Item No. 10

Meeting Date: Wednesday 5th February 2025

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Margaret Hogg, Interim Chief Officer, Finance and Resources

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Attendance Management

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 3 (October to December 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 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 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:

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 GCC Council:	As stated above
Implications for NHS Greater Glasgow & Clyde:	As stated above

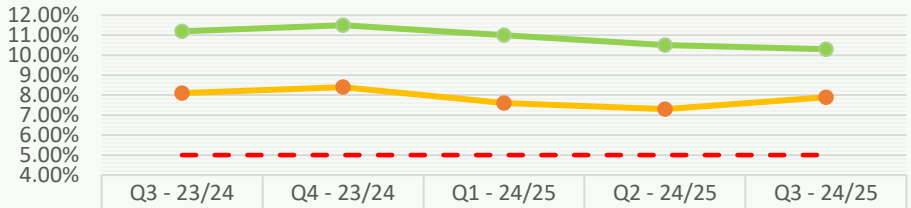
1. Executive Summary

1.1 This report provides an overview of Attendance Management performance within GCHSCP for **Quarter 3** of **2024/25** (September–December 2024).

1.2 Social Work

Absence levels within SW are reducing, with Q3 2024/25 achieving the lowest absence levels over the past 4 quarters, and lower than the same quarter the previous year (-0.9%).

Fig. 4a. % Sickness Absence (Social Work)

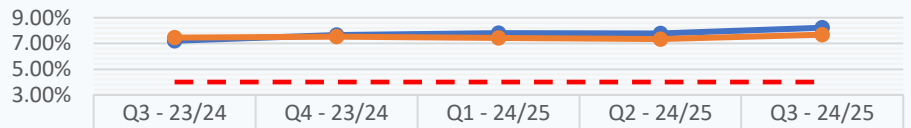


	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Social Work	11.20%	11.50%	11.00%	10.50%	10.30%
GCC	8.10%	8.40%	7.60%	7.30%	7.90%
Target	5%	5%	5%	5%	5%

1.3 Health

There has been an increase in absence levels, with Q3 2024/25 experiencing the highest level of absence over the past 4 quarters and an increase of +1.01% compared to the same quarter the previous year.

Fig. 4b. Absence - % Sickness Absence (Health)



	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Health %	7.21%	7.66%	7.80%	7.78%	8.22%
NHSGGC %	7.45%	7.53%	7.43%	7.34%	7.68%
Target (%)	4%	4%	4%	4%	4%

1.4 Attendance Management Action Plan 2024/25

The GCHSCP strategic plan continues to implement actions aimed at reducing absence levels. Plans are underway to refresh this with new actions for 2025/26.

2. Introduction

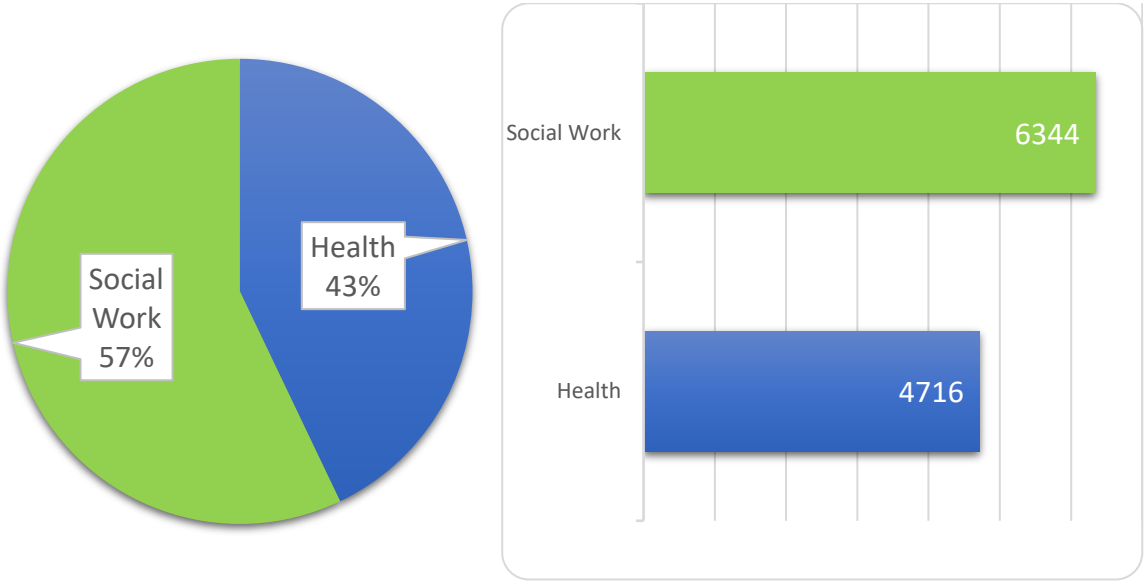
2.1 Purpose and Scope of Report

To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in **Quarter 3 2024/25, (September - December 2024)** as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

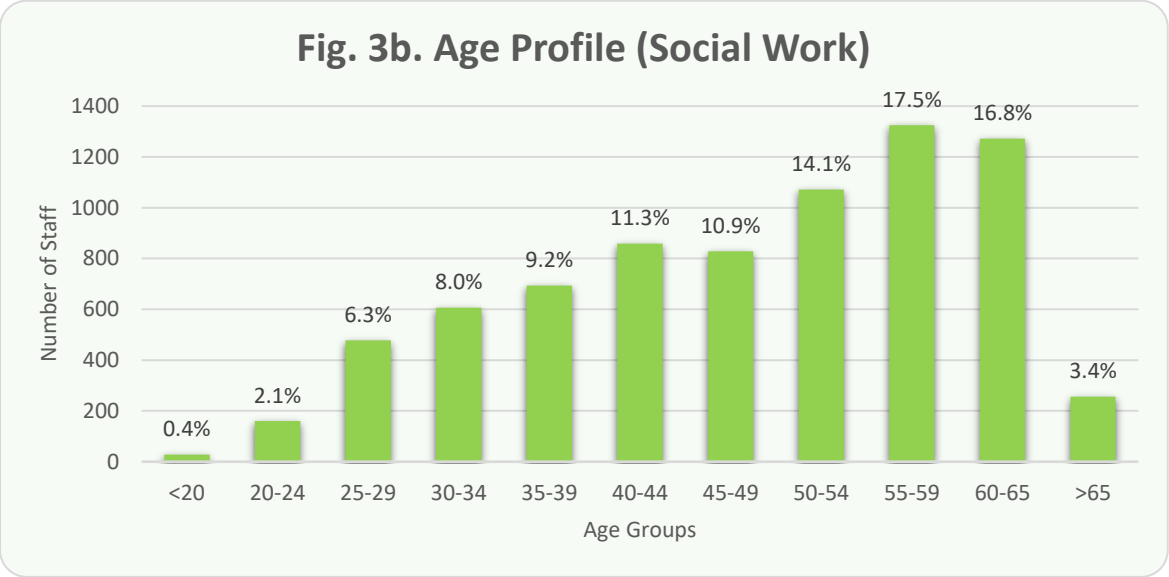
3. Staff Profile Summary

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

Fig. 3a: WTE of Social Work and Health



3.2 Staff Profile Summary – **Age Profile**



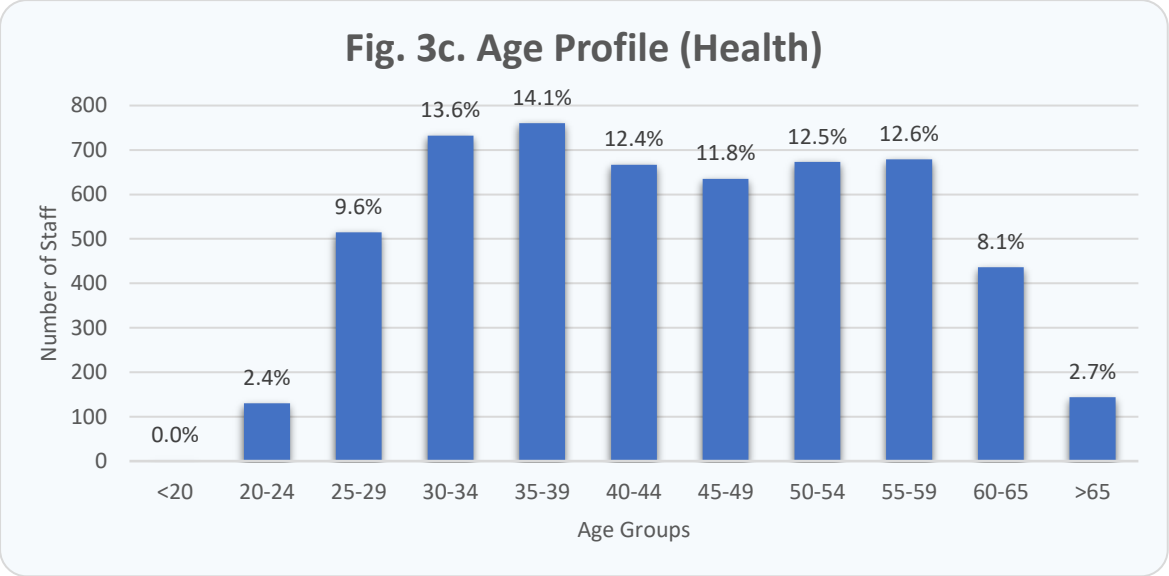


Fig. 3a shows the breakdown of whole-time equivalent staffing levels across **GCHSCP**, with **Social Work** accounting for **57%** of whole-time equivalent staff compared to **43%** for **Health**.

Fig. 3b demonstrates that the workforce within **Social Work** is predominantly between **50-65 years**. The most common age bracket is **55-59 years (17.5%)**, followed by **60-65 years (16.8%)**, highlighting the risk of a significant number of retirees in the relatively near future; **37.7%** of staff are over the age of **55**.

Fig. 3c shows the most common age bracket for **Health** staff is **35-39 years (14.1%)**, closely followed by **30-34 years (13.6%)** and **50-54 years (12.5%)**. Staff over the age of **55 (23.4%)** can be considered as potential retirees in coming years.

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.

3.3 Staff Profile Summary **– Grade/Band Breakdown**

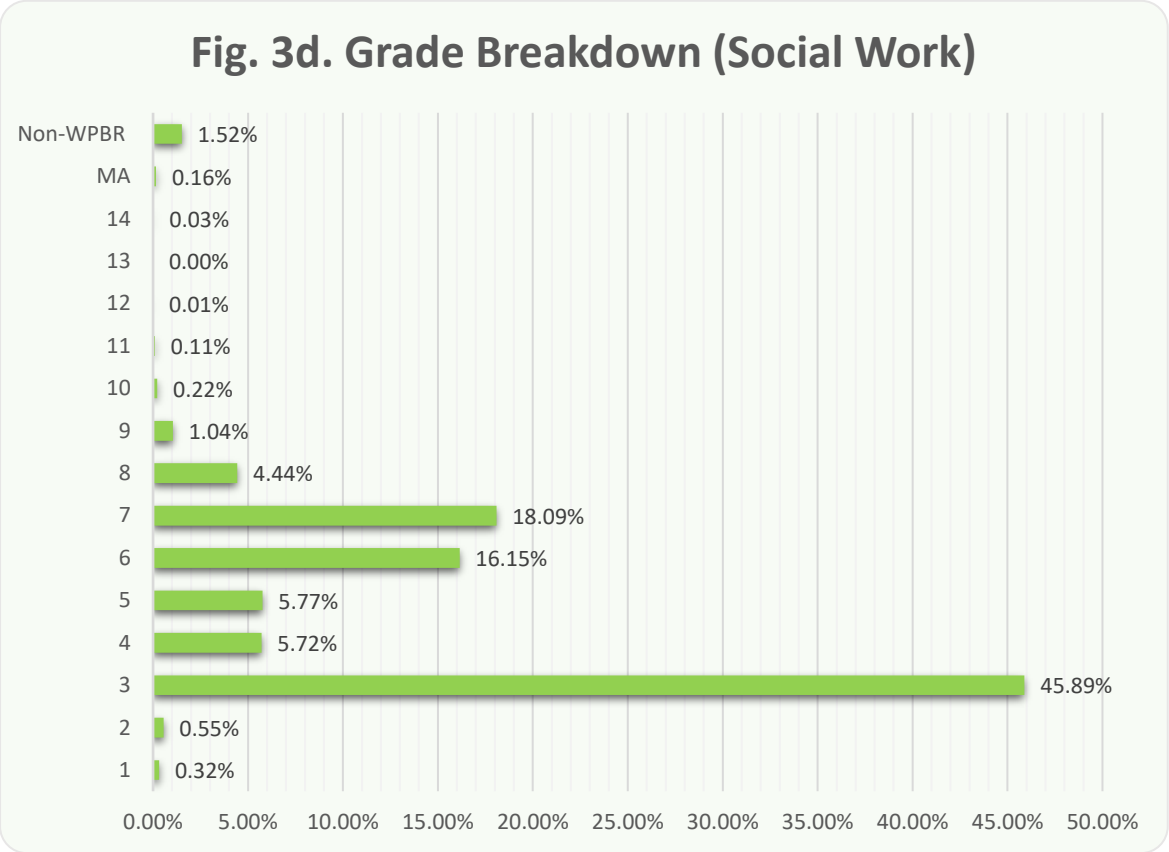


Fig. 3d reports that the largest staff grouping is **Grade 3 (45.89%)**, comprising of front-line worker roles; Home Carers, Social Care Assistants, Support Workers, Responders and Business Administration staff. **Grade 7** is the next largest grouping **(18.09%)** and incorporates roles such as Qualified Social Workers, Senior Officers, supervisory positions, followed by **Grade 6 (16.15%)** which includes front line social care roles including Social Care Workers.

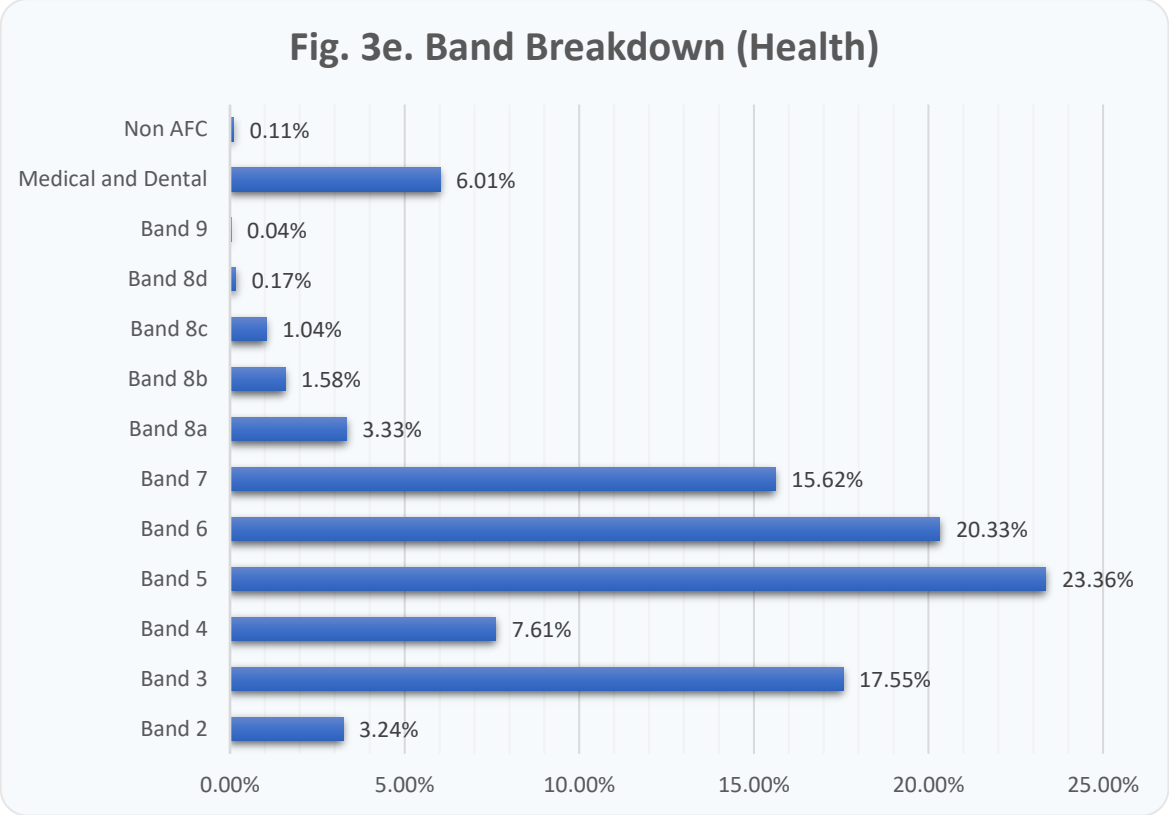


Fig. 3e shows that most staff are **Band 5 (23.36%)** and **Band 6 (20.33%)**, representing the trained nursing and **AHP** staff cohort across **GCHSCP**. Staff at **Band 7 (15.62%)** reflects the team leader level of management and specialist nursing and **AHP** staff, while **Band 3 (17.55%)** comprises a significant portion of **Health Care Support Workers** and **Business Administration Support** staff.

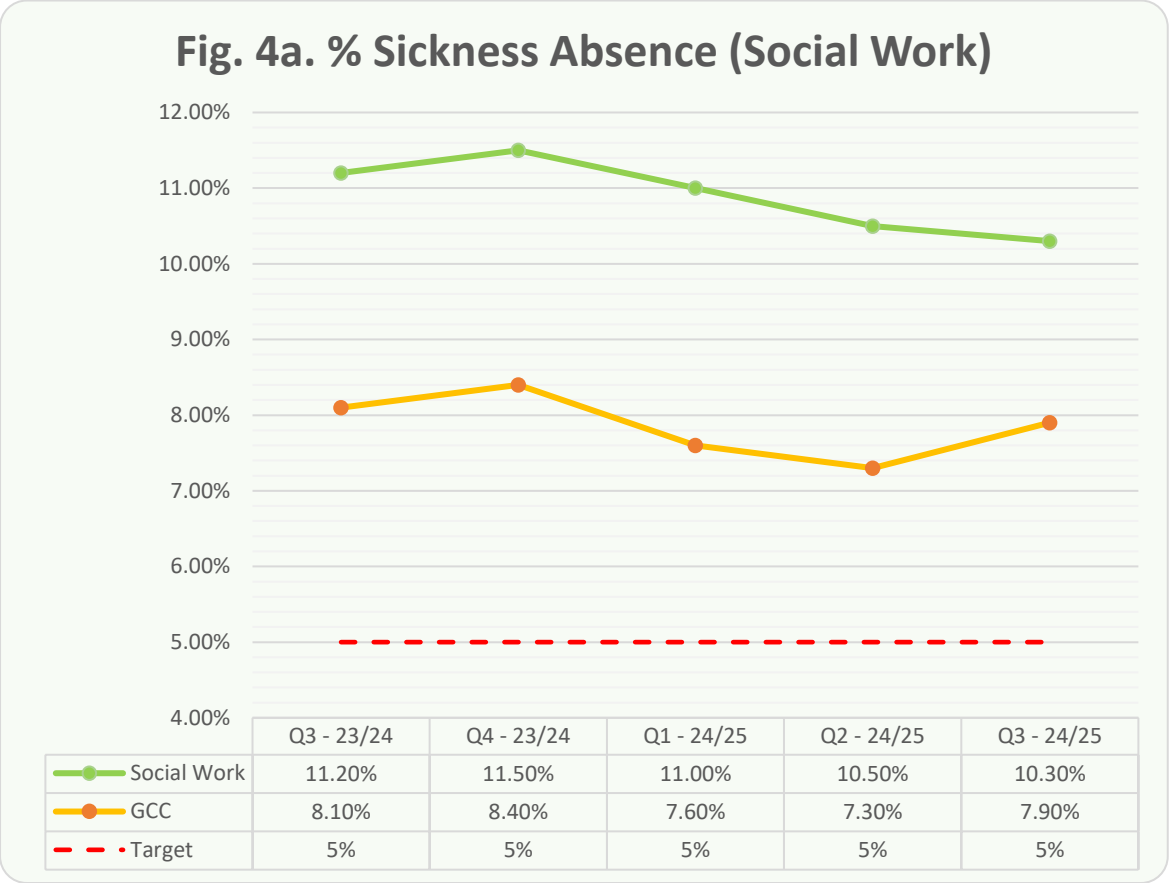
3.4 Staff Profile Summary – **Grade/Band Breakdown Combined Analysis**

Fig. 3d and **Fig. 3e** show that across **GCHSCP**, the largest group of staff within **Social Work** are **Grade 3** social care and administration roles (**45.89%**), whereas within **Health**, **Band 5** represents the majority, which includes trained nursing staff (**23.36%**).
The next largest **GCHSCP** grouping of staff is **Grade 7 (18.09%)** and **Grade 6 (16.15%)** within **Social Work**, which incorporates **Social Care Worker** and **Social Worker** roles. Within **Health**, the next largest groups are **Band 6 nursing** and **AHP positions (20.33%)** and **Band 3 support** and **administration roles (17.55%)**.

Ongoing recruitment and retention strategies are essential to sustain these frontline worker positions and are incorporated into the **GCHSCP Workforce Plan**.

4. Quarterly Absence

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

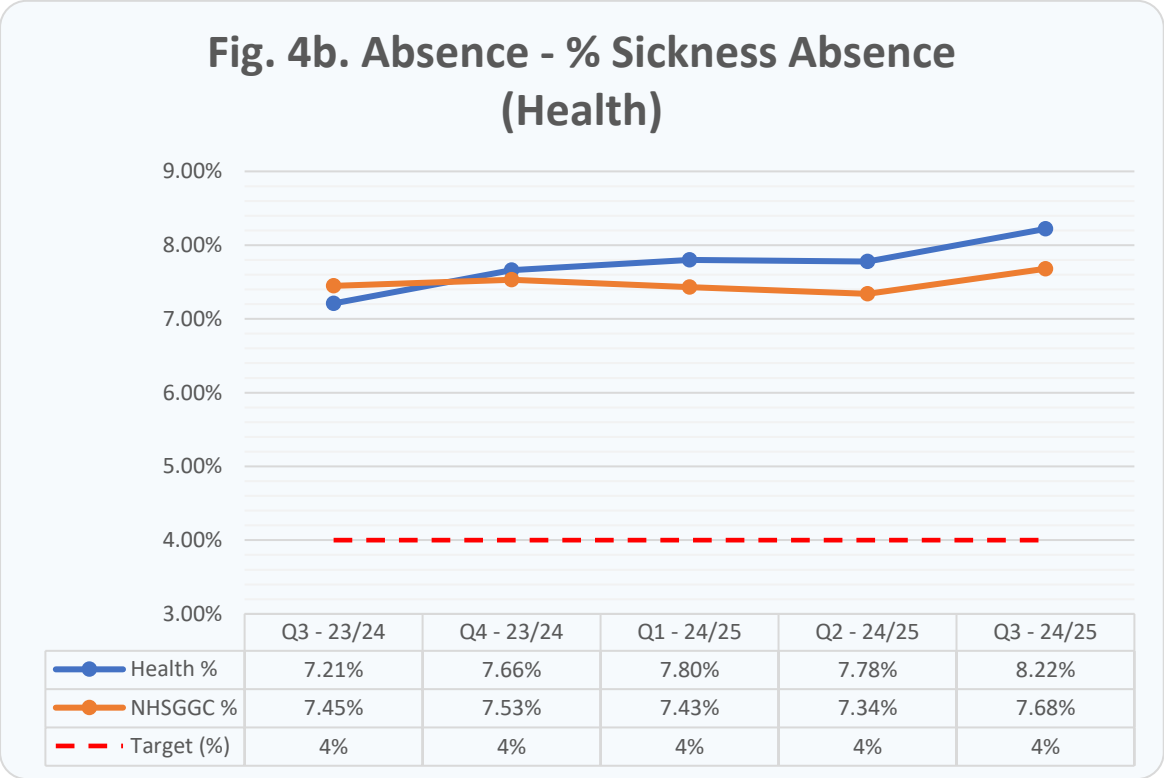


	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Social Work	11.20%	11.50%	11.00%	10.50%	10.30%
GCC	8.10%	8.40%	7.60%	7.30%	7.90%
Target	5%	5%	5%	5%	5%

Fig. 4a demonstrates a reduction in **Q3 2024/25** in comparison to the same quarter last year **(-0.9%),** a trend that mirrors the overall **GCC** position **(-0.2%).** However, **w**hilst **GCC** experienced an increase of **+0.6%** from the previous quarter**, Q2 2024/25, SW** achieved a reduction **(-0.2%).** Furthermore, **Q3 2024/25** reported the lowest level of SW sickness absence over the past 4 quarters in 2024/25; **Q2 (-0.2%), Q1 (-0.7%), Q4 (-1.2%). Social Work** quarterly absence performance overall is consistently above both GCC performance overall, and above the quarterly absence target of **5%**.

Please note that Q3 2024/25 overall figure for GCC has not yet been made available and therefore could not be reflected for period Q3 24/25 in the chart above.

4.2 Quarterly Absence – **Health (% Sickness Absence)**



	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Health %	7.21%	7.66%	7.80%	7.78%	8.22%
NHSGGC %	7.45%	7.53%	7.43%	7.34%	7.68%
Target (%)	4%	4%	4%	4%	4%

Fig. 4b highlights a concerning upward trend in **Health** sickness absence rates, reaching **8.22%** in **Q3 2024/25**. This marks the highest level recorded over the past four quarters and reflects a **1.01%** increase compared to **Q3 2023/24**. Notably, the gap between **Health** and the overall **NHSGGC** sickness absence rate has widened to **0.54%**, suggesting that absence pressures within **Health** services are intensifying beyond the broader organisational trend.

Despite a slight stabilisation in **Q2 2024/25**, where absence rates plateaued at **7.78%**, the sharp increase in **Q3** suggests that earlier improvements were not sustained. This rise may be influenced by seasonal factors such as winter illnesses, increased staff burnout, and mental health challenges during the festive period, including stress, anxiety, and seasonal affective disorder.

Performance Improvement Groups are currently being set up across the HSCP management teams to focus on various compliance and improvement targets and Absence is a key area for all ACO's and HOS. These groups will commence in February identifying specific actions to support improved management of absence.

4.3 Absences – **Combined Analysis**

Fig. 4a and **Fig. 4b** reveal consistently high sickness absence levels across both **Health** and **Social Work,** both exceeding their respective targets. While **Social Work** has shown continual improvement since **Q4 2023/24**, falling to **10.30%** in **Q3 2024/25, Health** continues to see rising absence rates, now at **8.22%**, further widening the gap with **NHSGGC**.

This persistent issue across both sectors highlights systemic challenges. The current Attendance Management Action Plan 2024/25 continues to be driven forward to try and effect an improvement in both staff attendance and wellbeing.

5. Sickness Absences % Departmental Breakdown

5.1 Sickness Absences – **Social Work**

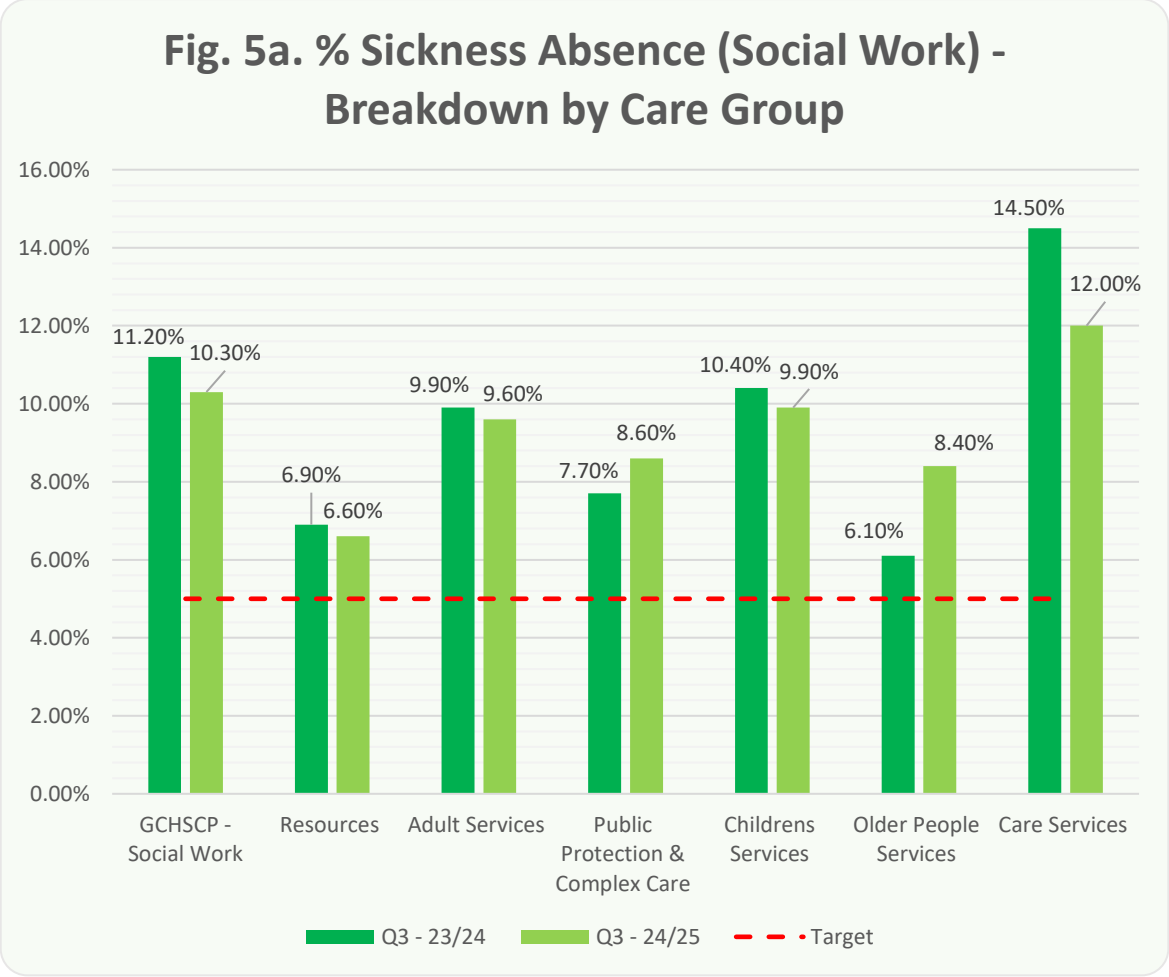


Fig. 5a demonstrates the percentage absence breakdown by Care Groups for Social Work.
Two out of the seven service areas experienced an increase in sickness absence levels compared to the same quarter last year (**Q3, 2023/24**); **Public Protection & Complex Care (+0.9%)** and **Older People Services (+2.3%),** which has the largest increase.

The most significant improvement is within **Care Services (-2.5%)** which is the largest Care Group, accounting for almost half of the workforce. **Children's Services** followed second **(-0.5%). Adult Services** and **Resources** both show the same reduction **(-0.3%)**.

5.2 Sickness Absences – **Health**

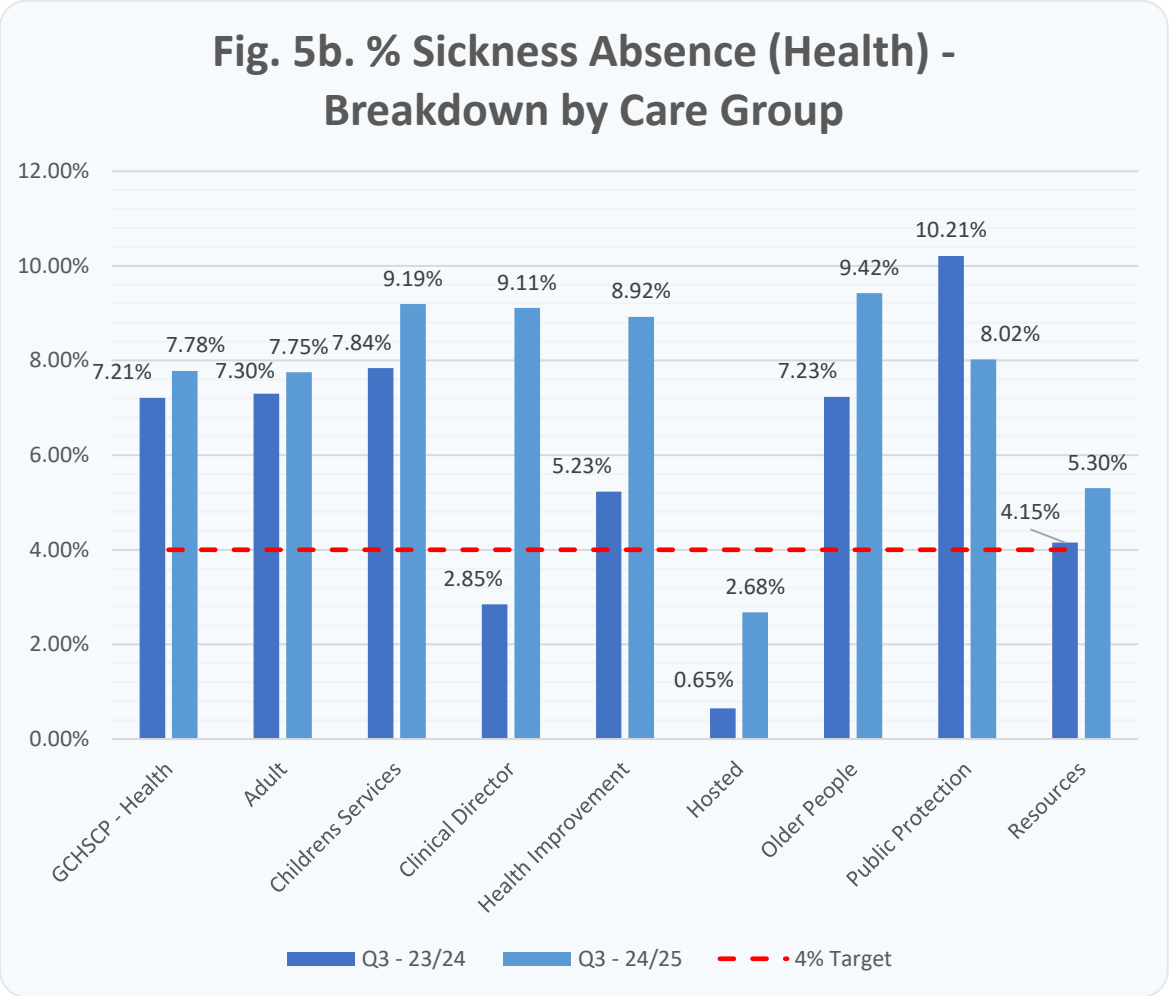


Fig. 5b highlights a significant rise in sickness absence across most **Health** services within **GCHSCP** between **Q3 2023/24** and **Q3 2024/25**.

The most substantially notable increase was observed in **Older People Services (+2.19%),** followed by **Children's Services (+1.35%)**. The largest increase was experienced by **Clinical Director Services** (+**6.26%),** though this may be influenced by its smaller headcount of **37** staff.

Adult Services, the largest workforce group with **2,739** staff, experienced a modest increase (+**0.45%)**, **Health Improvement** also saw a notable rise (+**3.69%)**. In contrast, **Public Protection** was the only service to show improvement (-**2.19%)**.

These figures reveal growing pressures across several key services, especially in frontline areas such as **Older People** and **Children's Services**. This trend underscores the need for targeted strategies to address the increasing absence rates and support workforce resilience.

6. Reasons for absence

6.1 Reasons for Absence – **Social Work**

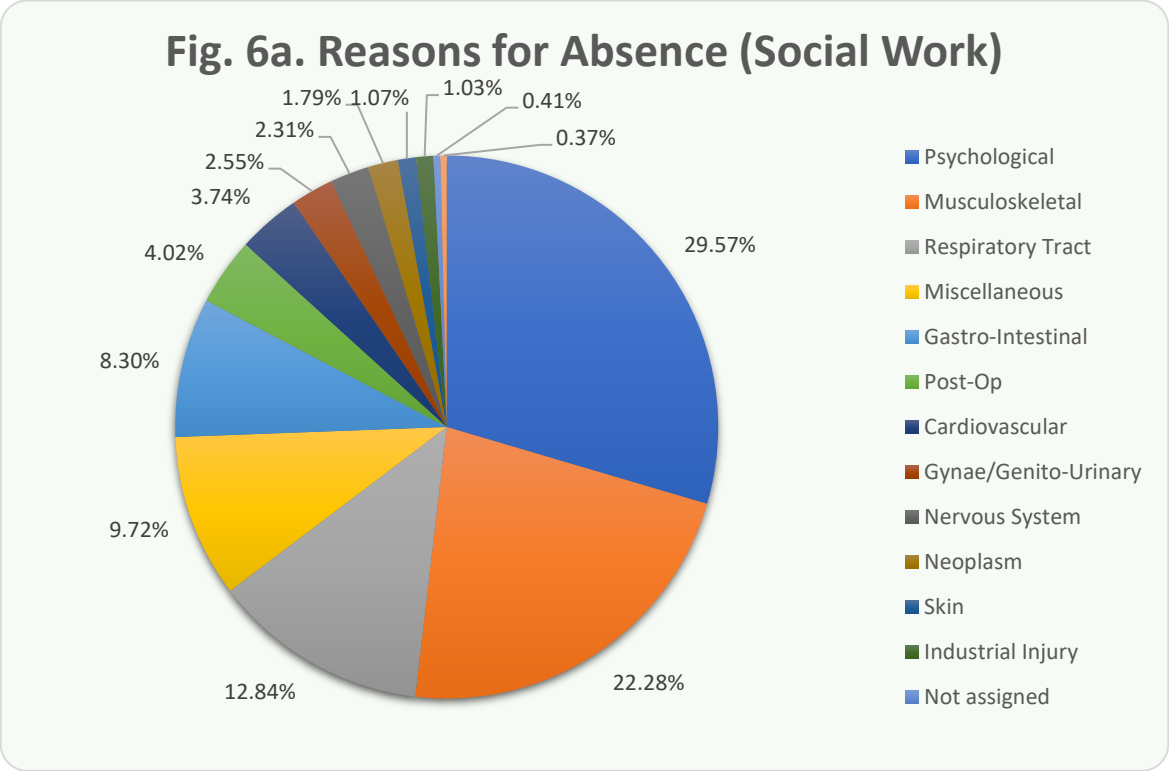


Fig. 6a above shows that the top 4 reasons for absence in Social Work are:

1. **Psychological (29.57%)**
2. **Musculoskeletal (22.28%)**
3. **Respiratory Tract (12.84%)**
4. **Miscellaneous (9.72%)**

The top two reasons for absence are consistently **Psychological** and **Musculoskeletal. Psychological** includes stress and mental health related illness and **Q3, 2024/25** reported at **29.57%.** Absences in the **Musculoskeletal** category accounted for **22.28%.**

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 **(Q2 2024/25)** and the same quarter the previous year **(Q3, 2023/24)**

In comparison to the same quarter the previous year, the top 4 reasons for absence were the same, with the only change from **Q3 2023/24** being the inversion of **Miscellaneous (3rd at 13.9%)** and **Respiratory Tract (4th at 9.86%).**

6.2 Reasons for Absence – **Health**

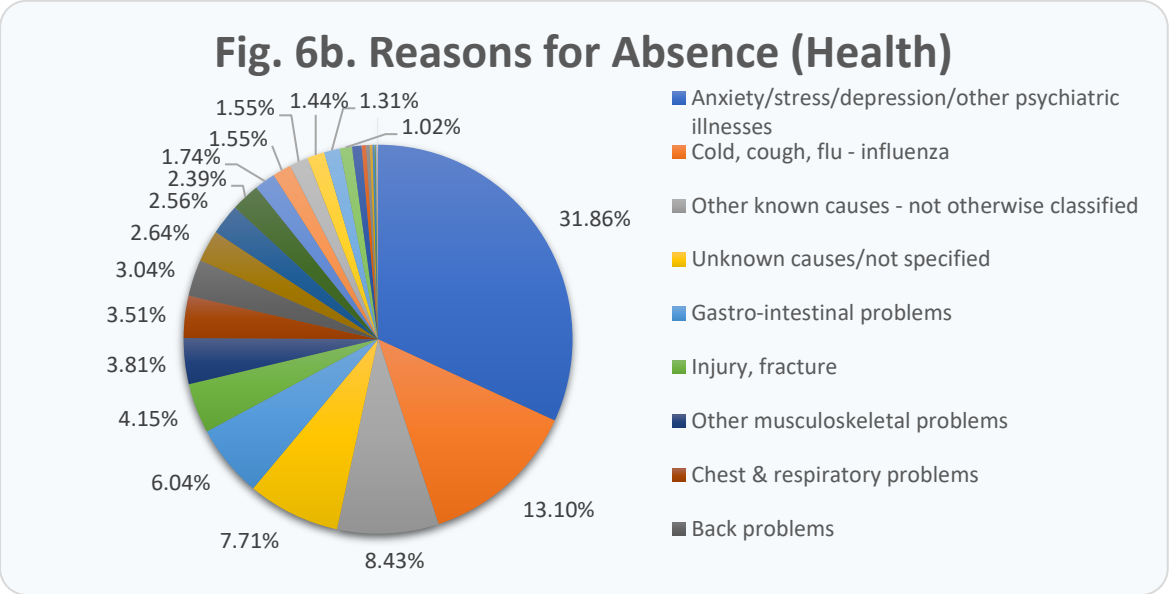


Fig. 6b above shows that the top 4 reasons for absence in **Health** are:

1. **Anxiety/stress/depression/other psychiatric illnesses (31.86%)**
2. **Cold, cough, flu – influenza (13.10%)**
3. **Other known causes - not otherwise classified (8.43%)**
4. **Unknown causes/not specified (7.71%)**

Absences recorded under **Psychological** reasons, including all stress and mental health-related conditions, continue to be the most common cause of absence, now accounting for **31.86%**. This is a consistent trend over recent years and aligns with patterns observed across **NHSGGC**.

Cold, cough, and flu-related absences have notably risen to **13.10%**, reflecting potential seasonal impacts or increased viral circulation. Meanwhile, the combined use of **Other known causes** (**8.43%**) and **Unknown causes/not specified** (**7.71%**) remains significant. The continued use of the **Unknown causes** category has been highlighted to management, with a focus on ensuring absence reasons are accurately recorded and categorised to support effective absence management and reporting.

6.3 Reasons for Absence – **Combined Analysis**

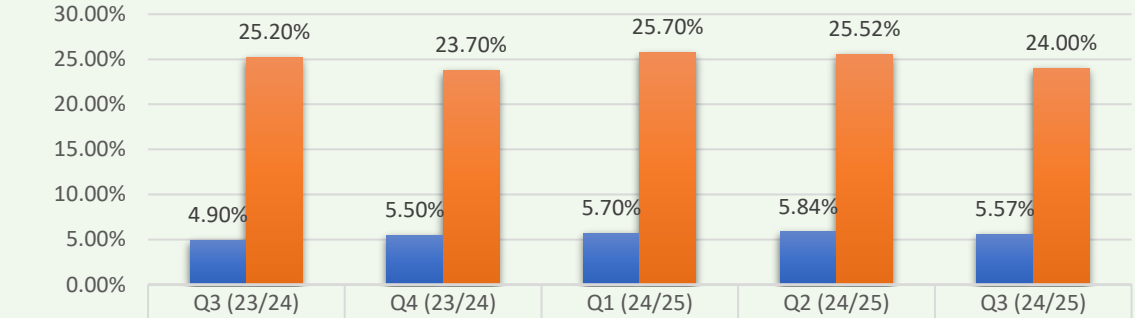
Fig. 6a, and 6b highlight that **Psychological** reasons remain the leading cause of sickness absence across **GCHSCP**, accounting for **31.86%** of absences in **Health** and **29.57%** in **Social Work.** This ongoing trend continues to be a major contributor to long-term sickness absence, reflecting sustained pressures on staff wellbeing and the service overall.

In **Health**, **Cold, cough, and flu-related absences** are the second most common reason at **13.10%**, followed by **Other known causes** (**8.43%**) and **Unknown causes/not specified** (**7.71%**). The continued use of the **Unknown causes** category raises concerns about the accuracy of absence reporting. Management is encouraged to review and update these records to improve data quality and support more effective absence management.

The **Attendance Management Action Plan for 2024/25** recognises the significant impact of psychological absences and includes targeted actions aimed at addressing mental health-related absence within the workforce.

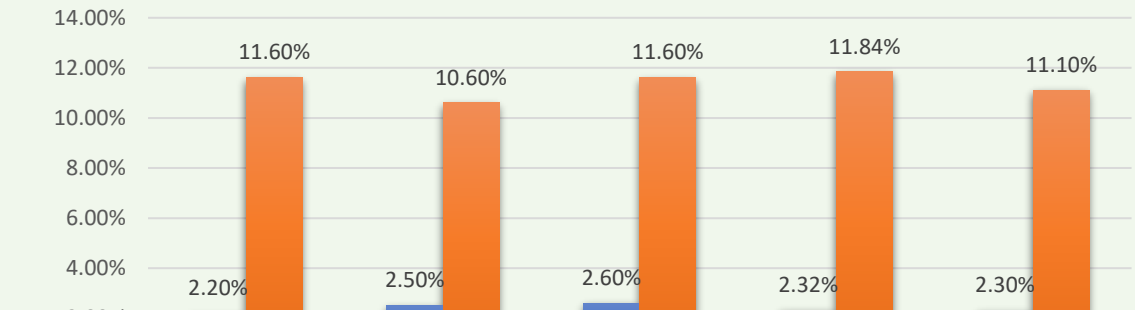
6.4 Top Absence Reason: Psychological/Stress Breakdown – **Social Work**

Fig. 6c: Social Work - % of Psychological Absences - Short and Long-Term



	Q3 (23/24)	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)	Q3 (24/25)
Short-Term	4.90%	5.50%	5.70%	5.84%	5.57%
Long-Term	25.20%	23.70%	25.70%	25.52%	24.00%

Fig. 6d: Social Work - % of Stress Absences - Short and Long-Term



	Q3 (23/24)	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)	Q3 (24/25)
Short-Term	2.20%	2.50%	2.60%	2.32%	2.30%
Long-Term	11.60%	10.60%	11.60%	11.84%	11.10%

Fig. 6c, and 6d demonstrates the percentage of **Psychological** and **Stress Absences** in Social Work**.**

Fig. **6c** shows the breakdown and trend of **Psychologica**l absence by long and short term; long term absence is consistently the main contributor. **Q3 2024/25** reports a slight reduction in days lost compared to the same quarter the previous year (**-0.53%**). Compared to the previous 4 quarters **Q3, 2024/25** demonstrates the second lowest number of days lost (**29.57%**); **Q4, 2023/24** is the lowest at **29.2%.**

Fig. 6d brings a focus to **Stress** absences which account for **45%** of absence within the **Psychological** category.

Stress absence follows a similar trend to Psychological with **Q3 2024/25** reporting as the second lowest in the past 4 quarters **(13.4%)**, and **Q4 2023/24** the lowest **(13.1%)**. However, compared to the same quarter the previous year, there has been a slight increase **(+0.4%).**

Key strategies including earlier intervention approaches are embedded within the **2024/25 Attendance Management Action Plan** and **GCHSCP Staff Mental Health & Wellbeing Action Plan** to try and address the high levels of psychological absence.

6.5 Top Absence Reason: Anxiety/Stress/Depression/Other Psychiatric – **Health**

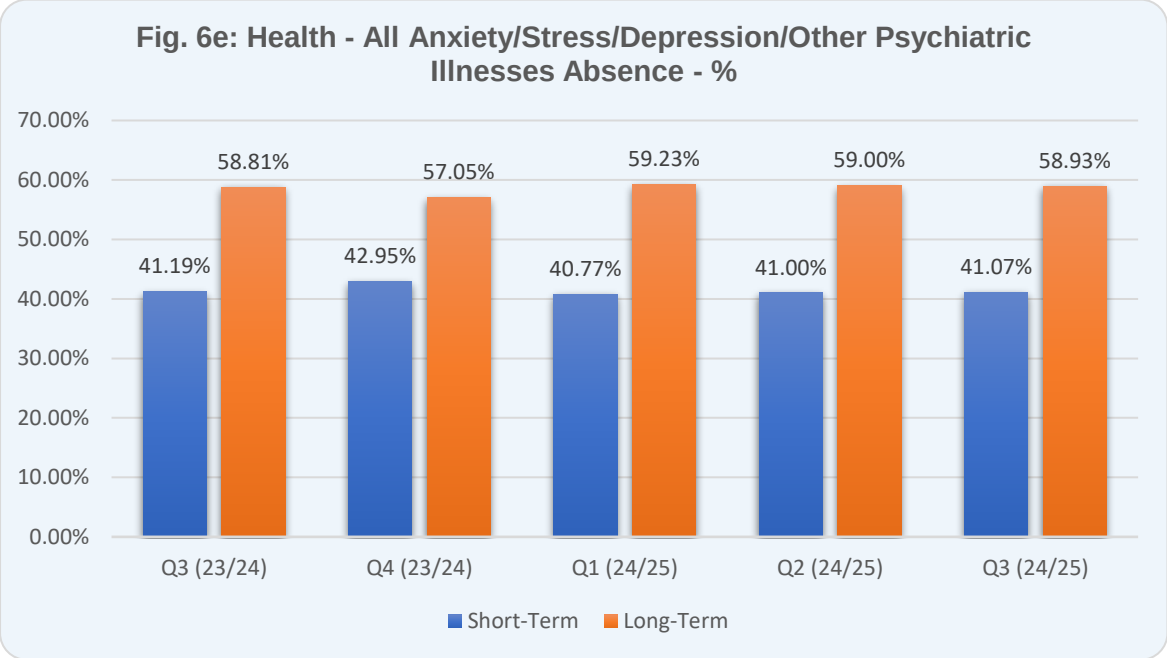


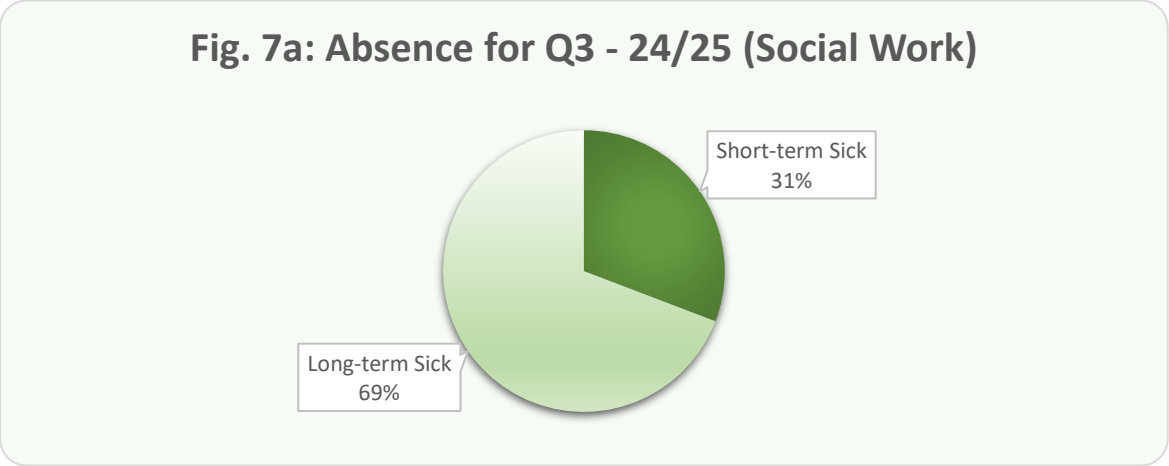
Fig. 6e illustrates the breakdown of absences in **Health** due to **Anxiety/Stress/Depression/Other Psychiatric Illnesses**, differentiating between **short-term** and **long-term** absences. Long-term absences continue to dominate this category; in **Q3 2024/25**, long-term absences made up **58.93%**, while short-term absences accounted for **41.07%**.

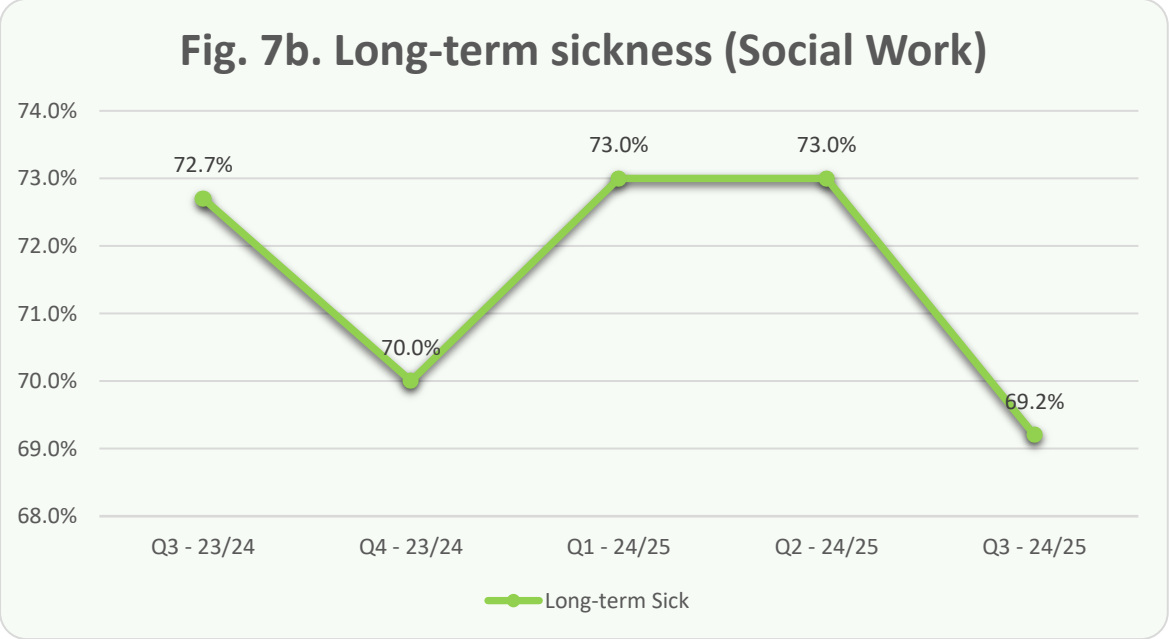
This distribution has remained relatively stable over the past five quarters, indicating a persistent trend of long-term mental health-related absences. Despite slight fluctuations, long-term absence has consistently remained close to or above **58%**, underscoring its ongoing impact on staffing levels.

These findings highlight the need for sustained focus on early intervention and long-term support strategies to manage and reduce psychological-related absences. Actions outlined in the **2024/25 Attendance Management Action Plan** and the **GCHSCP Staff Mental Health & Wellbeing Action Plan** remain critical in addressing this persistent challenge.

7. Duration of absence

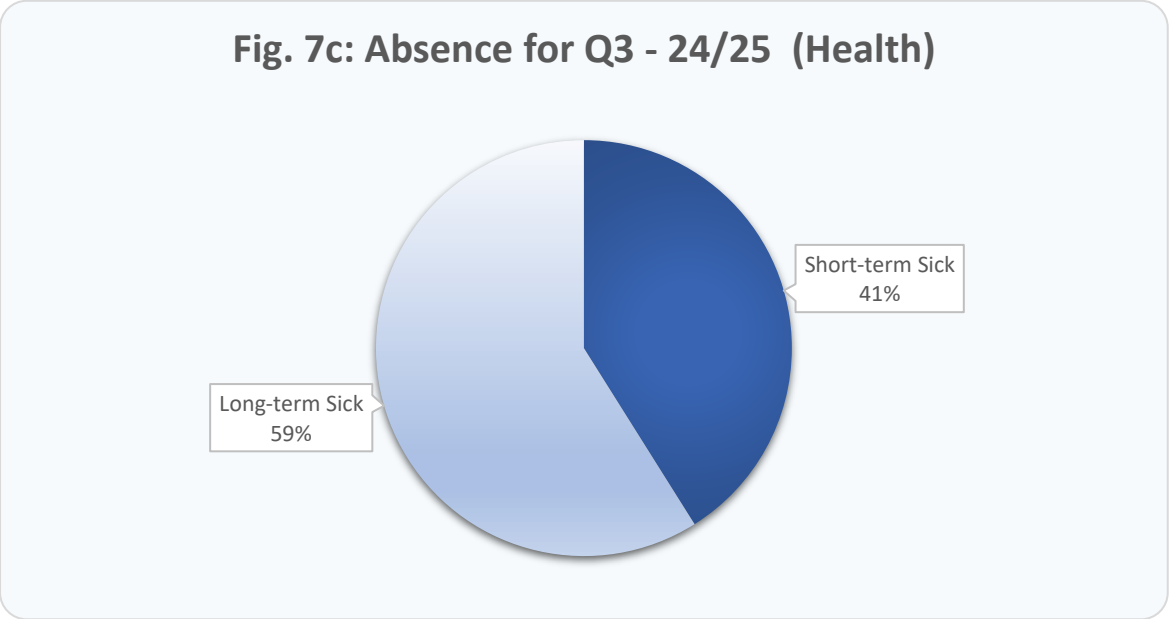
7.1 Duration of Absence – **Social Work**





Figs. 7a, and 7b: Within **Social Work**, Long Term Absence is defined as a period of sickness >19 working days. **Figs. 7a / 7b** report the continuing trend of most sickness absence being due to continued long term absence, accounting for **69.2%** in **Q3 2024/25**. This has reduced from **Q2 2024/25 (-3.8%)** and is **3.5%** less than the same quarter the previous year.

7.2 Duration of Absence – **Health**



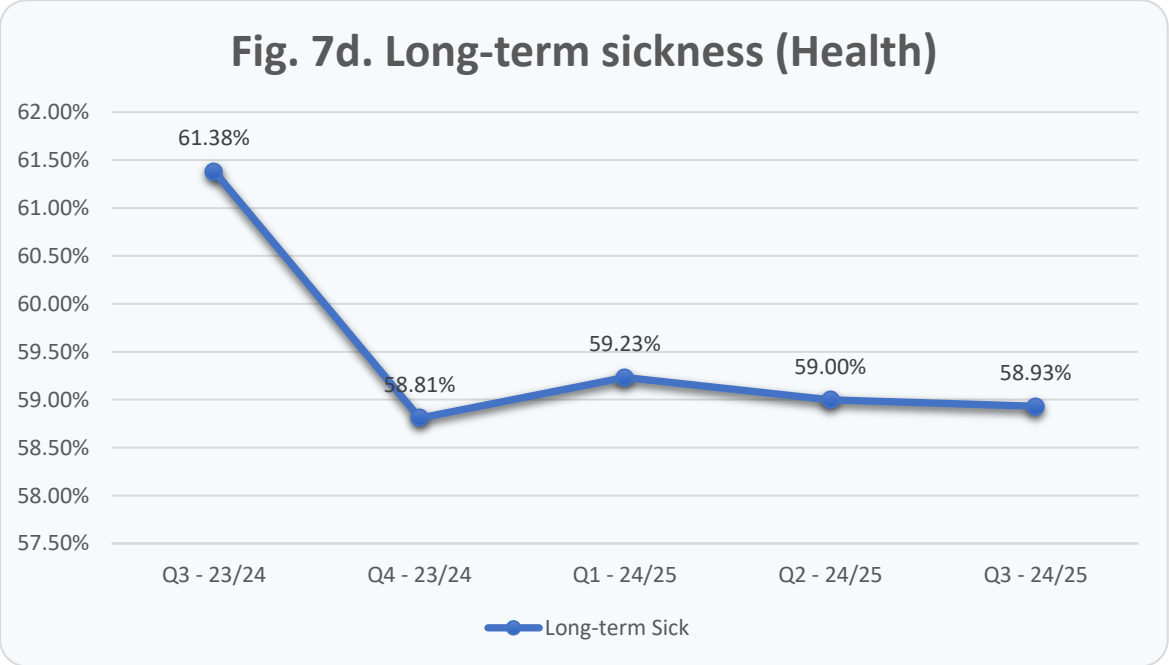


Fig. 7c, and 7d illustrate that within Health, long term absence is defined as a sickness period exceeding 29 days. **Fig. 7c** shows that long term absence rates remain consistently higher than short term absence rates, aligning with established patterns within the healthcare sector.

Fig. 7d shows that although there was a slight reduction in long term absence levels in **Q4 of 2023/24 (-2.57%)**, the levels rose slightly in **Q1 of 2024/25** before stabilising again in **Q2 at 59%.**

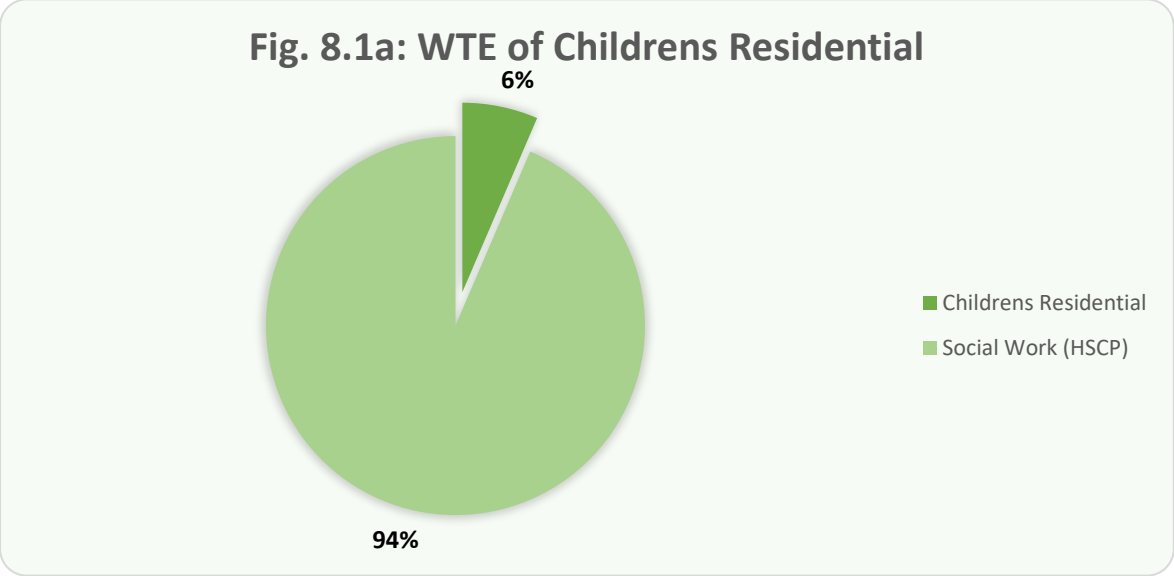
7.3 Absences – Combined Analysis

Fig. 7a, 7b, 7c, and 7d reflect high levels of long term sickness absence across GCHSCP which remains a cause for concern, with the top reasons within this category being **Psychological.** According to national data*, long term sickness absence tends to account for the majority of lost workdays in the UK, particularly in sectors involving physical and emotional labour, such as health and social care. This trend reflects the challenges associated with managing and recovering from more serious health conditions.
The **2024/25** Attendance Management Action Plan and GHSCP's Wellbeing Framework aims to try and address this concern.

**Office for National Statistics (Website)*

8. Quarterly Spotlight Area

8.1 Quarterly Spotlight Area - **Social Work – Children's Residential**



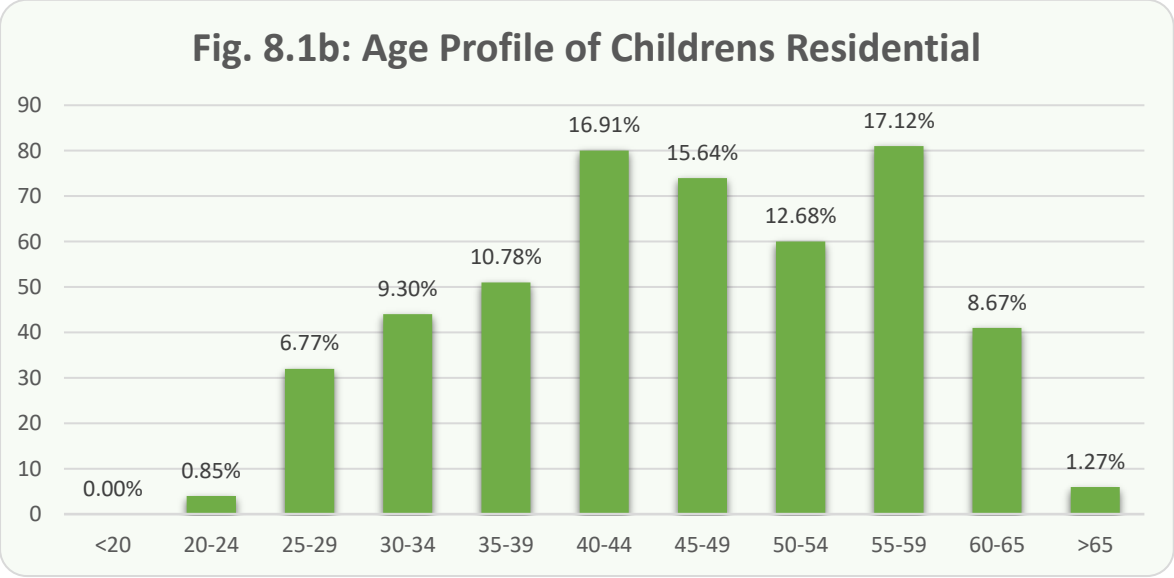


Fig. 8.1c: Grade Breakdown of Childrens Residential

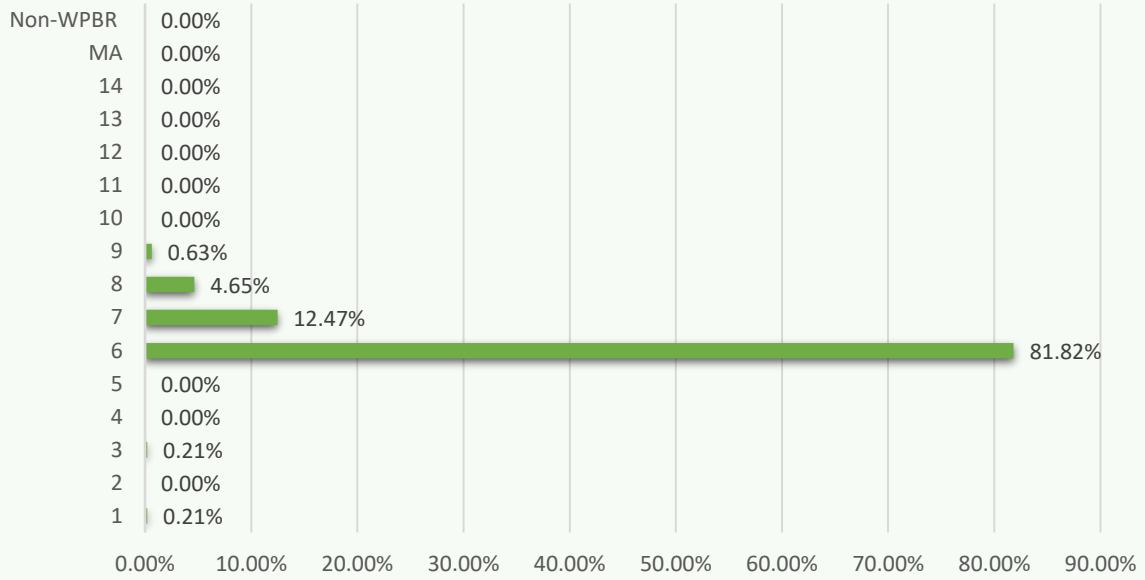
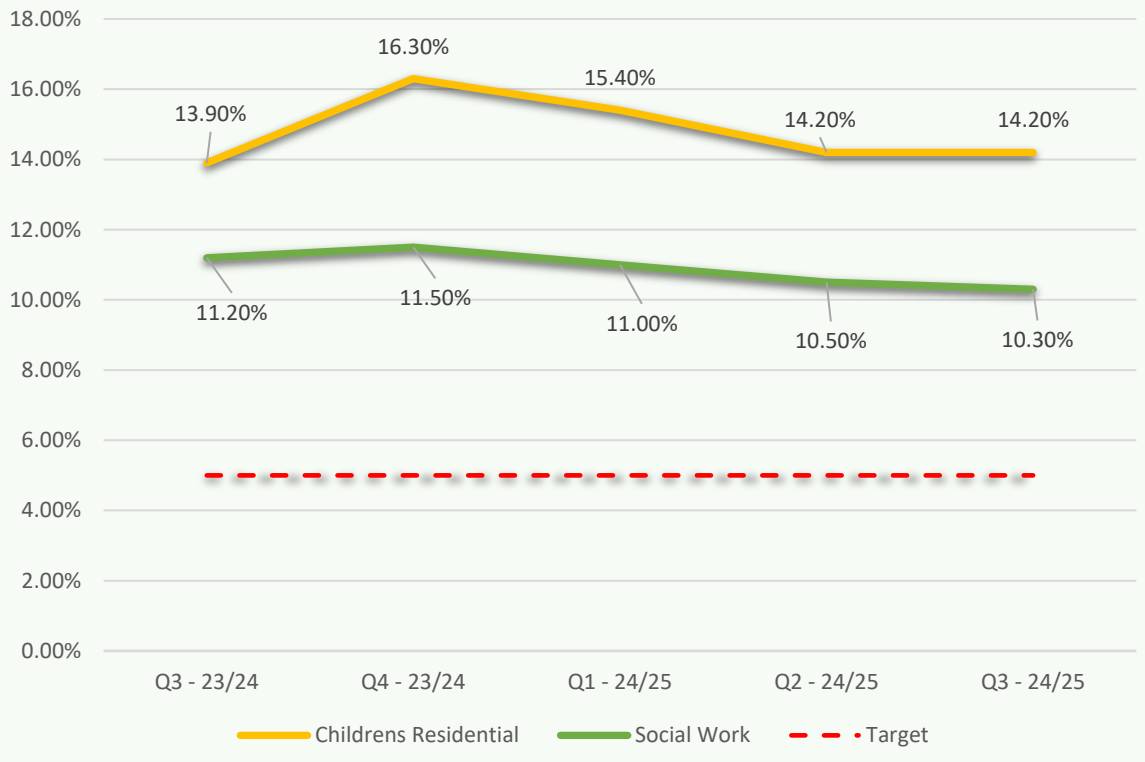


Fig. 8.1d: Childrens Residential - % Absence



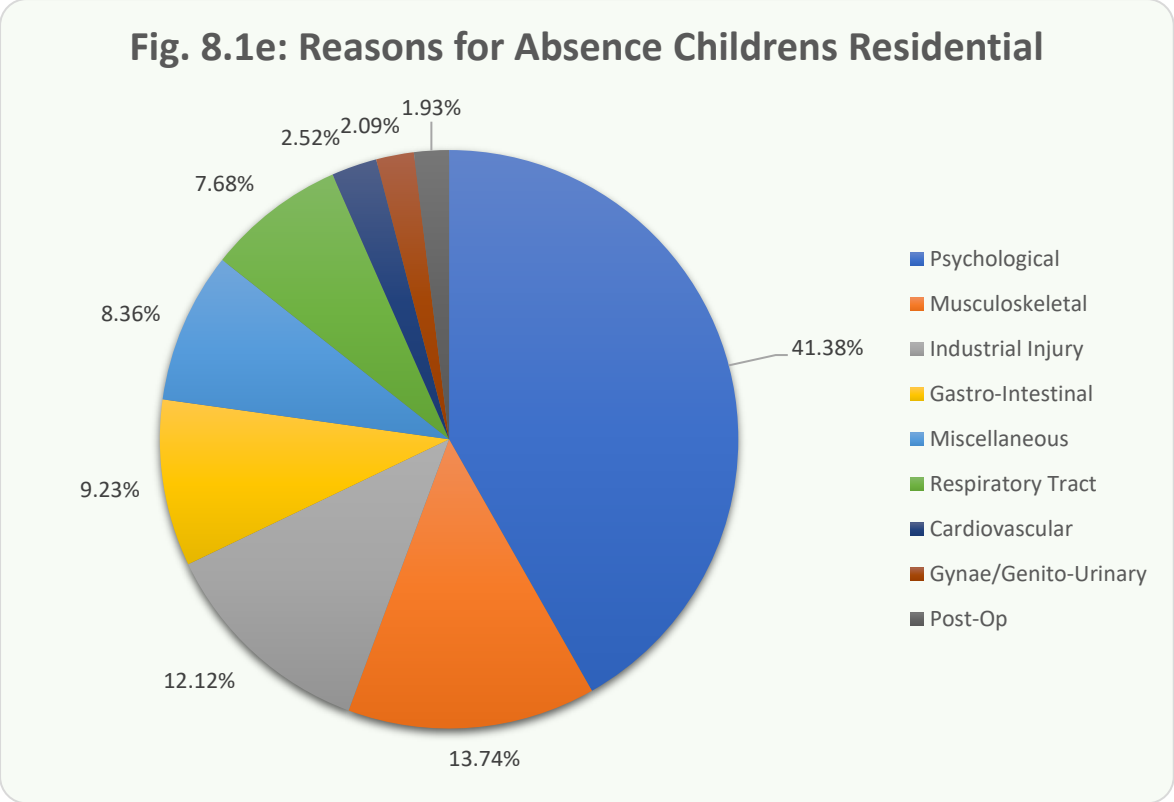


Fig. 8.1e: Reasons for Absence Childrens Residential
1.93%
2.09%
2.52%
7.68%
8.36%
41.38%
9.23%
12.12%
13.74%
Psychological
Musculoskeletal
Industrial Injury
Gastro-Intestinal
Miscellaneous
Respiratory Tract
Cardiovascular
Gynae/Genito-Urinary
Post-Op

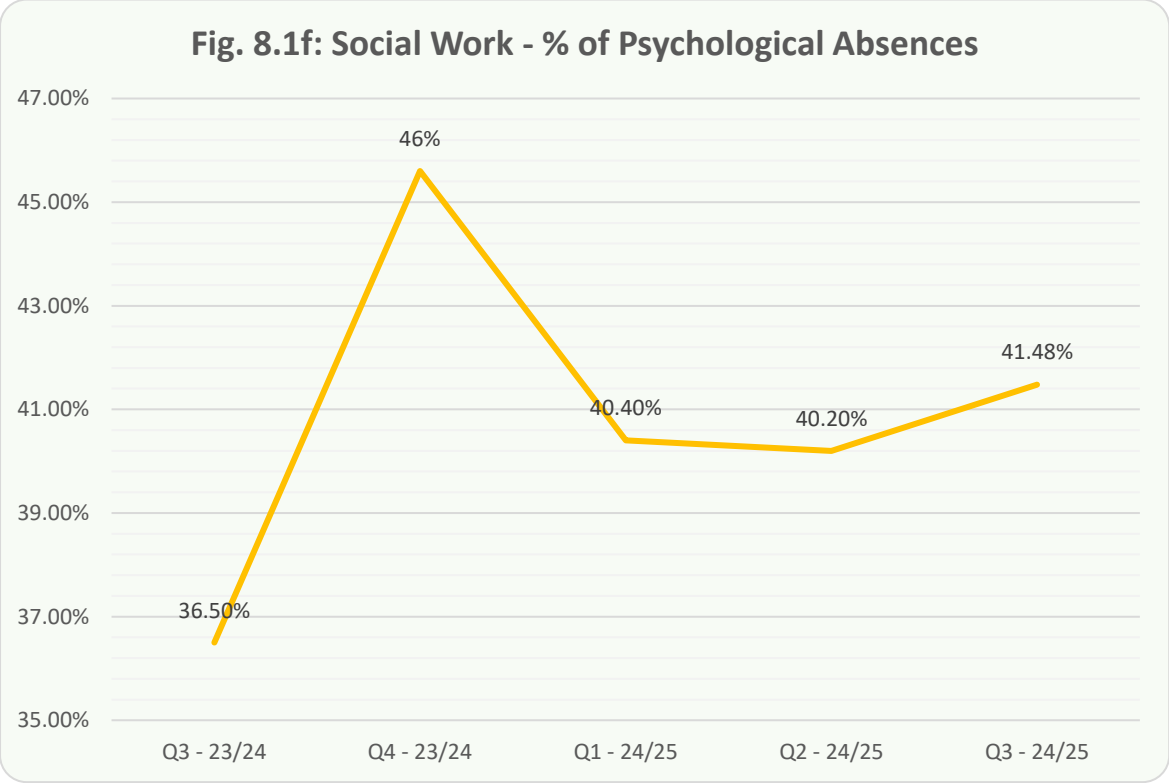


Fig. 8.1f: Social Work - % of Psychological Absences
47.00%
45.00%
43.00%
41.00%
39.00%
37.00%
35.00%
46%
40.40%
40.20%
41.48%
36.50%
Q3 - 23/24
Q4 - 23/24
Q1 - 24/25
Q2 - 24/25
Q3 - 24/25

Fig. 8.1g: Absence for Q3 - 24/25 Childrens Residential

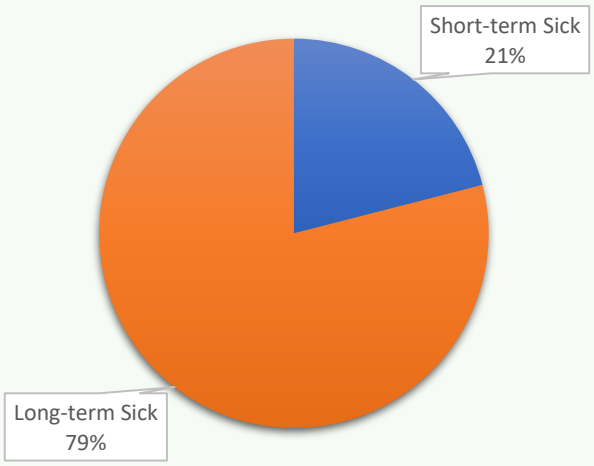
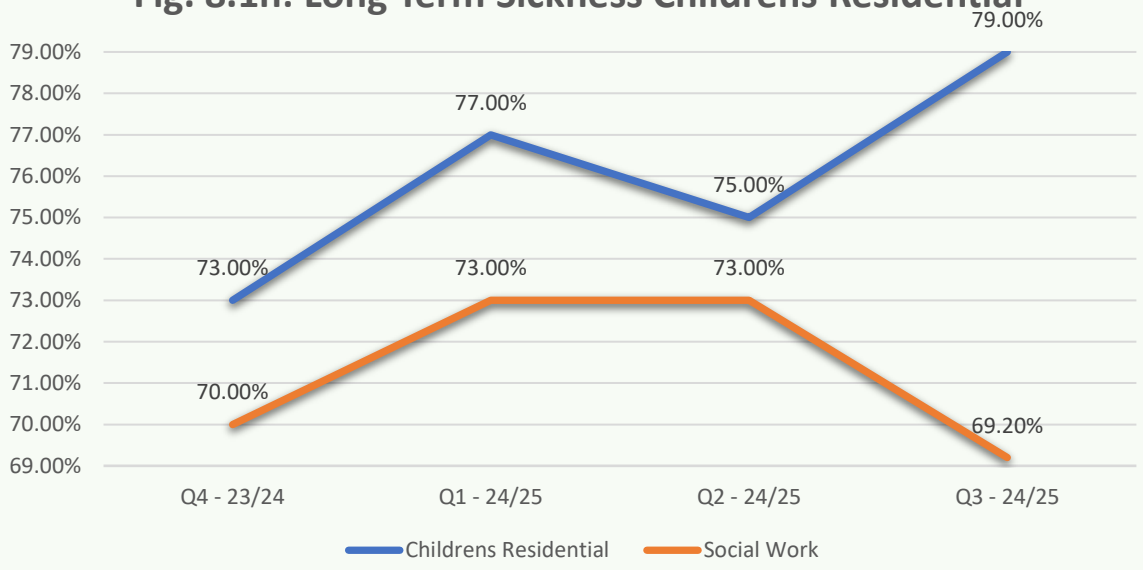


Fig. 8.1h: Long Term Sickness Childrens Residential



The above visuals relate to Children's Residential, a staff group which sits within the Care Group of Children's Services, accounts for **6%** of the **Social Work Workforce**. Children's Residential staff are based within children's houses, providing care and support to children and young people living in 19 houses across Glasgow. **(Fig. 8.1a).**

The **Age Profile** of the Children's Residential shows that **39.74%** of staff are **over the age of 50**, with **9.94%** falling into the **>= 60 bracket. (Fig. 8.1b)**.

The workforce is predominately **Grade 6 (81.82%) (Fig. 8.1c) a**nd includes Residential Workers, the main carers of the children living in the houses. The next largest group is **Grade 7 (12.47%)** which mainly comprises Senior Residential Workers.

(Continues…)

(Continued)

Staff absence continues to significantly impact on the service delivery, incurring costs including overtime to achieve the statutory minimum staffing requirements. Plans are underway for recruitment campaign to attract Residential Workers to the Service with the goal to address staffing challenges.

Sickness absence levels within Children's Residential tend to follow the Social Work trend however are significantly higher than the overall SW total of **10.3% (+3.9%) (Fig. 8.1d).** Despite the consistently high absence within the service, there are signs on an improvement. The absence trend within Children's Residential has steadily been decreasing since **Q4, 2023/24,** with **Q3 2024/25** reporting at **-2.1%** lower. When compared to the same period the previous year, **Q3 2024/25** reports a slight increase (+**0.3%),** however along with Q2 2023/25 is the lowest over the past 4 quarters.

In line with Social Work overall, **Psychological (Fig. 8.1e)** is consistently the top reason for absence, with **Q3 2024/25** reporting at **41.48%**, an increase of +**4.98%** from the same period the previous year. Within this category, **Stress** is the most common absence reason at **54.5%.** The next largest contributor to absence in **in Q3 2024/25 Musculoskeletal (13.74%)** with **Back Pain** incurring the highest absence within this category. **Industrial Injury** at **12.12%** s the 3rd highest contributor to absence.

Long term absences account for the majority of sickness absence at **79%**, higher than the **Social Work** figure **(+9.8%)** which is reducing. **Q3 2024/25** report **6%** more long term absence that the same quarter the previous year and is the highest over the past 4 quarters.

The **2024/25 Attendance Management Action Plan** continues to focus on interventions with a new structure within the HR Team shortly to commence which will divert more HR resources to this service, with the aim to try and to support managers to drive down absence levels and support employee wellbeing.

8.2 Quarterly Spotlight Area - Health – North East: Primary Care and Community Services

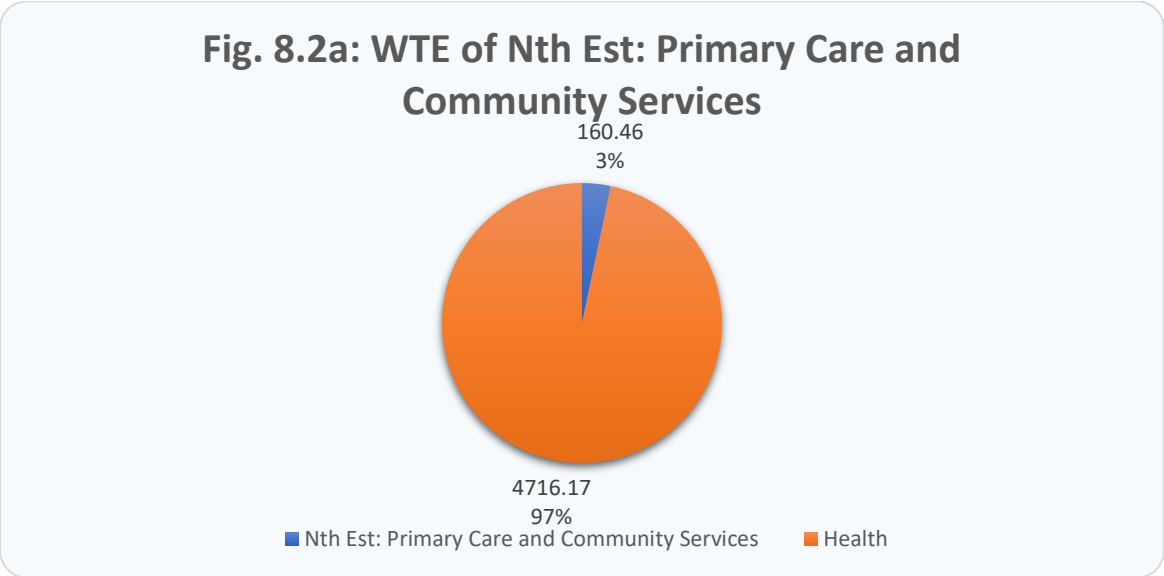


Fig. 8.2b: Age Profile of Nth Est: Primary Care and Community Services

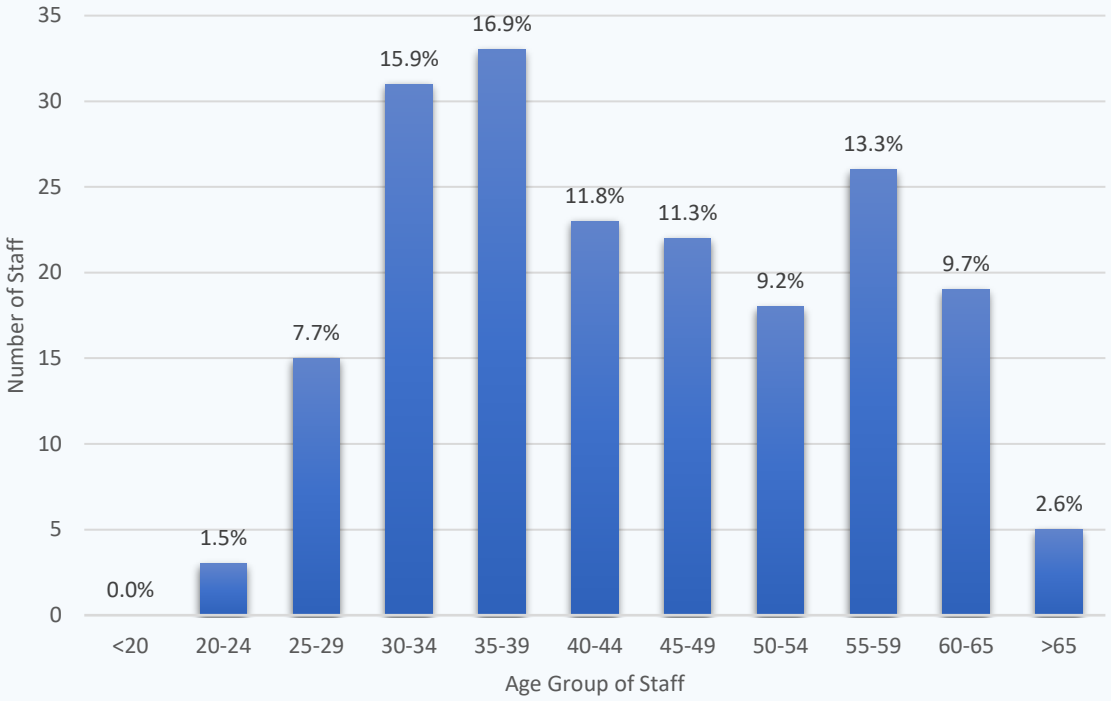
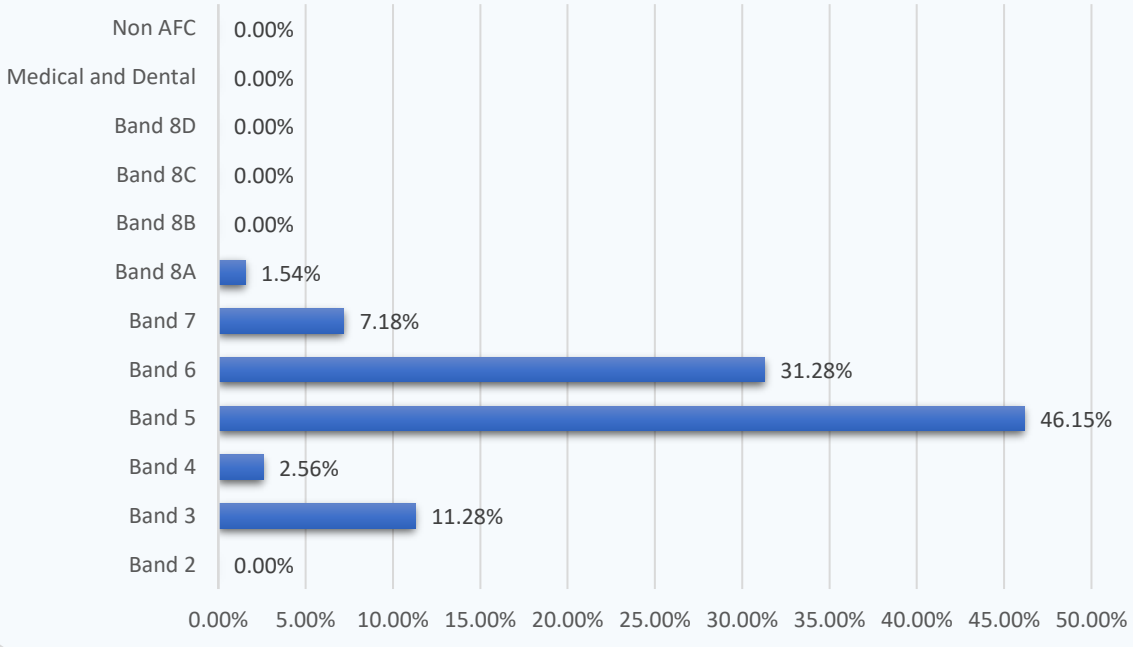


Fig. 8.2c: Band Breakdown of Nth Est: Primary Care and Community Services



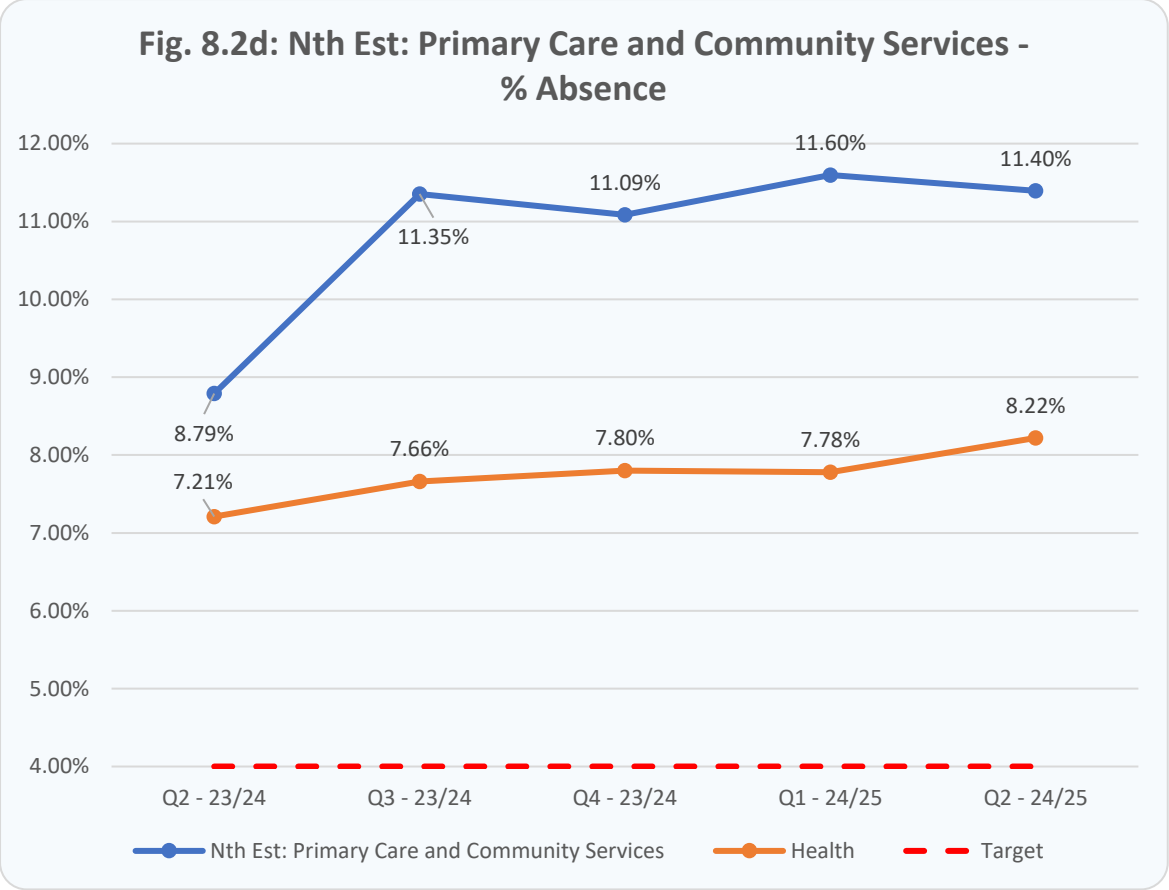


Fig. 8.2d: Nth Est: Primary Care and Community Services - % Absence
12.00%
11.00%
10.00%
9.00%
8.00%
7.00%
6.00%
5.00%
4.00%
8.79%
11.35%
11.09%
11.60%
11.40%
7.21%
7.66%
7.80%
7.78%
8.22%
Q2 - 23/24
Q3 - 23/24
Q4 - 23/24
Q1 - 24/25
Q2 - 24/25
Nth Est: Primary Care and Community Services
Health
Target

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

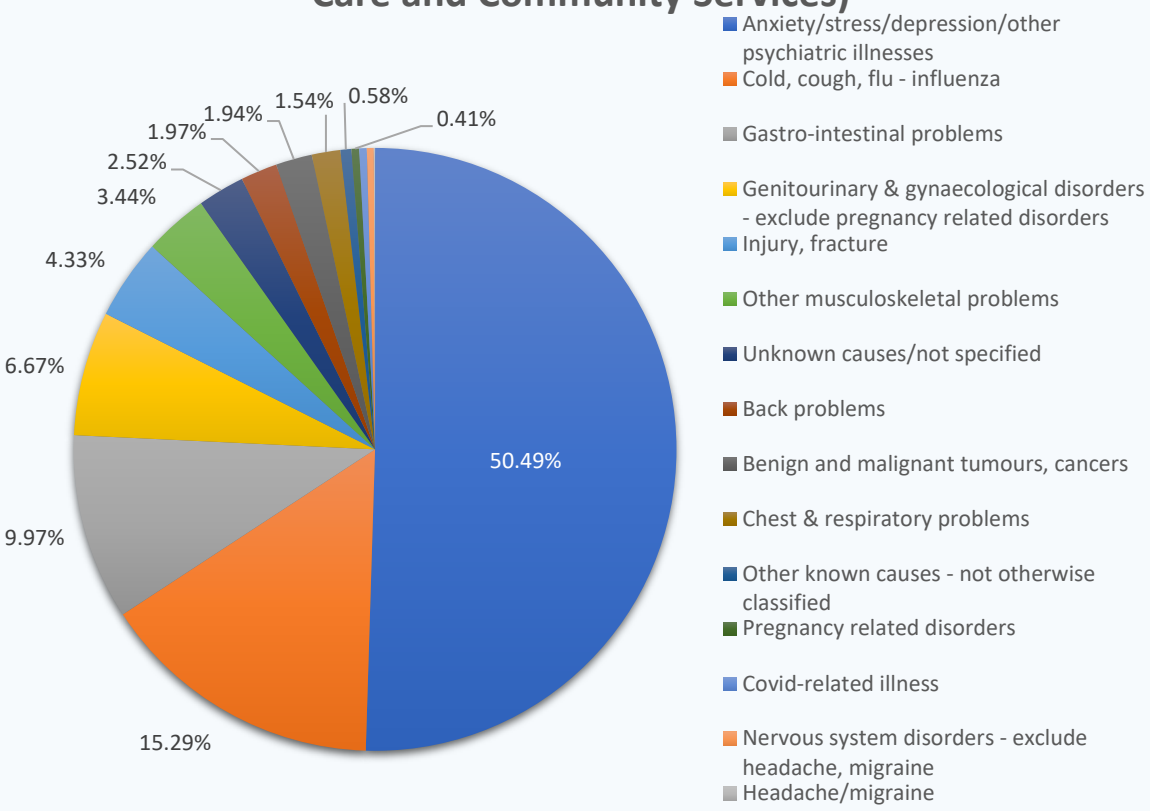


Fig. 8.2f: Health - % of Psychological Absences

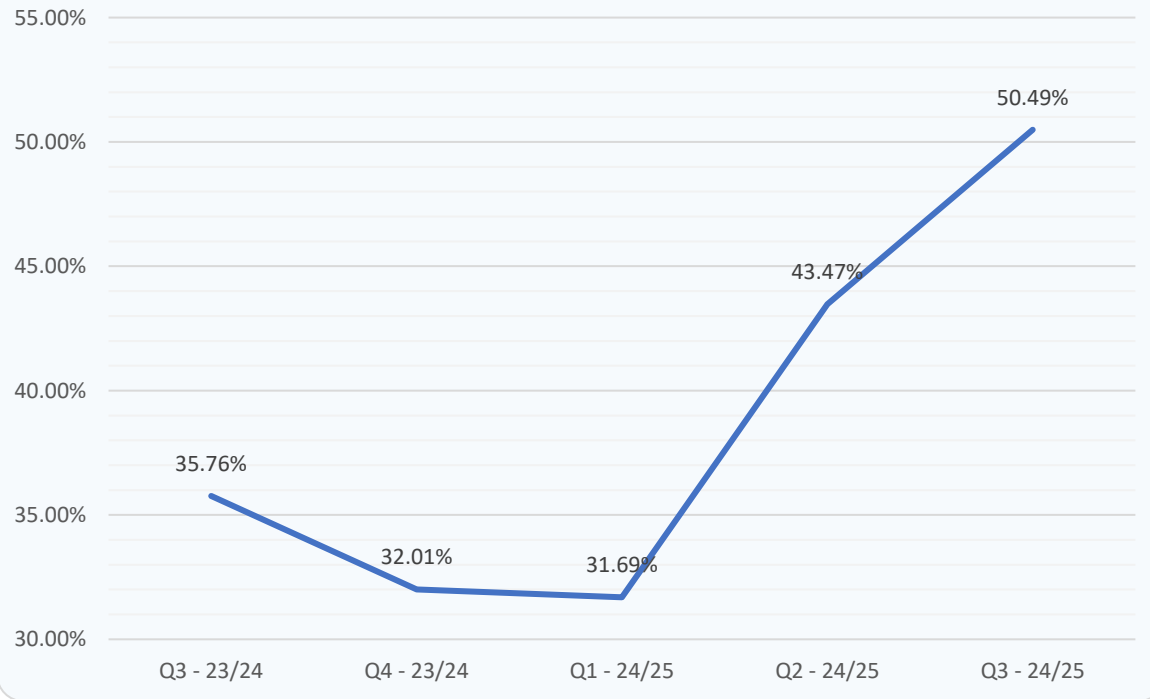


Fig. 8.2g: Absence for Q3 - 24/25 (Nth Est: Primary Care and Community Services)

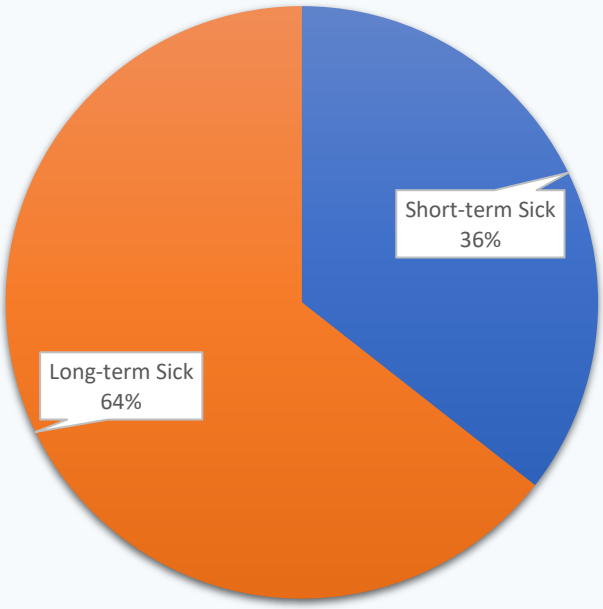
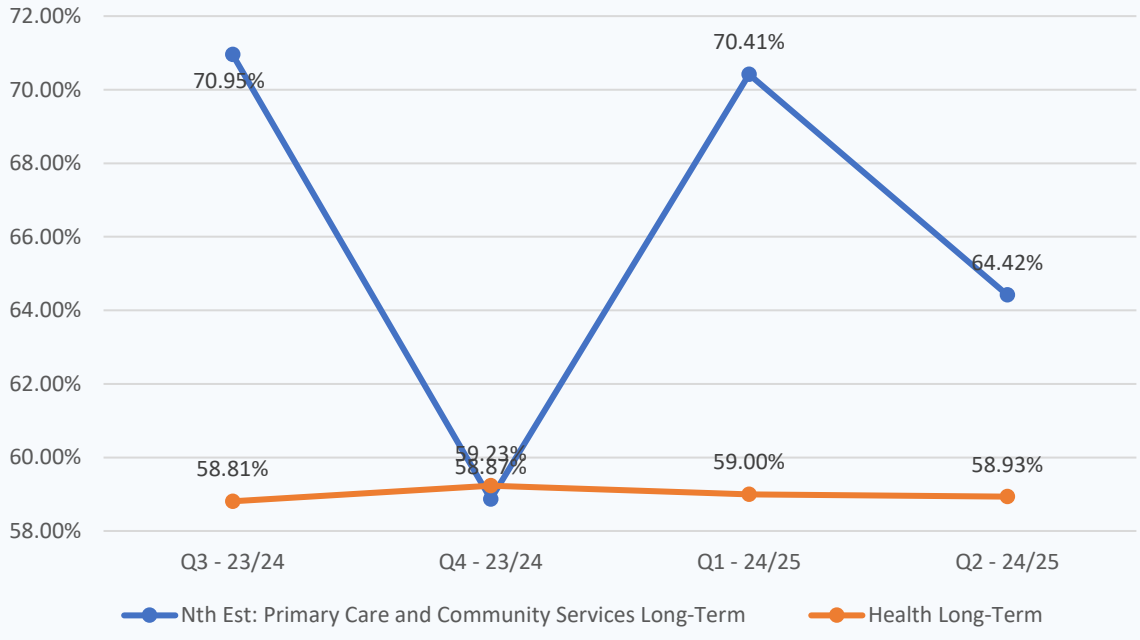


Fig. 8.2h: Long Term Sickness (Nth Est: Primary Care and Community Services)



Overall Absence Trends
In **Q3 2024/25**, **North East Primary Care and Community Services** reported an absence rate of **11.40%** (**Fig. 8.2d**), which remains significantly higher than the overall **Health** sector rate of **8.22%** and continues the upward trend observed since **Q2 2023/24**. This sustained increase highlights ongoing challenges in managing workforce attendance and maintaining staffing levels. The elevated absence rate warrants focused management attention, especially when compared to the sector average.

Long-Term Absence Analysis
Long-term sickness absence continues to be a major contributor to overall absence in this area, accounting for **64.42%** of all absences in **Q3 2024/25** (**Fig. 8.2g**). Although this reflects a slight improvement from the previous quarter's **70.41%** (**Fig. 8.2h**), it remains higher than the **Health** sector average of **58.93%**. This persistent disparity suggests that long-term absences are a significant challenge, potentially impacting service delivery and operational efficiency.

Psychological Absences
Absence due to **Anxiety/Stress/Depression/Other Psychiatric Illnesses** has increased notably, rising to **50.49%** in **Q3 2024/25** from **43.47%** in **Q2 2024/25** (**Fig. 8.2f**). This sharp rise highlights the ongoing impact of psychological health on overall sickness absence. Additionally, psychological conditions are the leading cause of absence, accounting for **50.49%** of total absences (**Fig. 8.2e**). This trend underscores the need for continued emphasis on staff mental health and wellbeing initiatives.

Workforce Demographics and Structure
The workforce in **North East Primary Care and Community Services** is predominantly composed of staff in **Band 3 (46.15%)** and **Band 5 (31.28%)** roles (**Fig. 8.2c**), reflecting a high proportion of frontline care staff. The age profile (**Fig. 8.2b**) shows a concentration of staff in the **30–39** age group (**32.8%**) and notable representation in older age brackets, with **13.3%** of staff aged **55–59** and **9.7%** aged **60–65**. This demographic distribution may contribute to higher absence rates due to age-related health issues and long-term conditions.

Summary
Absence rates in **North East Primary Care and Community Services** remain significantly above the health sector average, largely driven by high levels of **long-term sickness** and **psychological absences**. While there has been slight progress in reducing long-term sickness, sustained high levels of absence signal ongoing workforce pressures. Addressing psychological health absences through targeted wellbeing initiatives and effective absence management strategies will be critical in improving attendance and supporting workforce resilience in this service area.

9. Action Planning

9.1 The following Action Plan supports the delivery of the Glasgow City HSCP Workforce Plan 2022-2025, with aligned actions covering 1 year and will be implemented with HR and the Senior Management using a partnership approach to deliver the actions.

Complete | **On Target** | **Delay**

The actions in this plan will be reviewed and updated dependent on feedback and priorities throughout the year.

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
1.	**HR Support and Action**							
1.1	HR (SW) team realignment and contact	Health HRSAU and a SW HR team restructure will provide a clear point of contact and focused support for Long-term, Short-term, Psychological/Stress and Musculoskeletal absences. There will be particular focus on Care Services.	HR HoS/ HR Mgr/	Increase in early intervention actions by managers when a policy trigger is met. Managers/employees better informed on OH resources with quicker referrals.	Tracking management actions. Less employees off sick. Reduction in days lost. Increase in OH referrals.	Aug 2024	SW HR Team has been restructured into 3 sub-teams with HR Leads to support priority care groups ie Care Services, Children's Residential Services: - Psychological / Musculoskeletal Absence - Short Term Absence - Long Term Absence	Complete
1.2	Focus on concerning absence and hotspots	Identify and target concerning absence, hotspot areas and implement focused support and action where required	HR HoS/ HR Mgr/ Service HoS	Sustained attendance Better training for managers Quicker manager actions with possible dismissal if no sustained improvement.	Monitoring Report highlighting employees. Increase manager activity to achieve the best outcome, ie. RTW, IHR, ARM	Oct 2024 Nov 2024	SW - paused pending completion of 4.1. Health focussed on 3 spotlight areas and the HRSAU conducts a board wide audit (including GCHSCP) to review files and identify areas of improvement and recommendations.	Complete
1.3	Unauthorised absence	Manage AWOL cases via the Council Disciplinary and Appeals Procedure or Health 3 Stage Attendance Management Policy	HR HoS/ HR Mgr/ Service HoS	Consistent application of policy/approach at earliest opportunity and conclude quickly.	Reporting on conduct dismissals for all unauthorised absence	Jun 2024	SW – implemented to ensure consistent approach city-wide. Health HRSAU and HR Managers focussed in this area and pick up with relevant managers.	Complete

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
1.4	Failure to follow reporting procedure	HR to better support managers through reports and monitoring to act quickly on a failure to follow reporting and certification processes. HR Comms to staff to reaffirm expectations.	HR HoS/ HR Mgr/ Service HoS	Compliance with terms and conditions and absence reporting requirements.	Reduce HR/Management time and potential impact on employees OSP.	Sept 2024	SW Absence Reporting Procedures and Manager Guide have been refreshed. Moving forward will be included in HR Comms Plan 2025. Health have incorporated this into the Board Action Plan and is a focus for HR Managers.	Complete
1.5	Stress absence	SW Stress Risk Assessment Pilot in a service with high stress absence, before rollout across GCHSCP Health HR/H&S will provide coaching to managers on new stress management toolkit.	HR HoS/ HR Mgr/ Service HoS	Early supportive conversations between managers/employee where perceived work stressors are identified.	Evaluation/survey staff	Dec 2024 Apr/May 2025	SW Pilot underway for Home Care. Steering Group Leads' confirmed Focus Groups to take place Jan-Mar 2025, facilitated by OD. Thereafter, risk assessment/action plan to be created and implemented for Home Care. Promotion of HSE SRA & guidance will be included in HR Comms. Health - pilot areas identified (MH Inpatients) and closer links with Occupational Health. An automated process is in place ensuring managers update systems with stress and the links to the policy and stress toolkit will be generated with relevant guidance.	Revised Completion / On target
2. Occupational Health and Long-Term Absence								
2.1	OH Referrals – by Managers	SW Managers to refer using the OH online system – rather than HR doing this. Health Mangers will refer complex cases and input recommendations.	HR HoS/ HR Mgr/ Service HoS	Quicker referrals and increased support to employees via earlier intervention.	Quarterly reporting – increase in OH referrals.	Nov 2024	SW – All Managers can make referrals. Hierarchy requires development across GCHSCP.	Complete
2.2	Onsite OH clinicians/ physios	Pilot onsite OH Clinical service in Care Services and explore OH options for onsite Physio service (HR will explore in Health)	HR HoS/ HR Mgr/ Service HoS	Easier and faster access to OH support/advice for front line staff	Quarterly reporting - staff attendance data and outcomes.	Nov 2024 Mar 2025	SW to share scope of requirements with CHR and meet with OH/CHR to explore feasibility of GCHSCP request.	Revised Completion / On target

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
2.3	Off for 2 months / Off for 5 months	Off for 2 months – manager to refer to OH for a fitness for work assessment. Off for 5 months - (if a member the pension scheme) referral to OH to ask eligibility for ill health retirement.	HR HoS/ HR Mgr/ Service HoS	Managers take immediate supportive early intervention. Employees have the opportunity for a referral on ill health retirement at an earlier point	Earlier return to work. Reduction in days lost and long-term absence. Ill health retirement data.	Sept 2024	HR Comms to Managers issued October Guidance included in covering email issued to Managers with "Employees Currently Absent" report – see 4.1 Included in HR Comms Plan 2025.	Complete
2.4	Phased returns	Review approach to phased returns, ensuring all possibilities are considered to accommodate a short-term solution.	HR HoS/ HR Mgr/ Service HoS	Services are open to reasonable flexible options to accommodate phased returns in the short term.	Earlier return to work. Reduction in days lost and long-term absence.	Sept 2024	Purpose and flexibility of phased returns incorporated into HR Manager Briefings. Included in HR Comms Plan 2025	Complete
2.5	Return to work plan – disagreement (SW)	Escalation to Absence Review Meeting – where OH are supportive of a return to work, but a plan with reasonable adjustments is not accepted.	HR HoS/ HR Mgr/ Service HoS	Earlier supported return to work for staff.	Reducing days lost/duration of absence.	Sept 2024	SW - HR/TU Meeting 5/11/24 and discussed TU feedback on Action Plan. Health - Principal HR Manager linking with HRSAU to gather more data on RTW to support improved practice through managers and HRMs.	Complete
2.6	Ill Health Retirement	SW HR will reduce IHR process/ timescales by seeking one 3rd Party Report – working with OH. Health HR - will liaise with OH on recommendations in line with policy and SPPA timescales.	HR HoS/ HR Mgr/	Quicker timescales for decisions made on an employee's eligibility for IHR and compliance with pension guidelines. Support best outcomes for staff with significant health issues.	Quarterly reporting	Aug 2024	CHR advised this change could not be Service specific and cannot be implemented, taking into consideration pension regulations and discussions with Trade Unions. CHR have confirmed process cannot be changed but are currently looking into an absence category for pending IHR to remove them from absence stats.	Discontinued
2.7	Pension promotion - SW (Ill health retirement)	Promotion of the benefits of joining the occupational pension scheme to staff, including access to ill health retirement, particularly front line.	HR HoS/ HR Mgr/	Reduced long term absence. Better outcomes for staff with a long-term illness.	Increase in ill health retirement approvals.	Nov 2024	SW - SPFO delivering briefings Nov & Feb to promote scheme. Health will link into this to do joint approach where appropriate.	Complete

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
3.	**Redeployment – Capability**							
3.1	Redeployment – ill heath	Implement an improved approach to ill health redeployment for staff to undertake meaningful work in suitable alternative employment – with appropriate risk assessment. SW Working Group to be established. Health HRSAU – process in place	HR HoS/ HR Mgr/ Service HoS	Staff are either temporarily redeployed e.g. awaiting treatment or post op recovery; or permanently redeployed to remain in employment **– even if supernumerary**	Reduced absence and psychological impact of prolonged absence. Increased retention of employees	Nov 2024	GCC redeployment process under review. SW developing GCHSCP process and involve Health HR in discussion as they have an established process. It will also allow for any additional improvements in Health practice.	Complete
3.2	Redeployment – learning pathway	Develop a pre-emptive Learning Pathway programme to support employees seeking job opportunities via redeployment.	HR HoS/ HR Mgr/ Service HoS	Staff are supported to develop skills which enable transition into suitable alternative roles before the need for absence.	Reduced timescales in redeployment process. Reduce 'in absence' redeployment	Dec 2024 Mar 2025	SW HR working collaboratively with Learning & Development colleagues to develop a programme.	Revised Completion / On target
4.	**Governance and Reporting**							
4.1	Hot spot - management information	Employees Currently Absent Report – SW weekly system generated report that will automatically be sent to service managers and below with HR guidance on manager actions	HR HoS/ HR Mgr/	Quicker manager intervention and action	Reduced absence and quicker supported return to work	Nov 2024 Mar 2025	SW HR working with CGI to finalise an automated report which will be sent by email to managers weekly, which will include advice and signpost to relevant supports/resources. Further testing and support required from CGI.	Revised Completion / On target
4.2	Escalation reporting	Extract Absence Reports to Senior Management of status of long-term absence cases, action plan timescales, escalated cases with HR guidance	HR HoS/ HR Mgr/ Service HoS	Improved manager information and accountability. Escalation reports prompt senior manager action	Increase in manager activity. Reduction in days lost by earlier action	Dec 2024	Implemented for Care Services, Children's Residential Services, Business Admin, Technical Services. Further roll out to all Care Groups planned. Health HR linking with health workforce management and HRSAU to improve management information and improve escalation route for non-compliance or any barriers to action.	Completion

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
4.3	Absence surgeries – hot spots	HR surgeries introduced - identification of managers with high levels of employee absence, to provide targeted support in hot spot areas	HR HoS/ HR Mgr/ Service HoS	Managers supported and concerning trends highlighted for prompt manager action	Data - increased manager activity Reverse in absence trend for manager's staff group	Oct 2024	SW - 4 weekly surgeries implemented for Home Care. Health HR activity meetings reinstated to improve information sharing between HRMs and HRSAU to best support managers.	Complete
4.4	Absence Management Board	Explore the establishment of an Absence Management Board, chaired by HR with senior management representation	HR HoS/ HR Mgr/ Service HoS	Better governance, reporting and support for the most long-term cases. Actions agreed and implemented	Reduced length and number of long-term absence cases	Dec 2024 Mar 2025	Early stages, further discussions regarding implementation planned and will be presented to Exec Group.	Revised Completion / On target
5.	**Training for Managers**							
5.1	Mandatory manager training	Mandatory training introduced - reports highlighting completion of mandatory training and other relevant training to senior management.	HR HoS/ HR Mgr/ Service HoS	Managers have completed all mandatory training. An increase in confidence, knowledge and skills of managers	Training completion statistics provided to Heads of Service – complete / outstanding	Sept 2024	SW - HR Comms issued to managers (and reminders) to complete the mandatory training. Monthly reports will be sent to senior managers to highlight completion of training. Health - process in place for statutory mandatory training. Principal HR Manager linking with workforce management on developing reports on management training completion, therefore, scoping out a process to support improved reporting, compliance and escalation.	Complete
5.2	Manager Induction - training	Deliver policy, OH and systems training for newly appointed managers to manage and record absence effectively.	HR HoS/ HR Mgr/ Service HoS	Improved recording of absences and earlier management actions.	Quarterly reporting to senior management	Nov 2024	Manager Induction Programme commences in January with 90 min session delivered monthly by HR, Health & Safety, Learning & Development. HR Comms will be issued to promote.	Complete
5.3	Manager/TU briefings	SW-Deliver HR briefings to managers and TU/Staff Side representatives on absence related policies and expectations. Health - Work in Partnership with Staff Side on application of policy and interventions/initiatives	HR HoS/ HR Mgr/	Managers more confident in their role and interventions. Increased TU/Staff Side awareness of policy and GCHSCP expectations.	Quarterly reporting to senior management.	Nov 2024 Feb 2025	**Service Managers** x 3 – completed August 2024 **Home Care** – 15 min slots at sector meetings - started Sept **Home Care** - 30 min HR Briefing on 12/11 **Home Care** – x 8 30 min HR Briefings – complete Sept/Oct **MyPortal Manager Training** – complete 25/6, 20/9, 26/9 **All Managers - on new team structure:** **Children's Residential** – completed 1/11 **Home Care** – completed 12/11, 18/11/24 **Older People Residential & Day Care** – completed 26/11, 29/11, 4/12 **HR Briefings to trade unions** to take place in Feb 2025.	Complete

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
6.	**Staff Wellbeing**							
6.1	Staff wellbeing communication	Develop specific employee communications on Staff Mental Health and Wellbeing and develop a calendar of wellbeing events, including a focus on women's health.	HR HoS/ HR Mgr/	Increased understanding of supports and guidance available. Improved conversations at 1-1s. Increased opportunity to participate in events and access resources.	Engagement figures/data. Staff feedback. Survey results	Sept 2024	HR/Comms Team and Staff Mental Health & Wellbeing Working Group working collaborative to develop communication plan for the year ahead.	Complete
6.2	Staff wellbeing engagement	Support GCHSCP's Wellbeing Framework and Action Plan and campaign across all service areas to create a network of GCHSCP wellbeing champions.	HR HoS/ HR Mgr/ Service HoS	Improved accessibility of resources to all managers/employees. Improved culture of wellbeing across GCHSCP with improved employee engagement.	Framework progress update. Network data/ staff feedback. Survey results	Sept 2024	SW - HR Leads to service areas to liaise with managers and agree diary of HR Wellbeing visits to local bases to improve staff engagement.	Complete

10. Recommendations

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

a) Note the findings within this report and the data attached; and
b) Note the actions to improve the current position.