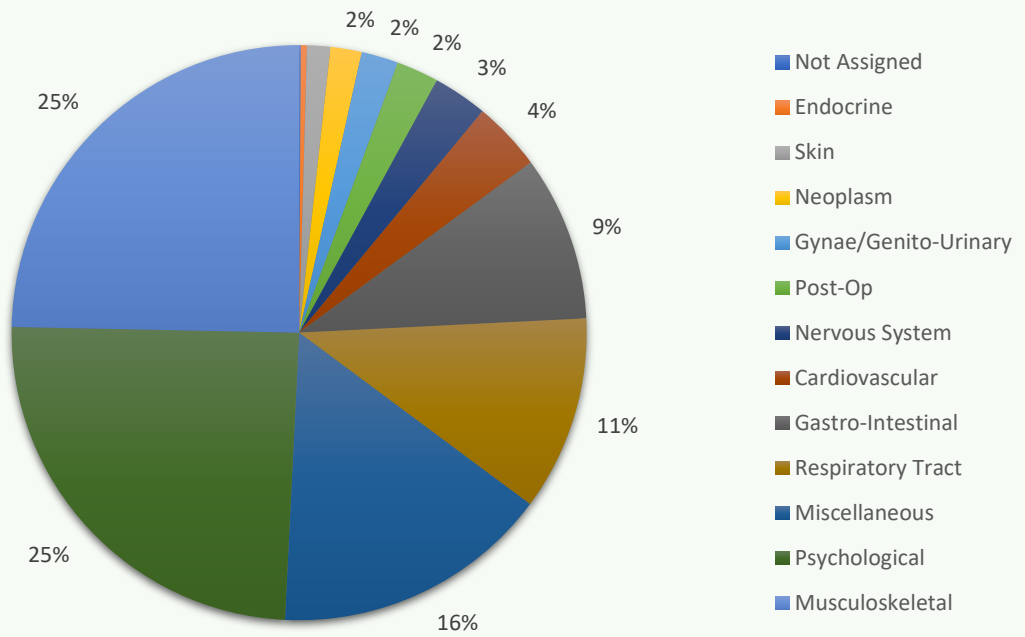


Fig. 8.1f Absence for Q1 23/24 (Care Services)

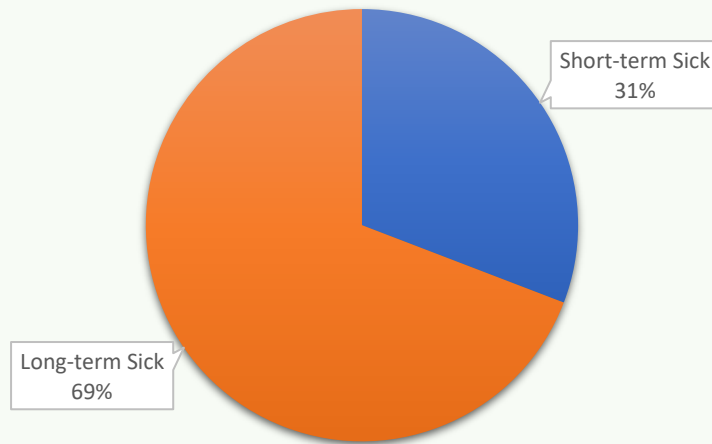
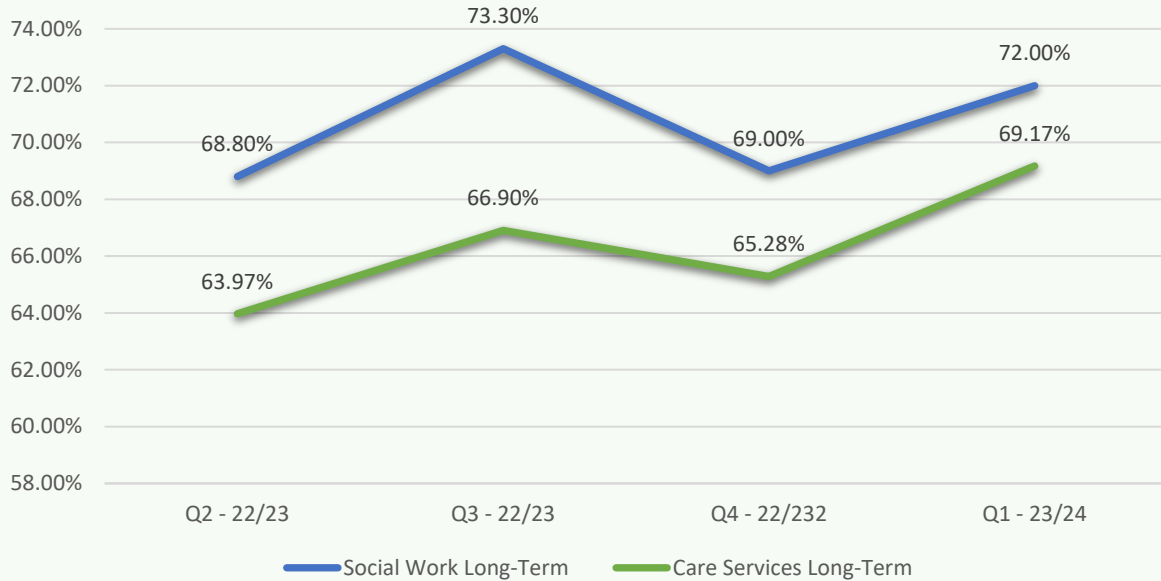


Fig. 8.1g Long Term Sickness (Care Services)



Care Services includes Home Care, Assessment Services, Community Alarms and Older People Residential and Day Care.

Musculoskeletal absences are the largest contributor to absence for Q1. Back Pain is the main reason, closely followed by shoulder pain and knee pain. **Fig 8.1g** shows a slight increase this quarter.

Staff within the Care Services are predominately front-line workers and over 55% of these workers are over the age of 50. The nature of the front-line roles within Care Services, such as Home Carers and Social Care staff require a high level of moving and handling which together with the age profile of staff can impact on Musculoskeletal absence. In addition, identifying reasonable adjustments to support these employees can be more limited compared to workers in more sedentary type roles.

Psychological illness is the second largest contributor to absence in Q1. Stress related absence remains the main psychological absence reason but there has been a slight decrease in stress absences for Q1.

Miscellaneous absence is the third highest absence category in Q1 with Covid related absence accounting for almost one third of absence within this category. Since the beginning of the Covid pandemic, Care Services has consistently had the largest numbers of Covid related absences and any outbreaks within this area will continue to contribute to Miscellaneous absences.

Long term and short-term absences within Care Services remains relatively similar each quarter with long term absence showing most days lost.

There are several support measures being explored to address consistently high levels of absences, such as accessibility of the new Employee Assistance Provider app for Home Carers, Managers accessing the Occupational Health Referral system directly to make quicker referrals as part of Early Intervention, HR training sessions to support managers around Wellbeing and Attendance.

8.2 Quarterly Spotlight Area - Health – Health Visiting

Fig. 8.2a WTE of Health Visiting

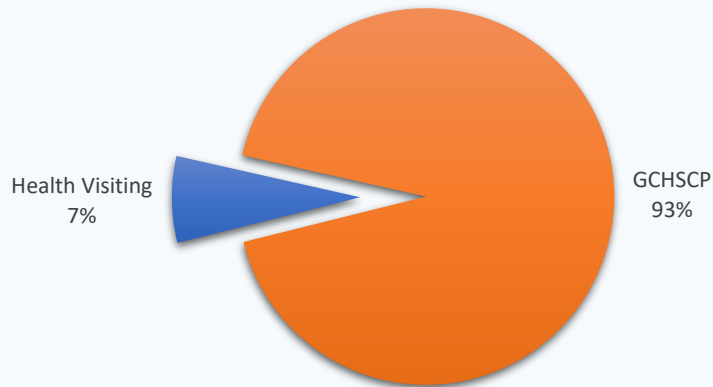


Fig. 8.2b Age Profile of Health Visiting

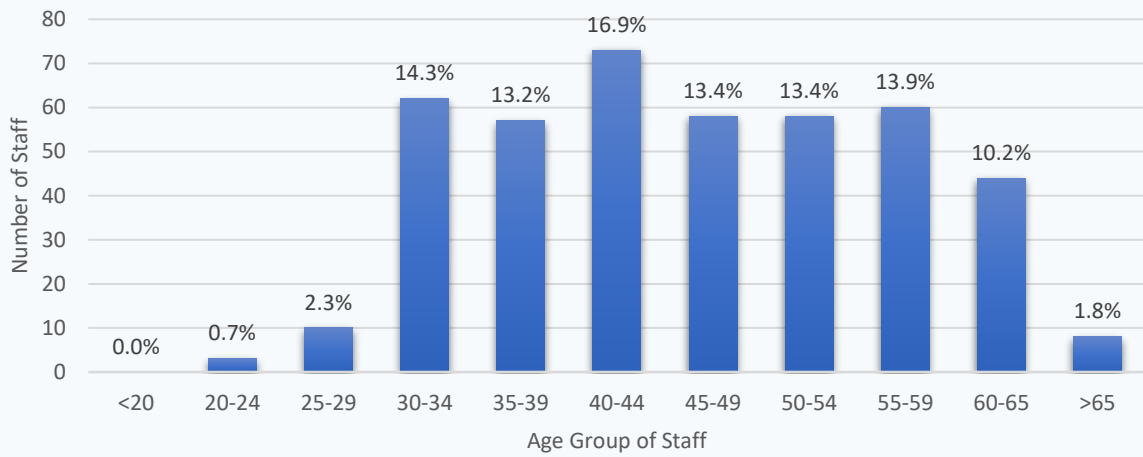


Fig. 8.2c Band Breakdown of Health Visiting

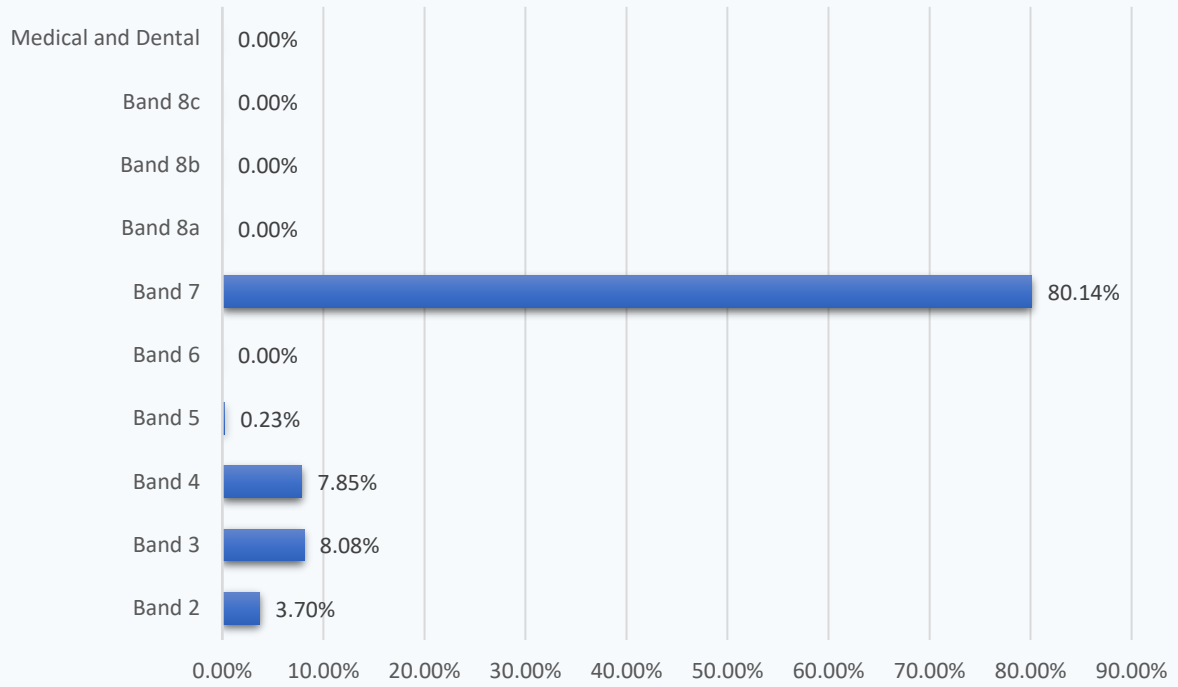


Fig. 8.2d Health Visiting Absence - % of available working days

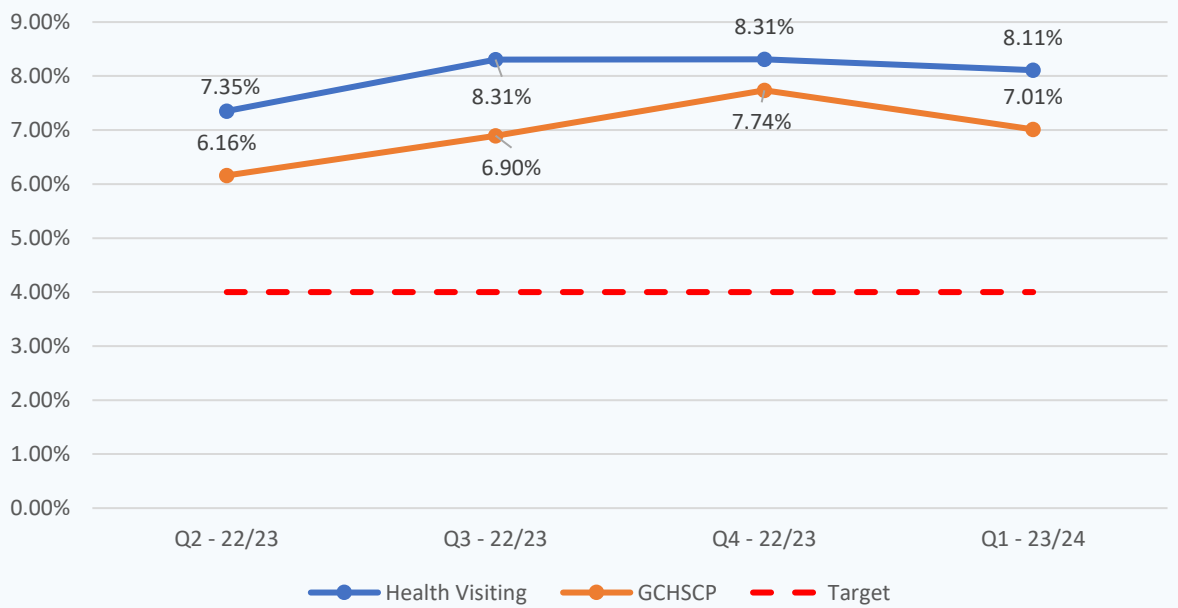


Fig. 8.2e Reasons for Absence (Health Visiting)

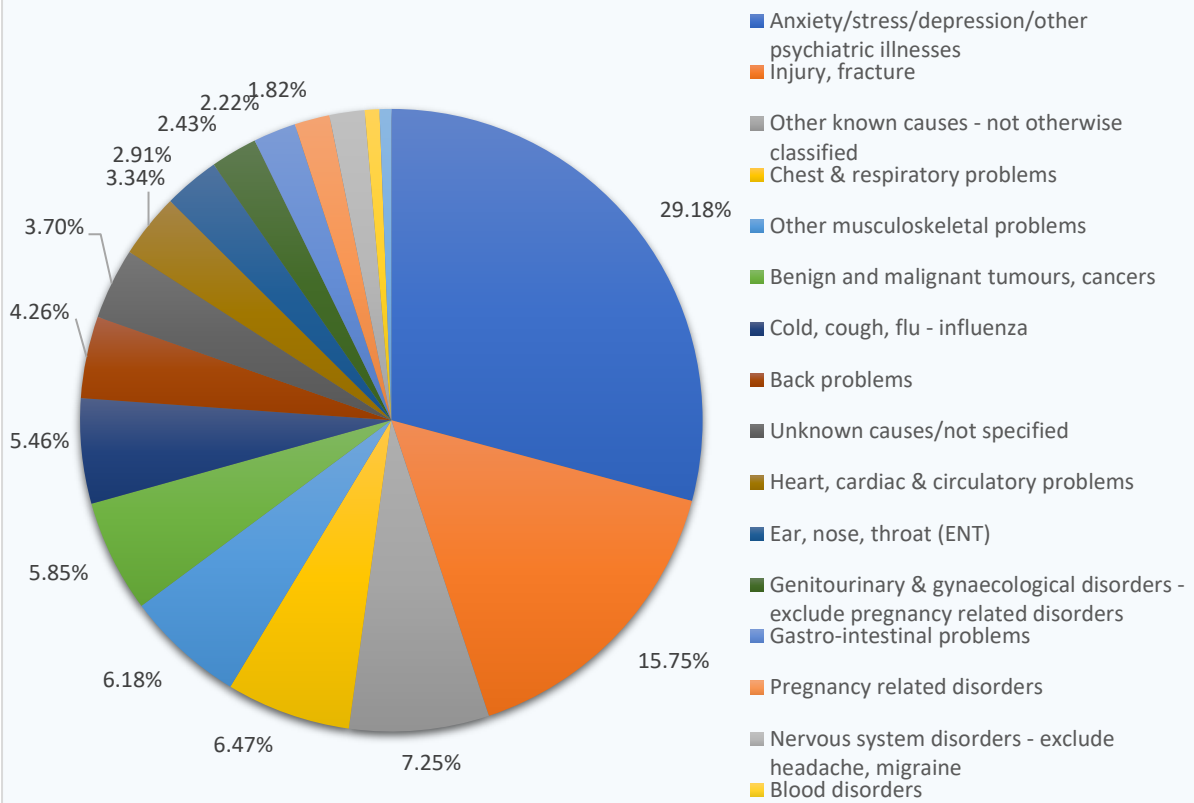
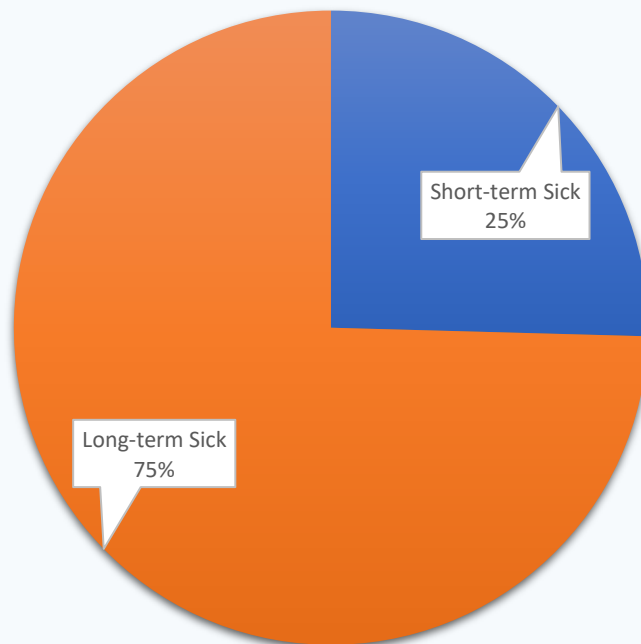
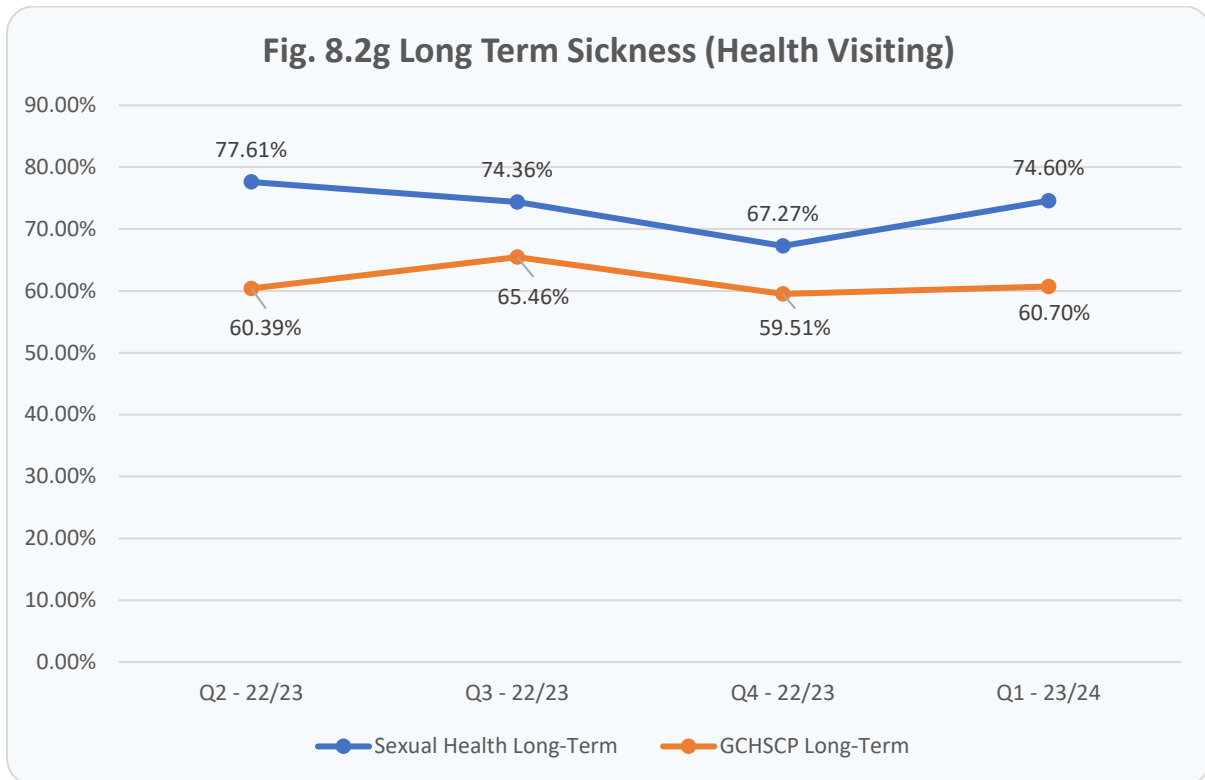


Fig. 8.2f Absence for Q1 - 23/24 (Health Visiting)











Health Visiting Services are in NE, NW and South localities and is a service within Children’s Services Core Leadership structure. In line with the universal pathway the banding profile reflects the highly skilled Health Visiting led service who are supported with Band 4 nursery nurses and HCSWs. The health visiting staff work to the nationally agreed job description and are a critical workforce in supporting families.

The sickness absence levels within this service have followed a similar trend to the HSCP however there has been a notable increase in levels of absence this quarter (8.11%), with difficulties in long term absence levels. Covid related absence remains low, however, exhaustion, recruitment difficulties and a significant increase in maternity leave has impacted on the overall wellbeing of staff. The long-term sickness absence has been managed through Attendance Management process. The highest reason for sickness absence sitting at 29.18% is Anxiety/stress/depression or other psychiatric illness which is currently being addressed with the wellbeing resources available and additional support for team leads in respect of attendance management awareness sessions being put in place to ensure staff are supported and accurate information is available.

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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 | 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. | Oct-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 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 HSCP 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 |  |
| 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 |  |

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.