



# Item No. 11

Meeting Date Wednesday 8<sup>th</sup> December 2021

## 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

<b>Purpose of Report:</b>	To advise the IJB Finance, Audit and Scrutiny Committee of the latest absence levels across Glasgow City Health and Social Care Partnership.
<b>Background/Engagement:</b>	Scotland's road map out of Covid restrictions focuses Glasgow City HSCP on supporting staff back into the workplace safely and ensuring staff's mental health and wellbeing at work is a priority.
<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the content of this report.

### 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:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
<b>Personnel:</b>	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.

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<b>Carers:</b>	N/A
<b>Provider Organisations:</b>	N/A
<b>Equalities:</b>	N/A
<b>Fairer Scotland Compliance:</b>	N/A
<b>Financial:</b>	Cost pressure arises from need to cover absence in staff groups.
<b>Legal:</b>	N/A
<b>Economic Impact:</b>	N/A
<b>Sustainability:</b>	N/A
<b>Sustainable Procurement and Article 19:</b>	N/A
<b>Risk Implications:</b>	There is a risk that increasing absence levels impact on the efficiency of services and where replacement staff are required, a financial impact.
<b>Implications for Glasgow City Council:</b>	As stated above
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As stated above

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**1. High Level Quarterly Absence Comparison**

1.1 Latest absence trends for Social Work and Health, comparing quarter 2 absence data to last year. Table 1 highlights Social Work figures in Average Days Lost and Table 2 highlights Health figures in Percentage Absence. Tables 1 & 2 exclude Covid-19 related absences.

**Table 1 Social Work – Quarter 2**

	2020/21 Q2			2021/22 Q2		
	P5	P6	P7	P5	P6	P7
<b>ADL Target</b> 10.2 per year/0.2 per week	0.8	0.8	0.8	0.8	0.8	0.8
<b>Glasgow</b>	1.0	1.1	1.1	1.5	1.5	1.5
Resources	0.7	0.8	0.9	0.9	0.7	0.8
Adult Services	0.6	0.7	0.5	1.6	1.5	1.4
Public Protection & Complex Care	0.5	0.4	0.5	0.7	0.8	0.9
Children's Services	0.7	0.7	0.7	1.0	1.0	1.1
Older People's Services	0.8	1.2	0.8	1.9	1.5	1.1
Care Services	1.3	1.4	1.4	2.0	1.9	1.8

**Table 2 Health – Quarter 2**

	2020/21 Q2			2021/22 Q2		
	Jul	Aug	Sept	Jul	Aug	Sept
<b>Ave yearly % target is 4%</b>	4%	4%	4%	4%	4%	4%
<b>Grand Total</b>	5.4%	5.61%	6.07%	6.69%	6.84%	7.64%
Resources	3.2%	2.3%	2.3%	4.47%	3.30%	3.81%
Adult Services	6.65%	6.78%	6.91%	6.91%	7.20%	8.43%
Public Protection & Complex Care	6.5%	8.9%	8.9%	7.56%	7.28%	5.07%
Children's Services	4.0%	3.4%	3.4%	7.04%	7.16%	7.95%
Older People's Services	5.0%	6.0%	6.0%	7.03%	7.55%	8.22%
Health Improvement	1.5%	2.2%	2.2%	5.48%	4.41%	5.40%
Clinical Director	0.2%	1.0%	1.0%	0.37%	0.55%	0.90%

2. Covid-19 Absences

2.1 Social Work

The following data shows the total number of Covid-19 absences between 16/8/21 to 7/11/21. The latest figure equates to 0.9% out of a total workforce of 7376 employees that were off due to a Covid related absence.

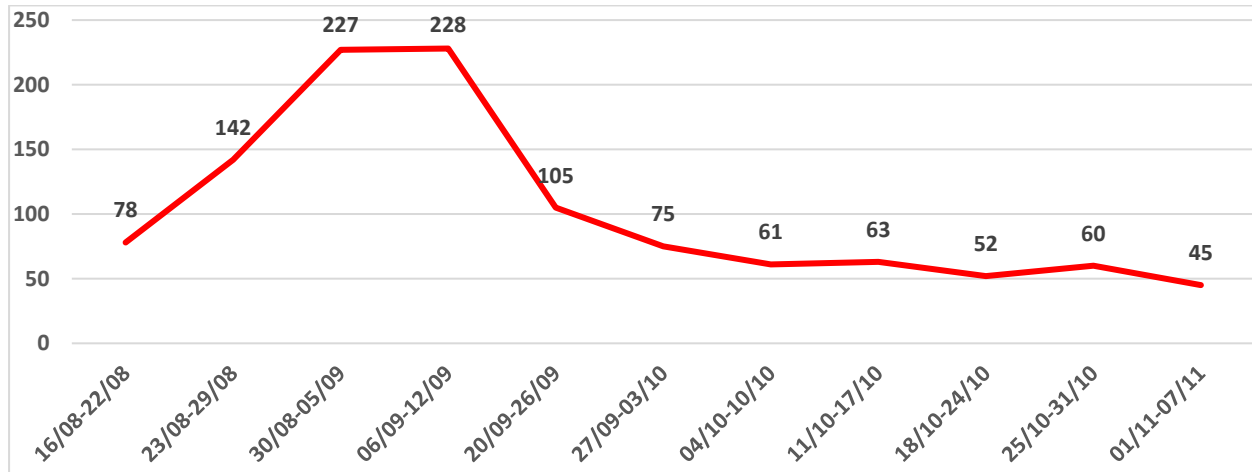
Table 3 – Covid-19 Absences

Period	Covid-19	Covid-19 Childcare	Covid-19 Dependents Care	Covid-19 Self Isolate	Covid-19 Shielding	Covid-19 UHC*	Total
16/08 to 22/08	18	1	0	69	13	0	101
23/08 to 29/08	35	1	0	144	14	0	194
30/08 to 05/09	65	1	1	245	11	0	323
06/09 to 12/09	70	1	0	248	8	0	327
20/09 to 26/09	48	1	1	88	12	0	150
27/09 to 03/10	46	1	0	63	11	0	121
04/10 to 10/10	36	1	0	54	11	0	102
11/10 to 17/10	36	1	0	46	11	0	94
18/10 to 24/10	27	1	0	36	18	0	82
25/10 to 31/10	29	1	0	41	13	0	84
01/11 to 07/11	23	1	0	35	4	0	63

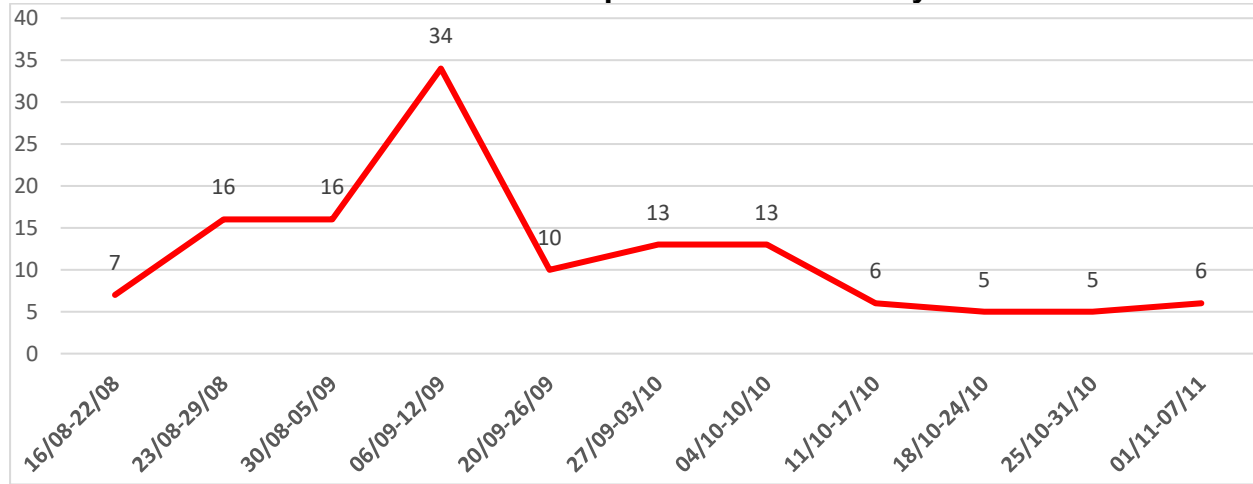
\* Underlying Health Condition

2.2 Tables 4, 5 and 6 below highlight Covid-19 Absence Trends by Essential Care Groups.

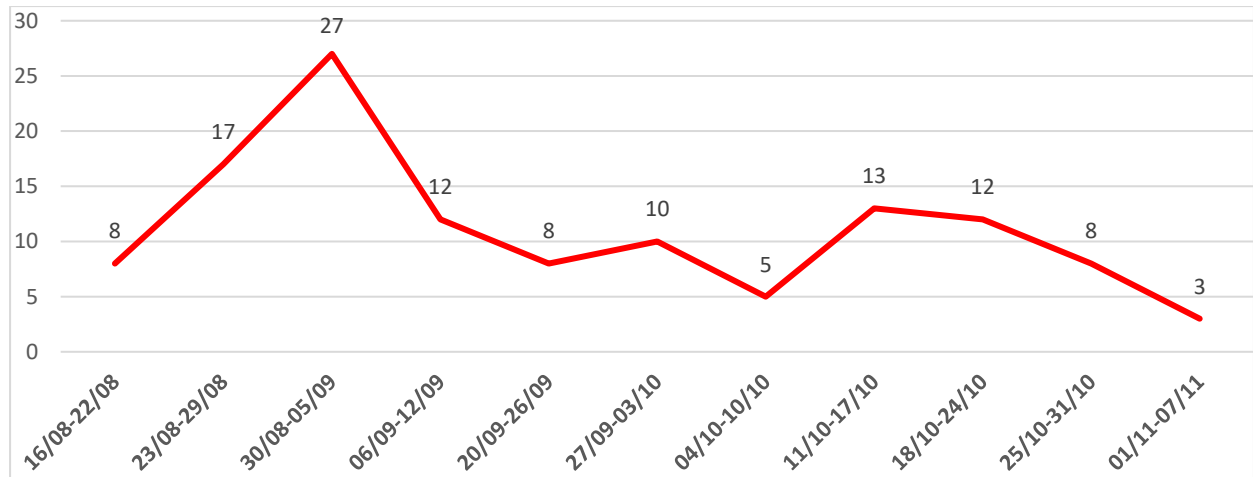
Table 4 Covid-19 Absences – Home Care



**Table 5 Covid-19 Absences - Older People Residential & Day Care**



**Table 6 Covid-19 Absences – Children’s Residential**



**2.3 Health**

The following data shows the total number of Covid-19 absences through September 21.

Row Labels	Covid-19	Covid-19 Positive	Covid-19 Household Related – Self Isolating	Covid-19 – Long Covid	Covid-19 – Quarantine	Covid-19 – Self displaying symptoms – Self Isolating	Covid-19 – Test and Protect Isolation	Covid-19 – Underlying Health Condition	Grand Total
06/09/2021	3	31	38	25	0	2	6	1	106
13/09/2021	2	24	35	25	0	1	3	2	92
20/09/2021	1	21	16	24	1	4	1	2	70
27/09/2021	1	10	9	24	1	2	0	3	50

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**3. Annual Reporting on Financial Consequences of Absence**

3.1 The table below highlights overtime and agency costs and those attributed to sickness absence within Older People Residential & Day Care, Care Services, Homelessness Residential and Children's Residential.

<b>Staff Group and Year</b>	<b>Total Overtime Spend</b>	<b>Overtime Cost Sickness</b>	<b>Total Agency Spend</b>	<b>Agency Cost Sickness</b>
<b>Older People Residential &amp; Day Care</b>				
<b>2020/21</b>	£1,626,396		£1,747,509	
<b>2021 to date (Period 8 22/10/21)</b>	£1,062,867		£1,078,736	
<b>Care Services</b>				
<b>2020/21</b>	£5,266,509		£913,629	
<b>2021 to date (Period 8 22/10/21)</b>	£3,375,644		£658,666	
<b>Homelessness Residential</b>				
<b>2020/21</b>	£353,376	£47,706	£62,502	£10,782
<b>2021 to date (Period 8 22/10/21)</b>	£186,603	£20,023	£28,844	£2,582
<b>Children's Residential **</b>				
<b>2020/21</b>	£841,051		£67,179	
<b>2021 to date (Period 8 22/10/21)</b>	£767,909		£26,952	

\* These are estimated figures on the basis that overtime/agency recorded in one month is paid in the following month

\*\* Costs highlighted for Children's Residential are not all attributed to sickness absence. Some of the costs will be due to covering leave, additional staffing required due to increasing complexities of some of the young people.

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### 4. Overview

#### 4.1 Social Work

- 4.1.1 Overall absence performance across all staff groups of GCHSCP is consistently showing an increase in Average Days Lost (ADL) this year compared to 2020/21.
- 4.1.2 HR continue to work with managers to develop localised Wellbeing and Attendance Action Plans for each staff group, taking on board employee and manager feedback to implement a quarterly plan that is operationally feasible. This includes a refresh of processes, manager training and incorporating staff mental health and wellbeing promotions / activities into daily working lives.
- 4.1.3 Ongoing analysis of absence trends and deploying HR resources to managers that have the greatest need for support, will continue and is in line with the overall HR Wellbeing and Attendance Strategy.

#### 4.2 Health

- 4.2.1 This quarter shows a notable increase in sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. Whilst most services saw an increase - the most marked rise was in Adult Services, where the inpatient element is almost 12% and 90 staff from Mental Health Services on long term sick leave. There have also been significant increases in levels of sickness absence within Children's Services and Older Peoples Services. The overall increase in sickness absence is reflected by in the Boards level of absence in the same period.
- 4.2.2 Absence recorded as 'Psychological' remains the most commonly used absence code and accounted for 34% of absence across the quarter.
- 4.2.3 In relation to Covid related absence, there is fluctuation over the past 3 months however a significant decrease and levelling off can be noted.
- 4.2.4 The HR team continue to support managers across the HSCP in addressing sickness absence within their service, highlighting any trends and providing advice based on the NHS Scotland Workforce Policy – Attendance Management.
- 4.2.5 Additional HR and Occupational Health support is in place to support managers with staff absent due to Long Covid.

### 5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
  - a) note the content of this report.

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