



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	25 September 2024
<b>Agenda Item</b>	9
<b>Title</b>	Performance Update – Quarter 1, 2024-25
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 1 (April - June) 2024-25 data is available for strategic performance indicators (PIs) this is included. The report also includes two exception reports (covering four PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.</p>	

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**25 September 2024**

**Report by Chief Officer**

**QUARTER 1 PERFORMANCE UPDATE 2024-25**

**PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 1 data is available for strategic performance indicators this is included. The report also includes two more detailed exception reports looking at four key performance indicators.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.

**BACKGROUND**

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. Data availability is significantly more limited at Quarters 1 and 3 with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following areas:
  - Unplanned hospital use from care homes:
    - A&E attendances from care homes in East Renfrewshire
    - Emergency admissions from care homes in East Renfrewshire
  - Staff sickness absence:
    - Sickness absence days per employee - HSCP local authority staff
    - Percentage of days lost to sickness absence - HSCP NHS staff
5. The exception reports cover:
  - Purpose of the indicator – *explanation and how we use it to improve*
  - What does good look like? – *long-term objective for this area of activity*
  - Current status of measure – *current position including visualisation of data*
  - Reason/explanation for current performance – *understanding why performance is an exception*

- Mitigating action – *approaches (with timescales) that will improve performance*
- Investment – *current / required resources to deliver expected performance*
- Context and benchmarking – *relevant comparative data if available*

## REPORT

6. The main data report includes available data for Quarter 1 (April to June 2024) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary.
7. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
  - Working together with children, young people and their families to improve mental and emotional wellbeing
  - Working together with people to maintain their independence at home and in their local community
  - Working together to support mental health and wellbeing
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
  - Working together with people who care for someone ensuring they are able to exercise choice and control
  - Working together on effective community justice pathways that support people to stop offending and rebuild lives
  - Working together with individuals and communities to tackle health inequalities and improve life chances
  - Working together with staff across the partnership to support resilience and wellbeing
  - Working together to protect people from harm
8. The HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. During the current period of reporting, we have seen improving performance for 44% of the indicators, where data was available.

### Performance highlights include:

9. Supporting **independence** and **rebalancing care** – latest data shows that we are meeting our target and performing ahead of the national average for the percentage of people age 65+ with intensive care needs receiving care at home (62.5%). We also perform better than the Scottish average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services (although the number of people taking up these options is declining). The proportion of people reporting 'living where you/as you want to live' needs being met fell during the quarter but we remain close to target.
10. Performance on **waiting times for alcohol and drug recovery services** improved for the second quarter in a row. The percentage of people accessing recovery-focused treatment within 3 weeks increased from 96% to 98%. This is very positive performance in spite of staffing absence and vacancies within Alcohol and Drug Recovery Services (ADRS).

11. Hospital **discharges with delay** (and bed days lost) continue to be a key area of focus for the partnership and are at higher levels than for previous years. However during Q1 delays (excluding adults with incapacity (AWI)) averaged 7 a week – down from 9 in the previous quarter.
12. **Unplanned hospital attendances and admissions** remain stable and within target, and we have seen modest reductions from the previous quarter. Latest data shows that unplanned hospital bed days also decreased during the reporting period. We have seen increases in attendance and admissions from care home. More detail on care home performance is given in the exception report at Appendix 2.
13. We have seen improved performance for the payment of **invoices** within 30 days and are now ahead of target at 92%. This has been the result of full staffing at the team and more efficient processes.

Areas that remain challenging include:

14. We saw a lower number of people coming through our **reablement** service in Q1, and a reduction in the proportion of people discharged with reduced levels of care need (59%, down from 67% in Q4). In the last quarter there has been an increased proportion of people referred to the service that have proved unsuitable for reablement, impacting on our overall performance for this PI.
15. In Quarter 1 saw a continuing reduction in the percentage of people **accessing psychological therapies** within 18 weeks from 84% (Q4) to 78% - below our target of 90%. This was due to staffing issues and outstanding vacancies. Waiting times are monitored weekly, with longest waits or patients about to breach target highlighted to our teams.
16. The number of **alcohol brief interventions** decreased during the quarter, reflecting the completion of our commissioned service for ABIs. Training for delivery of ABIs has been underway within local service settings, but we expect it will take time to gradually increase local ABI delivery across the area.
17. Although performance remains high and ahead of target, the proportion of **carers** reporting their 'quality of life' needs being met dropped from 96% in Q4 to 76% in Q1. This measure shows some fluctuation and may be impacted by the timing of the survey question. We recognised the significant pressures local carers are under and continue to ensure supports are in place through the Carers Centre and other partners.
18. The proportion of **Community Payback Orders** being completed within court timescales dropped during the quarter and we are slightly below our target. This is due to increased numbers undertaking CPOs and the necessity for a waiting list on select days during the reporting period. We also missed our target for the percentage of CPOs commencing within 7 days due to people not attending scheduled appointments.
19. **Sickness absence** continues to be an area of focus for the partnership and we remain above our target for NHS staff. However, we have seen continuing improvement in sickness absence among Council-employed staff and we are now ahead of target for the quarter. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing absence levels. For the NHS, there has been increase in stress-related absences with the majority of these are known to be personal stress and not work-related. Absence panels are in place and support is target in service areas with highest levels of absence. We continue to deliver health

and wellbeing support to our staff. More detail on our absence performance is given in the exception report at Appendix 2.

20. Compliance with NHS **Knowledge and Skills Framework (KSF) training** requirements is below our target. This remains an area of targeted action, working with managers and teams to increase completion within required timescales.

## RECOMMENDATION

21. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.

## REPORT AUTHOR AND PERSON TO CONTACT

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12 September 2024

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Performance and Audit Committee, HSCP Annual Performance Report, 26 June 2024.  
[https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC\\_Item\\_09\\_-\\_26\\_June\\_2024.pdf?m=1718729971193](https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC_Item_09_-_26_June_2024.pdf?m=1718729971193)

Performance and Audit Committee, HSCP Quarter 3 Performance Update, 27 March 2024.  
[https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC\\_Item\\_07\\_-\\_27\\_March\\_2024.pdf?m=1710946124360](https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC_Item_07_-_27_March_2024.pdf?m=1710946124360)

Performance and Audit Committee, HSCP Mid-year Performance Update 2023-24, 22 November 2023.  
[eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC\\_Item\\_06\\_Mid-Year\\_Performance\\_Update.pdf?m=1699875488030](https://www.eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC_Item_06_Mid-Year_Performance_Update.pdf?m=1699875488030)

# Appendix 1

## HSCP Strategic Performance Report – 2024-25 Quarter 1


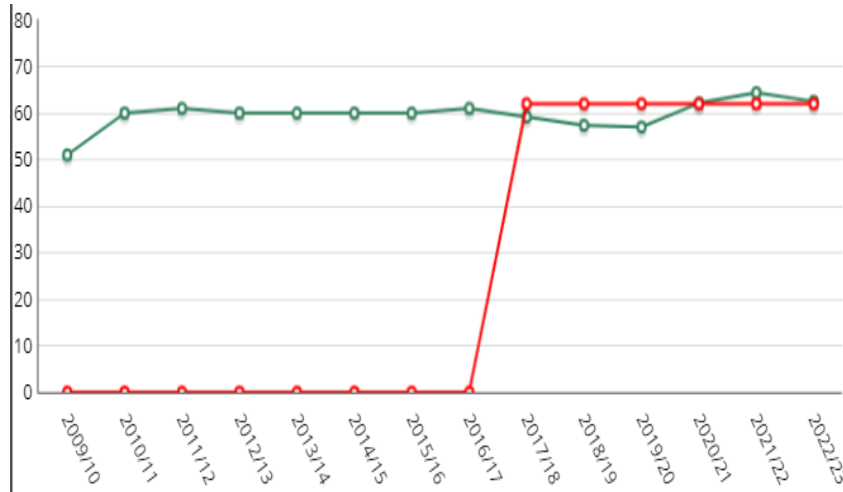



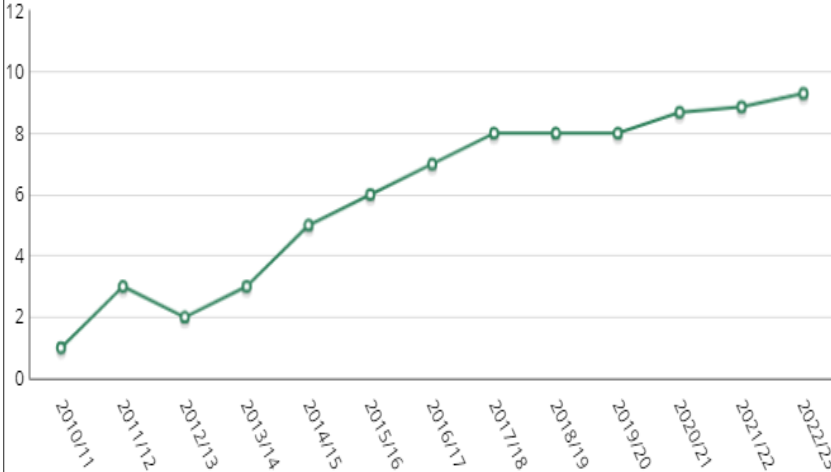

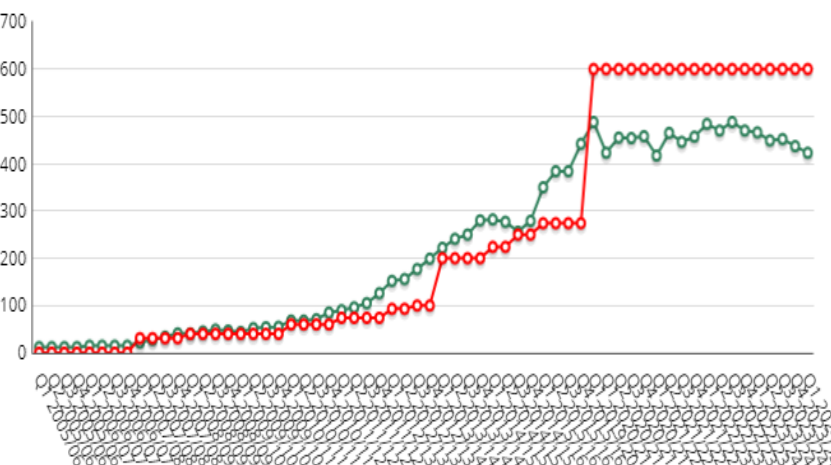
Key:


<b>Green</b>	performance is at or better than the target
<b>Amber</b>	Performance is close (approx 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)

Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).

### 2. Working together with people to maintain their independence

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2022/23	62.5%	62%	Green	 (declining)		The LGBF data shows that our performance has dropped slightly compared with the previous year (64%) but we continue to perform ahead of target. This compares to a national average of 61.5% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service Feb 2024).


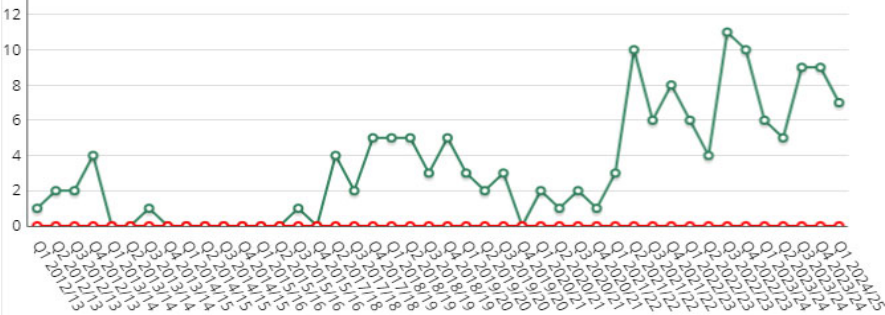

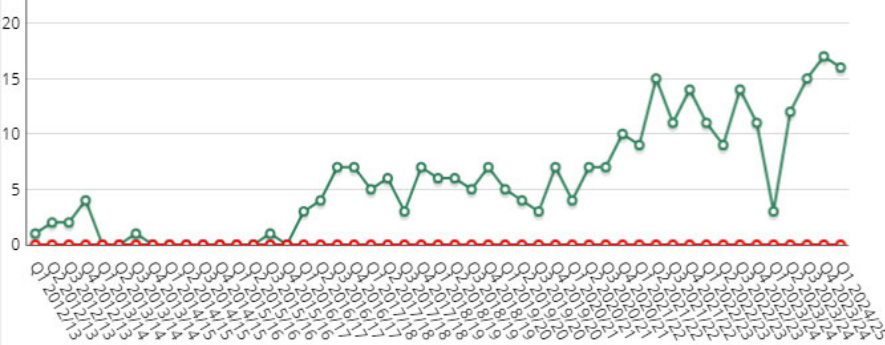

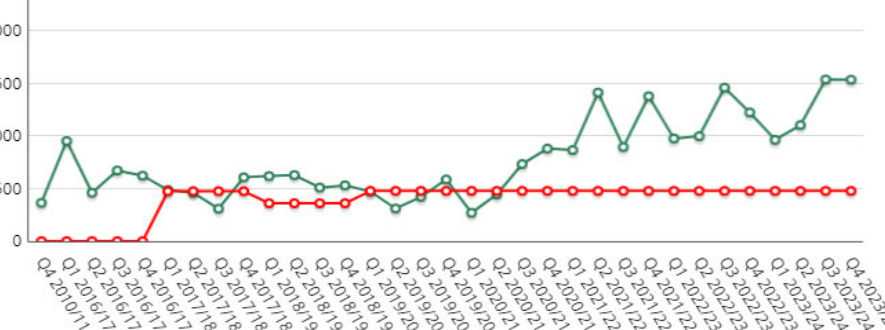
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2022/23	9.3%	Data Only		 (improving)		Latest available data for this indicator at Feb 2024. We continue to perform well on this measure. % spend on SDS continued to improve (up from 8.9% for 2021/22) This compares to a national average of 8.7%. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 1 2024/25	423	600	Red	 (declining)		Data calculated from the Social Care returns shows a total of 423 people were in receipt of SDS 1 and 2 Option payments in Qtr 1, down slightly from 437 in the previous quarter.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Qtr 1 2024/25	59%	60%	Amber	 (declining)		Of the 22 service users discharged from the reablement service through Q1, 13 (59%) were discharged with a reduced or no service following the period of reablement. Service user numbers reduced during the period due to greater complexity of people being referred. This has led to some referrals being discharged as not suitable or services being declined – impacting our overall performance.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 1 2024/25	89%	90%	Amber	 (declining)		In Qtr 1 response rate fell to 89% just below target.



**3. Working together to support mental health and well-being**

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Qtr 1 2024/25	77.7%	90%	Red	↓ (declining)		77.7% of people had started psychological therapy within 18 weeks which is a decrease increase from Quarter 1. This is due to staffing issues across all services and vacancies outstanding. Wait times are recorded weekly, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service.
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Qtr 1 2024/25	98%	90%	Green	↑ (improving)		Within Alcohol and Drug Recovery Services (ADRS), performance against the % wait time to treatment target has increased to 98% in Quarter 4. This represents only 2 long waits across services. This represents very positive performance in light of staffing absence and vacancies within the ADRS which is currently advertised.
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (AIM TO INCREASE)	Qtr 1 2024/25	54	105	Red	↓ (declining)		Alcohol Brief Intervention (ABIs) performance in East Renfrewshire had increased during 2023-24 while a commissioned service was in place, which currently ended on 6 May 2024 and awaiting renewal. Training has been provided to staff to deliver ABIs within local service settings such as social work, GP community link workers and Community Mental Health Teams, however it will take time to gradually increase local ABI delivery across the area.

4. Working together to meet people's healthcare needs							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 1 2024/25	7	0	Red	 (improving)		In Q1 the weekly average of people waiting more than 3 days fell to 7 which is down from 9 in the last 2 quarters. This remains an area of focus for continuing to minimise delays.
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 1 2024/25	16	0	Red	 (improving)		Monthly average of 16 latest available data (Apr-Jun 2024). Performance has improved slightly with the figure reducing to 16 from 17 the previous quarter. We continue to focus on minimising delays as a priority. (Source: Public Health Scotland, Jul 2024)
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 4 2023/24	1533	477	Red	 (improving)		Data available until March 2024 only. (Source: Public Health Scotland, June 2024)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 1 2024/25	1,595	1,782	Green	 (improving)		Hospital admissions continue to decline, down from 1,644 in Quarter 2, and ahead of target.
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 1 2024/25	3,085	4,583	Green	 (improving)		A & E attendances have fallen from 3,116 in Qtr 4 2023-24. This continues to be below target and has maintained at this level.
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	1,705	1,781	Green	 (improving)		Latest provisional data to Mar 2024, monthly data corrected back to April 2023. Down from 1,756 admissions in previous Qtr 3. (Source: Scottish Govt, MSG Jul 2024)


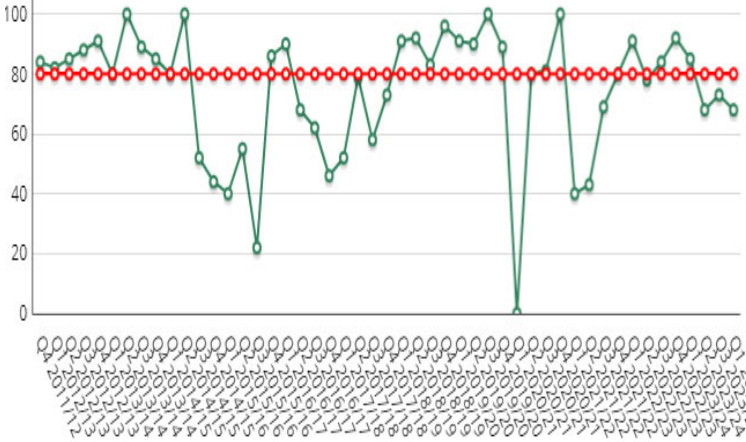


Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	4,468	4,584	Green	 (declining)		<p>Latest data to Mar 24, released July 2024. Increased from 4291 attendances in Qtr 3. (Source: Scottish Govt, MSG)</p>
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	15,923	14,715	Red	 (improving)		<p>Latest provisional data to Mar 2024 released July 2024. Data corrected back to Apr 2023. (Source: Scottish Govt, MSG)</p>
A & E Attendances from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2024/25	128	100	Red	 (declining)		<p>East Renfrewshire numbers for A&amp;E attendances have returned to pre-covid levels, and are above target. Target may be subject to review as figures were recalculated from Q1 2022 to be more accurate including more care homes.</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2024/25	67	60	Amber	↓ (declining)		Admissions from care homes, while showing an increasing trajectory, remains closer to target and lower than pre-covid numbers. Target may be subject to review as figures were recalculated from Q1 2022 to be more accurate including more care homes.

**5. Working together with carers to be able to exercise choice and control**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 1 2024/25	76%	73%	Green	↓ (declining)		In Qtr 1 of the total 34 valid responses, 26 (76%) reported their needs met. Performance is down from 96% in Qtr 4.


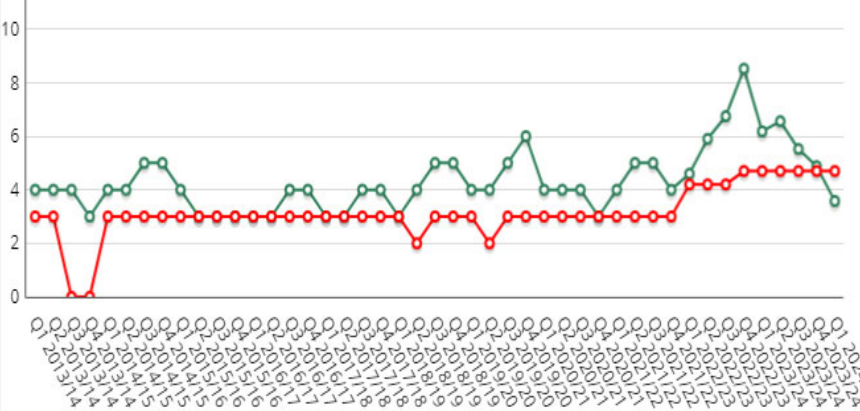

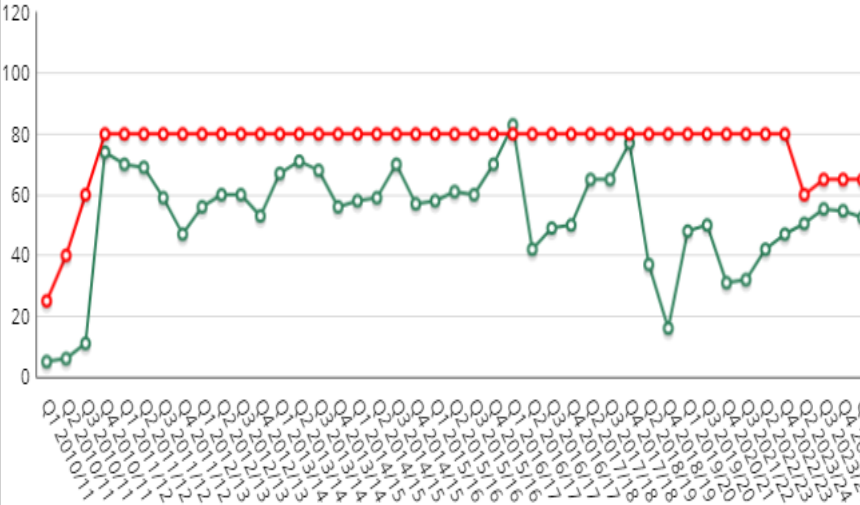
6. Working together with our partners to support people to stop offending

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 1 2024/25	68%	80%	Red	 (declining)		21 out of 31 unpaid work placements commenced within 7 days. The remaining 10 comprised service users who failed to attend for schedule appointments and as such were not within the control of this service.
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	Qtr 1 2024/25	76%	80%	Amber	 (declining)		10 of 13 unpaid work placements were completed within Court timescales in Qtr 1. This is due to increased numbers undertaking Unpaid Work and the necessity for a waiting list on select days for a brief period.

**Organisational measures**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 1 2024/25	92.2%	90%	Green	↑ (improving)		Q1 performance has seen this measure come above target. The processing team has been back at full complement since January 2024. Previously long term absence has affected this. In addition, better dashboards for the team to use, and the manager has been instrumental in ensuring these are used daily and invoices are properly targeted. Finally, due to the additional layer of authorisation needed for CareFirst invoices, we amended some of the parameters on our dashboard to help ensure they didn't tip over the payment period.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 1 2024/25	9.2%	4.0%	Red	↓ (declining)		Sickness has increased in Q1 up to 9.2% from 8.92% in Q4. It is not the normal trend that absence would increase during the summer months. An increase in stress-related absences has contributed to this increase. The majority of these are known to be personal stress and not work related.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 1 2024/25	3.58	4.7	Green	 (improving)		<p>Council absence levels in Q4 were 4.88 and this has decreased again to 3.58 Working Days Lost/FTE in Q1. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing the absence levels by supporting with the application, and progression of the Maximising Attendance Policy with a specific focus on Intensive Services as this service area has the highest level of sickness absence.</p>
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Qtr 1 2024/25	52.5%	65%	Red	 (declining)		<p>There has been continual targeted action to support KSF compliance. This has meant working with managers to ensure team members lacking compliance are identified and supported to complete training. This remains an area of focus and we will continue to work to improve compliance rates.</p>



## Appendix 2 – Exception Reports

### Unplanned hospital use from care homes

#### Purpose of the indicator

- A&E attendances from care homes in East Renfrewshire HSCP
- Emergency admissions from care homes in East Renfrewshire HSCP

These indicators allow us to monitor the volume of unplanned hospital use by residents living in care homes in East Renfrewshire. This allows us to analyse trends and plan the necessary support and pathways for people to minimise unnecessary use of acute services.

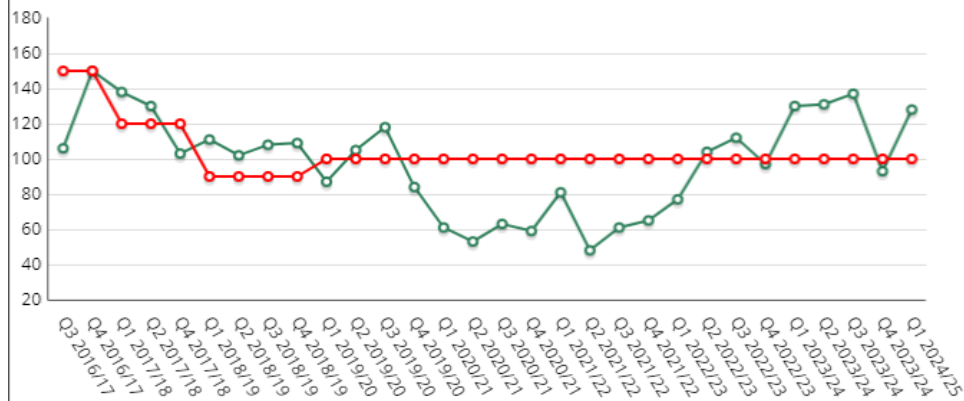
#### What does good look like?

Unscheduled care activity/conveyance to A&E for Care Home residents only occurs when clinically necessary. All opportunities, supports and pathways are considered to avoid unnecessary conveyance and admissions to hospital where possible.

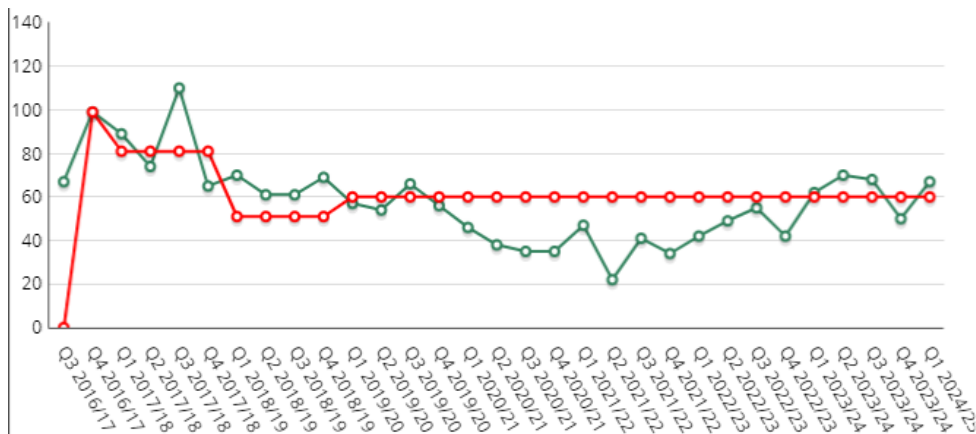
#### Current status of measure

This exception report shows data for A&E attendance numbers and admissions for residents of care homes in East Renfrewshire HSCP. There has been an increasing trajectory in A&E attendances and admissions from care homes over past 2 years, and this has been demonstrated across NHS GGC. East Renfrewshire numbers for A&E attendances have returned to pre-covid levels, and are above target. Admissions from care homes, while showing an increasing trajectory, remains closer to target and lower than pre-covid numbers.

#### A&E attendances from care homes



#### Emergency admissions from care homes



**Reason/explanation for current performance**

Prevention of avoidable conveyance to A&E is multifaceted and there are challenges across the system to ensure alternative pathways are available and considered both in hours and out of hours. People living in care homes should have timely access to members of the multidisciplinary team 24/7 when urgent or unscheduled care is required. This is reliant on access to HSCP services in hours, extended hours access to Flow Navigation Centre for Falls Pathway and currently OOH (overnight and weekends) through OOH GP/ NHS24/ emergency services. There are ongoing challenges ensuring all staff within care homes know of alternative pathways to contacting Scottish Ambulance Service and this remains difficult with staff turnover/use of agency staff in care homes, particularly in OOH (overnight and weekend) when GPs and HSCP staff are not available. Furthermore, it is recognised across GG&C that there are difficulties for Scottish Ambulance Service having full oversight of all local pathways to support avoiding a conveyance to hospital, particularly once crew are deployed to the care home.

**Mitigating action**

There is significant work ongoing across the HSCP to support avoidable conveyance to A&E for care home residents. The HSCP proactively engaged with older peoples' care homes over the last 24 months, embedding the GGC Care Home Falls Pathway. This pathway focuses on reducing unnecessary attendance at hospital, by extending the toolkit available to staff to support care home residents who have fallen, and not requiring an urgent response. This enables clinical discussion between care home staff and senior clinical decision makers at the Flow Navigation Centre (FNC), to facilitate residents to remain in their care homes when clinically safe, utilising virtual assessment. The pathway supports scheduling of unscheduled presentations, such as planned attendance to minor injuries clinic /ED or planned rehabilitation/GP/primary care assessment the following day.

In addition the GG&C Call Before You Convey (CB4YC) pathway has also been implemented since November 2023 across all care homes in East Renfrewshire. This model provides an alternative pathway for Care Home residents who are deteriorating and at risk of conveyance to ED, instead of calling 111/999. The HSCP will continue to develop this pathway to anticipate deteriorating residents specifically before weekends with a virtual triage check model for all Care Homes. It will also include development of the current Care Home Liaison Nursing (CHLN) Single Point of Access pathway to provide a proactive 7 day planned approach. Further Future Care Planning Quality Improvement work on those care homes identified as having higher rates of conveyance will also continue. Proactive input from Community Rehabilitation AHPs to support targeted falls prevention interventions alongside individual resident rehabilitation input is ongoing. All opportunities to continue to encourage the Care Homes in East Renfrewshire to follow the Care Homes Falls Pathway will also be taken.

In addition to our community CB4YC, there is also a SAS:FNC Call Before You Convey pathway. This is for SAS crews to use when a call has been made to 111/999 and the crew attending a resident in the home can call FNC for advice/decision support regarding conveyance. This pathway continues to be developed across GG&C in conjunction with Scottish Ambulance Service.

**Investment**

Funding re-directed from the Care Home Collaborative to HSCPs to support Winter Planning assistance to Care Homes totalling £500k was allocated across all 6 HSCPs. The allocation to East Renfrewshire based on care home bed numbers for 23/24 (£31,651) and 24/25 (circa £35,000) has supported provision of additional Care Home Liaison Nurse hours and now recruitment to a 0.6WTE fixed term post will increase existing capacity. This will allow testing the implementation of a 7 day service in coming months and consider impact of this change on rates of weekend conveyance. Additional scale-up plans are being considered across GG&C.

**Context and benchmarking**

A comparative was sought with East Dunbartonshire HSCP and across the other HSCPs within GG&C who are currently all experiencing similar challenges with increasing numbers of attendances and admissions from care homes. There is ongoing multiagency work across GG&C in relation to this with East Renfrewshire representation on all appropriate working groups.

**Staff sickness absence**

**Purpose of the indicators**

The HSCP has two separate indicators showing the level of staff sickness absence for Council-employed and NHS-employed staff groups. We use the performance indicators to regularly monitor overall absence levels. We also use more detailed staff absence data to identify trends such as absence by service location and reasons for absence.

For HSCP Council employees, the current indicator is 'Working Days Lost to sickness absence per Full Time Equivalent'. There were no agreed absence targets for the Council for 2023/24 however indicative targets have been set for the purpose of absence performance and for internal management oversight.

For HSCP NHS employees, the current indicator is 'Percentage of total days lost to sickness absence'. The NHS absence target is 4% to ensure safe staffing levels.

**What does good look like?**

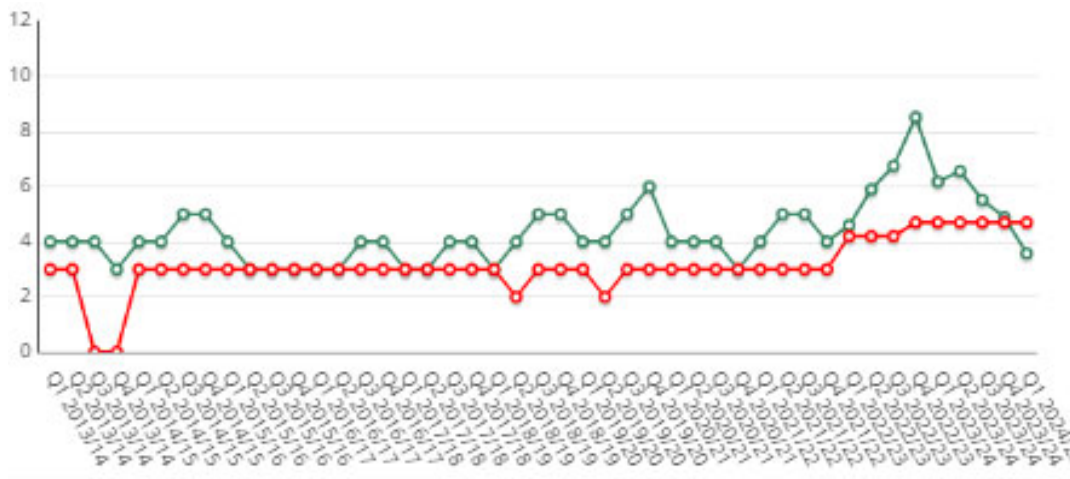
We are aiming to ensure that safe staffing levels are not compromised as a result of high absence. Our objective is also to ensure that the health and wellbeing of our workforce is at the forefront of everything we do.

**Current status of measure**

Council-employed staff

For our Council staff, absence levels have continuously decreased over the last 12 months and are currently sitting below the target of 4.7 WDL/FTE. Council absence levels in Q4 were 4.88 and this has decreased again to 3.58 WDL/FTE in Q1. The HSCP has had an additional HR resource in place since Q2 of 2023/2024 which has played a significant role in reducing the absence levels by supporting with the application and progression of the Maximising Attendance Policy with a specific focus on Intensive Services as this service area has the highest level of sickness absence. This additional resource and targeted intervention has played a significant part in the decrease of days lost due to sickness absence. This resource will continue and will focus on developing and training managers, introducing and implementing regular absence panels across other areas within Intensive Services as well as rolling these out across the partnership.

Absence levels generally increase in the winter period (Q2 and Q3) however, it is anticipated that the supports and focus mentioned above will positively impact this with levels anticipated not to rise as much as in previous years.

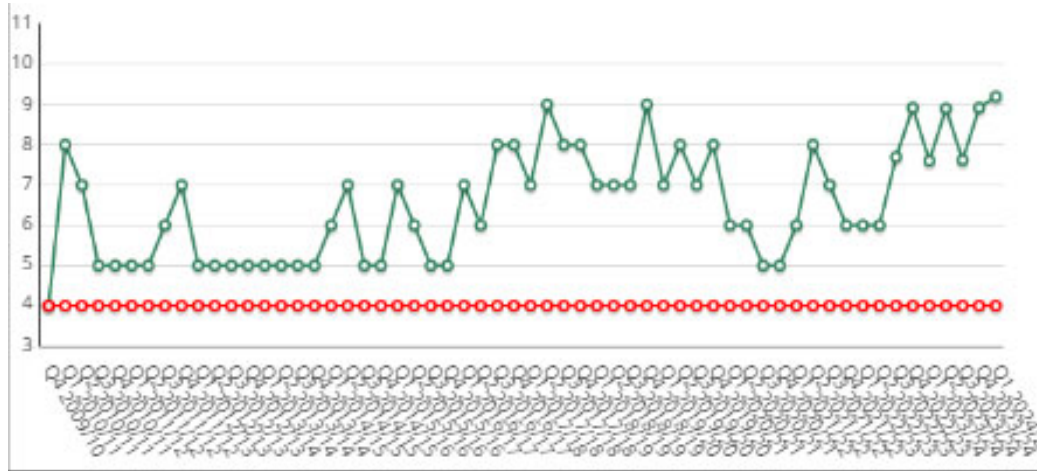


NHS-employed staff

For our NHS staff, the absence target is set at 4%. East Renfrewshire HSCP is experiencing higher than average levels of absence.

Absence rates increased from 8.9% in Q4 to 9.2% in Q1 and remains well above target. Within the quarter we see an increase from 7.99% in April to 9.96% in June. A level of increase in absence is expected during winter months, however absence rates usually improve over the summer months.

Long Term absence average was 5.90%  
Short Term absence average was 3.29%  
Overall average was 9.2%

**Reason/explanation for current performance**

Absence for Council-employed staff has decreased from Quarter 4 to Quarter 1 and is currently below target and at the lowest level within a rolling 12 month period. This can be attributed to the additional management and HR resources temporarily introduced within the service, the introduction of absence panels, a targeted early intervention strategy and increased learning and development activities to support and upskill managers in relation to absence management.

In April 2024, the top reason of absence for Council employed staff was Musculoskeletal (except back pain) attributing to 102.27 days absence in the month, reducing to 89.11 days in May 2024 and then reducing further to 66.14 in June 2024. Musculoskeletal absence (except back pain) was the second highest reason for absence June 2024 with Stress (non-work related) being the top with 66.41 work days lost. Other high levels of absence have been attributed to mental health issues and back pain. Home Care Reablement workers have remained the position with the highest level of sickness absence within the partnership.

Although absence rates for NHS staff in Q1 compared with the previous quarter remain significantly above our target. Absence rates are notably higher in specific NHS service areas. Learning Disability In-Patients Service consistently have a higher rate of absence than other teams in the HSCP due to the nature of the patient group. There was also an increase in stress-related absences across the HSCP and has been the most common reason for absence for the past 3 quarters. This includes work-related stress, personal stress and all other mental health conditions. The NHS do not record work-related and personal stress separately so we cannot provide data on this. However, from ongoing work through absence panels we know that the majority of stress related absence is personal stress.

**Mitigating action**

Absence Panels have been introduced on a weekly basis within the higher absence areas of Intensive Services (Care at Home and Bonnyton) to support with the management of absence and the progression of absence cases. Ensuring early intervention of absences and especially carrying out any Stress Risk Assessments early within the absence has allowed us to fully understand the nature of the absences and put in place any measures to support the individual where necessary. These will be rolled out across the partnership.

There has been an additional temporary HR resource since Q2 of 2023/2024 in order to support the high volume of cases. This has proved beneficial with a continuing decrease in absence levels with absence levels currently at the lowest levels in the rolling 12 month period.

Care at Home Project Board meetings initially met fortnightly and an absence paper was provided for each meeting to identify the progress management of absence cases and review any trends.

Lunch and Learn sessions were introduced weekly to upskill managers on all aspects of the Maximising Attendance Policy. It is anticipated that these will be programmed in again for Q2 and Q3 to co-align with the new absence policy roll out within the council.

The HSCP are holding NHS Absence Panels to support managers with managing absence and to ensure a consistent approach across the Partnership. These panels are held monthly and will continue routinely.

All stress related absence must now have a stress risk assessment carried out.

A more pro-active approach from the NHSGGC HR Support and Advice Unit (HRSAU) has been requested to ensure cases are supported where managers have not sought support directly from HR.

Health and Wellbeing continues to be a key focus of the HSCP and good links have been made to ensure any support that can be provided to employees or targeted in specific areas are done so.

**Investment**

Additional time and resources have been implemented to address high-level absence particularly within Intensive Services and targeted early-intervention to prevent absences and minimise the duration of absences.

An Absence Dashboard is currently under development for Council absences and this will allow a fuller insight of trends in relation to job roles, services, reason for absence etc which will allow managers to have more targeted interventions in relation to absence management and prevention.

The additional HR Resource was funded to support absence management and a correlation can be identified in the reduction of absence levels particularly within Intensive Services. This resource has been extended for a further 12 months to support with absence management particularly during a period of redesign within the service.

Additional time and resource has been provided from the Board's HRSAU to support LD In-Patient Service with their absence management. They now have a dedicated HR Advisor supporting complex cases.

Through the absence panels process managers receive mentoring from a senior manager supported by HR.

**Context and benchmarking**

Benchmarking data is available for absence rates relating NHS-employed staff only.

Sector/Directorate		Two	Three	Long ago
	Report Month	Jun 2024	May 2024	Apr 2024
	Metrics	Sickness Absence	Sickness Absence	Sickness Absence
East Renfrewshire HSCP		9.96%	9.63%	7.99%
Inverclyde HSCP		8.52%	7.53%	7.41%
Glasgow City HSCP		7.56%	8.16%	7.69%
West Dunbartonshire HSCP		7.09%	7.57%	7.86%
Renfrewshire HSCP		7.07%	6.93%	6.54%
East Dunbartonshire HSCP		6.24%	6.56%	5.94%

During Quarter 1, East Renfrewshire HSCP had the highest rate of NHS absence compared to other HSCPs within NHSGGC. This data doesn't always provide an accurate representation of levels of absence within each HSCP. East Renfrewshire HSCP is the smallest of the partnership areas and the size of the teams are very small. This means that a team of 3 people with one person absent results in an absence rate of 33% impacting greatly on our overall percentage rate. Glasgow City for example have much larger teams within their HSCP and therefore require a greater headcount of staff absent to achieve a high percentage rate.

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