Item No. 12

Meeting Date: **Wednesday 12th June 2024**

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 Human Resources (HR) metrics relating to Attendance Management in Quarter 4 (January to March 2024) 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:
As detailed in page 29 and 30 of the plan. Glasgow City Integration Joint Board's vision is that communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time. Partnership Priority 5 – a Healthy 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

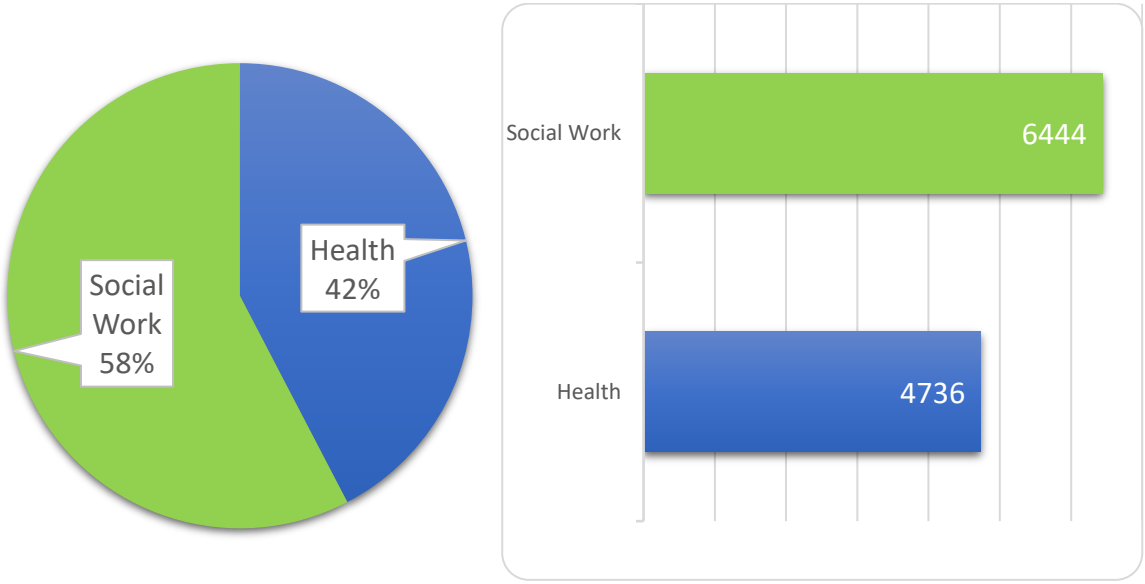
1. Purpose of Report

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key Human Resources (HR) metrics relating to Attendance Management in Quarter 4, (January to March 2024) as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

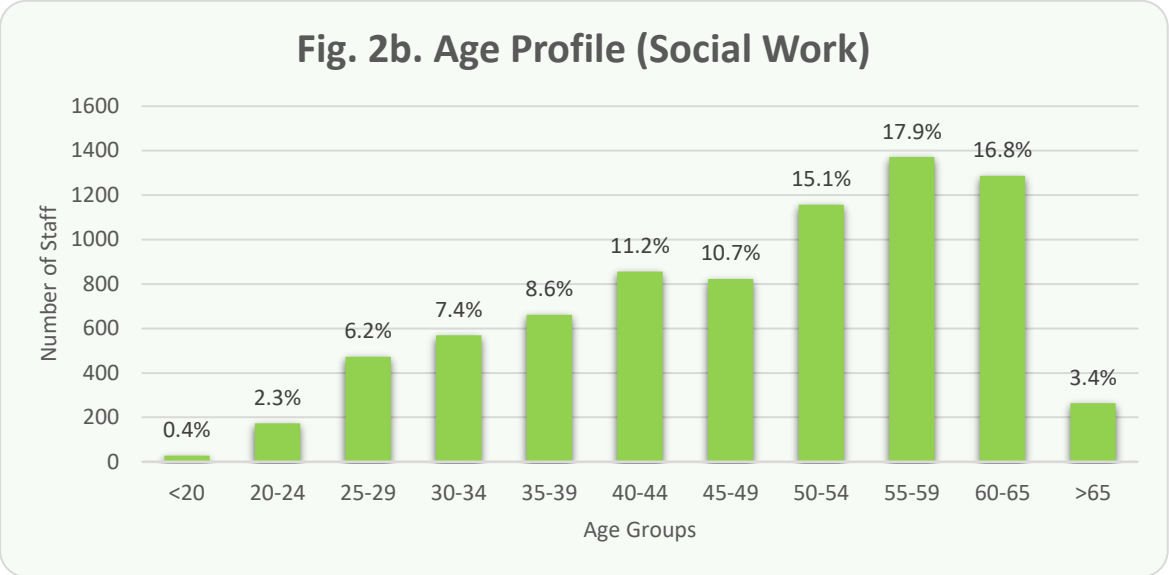
2. Staff Profile Summary – Q4

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

Fig. 2a. WTE of Social Work and Health



2.2 Staff Profile Summary – **Age Profile**



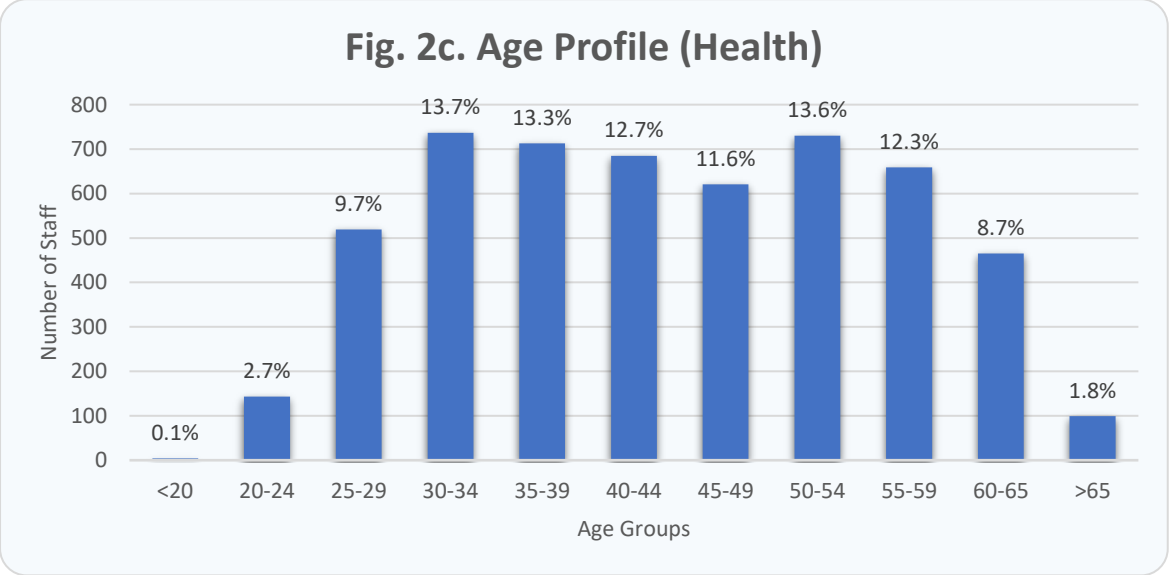


Fig. 2a shows the breakdown of whole-time equivalent staffing levels across GCHSCP with Social Work accounting for 58% of whole-time equivalent staff compared to 42% for Health.

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 can significantly impact the frequency and duration of absences.

Fig. 2c shows the most common age bracket for Health staff is 30-34, closely followed by 50-54 and 35-39 years. Staff over the age of 55 (22.8%) can be considered as potential retirees in coming years.

2.3 Staff Profile Summary **– Grade Breakdown**

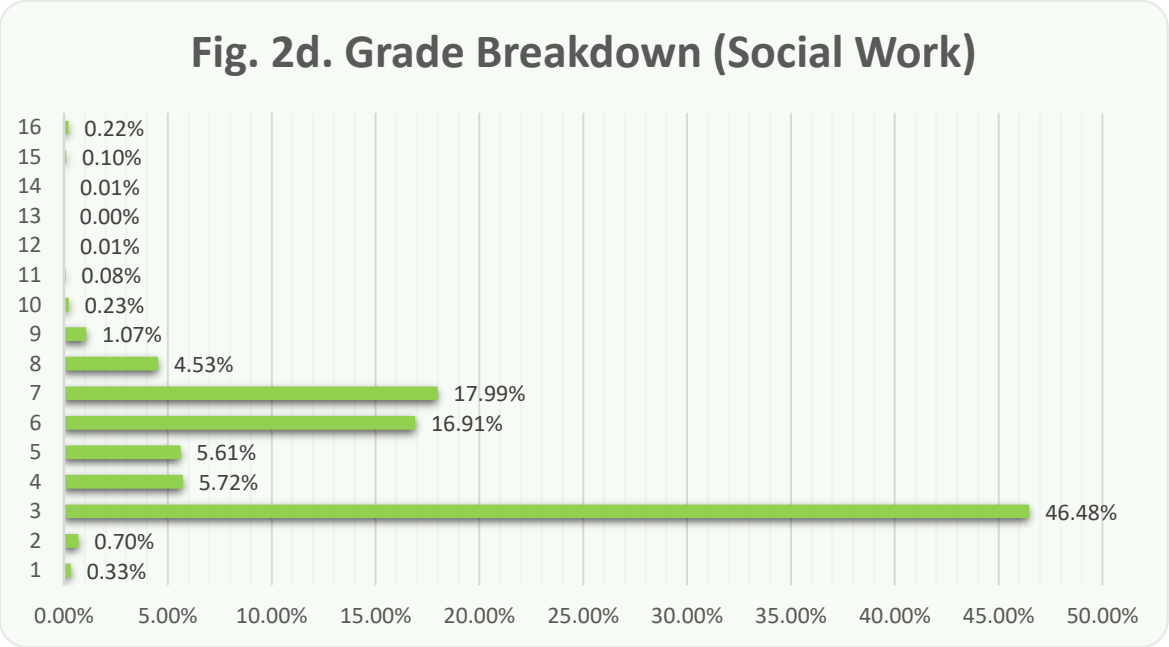


Fig. 2d indicates that most staff are Grade 3 (46.48%), comprising front-line worker roles; Home Carers, Social Care Assistants, Support Workers, Responders and Business Administration staff. Grade 7 is the next largest grouping (17.99%) and incorporates Qualified Social Workers, Senior Officers, supervisory positions, and is followed by Grade 6 (16.91%) which includes front line social care roles.

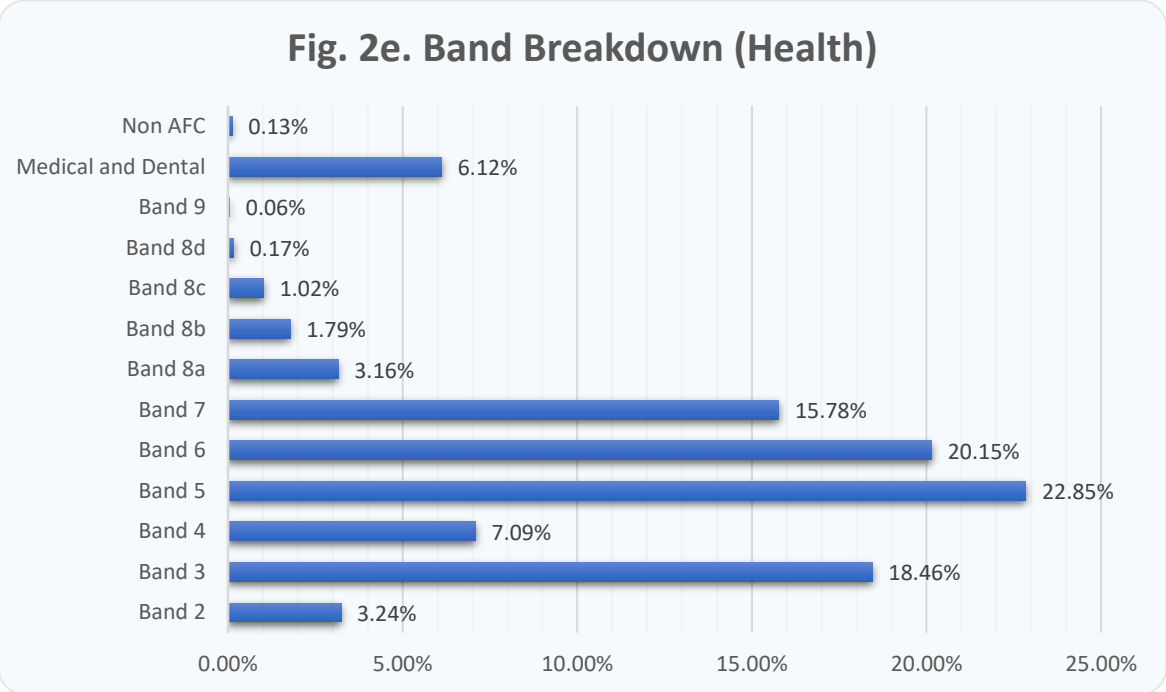


Fig. 2e shows that the majority of staff are band 5 & band 6 which represents the trained nursing and AHP staff cohort across GCHSCP. Staff at Band 7 reflects the team leader level of management and specialist nursing and AHP staff. Band 3 reflects the large number of Health Care Support Workers and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

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

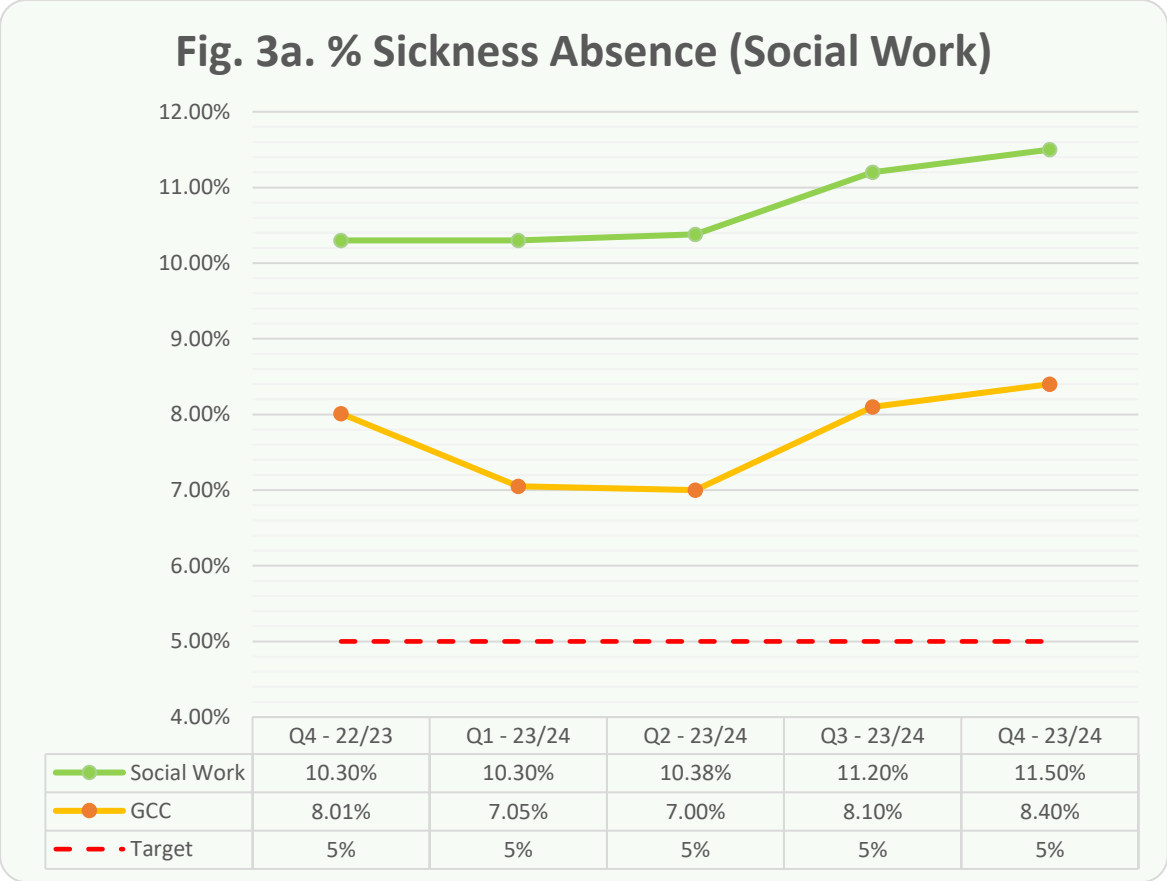
Fig. 2d & Fig. 2e shows that across GCHSCP the largest group of staff within Social Work are Grade 3 social care and administration roles whereas within Health, Band 3 is the third largest group, representing support staff.

The next largest GCHSCP grouping of staff is Grade 6 and 7 within Social Work and Band 5 and 6 within Health and include social workers and trained nursing 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

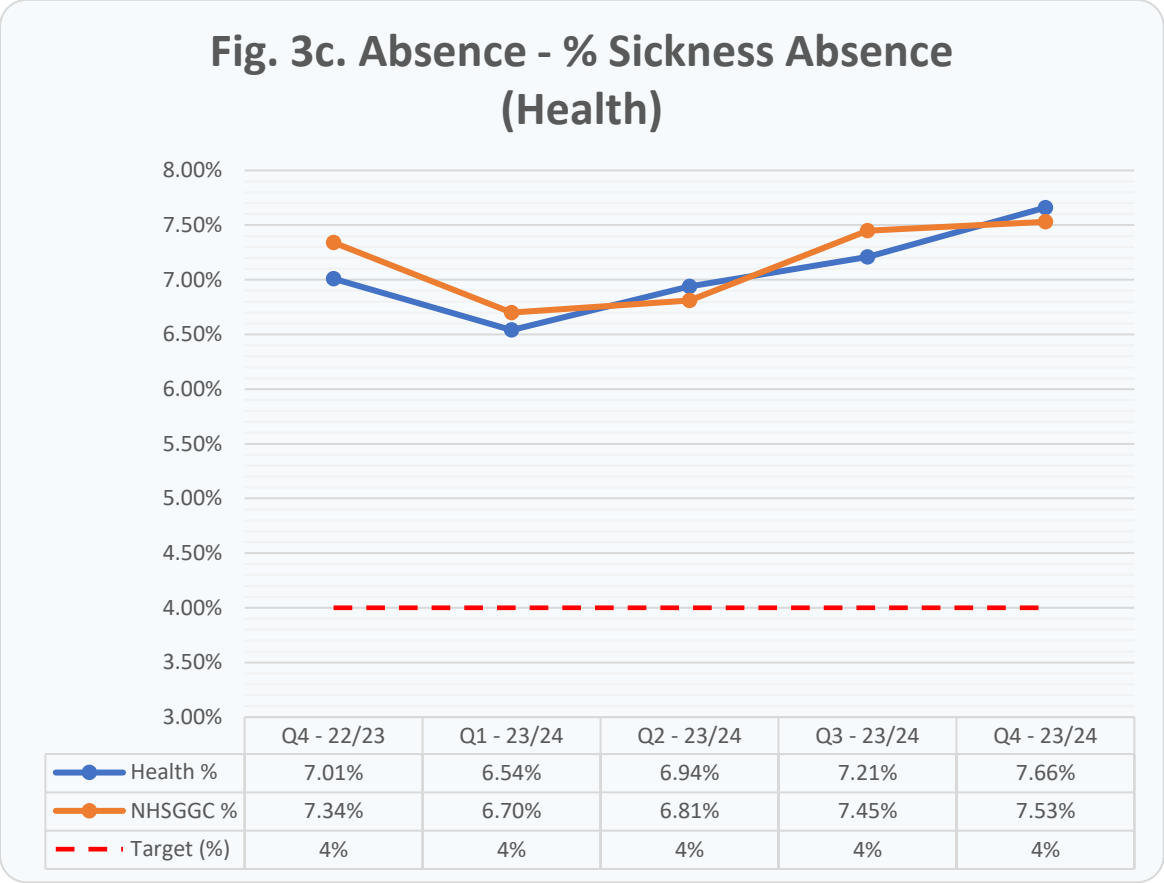
3.1 Quarterly Absence - **Social Work (% Sickness Absence)**



	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24
Social Work	10.30%	10.30%	10.38%	11.20%	11.50%
GCC	8.01%	7.05%	7.00%	8.10%	8.40%
Target	5%	5%	5%	5%	5%

Fig. 3a demonstrates an increase in levels of sickness absence in Q4 23/24 (+1.2%) in comparison to the same quarter last year. Q4 has the highest level of sickness absence over the 4 quarters in 23/24 which 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%. There are Council discussions underway around reviewing this target.

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



	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24
Health %	7.01%	6.54%	6.94%	7.21%	7.66%
NHSGGC %	7.34%	6.70%	6.81%	7.45%	7.53%
Target (%)	4%	4%	4%	4%	4%

Fig. 3c shows an increase in levels of sickness absence in this quarter compared to the same quarter last year (+0.65%). Q4 has the highest level of sickness absence over the 4 quarters in 23/24 reaching 7.66%. The increasing level of absence is consistent with the trend across NHSGGC.

3.3 Absences – **Combined Analysis**

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

Where until this Quarter, Health levels of sickness absence have remained slightly below the level of absence within NHSGGC, in Q4 Health absence shows to be slightly higher than NHSGGC. Social Work sickness absence has consistently been higher than GCC.

The higher level of sickness absence in Q4 23/24 is consistent with seasonal illness during the winter months.

4. Covid absence

4.1 Covid Absences – **Social Work**

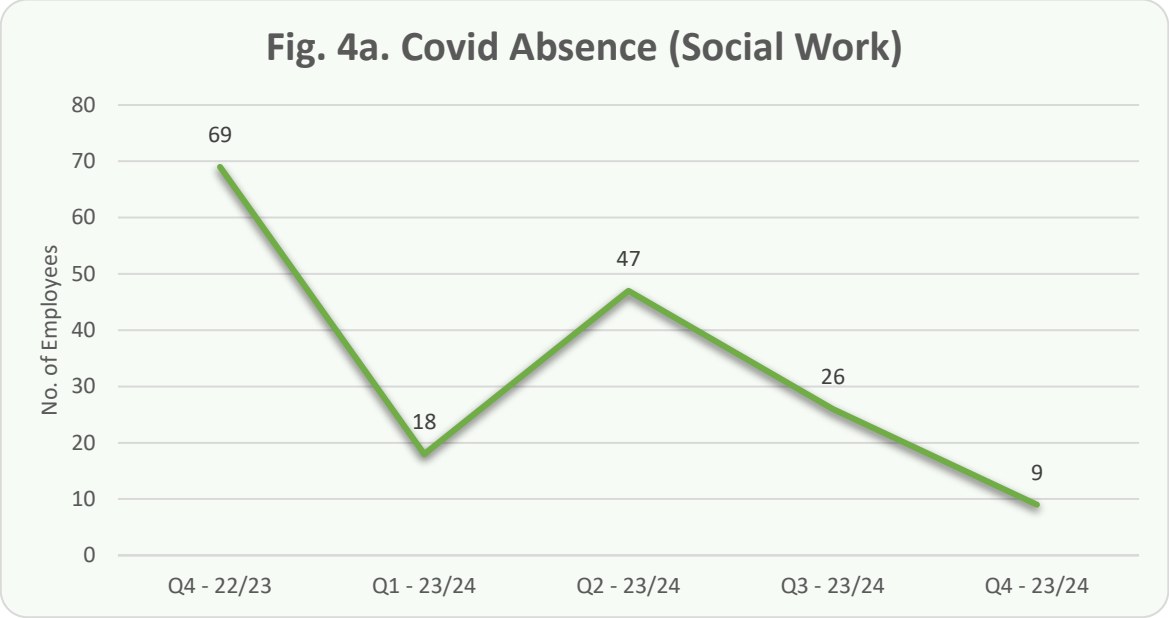


Fig. 4a Q4 shows a 65% decrease than the previous Q3 2023/24. Unlike other respiratory illnesses which tend to be seasonal, Covid 19 transmissions tend to occur in waves throughout the year. ***Please note that in this report and moving forward, data provided for Social Work at Fig 4a reflects the position at the end of the Quarter, in line with Health reporting.*

4.2 Covid Absences **– Health**

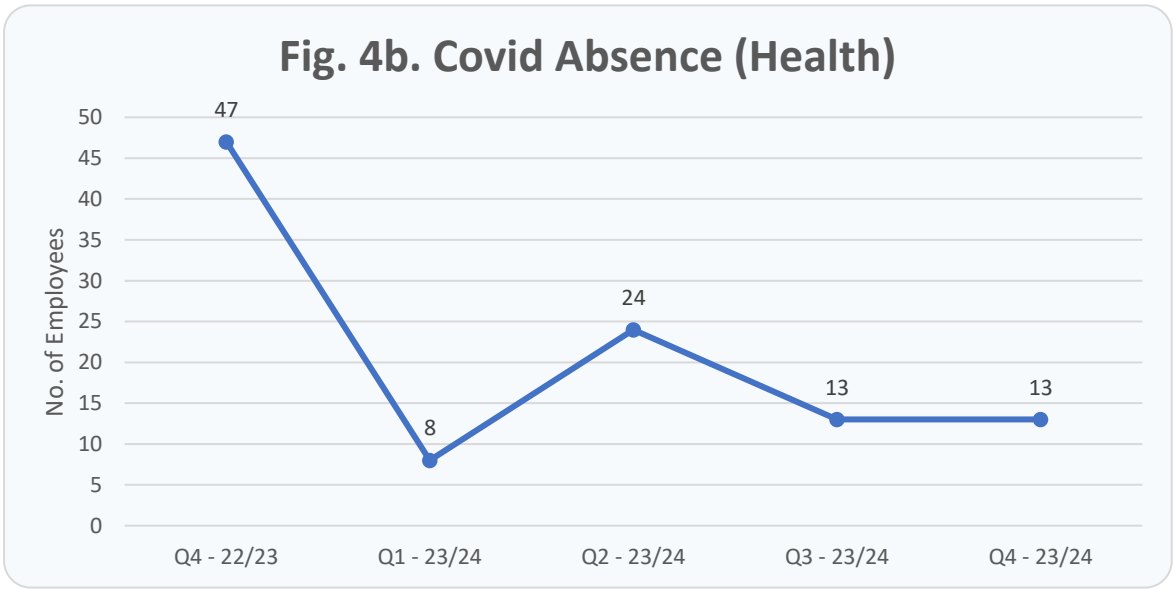


Fig. 4b shows a significant reduction in absence related to Covid over the last year. Q1 - 23/24, had the lowest levels of covid related absence however this spiked again through Q2 – 23/24, reduced in Q3 – 23/24 and in Q4 23/24 has plateaued.

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 until Q4 23/24 where GCC Covid related absence was less than Health.

Social Work staff reporting with covid absences are recorded sick from day 1, under the Occupational Health Category "Miscellaneous". With effect from 1 April 2024, Health covid absences are now also being recorded as sickness absence from day 1 and considered in the same way in which any other sickness absence is managed. Covid absence is recorded as sick due to 'Viral' reason.

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

5. Sickness Absences % Departmental Breakdown

5.1 Sickness Absences – **Social Work**

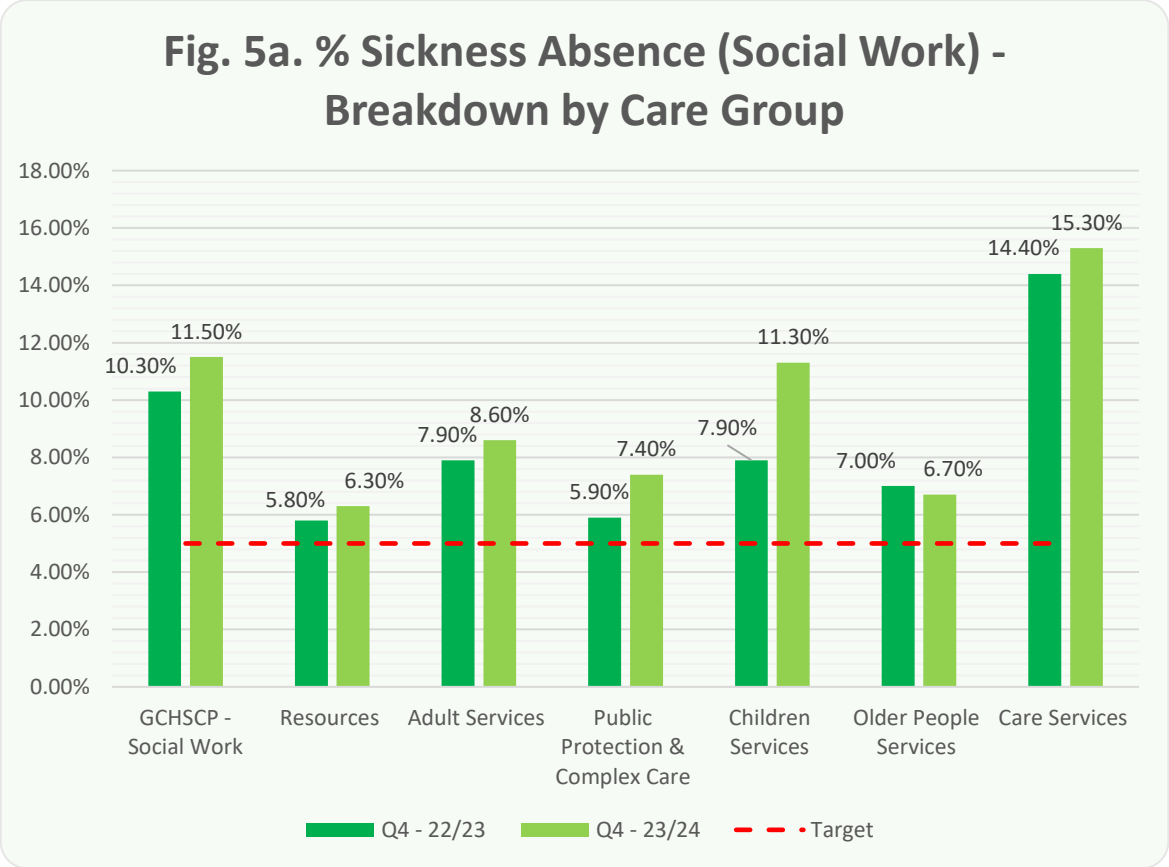


Fig. 5a shows the percentage absence breakdown by Care Groups for Social Work.
All absence levels have increased in comparison to Q4 last year, with the exception of Older People Services.
Children Services shows the most significant increase of 3.4% in comparison to Q4 22/23. This Care Group includes Children's Residential Services, which continues to impact the most on overall absence performance.

5.2 Sickness Absences – **Health**

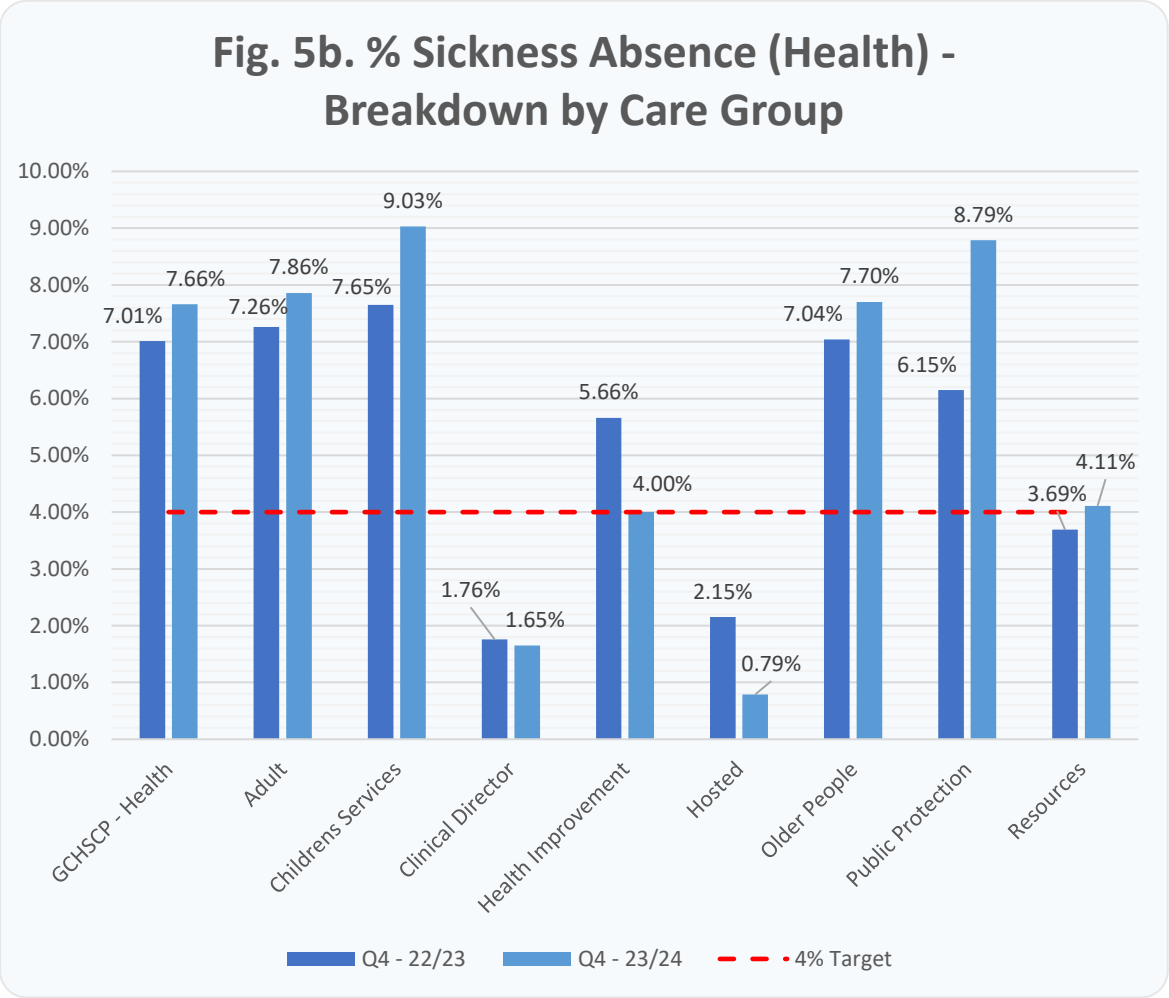


Fig. 5b shows decreased levels of sickness absence across most services within Health namely in Older Peoples Services, Adults Services, Children's Services, Public Protection and Resources in Q4 – 23/24 compared to the same quarter in the previous year. Adult and Older People's Services have the largest staff groups and in-patient sites compared to Children's Services, Public Protection and Resources which are smaller service areas within the Partnership.

The decrease in sickness absence within in the majority of areas within the Directorate brought the service level of absence closer to the target level of 4%.

6. Reasons for Absence

6.1 Reasons for absence – **Social Work**

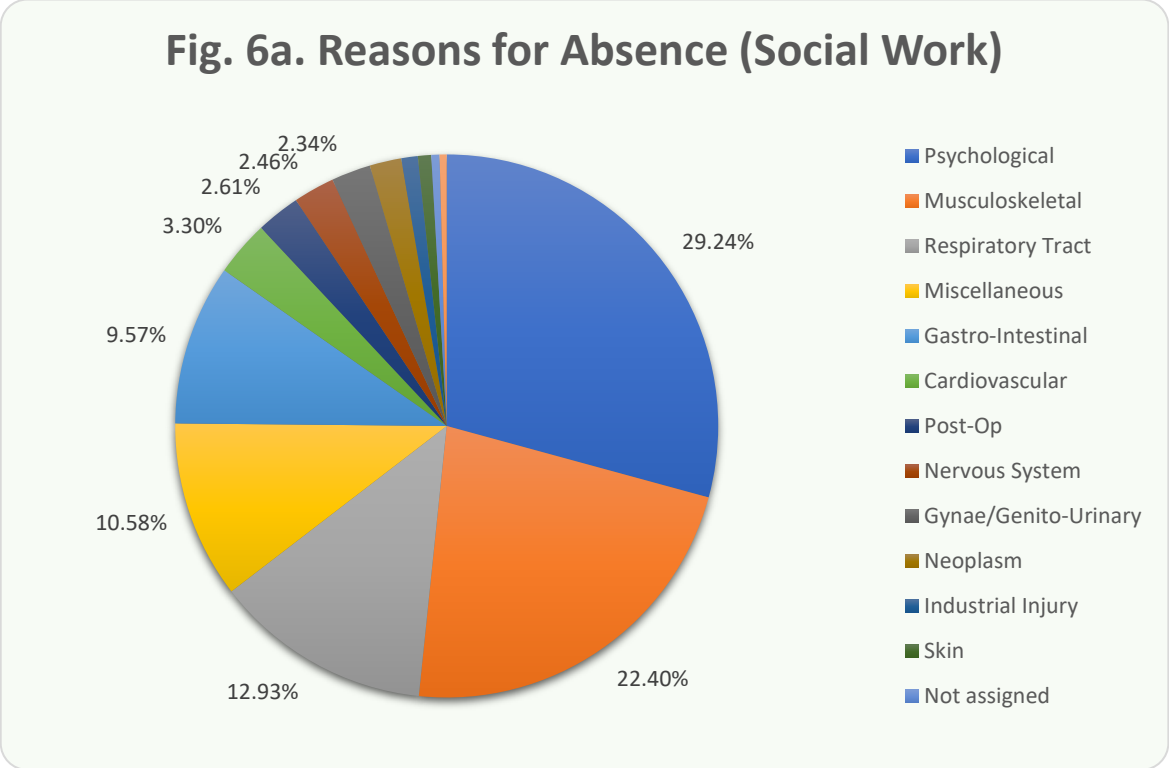


Fig. 6a. Above shows that the top 4 reasons for absence in Social Work are:

1. Psychological (29.24%)
2. Musculoskeletal (22.40%)
3. Respiratory Tract (12.93%)
4. Miscellaneous (10.58%)

The top 4 reasons are consistent with same quarter the previous year. However, in Q4 22/23, third and fourth top reasons for absence were reversed.

Psychological absences include stress and mental health related illness and remains the top reason for absence (29.24%), followed by musculoskeletal (22.4%). This is a recurring pattern and is consistent with the trend across GCC. Within the psychological category, the top 3 reasons for absence are Stress, Anxiety and Bereavement Reaction which mirrors both last quarter (Q3 23/24) and the same quarter last year.

The number 3 reason for absence in Q4 23/24, Respiratory tract, reflects seasonal illness at this time of year.

6.2 Reasons for Absence – **Health**

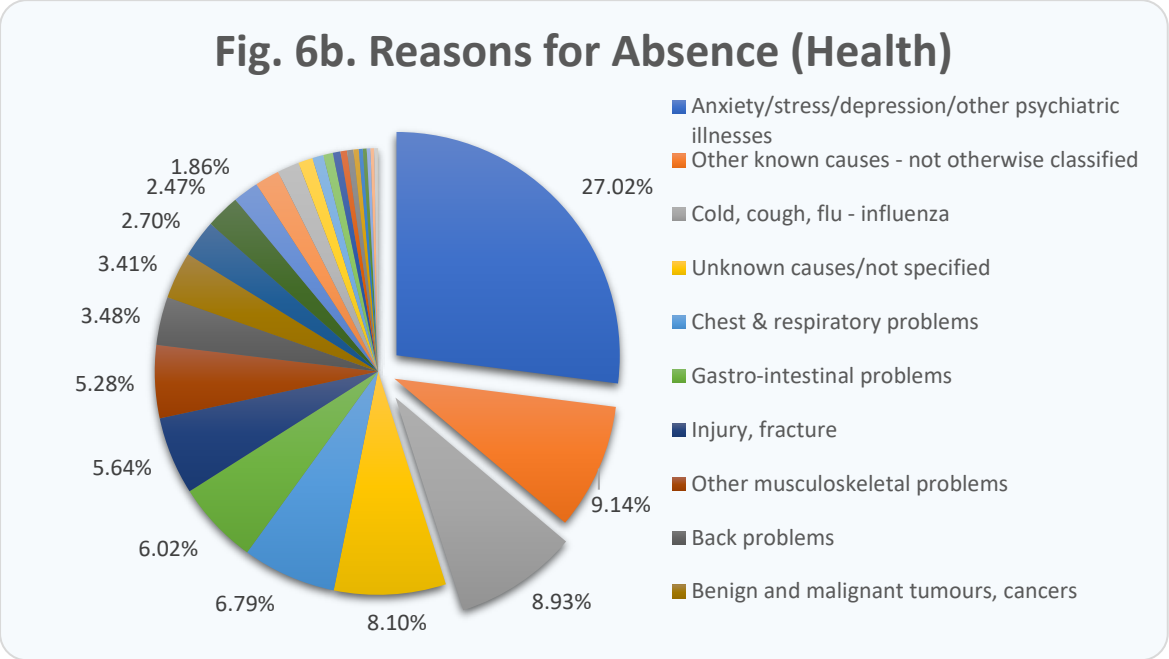


Fig. 6b. Above shows that the top 4 reasons for absence in GCHSCP Health Services Q4 23/24 are:

1. Anxiety/stress/depression/other psychiatric illnesses (27.02%)
2. Other known causes - not otherwise classified (9.14%)
3. Cold, cough, flu – influenza (8.93%)
4. Unknown causes/not specified (8.10%)

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

'Other' and 'Unknown' absence both accounted for 9.14% and 8.10% of total absence respectively. The use of the 'Unknown causes' as a reason for absence on the recording system is highlighted to management to update to reflect the current reason for absence to ensure accuracy of recording and categorisation of absence.

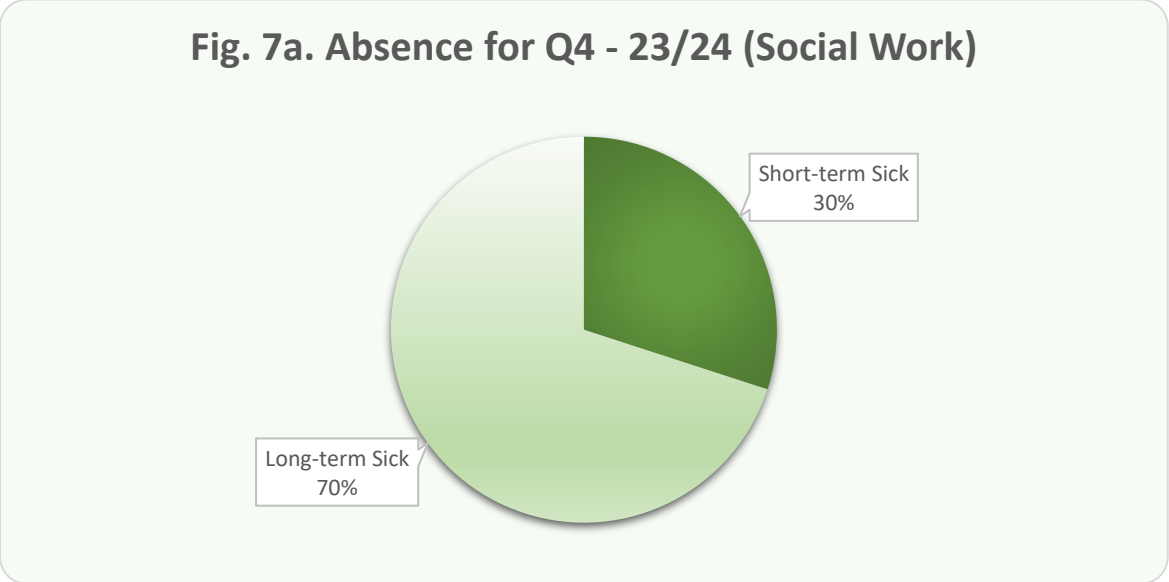
It is noted that 'Cold, cough, flu - influenza' has replaced 'Other musculoskeletal problems' as the next most prevalent reason for absence. This is reflective of the time of year.

6.3 Reasons for Absence – **Combined Analysis**

Fig. 6a. 6b. Psychological absence reasons remain concerning across GCHSCP and are the main contributor to long term absence which consistently highlights the need for change within the GCHSCP absence strategy and approach. New attendance management Action Plans are currently being developed for 24/25 and to try and positively impact attendance levels.

7. Duration of Absence

7.1 Duration of Absence – **Social Work**



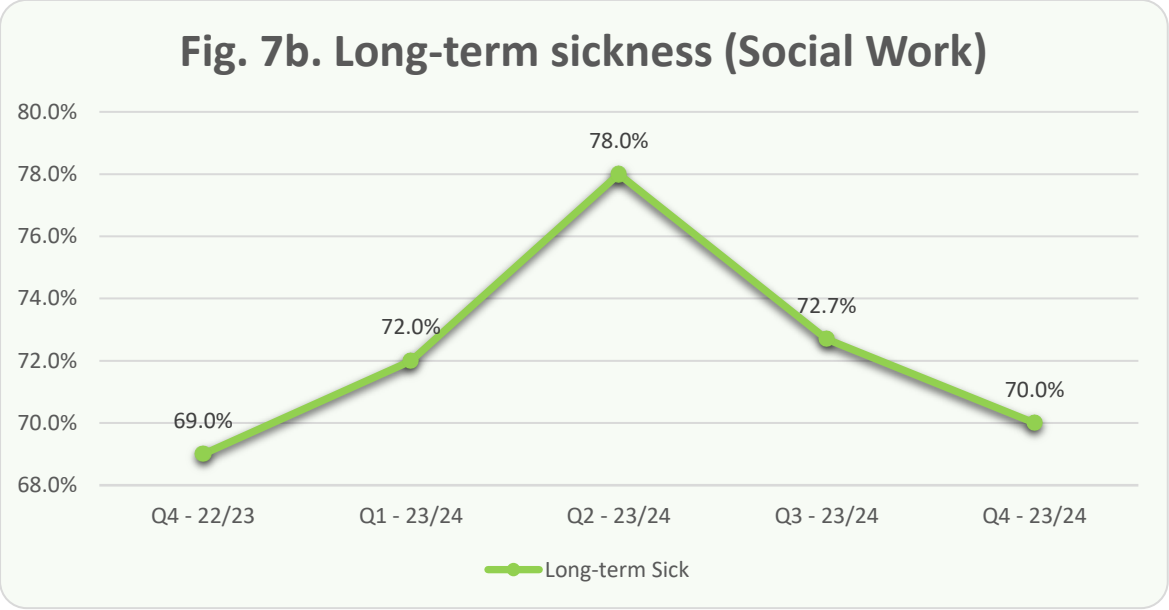
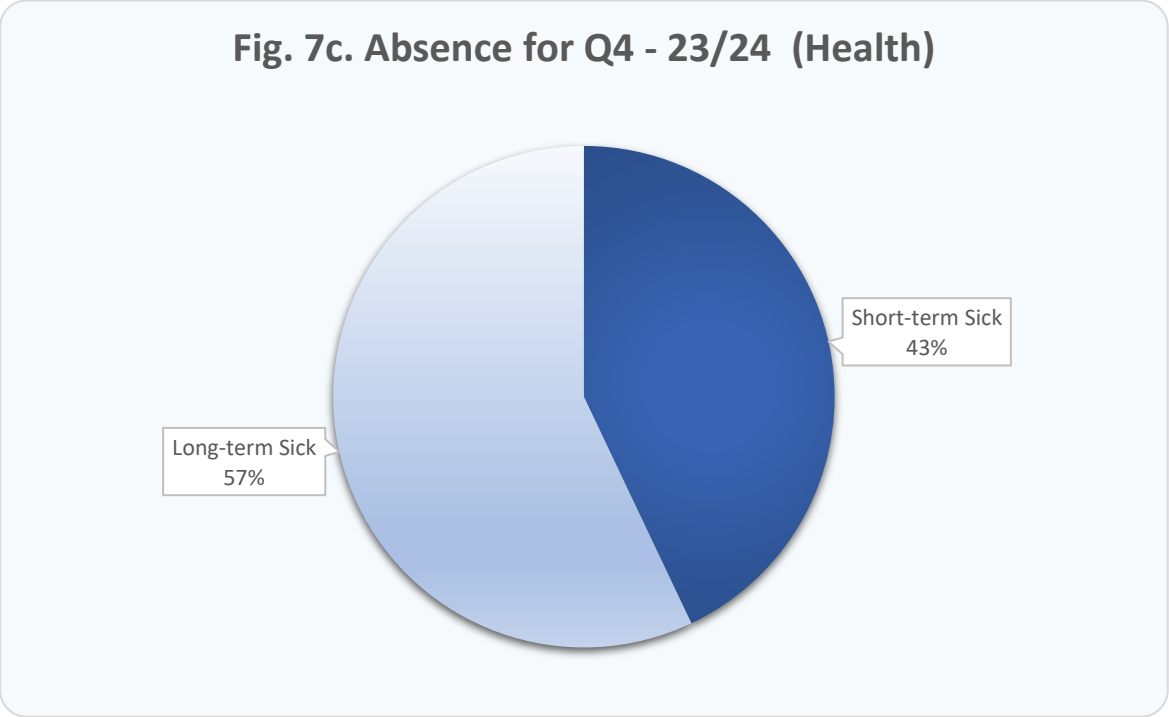
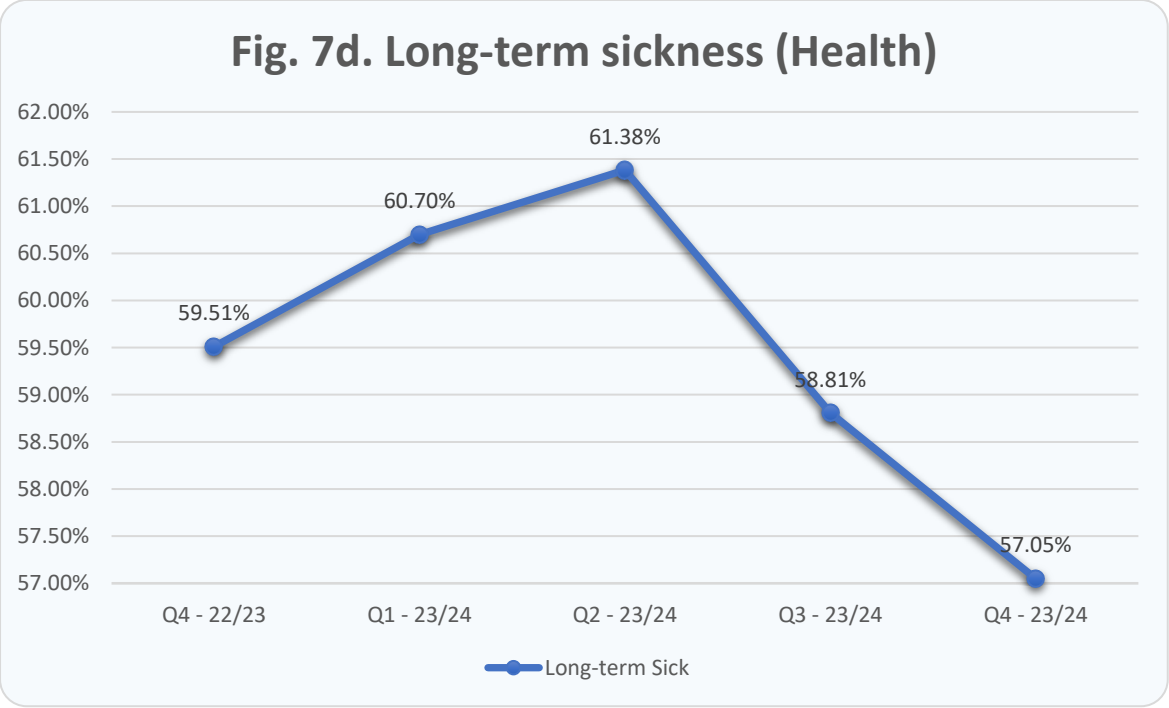


Fig. 7a. 7b. Long Term Absence is defined as a period of sickness >19 days and the graphs highlight that long term absence continues to be the largest contributor to Social Work overall absence levels accounting for 70% of sickness. This is a slight decrease (-2.7%) from the previous quarter and a slight increase (+0.1%) compared to Q4 last year.

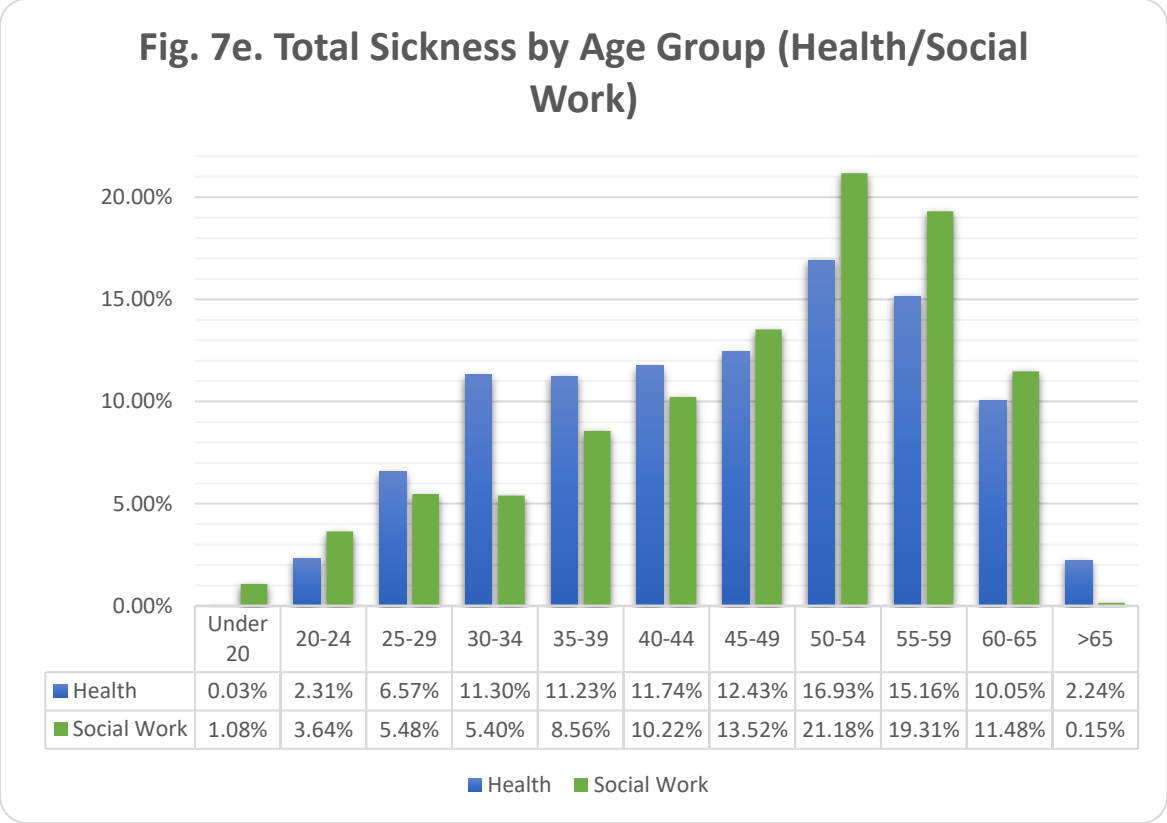
7.2 Duration of Absence – **Health**





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 is considered any period of sickness absence over 29 days. Fig 7d shows a significant decrease in long term absence level since Q2 23/24. However, the level of long-term absence remains at a concerning level.

7.3 Absences – Combined Analysis

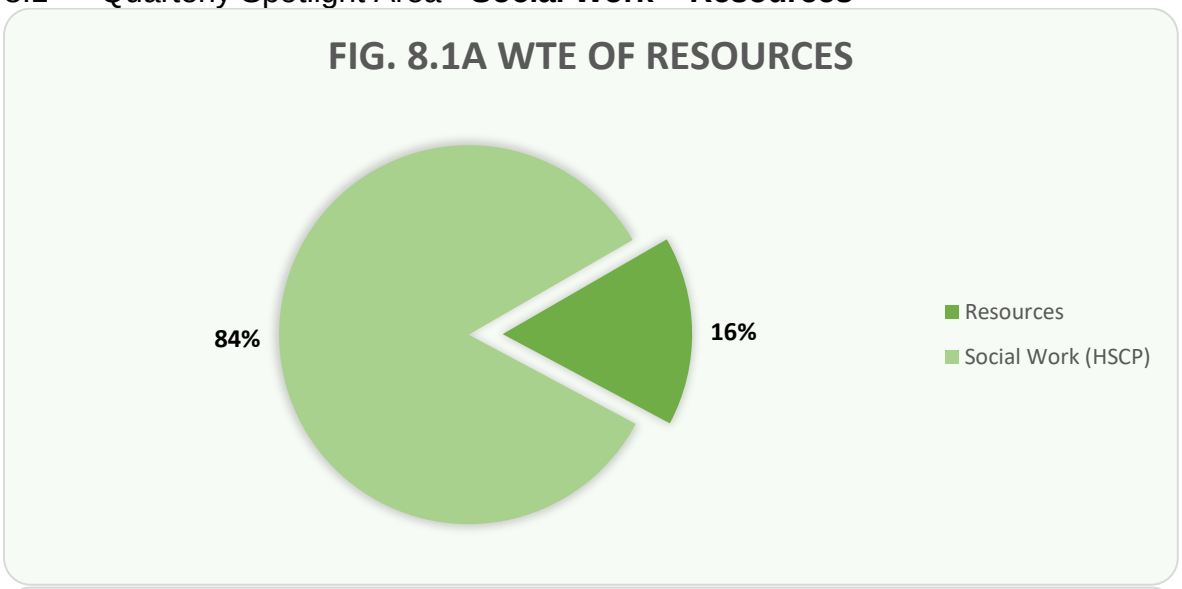


	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65	>65
Health	0.03%	2.31%	6.57%	11.30%	11.23%	11.74%	12.43%	16.93%	15.16%	10.05%	2.24%
Social Work	1.08%	3.64%	5.48%	5.40%	8.56%	10.22%	13.52%	21.18%	19.31%	11.48%	0.15%

Fig. 7a, 7b, 7c, 7d the graphs reflect a high level of long-term sickness absence across the Partnership. The level of long-term absence remains concerning and can be linked to the main reason for absence in both areas 'Psychological' which would tend to lead to long term absence. **Fig. 7e** charts sickness absence levels by age category for both Health staff and Social Work staff. Absence rates are highest across both staff groups in the 50-59 years range indicating a direct correlation between absence and age.

8. Quarterly Spotlight Area

8.1 Quarterly Spotlight Area - **Social Work – Resources**



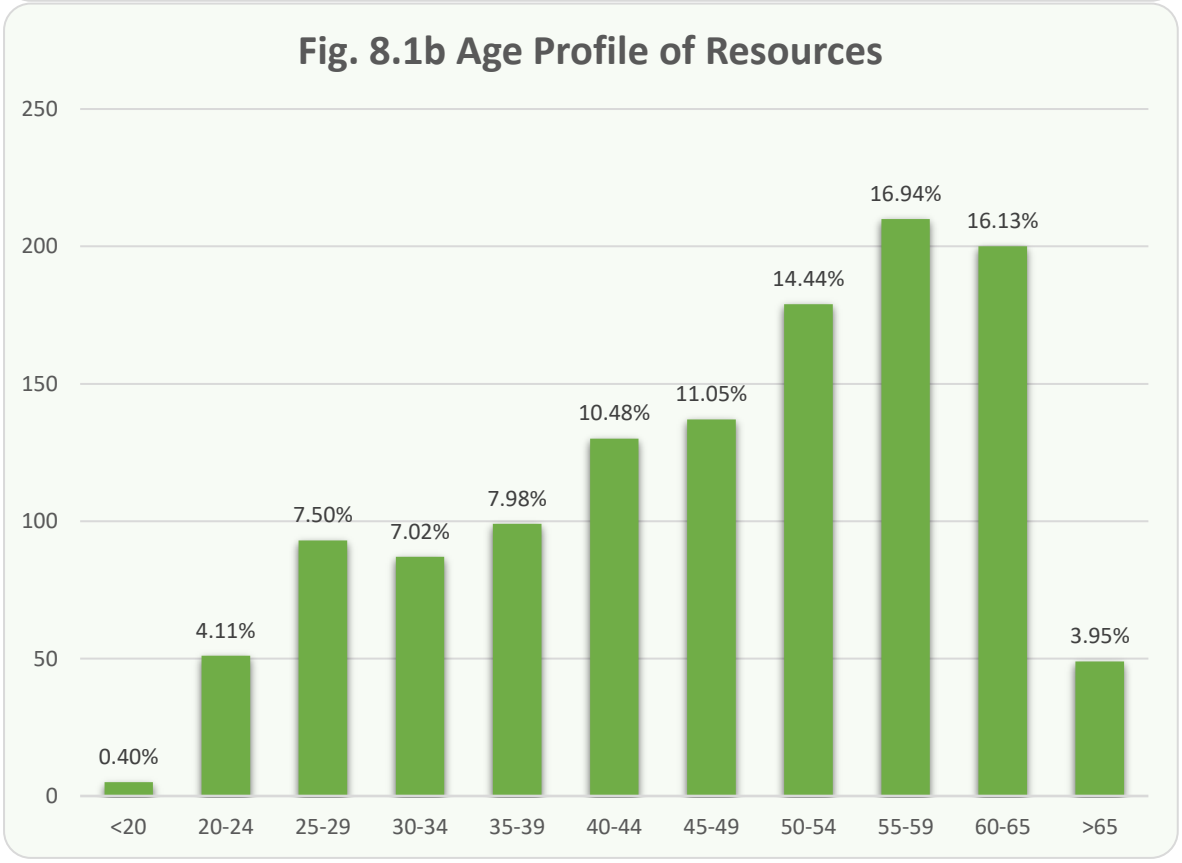


Fig. 8.1c Grade Breakdown of Resources

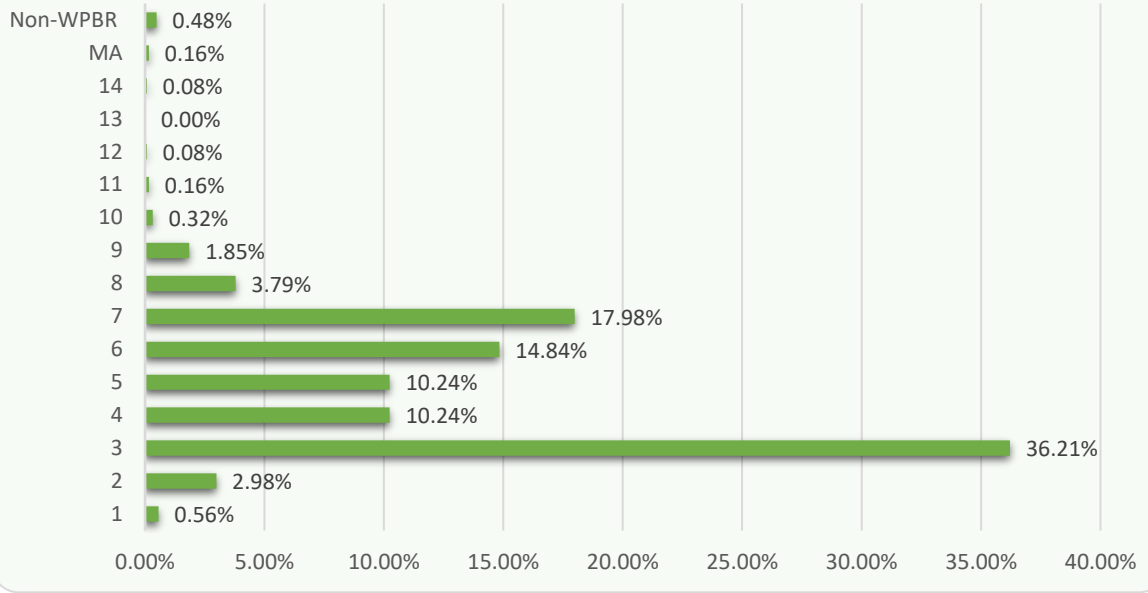


Fig. 8.1d Resources - % Absence

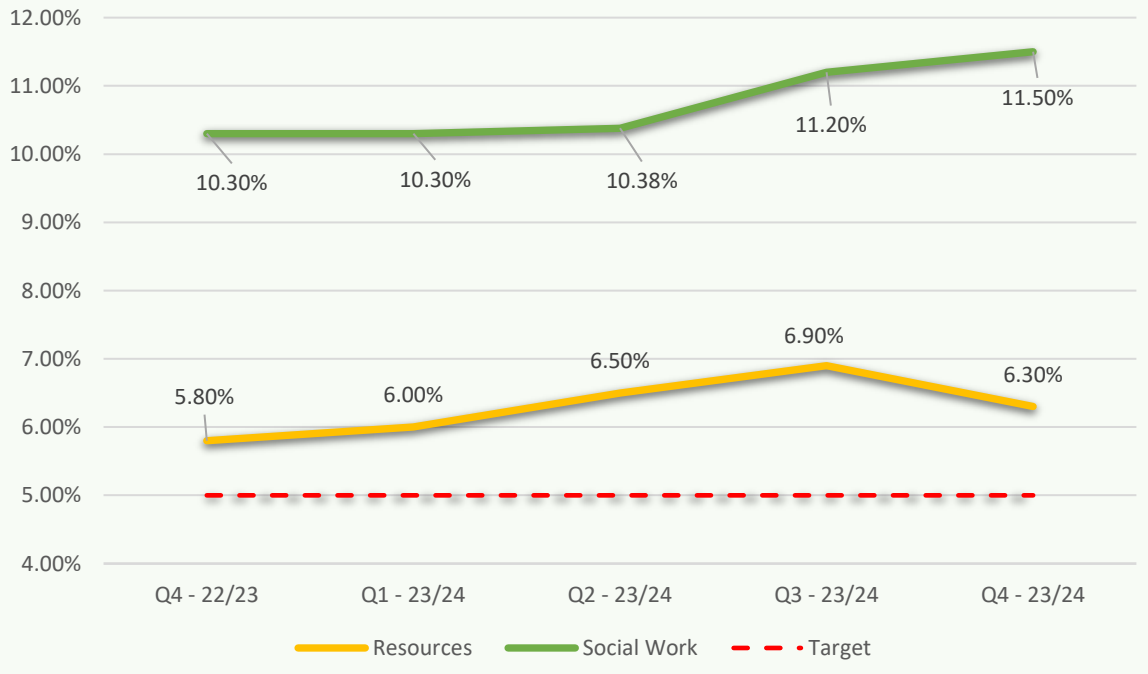


Fig. 8.1e Reasons for Absence Resources

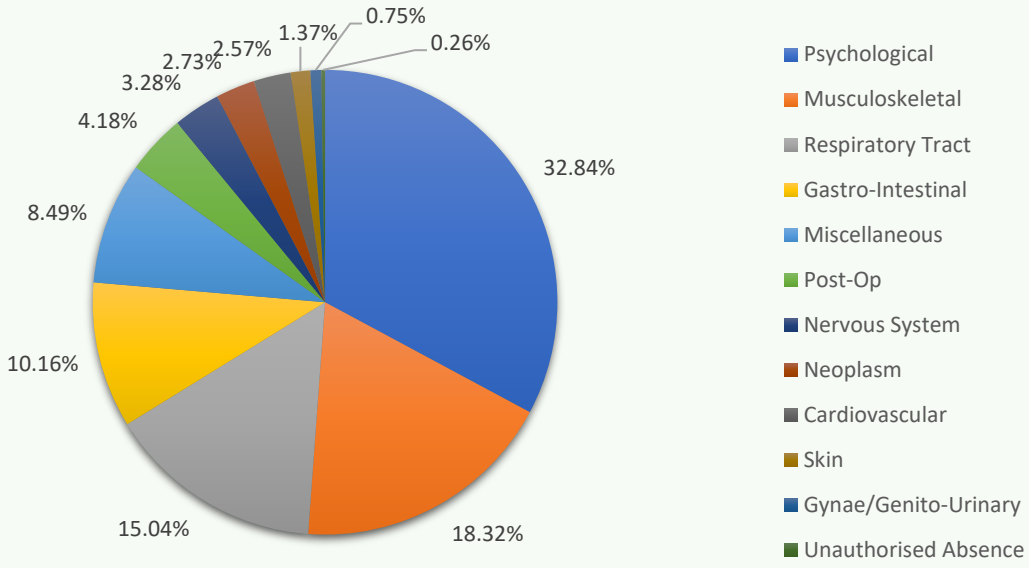


Fig. 8.1f Absence for Q4 - 23/24 Resources

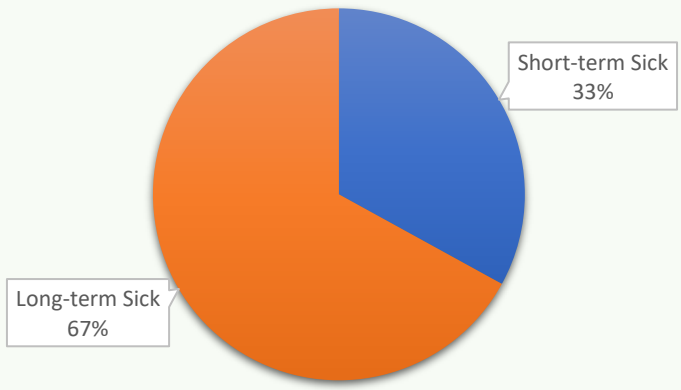
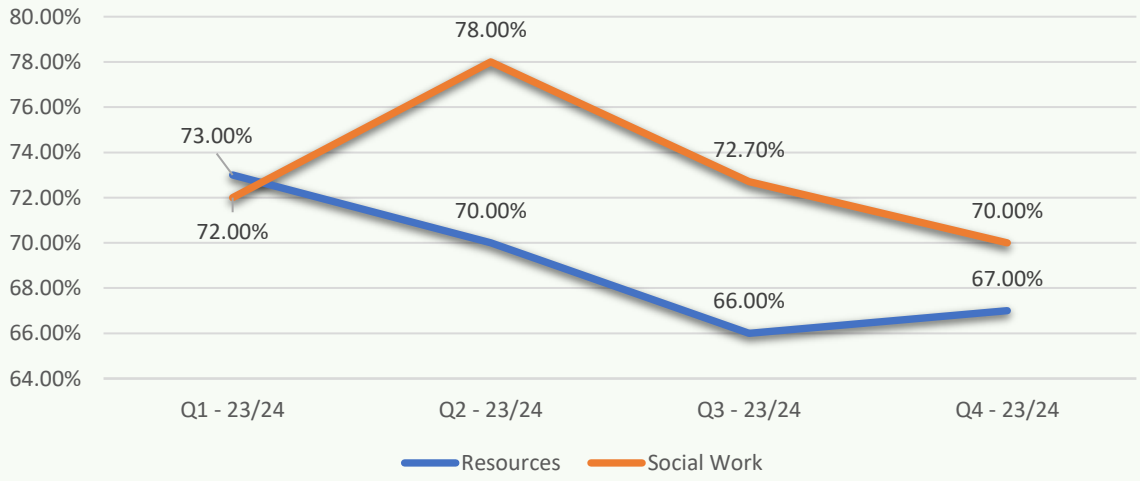
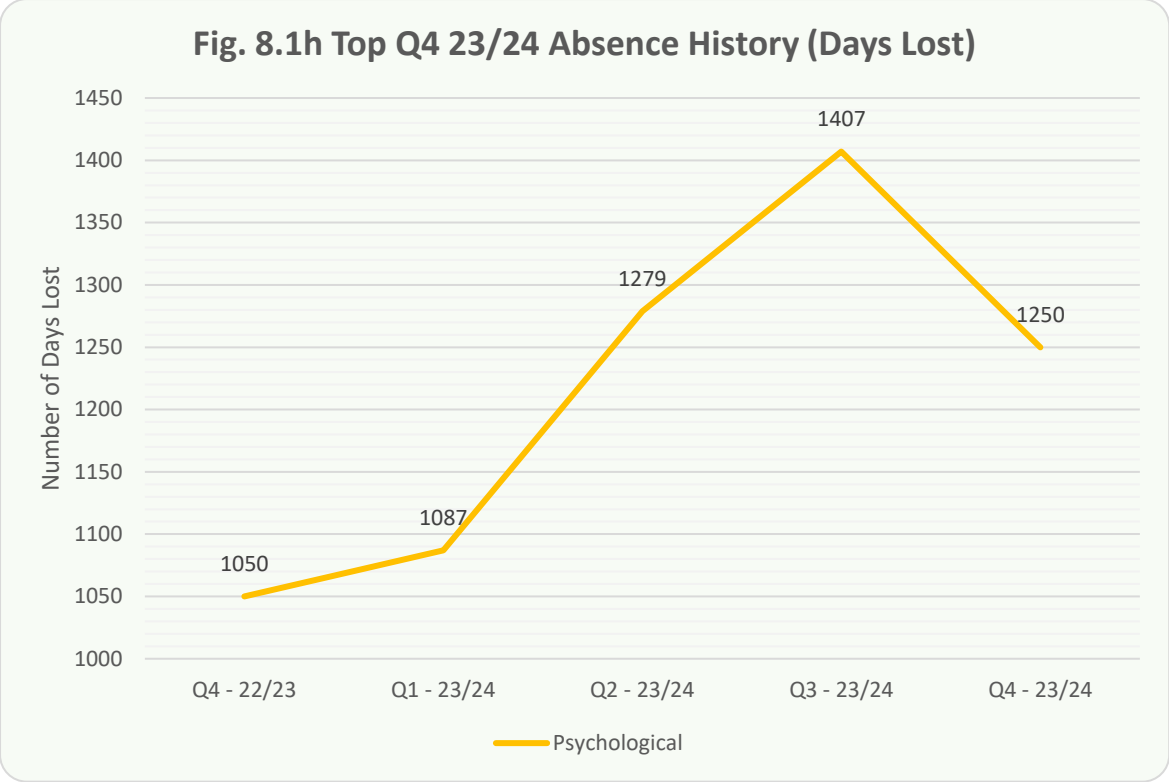


Fig. 8.1g Long Term Sickness Resources





The above visuals relate to Resources, a staff group which is 16% of the Social Work Workforce which is comprised of mostly sedentary roles in Business Support including Admin, HR, Finance and some manual type roles within the Equipu Service and Caretaking teams (Fig 8.1a).

The Age profile of Resources shows that just over 50% of staff are over the age of 50 with 20% falling into the over 60 bracket (Fig 8.1b).

The workforce, 36.23%, is predominately Grade 3 which is reflective of the administration and support roles within this area of the service (Fig 8.1c)

Sickness absence levels within Resources are consistently lower than the overall Social Work position. In comparison to Q4 22/23, there has been a slight increase in Resources absence (0.5%), however this increase is lower than the overall Social Work comparison for the same period (1.2%) (Fig 8.1d).

The top reasons for absence in Q4 23/24 are consistent with the trend in Social Work. Psychological absences are the main contributor (32.8%) with the most common reason for absence in this category being Stress. The next largest contributor is Musculoskeletal (18.32%) with over 10% of this figure attributed to more manual roles (Fig 8.1e).

Long Term Absences account for most of the sickness absence at 67%, however this is a reduction from Q4 22/23 (-5%). Resources long term sickness absences tends to be lower than overall Social Work trend which may relate to the high number of sedentary office-based roles where reasonable adjustments may be easier to implement to support an earlier return to work (Fig 8.1f and g).

Strategies for Resources to address absence levels will be incorporated to the 24/25 attendance management Action Plans, with HR Briefings having already begun with managers to enhance knowledge and skills to prompt earlier targeted supports for staff off sick, and appropriate management action.

8.2 Quarterly Spotlight Area - **Health – South (Sth): Primary Care and Community Services**

Fig. 8.2a WTE of Sth: Primary Care and Community Services

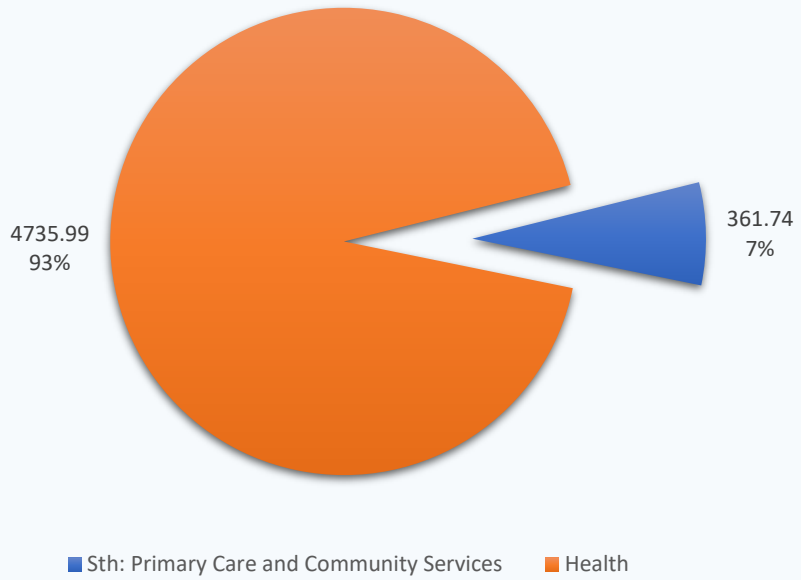


Fig. 8.2b Age Profile of Sth: Primary Care and Community Services

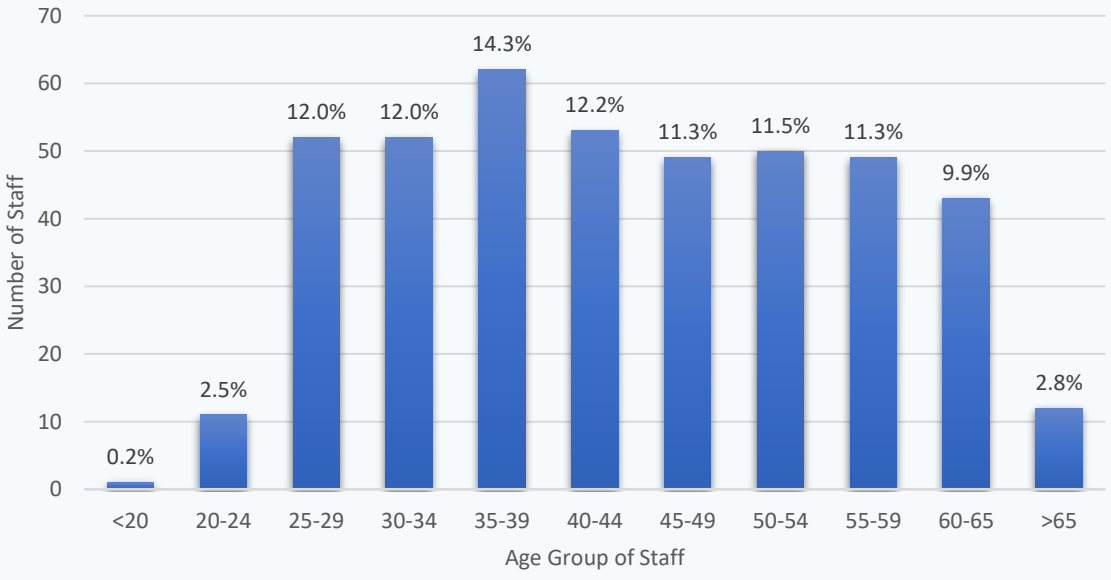


Fig. 8.2c Band Breakdown of Sth: Primary Care and Community Services

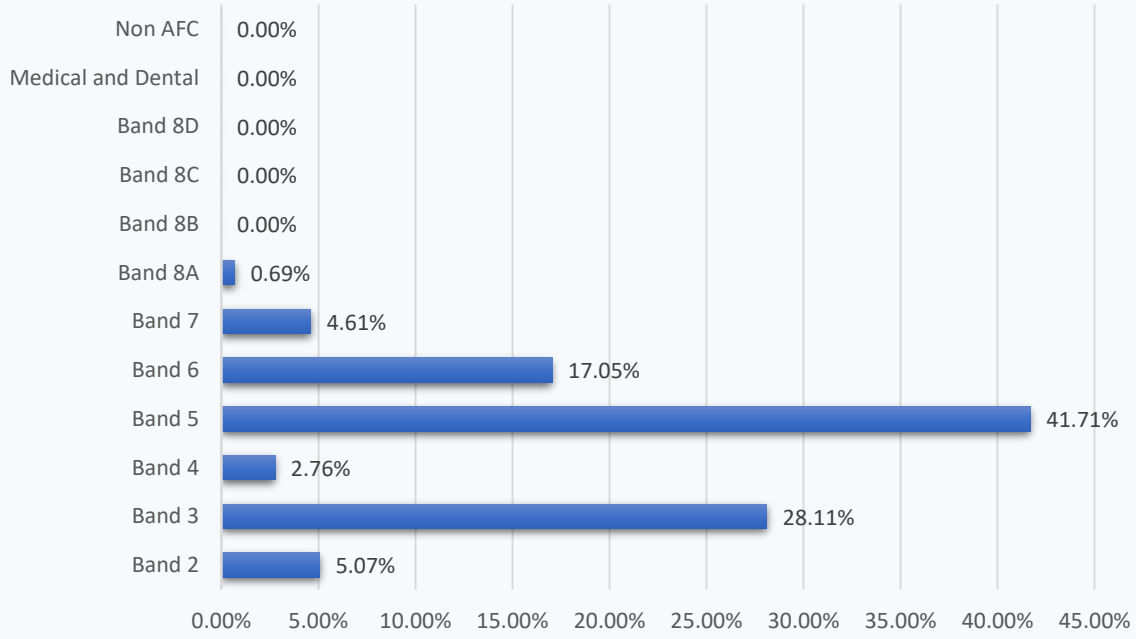


Fig. 8.2d Sth: Primary Care and Community Services Absence - % of available working days

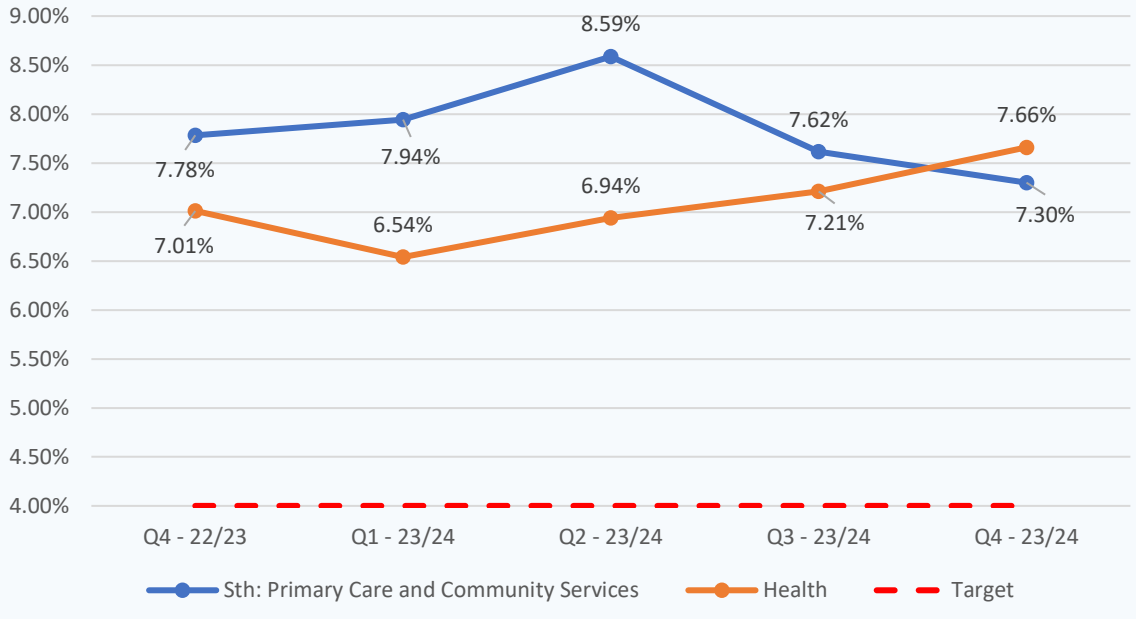


Fig. 8.2e Reasons for Absence (Sth: Primary Care and Community Services)

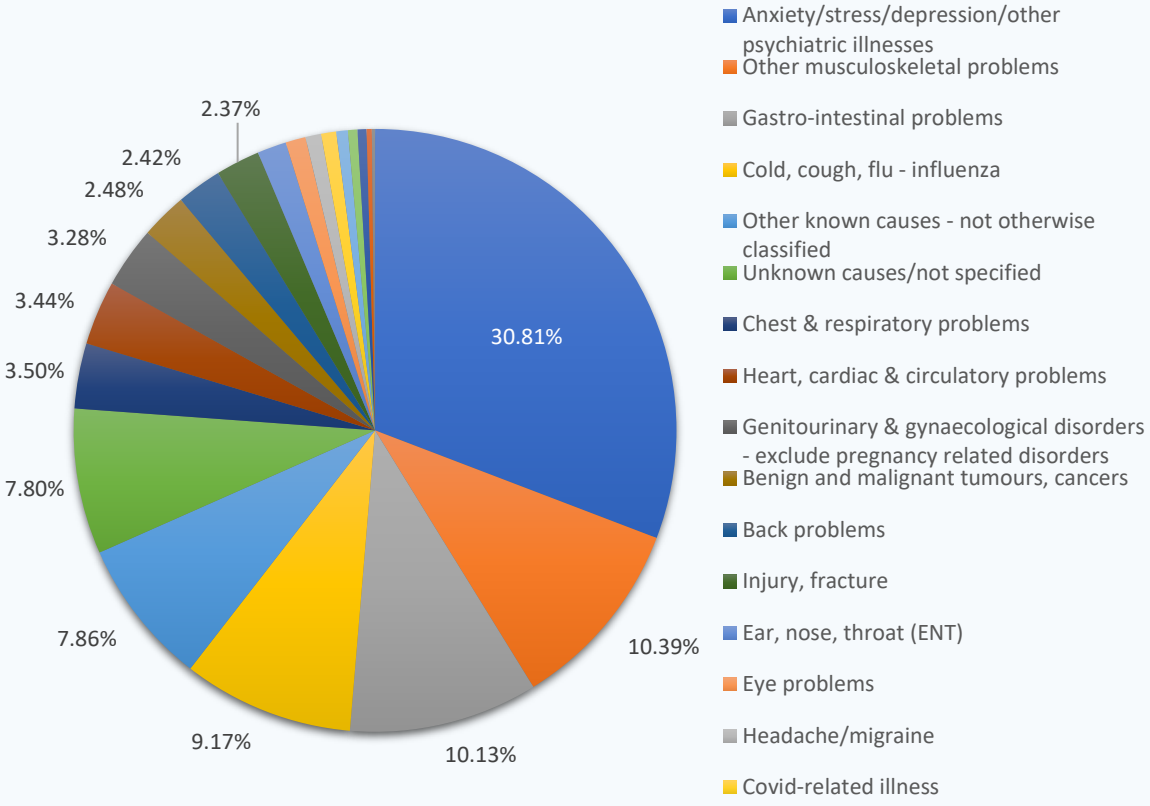
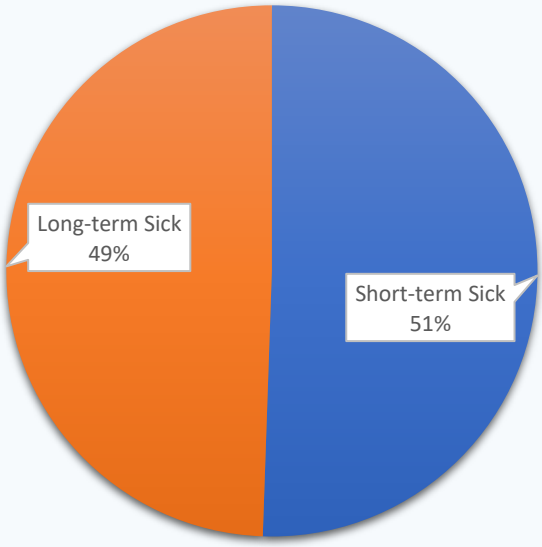


Fig. 8.2f Absence for Q4 - 23/24 (Sth: Primary Care and Community Services)



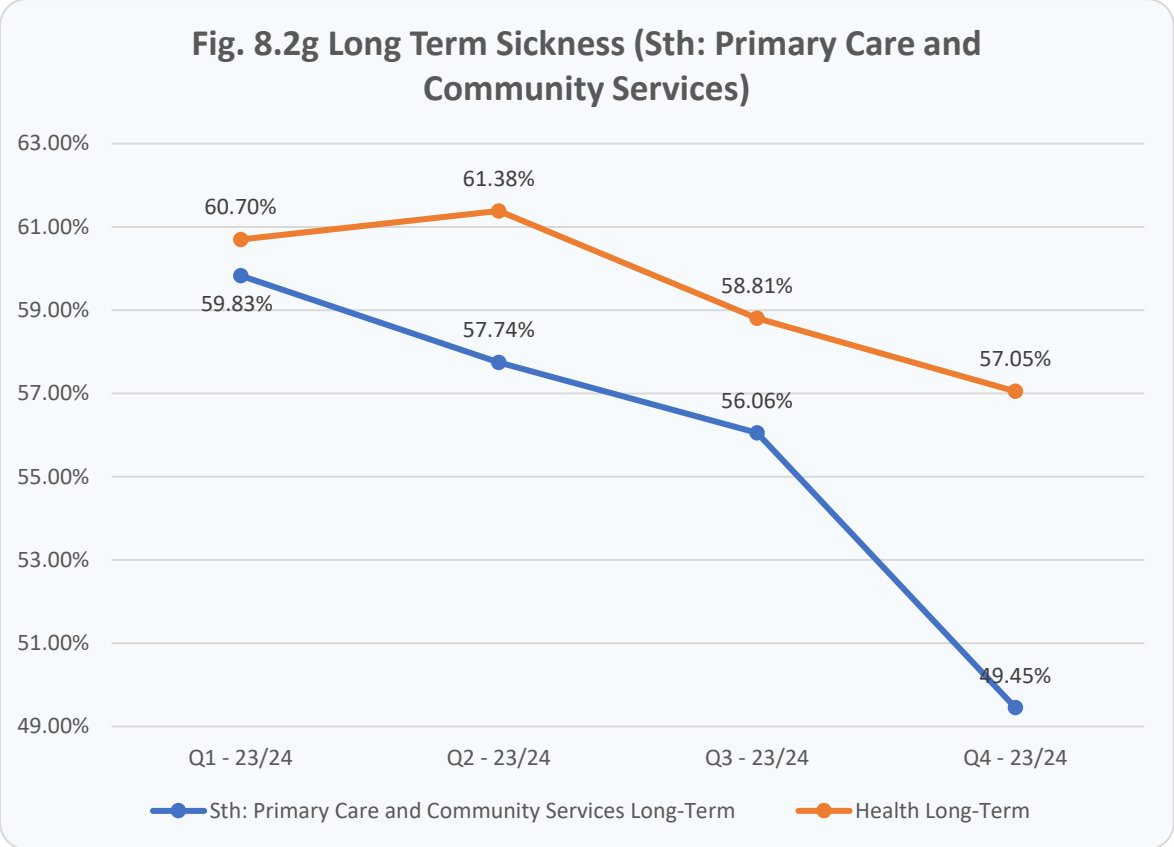


Fig. 8.2g Long Term Sickness (Sth: Primary Care and Community Services)
63.00%
61.00%
59.00%
57.00%
55.00%
53.00%
51.00%
49.00%
60.70%
61.38%
58.81%
57.05%
59.83%
57.74%
56.06%
49.45%
Q1 - 23/24
Q2 - 23/24
Q3 - 23/24
Q4 - 23/24
Sth: Primary Care and Community Services Long-Term
Health Long-Term

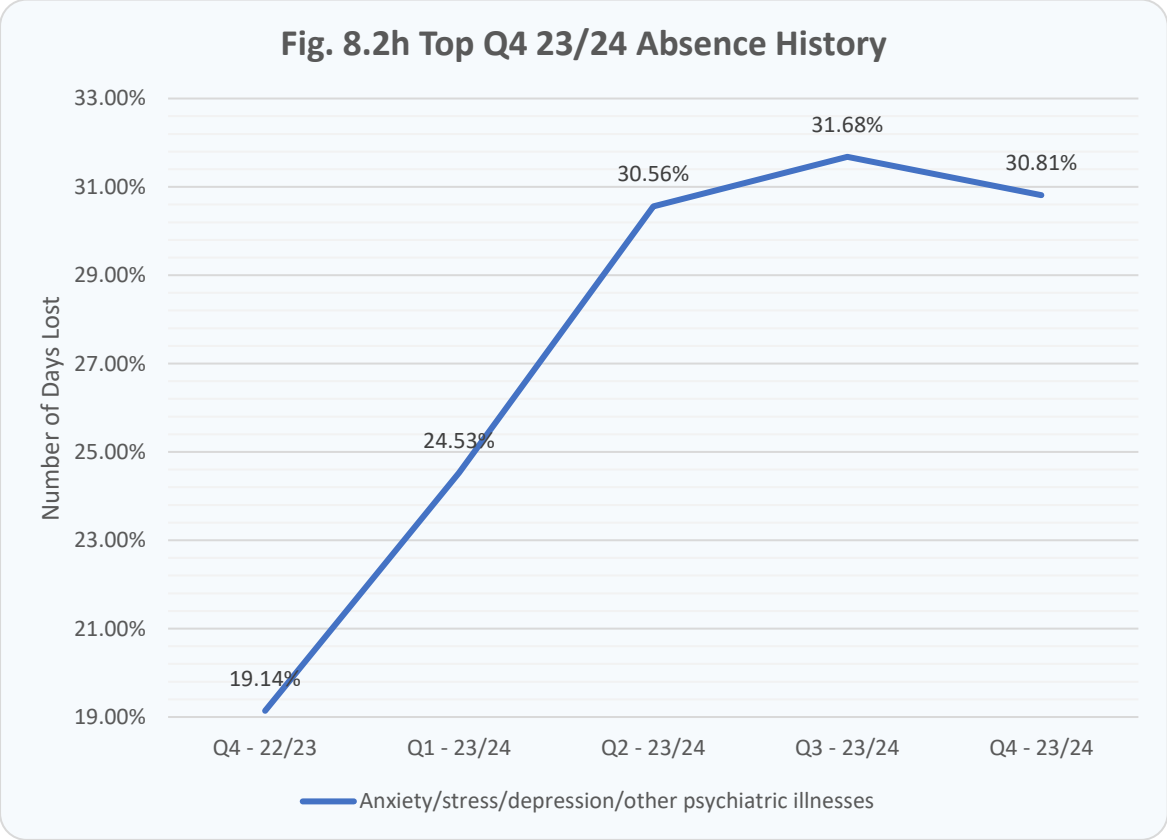


Fig. 8.2h Top Q4 23/24 Absence History
Number of Days Lost
33.00%
31.00%
29.00%
27.00%
25.00%
23.00%
21.00%
19.00%
19.14%
24.53%
30.56%
31.68%
30.81%
Q4 - 22/23
Q1 - 23/24
Q2 - 23/24
Q3 - 23/24
Q4 - 23/24
Anxiety/stress/depression/other psychiatric illnesses

The visuals above relate to the South Primary Care and Community Services function with GCHSCP which incorporates nursing, AHP staff, Health Care Support Workers and Clerical/Administrative 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 25-59 years age bracket, with 12.7% of staff in the 60 plus age bracket (Fig 8.2b).

Band 3 and Band 5 staff make up over half of this staff group (69.82%) with this reflecting the qualified nursing role, Health Care Support Workers and administration roles within the service (Fig 8.2c).

There has been a sharp decrease in absence reducing from 8.59% in Q2 23/24, to 7.30% in Q4 23/24. This is the opposite to the Health trajectory which has seen absence increase from 6.94% in Q2 23/24 to 7.66% in Q4 23/24. For the last 12 months (Q1 23/24 through to Q4 23/24) long term absence in South Primary Care and Community Services has been lower than Health levels of long-term absence (Fig 8.2d).

The reasons for absence are consistent with GCHSCP and NHSGGC with Anxiety/Stress/Depression being the predominant reason for absence (Fig 8.2e).

Short-term absence accounts for a larger proportion of absence within this staff group reporting 51% in Q4 23/24, with long term absence being 49% of the overall absence figure. 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.

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	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/ SMF/JM
2	Provide Attendance Management Training and Awareness Sessions	To equip managers with the knowledge and tools to address Attendance Management within their teams.	Ongoing	KB/SMF/GC
3	GCHSCP Wellbeing and Attendance Action plan for 24/25	Strategic Plan to be developed and aligned to GCHSCP Strategic Plan and Workforce Plan.	Jun-24	KB/SMF
4	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.	May-24	GC/KB/SMF

5	Deliver the Absence Workstream identified in the Maximising Our Resources Strategy	To maintain a focus on reducing the cost of absence in GCHSCP	Ongoing	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.