Glasgow City IJB
Integration Joint Board

Item No. **11**

Meeting Date: **Wednesday 11th December 2024**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **Sharon Wearing, Chief Officer, Finance and Resources**

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Attendance Management	

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 2 (July to September 2024) as well as performance, notable key issues and the implications for Glasgow City HSCP.

Background/Engagement:	Absence Performance continues to be under scrutiny and where absence levels are consistently high, ensuring priorities within local plans are progressing, to try and reverse any consistent upward trend(s).

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the findings made within this report and the data attached; and b) Note the actions to improve the current position.

Relevance to Integration Joint Board Strategic Plan:
As detailed in page 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:

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.   Introduction

1.1 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 2 24/25, (July-September 2024)** as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

2.   Staff Profile Summary

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

Fig. 2a: WTE of Social Work and Health
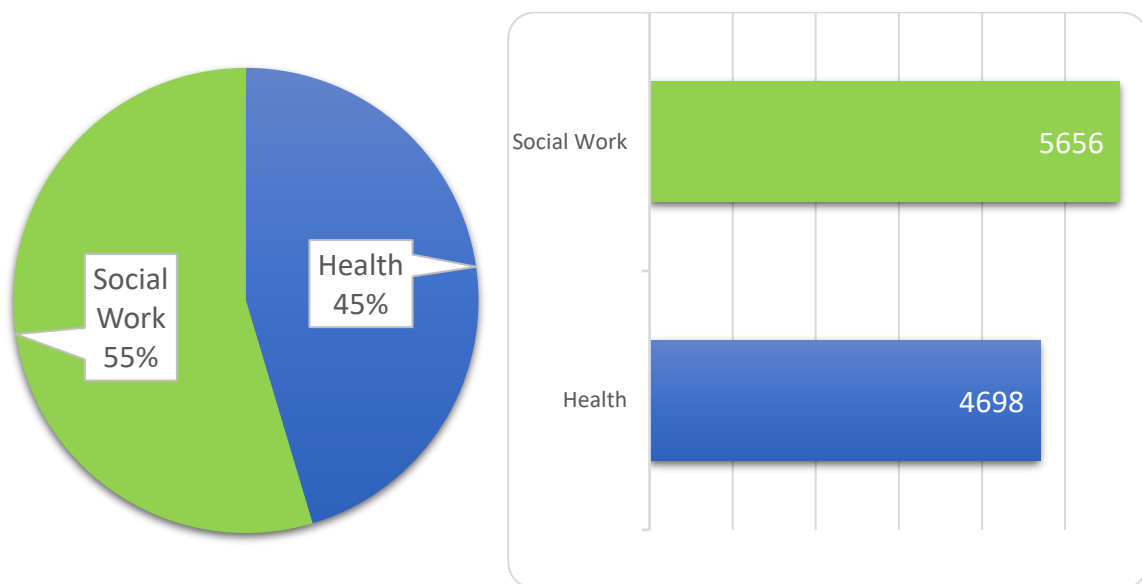
2.2 Staff Profile Summary – **Age Profile**

Fig. 2b. Age Profile (Social Work)

Fig. 2c. Age Profile (Health)

Fig. 2c. Age Profile (Health)

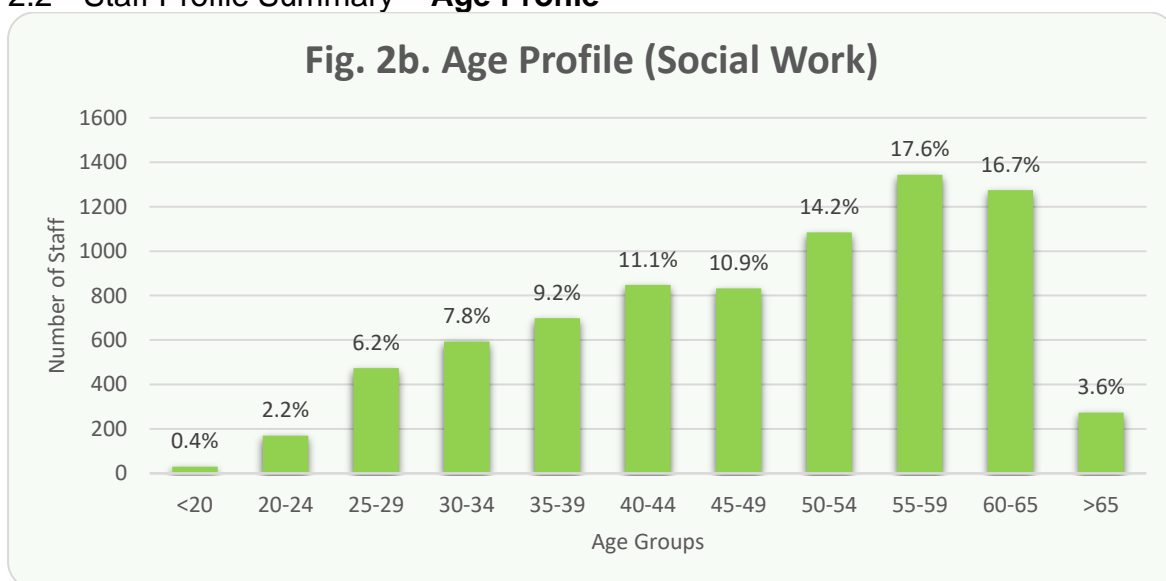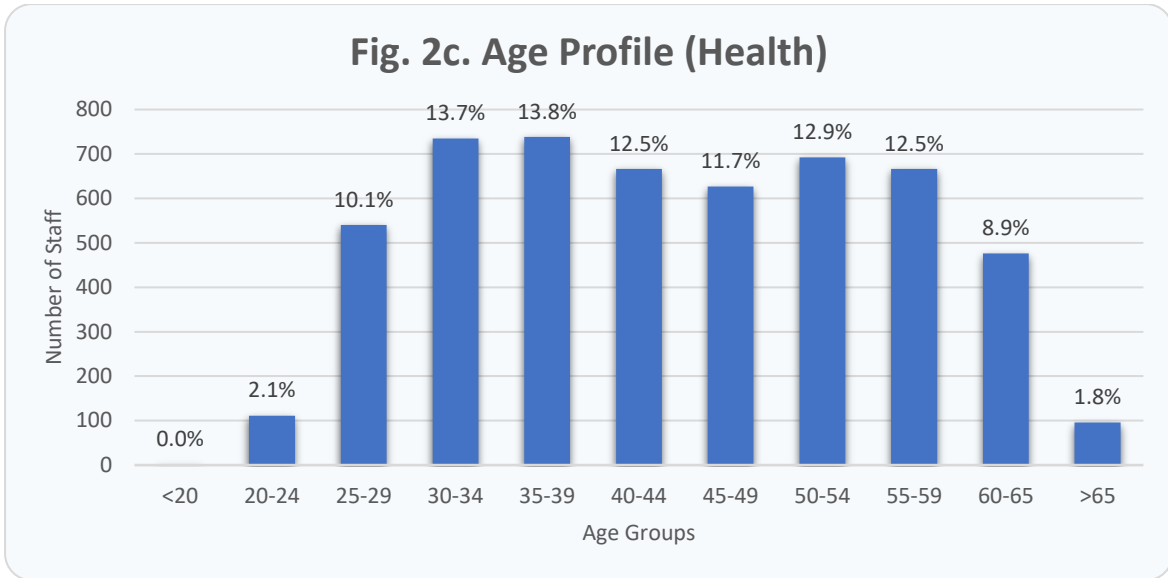**Fig. 2a** shows the breakdown of whole-time equivalent staffing levels across **GCHSCP** with **Social Work** accounting for **55%** of whole-time equivalent staff compared to **45% for Health**.

Fig. 2b demonstrates that the workforce within **Social Work** is predominantly between **50-65 years.** The most common age bracket is **55-59 years (17.6%)** then **60-65 years (16.7%)** highlighting the risk of a significant number of retirees in the relatively near future; **37.9%** of staff are over the age of 55.

Fig. 2c shows the most common age bracket for **Health** staff is **35-39**, closely followed by **30-34** and **50-54 years**. Staff over the age of **55 (23%)** 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.

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

Fig. 2d. Grade Breakdown (Social Work)

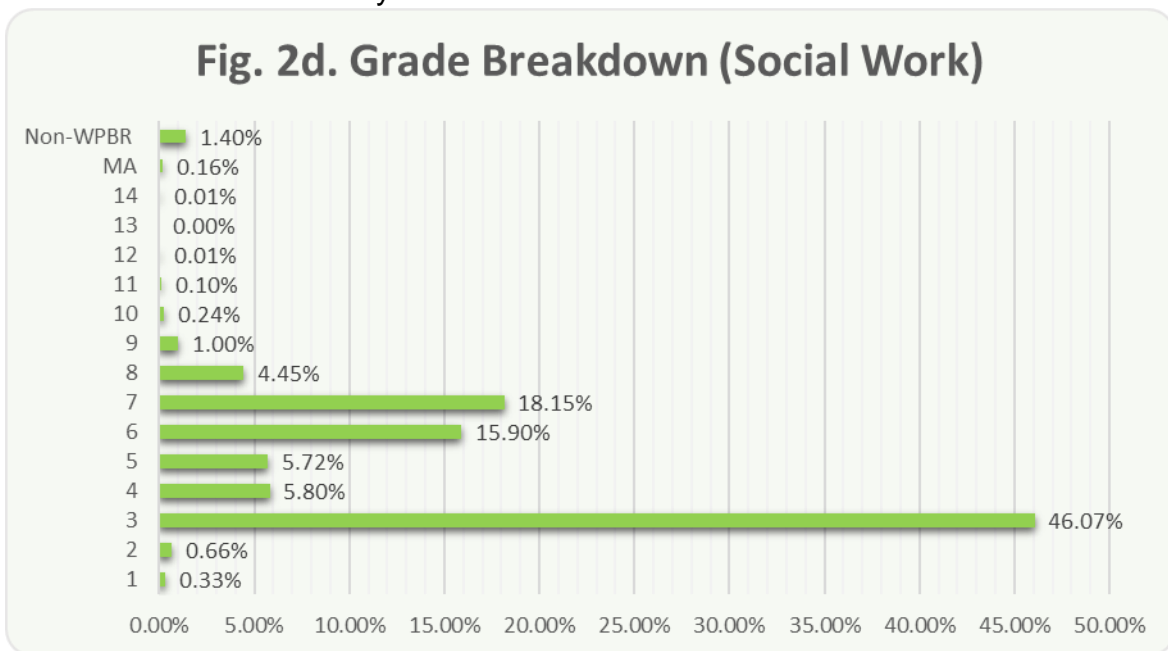Fig. 2d. Grade Breakdown (Social Work)

Fig. 2d reports that the largest staff grouping is **Grade 3 (46.07%)**, 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 **(18.15%)** and incorporates roles such as Qualified Social Workers, Senior Officers, supervisory positions, followed by **Grade 6 (15.90%)** which includes front line social care roles including Social Care Workers.
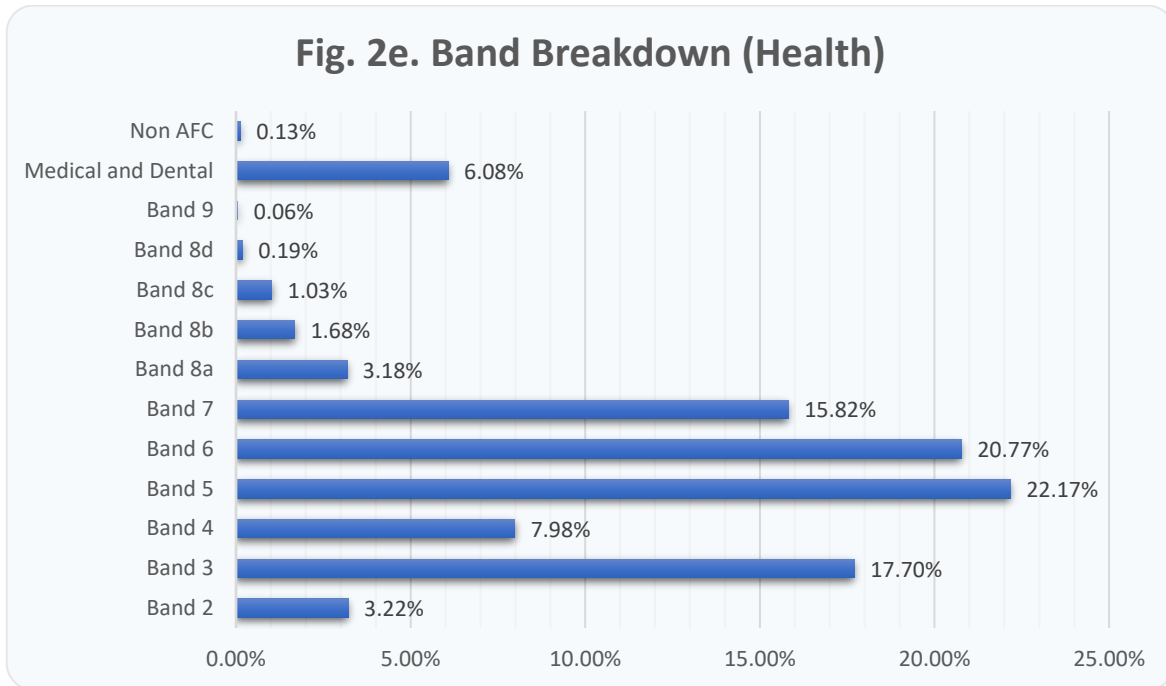
Fig. 2e. Band Breakdown (Health)

Band	Percentage
Non AFC	0.13%
Medical and Dental	6.08%
Band 9	0.06%
Band 8d	0.19%
Band 8c	1.03%
Band 8b	1.68%
Band 8a	3.18%
Band 7	15.82%
Band 6	20.77%
Band 5	22.17%
Band 4	7.98%
Band 3	17.70%
Band 2	3.22%

Fig. 2e shows that most staff are **Band 5 (22.17%)** & **Band 6 (20.77%)** which represents the trained nursing and AHP staff cohort across GCHSCP. Staff at **Band 7 (15.82%)** reflects the team leader level of management and specialist nursing and AHP staff and **Band 3 (17.70%)** comprise a significant portion of Health Care Support Workers and Business Administration Support staff.

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

Fig. 2d, and 2e shows that across GCHSCP the largest group of staff within **Social Work** are **Grade 3 social care and administration roles (46.07%)** whereas within **Health**, **Band 5** represents the majority which includes trained nursing staff **(22.17%).**

The next largest GCHSCP grouping of staff is **Grade 6 and 7** within **Social Work** which incorporates Social Care Worker and Social Worker roles, and within **Health Band 6** nursing and AHP positions and **Band 3** support and administration roles.

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

3.   Quarterly Absence

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

Fig. 3a. % Sickness Absence (Social Work)

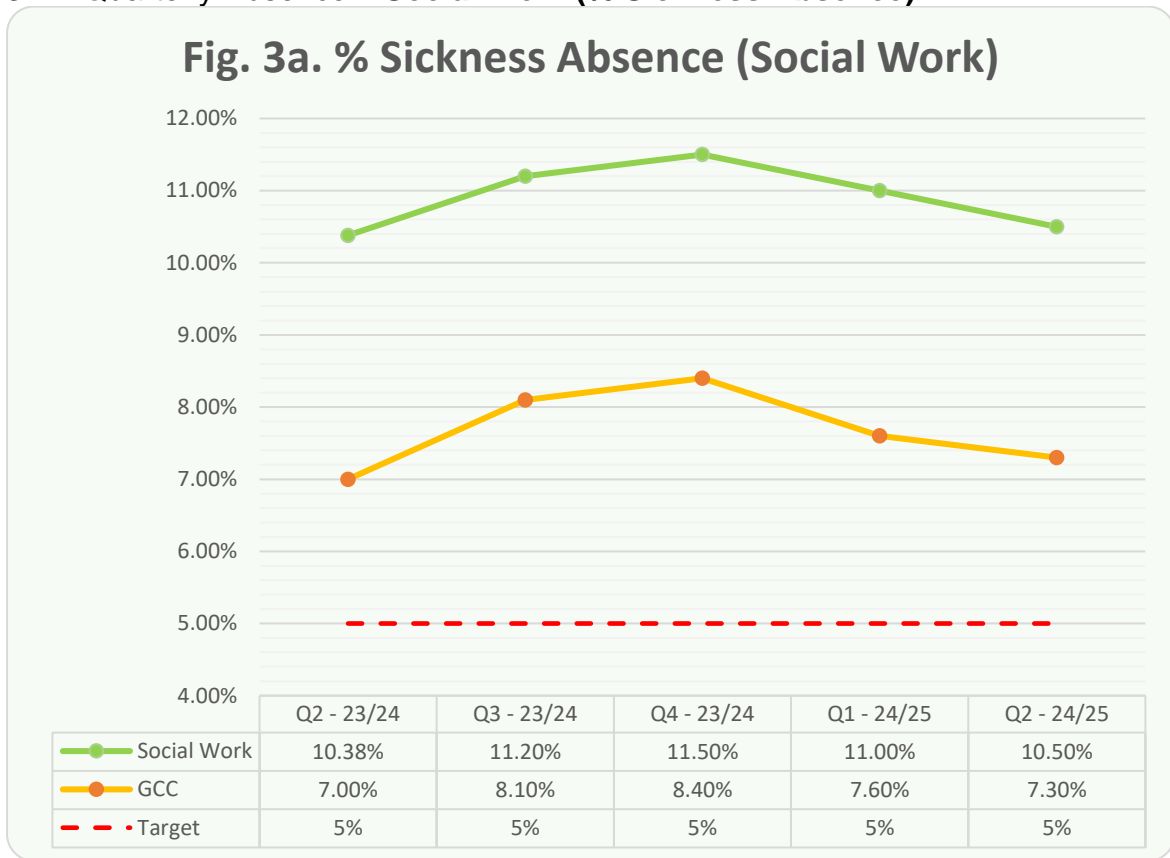|	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25
Social Work	10.38%	11.20%	11.50%	11.00%	10.50%
GCC	7.00%	8.10%	8.40%	7.60%	7.30%
Target	5%	5%	5%	5%	5%

Fig. 3a demonstrates a slight increase in levels of sickness absence in **Q2 2024/25** in comparison to the same quarter last year **(+0.12%).** However, **Q2** achieved a level of sickness absence lower than the previous 3 quarters; **Q3 2023/24 (-0.7%), Q4 2023/24 (-1.0%) and Q1 2024/25 (-0.5%),** consistent with the trend for **Glasgow City Council (GCC). Social Work** quarterly absence performance overall stays consistently above **GCC** in all quarters and above the quarterly absence target of **5%**.

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

Fig. 3b. Absence - % Sickness Absence (Health)

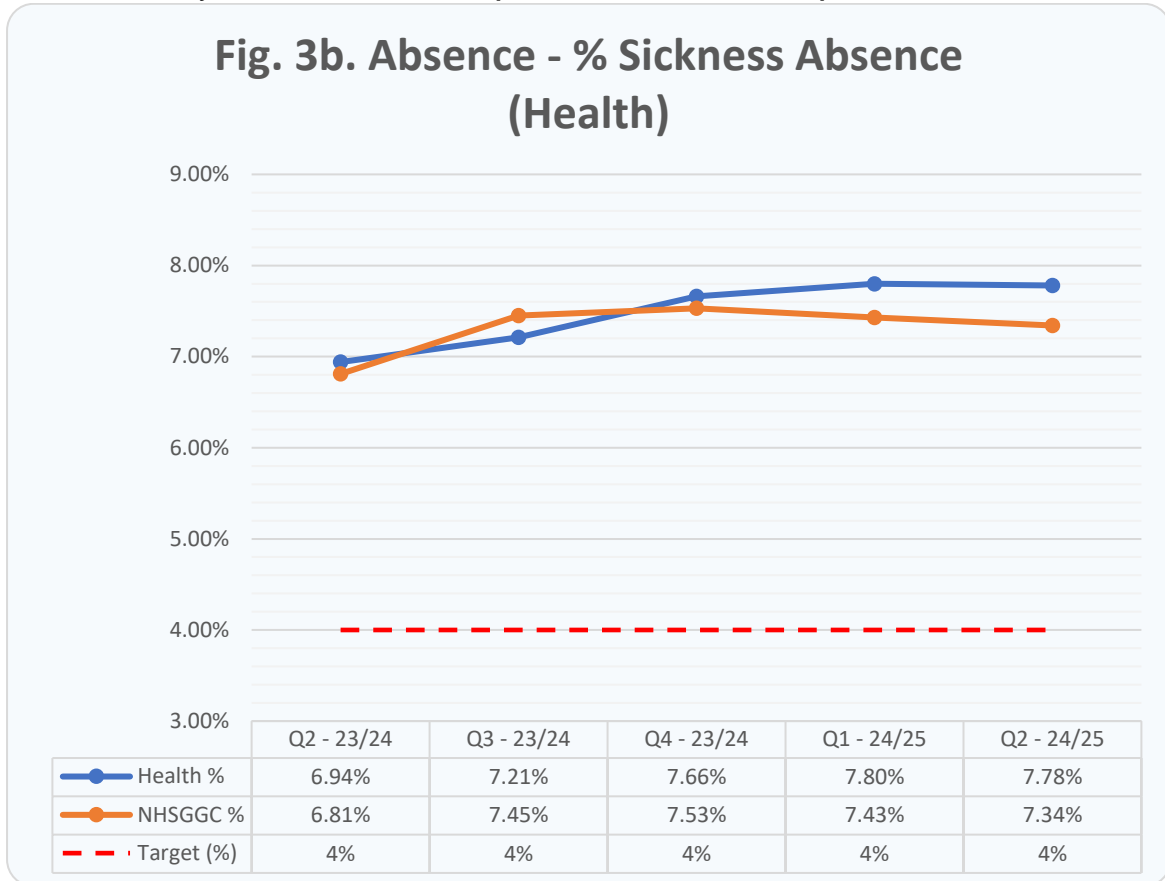|	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25
Health %	6.94%	7.21%	7.66%	7.80%	7.78%
NHSGGC %	6.81%	7.45%	7.53%	7.43%	7.34%
Target (%)	4%	4%	4%	4%	4%

Fig. 3b for **Q2 2024/25** indicates a slight improvement from **Q1 2024/25**; however, there is still an increase in sickness absence levels compared to the same quarter in the previous year; **Q2 2023/24 (+0.84%)**. These levels align with the overall trend observed across NHSGGC.

In **Q4 2023/24**, health-related sickness absence increased to **7.66%**, which is **+0.13%** higher than the overall **NHSGGC** rate. Whilst **Q2 2024/25** performance is higher than the same quarter the previous year, absence levels have followed the overall **NHS GGC** trend, decreasing slightly over the past two months to **7.78%.**

3.3 Absences – **Combined Analysis**

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

Similar to the previous 2 quarters, **Health** levels of sickness absence are higher than the level within **NHSGGC** overall. **Social Work** absence levels follow the trend across **GCC** however absence levels are consistently higher each quarter than **GCC** levels overall.

4.   Covid Absence

4.1   Covid Absences – **Social Work**

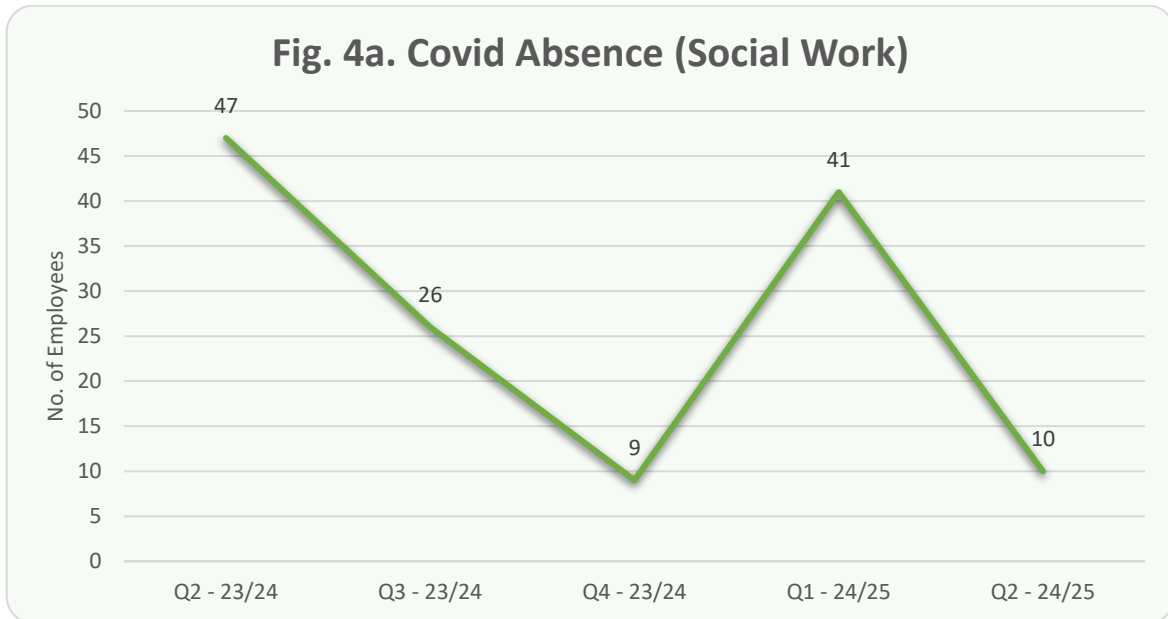**Fig. 4a. Covid Absence (Social Work)**

Fig. 4a shows the trend for absences related to Covid was decreasing from **Q2 2023/24** and following the spike in cases in **Q1 (2024/25)**, Covid absences have decreased significantly in **Q2 2024/25 (-31).**

4.2   Covid Absences – **Health**

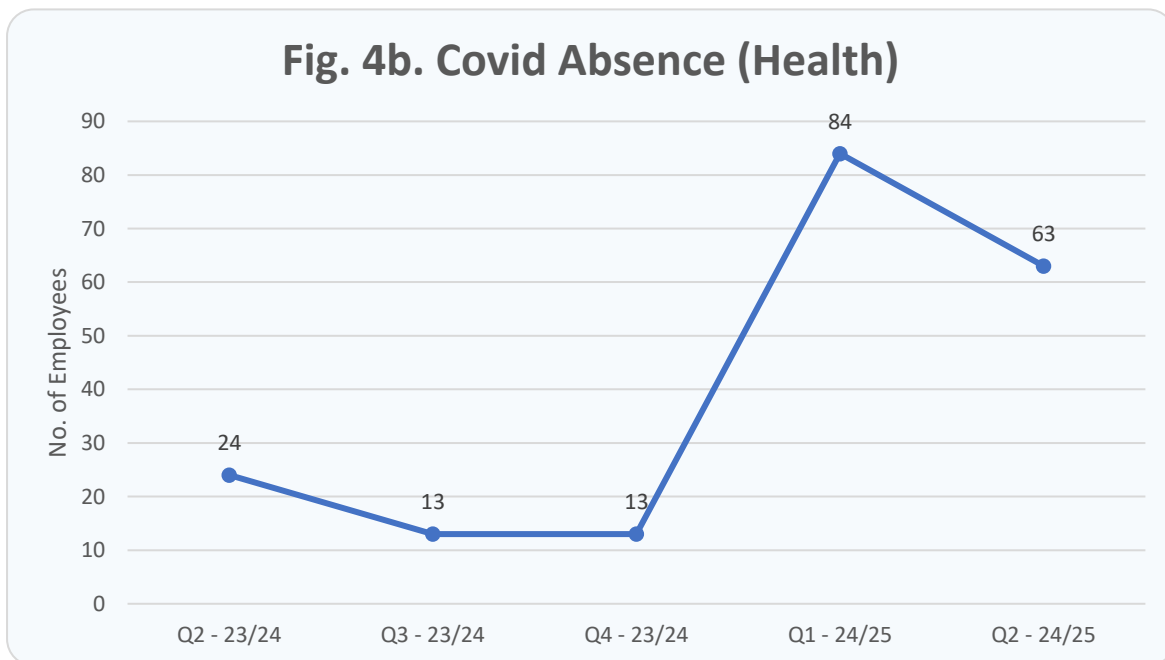**Fig. 4b. Covid Absence (Health)**

Fig. 4b shows a minor fluctuation in Covid-related absences over the past year. Absence levels appeared to stabilize in **Q3 and Q4 of 2023/24**, but there was a surge in **Q1 of 2024/25** before decreasing in **Q2 2024/25** to **63 (-21).**

4.3   Covid Absences – **Combined Analysis**

The trend of Covid related absence across **GCHSCP** is similar in both **Health** and **Social Work**, with both areas experiencing a spike in the previous quarter (**Q1 2024/25**) and decrease in **Q2 2024/25**.   Unlike other respiratory illnesses which tend to be seasonal, Covid 19 transmissions tend to occur in waves throughout the year.

Covid related sickness absences are managed through Attendance Management Policies across GCHSCP.

5.   **Sickness Absences % Departmental Breakdown**

5.1   Sickness Absences – **Social Work**

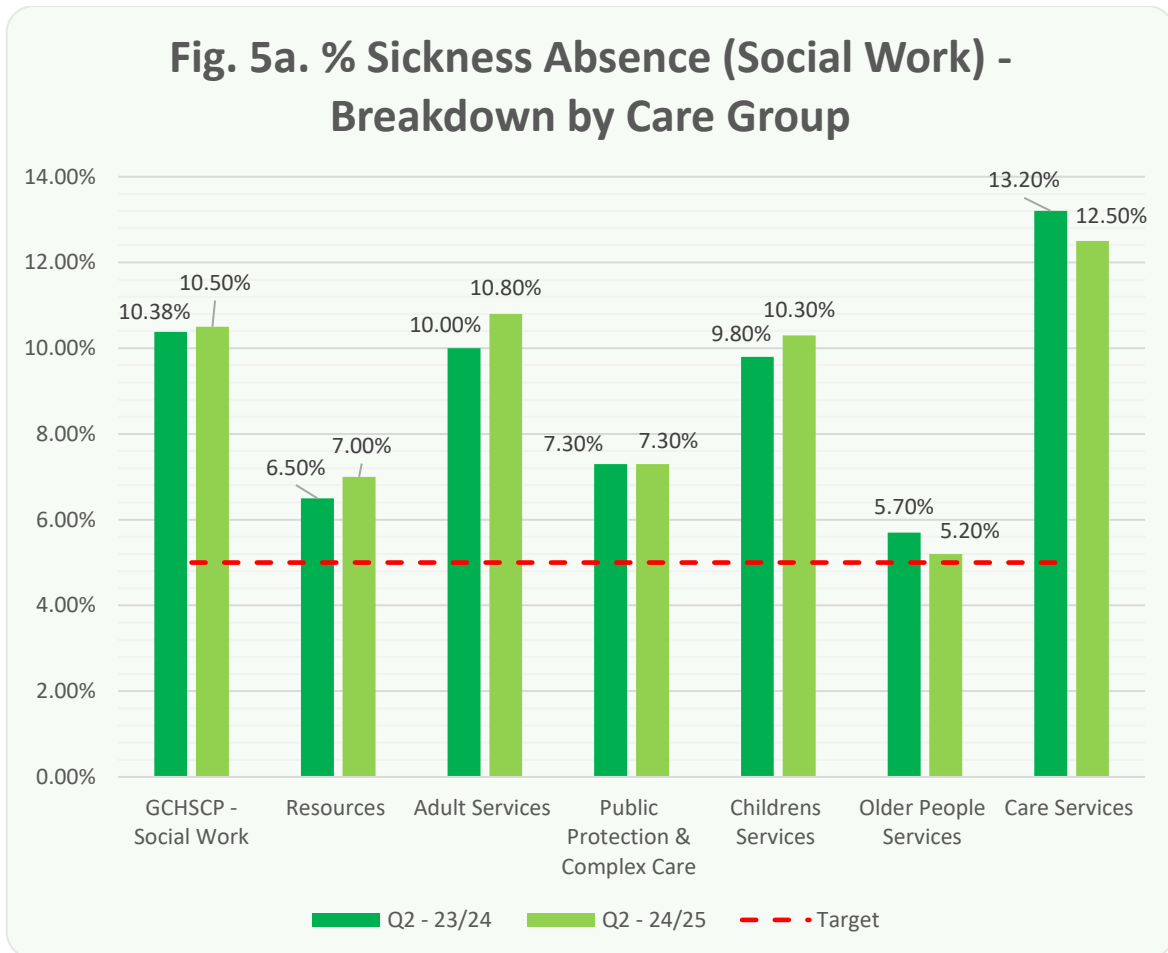Fig. 5a. % Sickness Absence (Social Work) - Breakdown by Care Group

Fig. 5a demonstrates the percentage absence breakdown by Care Groups for Social Work. Four out of the seven service areas experienced an increase in sickness absence levels in comparison to **Q2** last year.

The most significant improvement is within **Care Services (-0.7%)** which is the largest Care Group. **Older People Services** followed second **(-0.5%)** and **Public Protection & Complex Care** remained the same.

Across the Services, **Adult Services** shows the largest increase of **0.8%** in comparison to **Q2 2023/24,** followed by **Children's Services** and **Resources** who both experienced an increase of **0.5%.**

5.2   Sickness Absences – **Health**

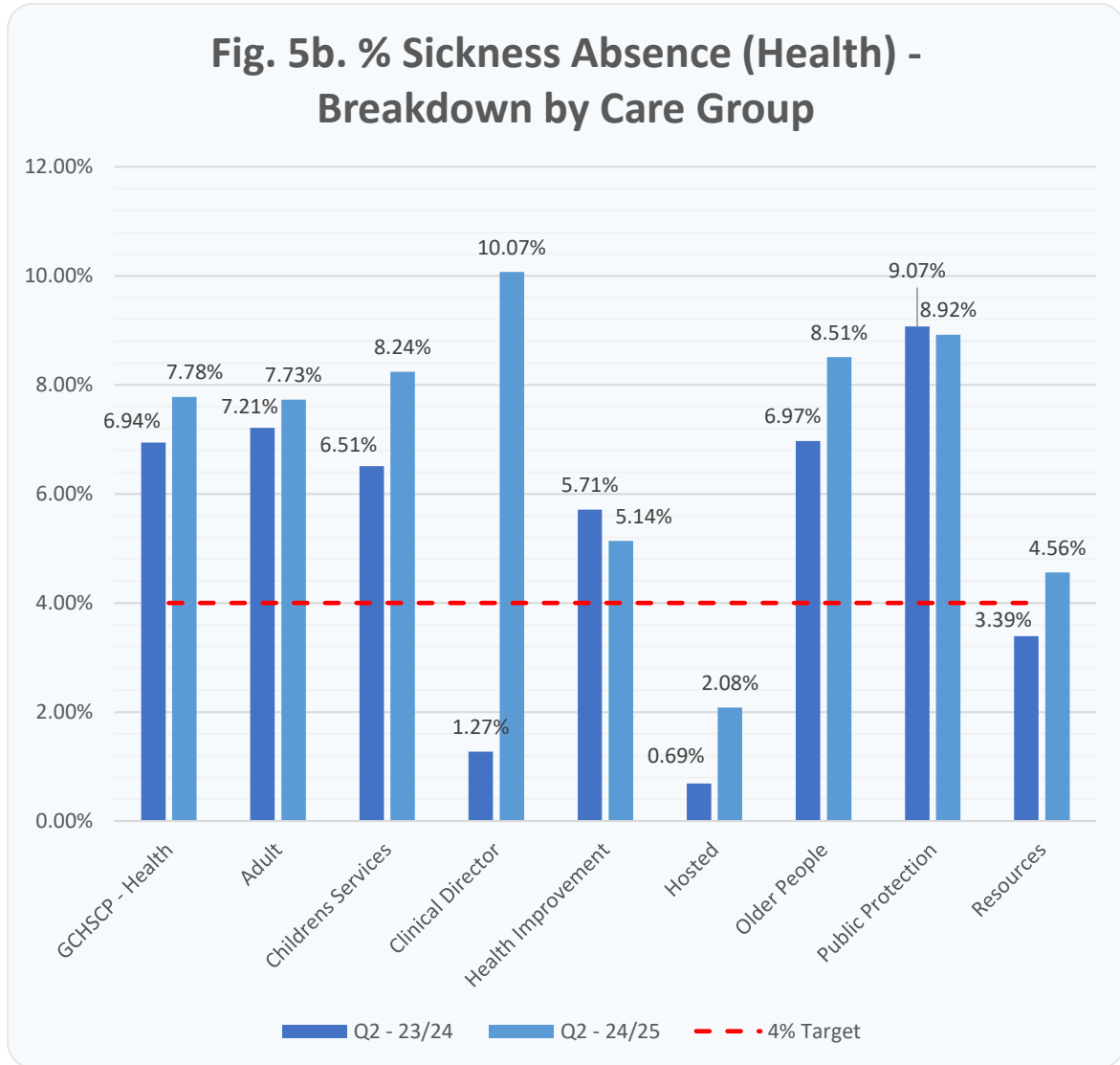**Fig. 5b. % Sickness Absence (Health) - Breakdown by Care Group**

Fig. 5b demonstrates an overall increase in sickness absence across most health services, with the exceptions of **Health Improvement (-0.57%)** and **Public Protection (-0.15%)**, which recorded slight decreases in **Q2 2024/25** compared to the same period in the previous year.

Adult Services, which represents the largest staff cohort, experienced a modest increase of **0.53%.** The most significant rise was observed in **Children's Services**, with an increase of **1.73%,** followed by **Older People services**, the second-largest staff group, which recorded an increase of **1.54%.**

6.   Reasons for Absence

6.1   Reasons for Absence – **Social Work**

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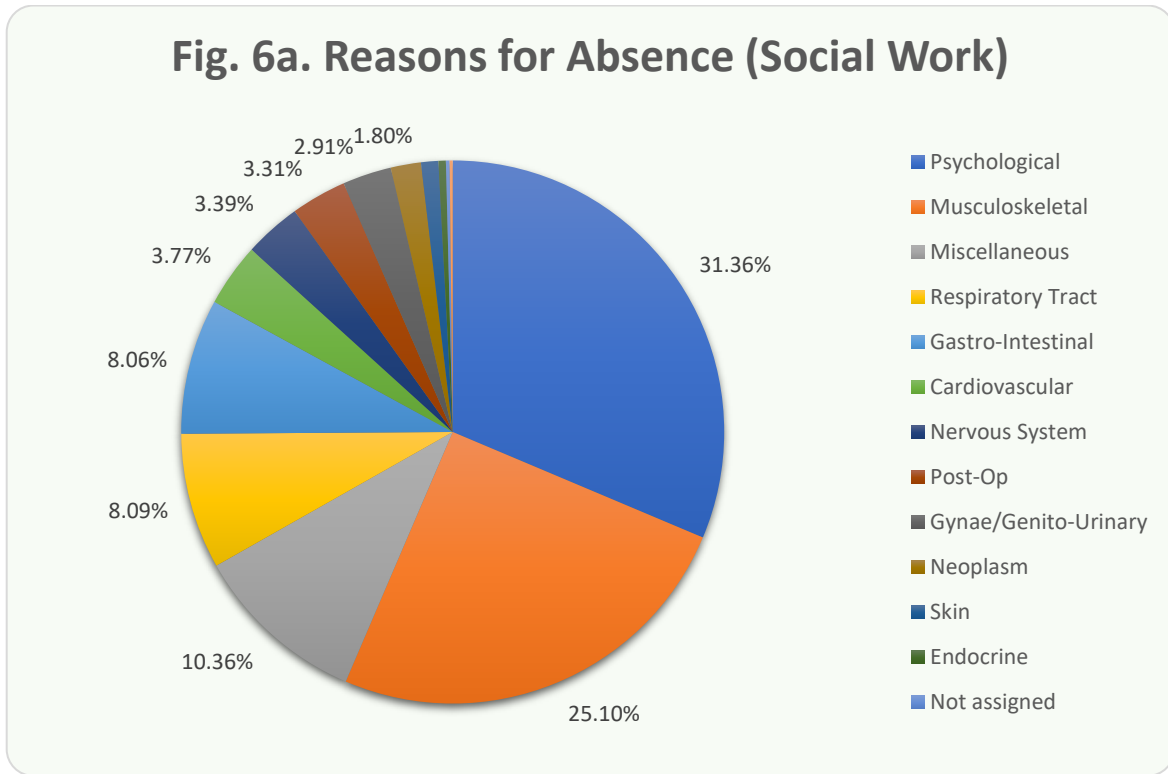
Fig. 6a above shows that the top 4 reasons for absence in Social Work are:

1.   **Psychological (31.36%)**
2.   **Musculoskeletal (25.10%)**
3.   **Miscellaneous (10.36%)**
4.   **Respiratory Tract (8.06%)**

The trend of the top two reasons for absence are consistent with the trend each quarter. In comparison to the same quarter the previous year, the only change in the top 4 reasons for absence is number 4 which was **Gastro-Intestinal (8.72%)** in **Q2 (2023/24)** and is 5th in **Q2 2024/25.**

Psychological absences include stress and mental health related illness and remains the number one reason for absence **(31.36%)**, followed by **Musculoskeletal (25.10%)**. 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 **(Q1 2023/24**) and the same quarter the previous year.

6.2 Reasons for Absence – **Health**

Fig. 6b. Reasons for Absence (Health)

Legend:
- Anxiety/stress/depression/other psychiatric illnesses
- Other known causes - not otherwise classified
- Unknown causes/not specified
- Injury, fracture
- Gastro-intestinal problems
- Cold, cough, flu - influenza
- Other musculoskeletal problems
- Covid-related illness
- Genitourinary & gynaecological disorders - exclude pregnancy related disorders
- Chest & respiratory problems
- Benign and malignant tumours, cancers
- Back problems

Pie chart values: 30.85%, 8.88%, 8.03%, 7.35%, 6.70%, 5.37%, 4.58%, 4.26%, 3.34%, 3.16%, 2.98%, 2.34%, 2.29%, 2.23%, 1.73%
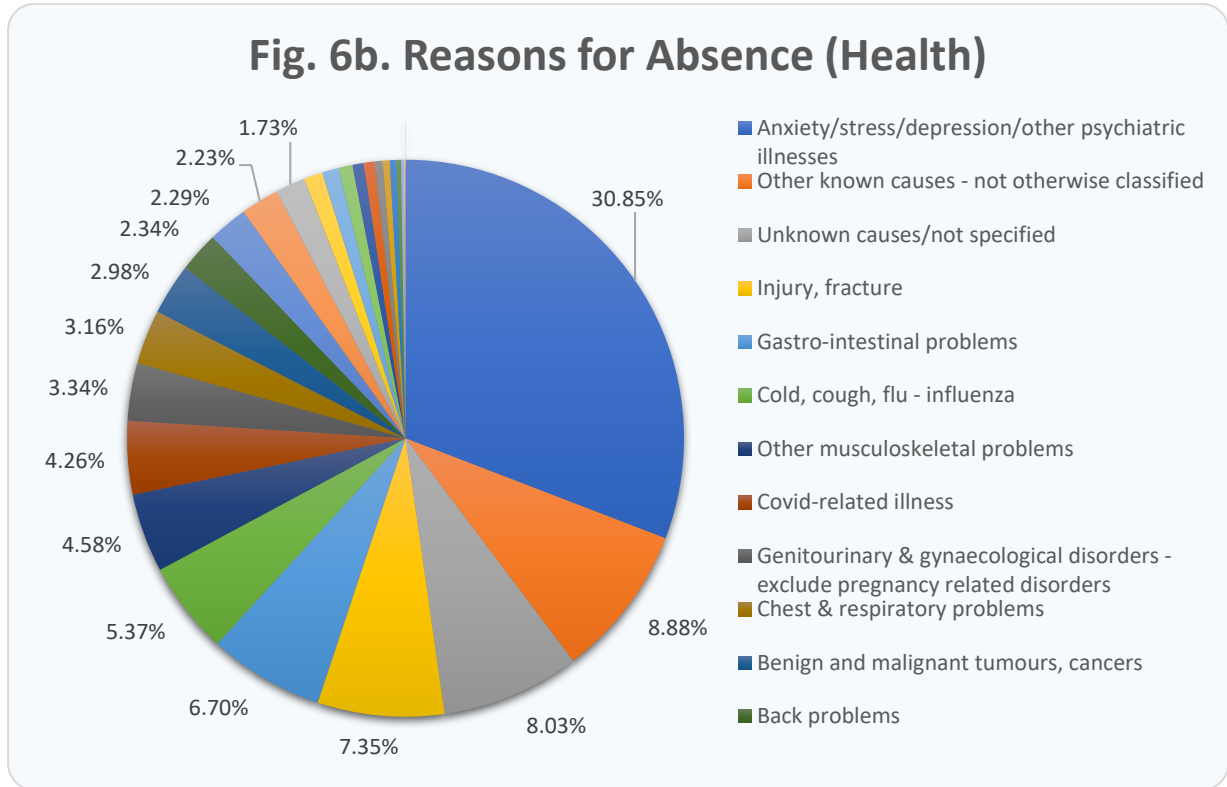
Fig. 6b above shows that the top 4 reasons for absence in Health are:

1. **Anxiety/stress/depression/other psychiatric illnesses (30.85%)**
2. **Other known causes - not otherwise classified (8.88%)**
3. **Unknown causes/not specified (8.03%)**
4. **Injury, fracture (7.35%)**

Absences recorded as **Psychological** (which includes all stress and mental health related absence) remains the most common reason for absence **(30.85%)**. This is consistent pattern occurring over the last few years and reflects the trend across NHSGGC.

Other and **Unknown** absence both accounted for **8.88%** and **8.03%** of total absence respectively. The use of the **Unknown causes** as a reason for absence on the recording system is highlighted to management to update to reflect the current reason for absence to ensure accuracy of recording and categorisation of absence.

6.3 Reasons for Absence – **Combined Analysis**

Fig. 6a, and 6b

Across **GCHSCP Psychological** absence reasons remain a cause for concern and are the main contributor to long term sickness absence. The Attendance Management Action Plan for **2024/25** recognises the impact of psychological absence and has specific actions to address this.

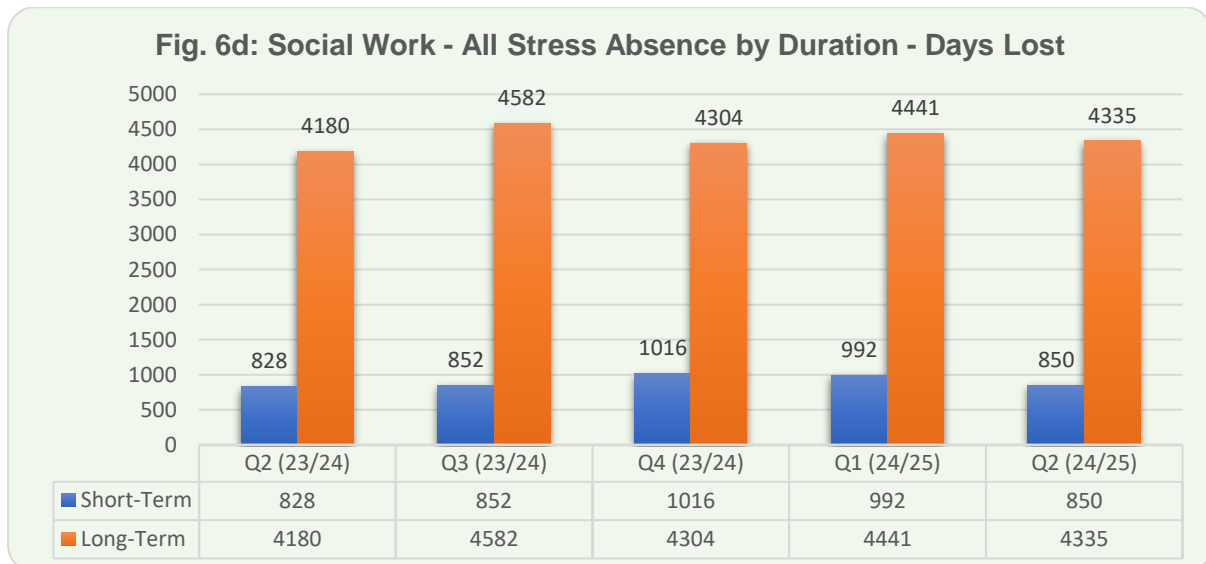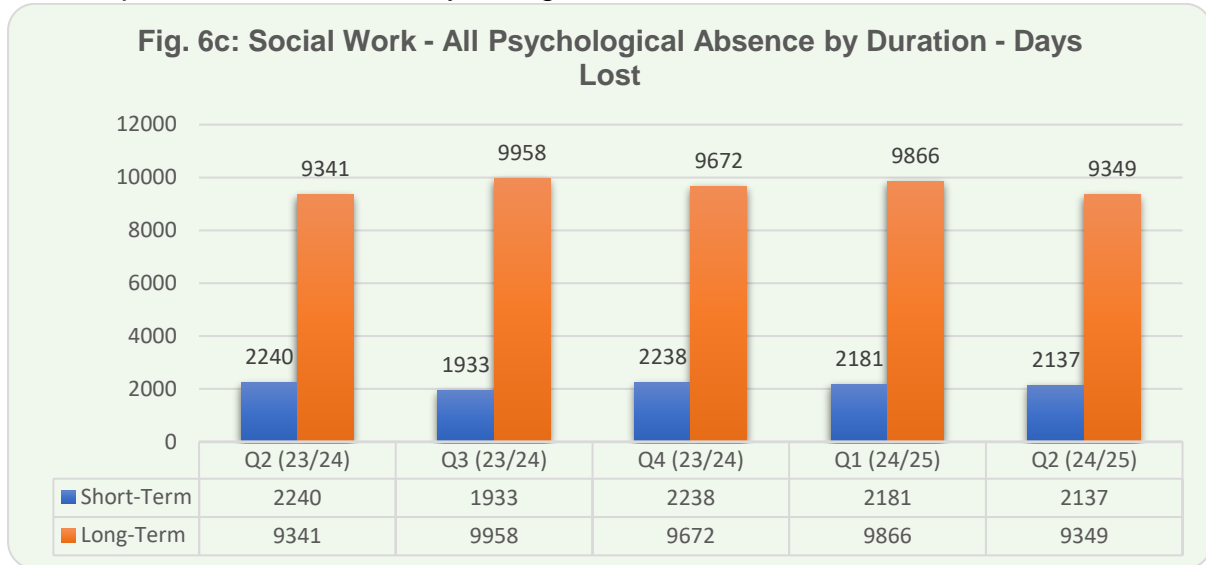## 6.4   Top Absence Reason: Psychological/Stress Breakdown – **Social Work**

Fig. 6c: Social Work - All Psychological Absence by Duration - Days Lost

	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)
■ Short-Term	2240	1933	2238	2181	2137
■ Long-Term	9341	9958	9672	9866	9349

Fig. 6d: Social Work - All Stress Absence by Duration - Days Lost

	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)
■ Short-Term	828	852	1016	992	850
■ Long-Term	4180	4582	4304	4441	4335

Fig. 6c, and 6d reflect total days lost for absences due to **Psychological** and **the sub category of Stress** in Social Work. For now, this is reported as Average Days Lost.

Fig. **6c** shows the trend of long and short term **Psychological** absences, evidencing that long-term absence is the main contributor to absence in this category. **Q2 2024/25** reports the lowest number of days lost over the previous 4 quarters and is also lower than the same quarter the previous year. **(-95)**.

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 **Q2 2024/25** reporting as the lowest in the past 4 quarters however is slightly up on the same quarter the previous year (**+177**).

This absence data highlights the need for continued ongoing support and interventions for staff as outlined in 2024/25 Attendance Management Action Plan and GCHSCP Staff Mental Health & Wellbeing Action Plan.

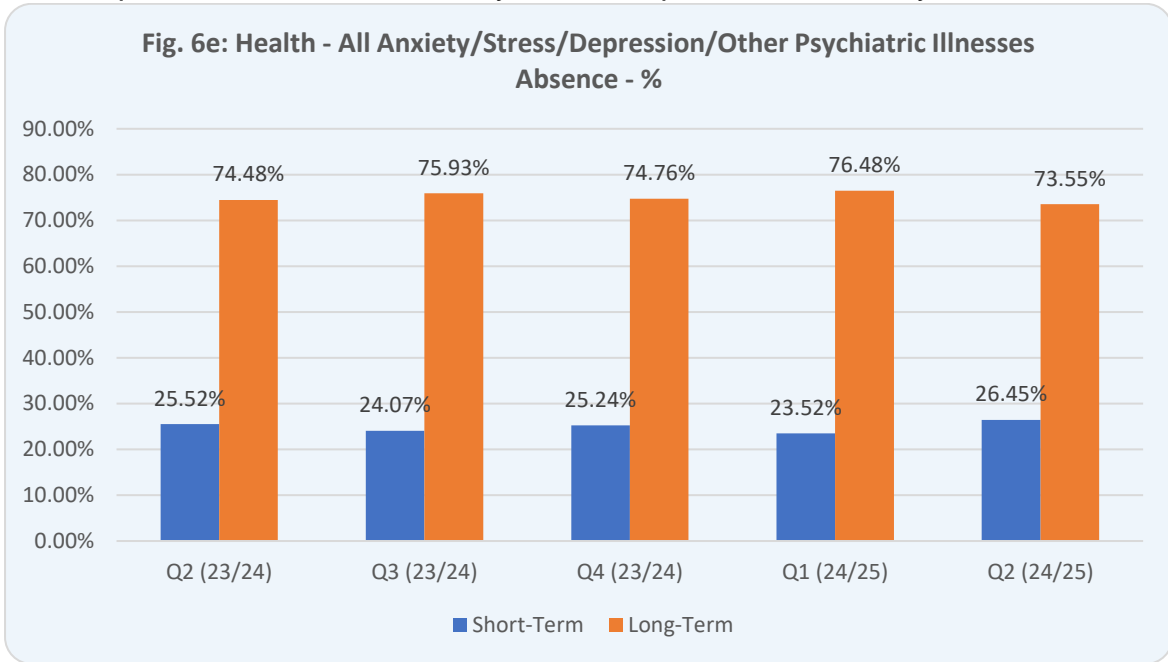6.5   Top Absence Reason: Anxiety/Stress/Depression/Other Psychiatric – **Health**

Fig. 6e: Health - All Anxiety/Stress/Depression/Other Psychiatric Illnesses Absence - %

Fig. 6e reflects the percentage breakdown of absences associated with Anxiety/Stress/Depression/Other Psychiatric illnesses within the health sector, distinguishing between short-term and long-term contributions. Long-term absences consistently make up the majority share, emphasizing their significant impact within this category.

It should be noted that due to system limitations we are unable to isolate stress related absence from within the umbrella category of Anxiety/Stress/Depression / Other Psychiatric illnesses.

In **Q2 2024/25**, short-term absences accounted for **26.45%,** showing a slight increase compared to the previous quarter. However, long-term absences remain the predominant factor, consistently contributing over 70% of the total. Compared to the same quarter in the previous year, there is a stable distribution between short- and long-term absences, indicating consistent trends across quarters.

This data highlights the importance of ongoing support and targeted interventions, as outlined in the 2024/25 Attendance Management Action Plan and the GCHSCP Staff Mental Health & Wellbeing Action Plan, to address and manage the impact of mental health-related absences effectively.

7.   Duration of Absence

7.1   Duration of Absence – **Social Work**
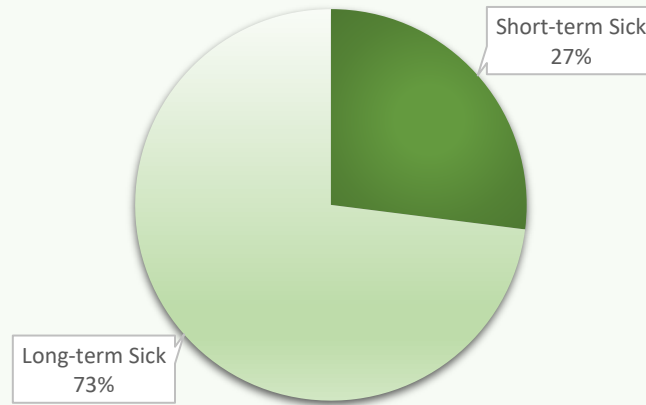

Fig. 7a: Absence for Q2 - 24/25 (Social Work)

Short-term Sick
27%

Long-term Sick
73%

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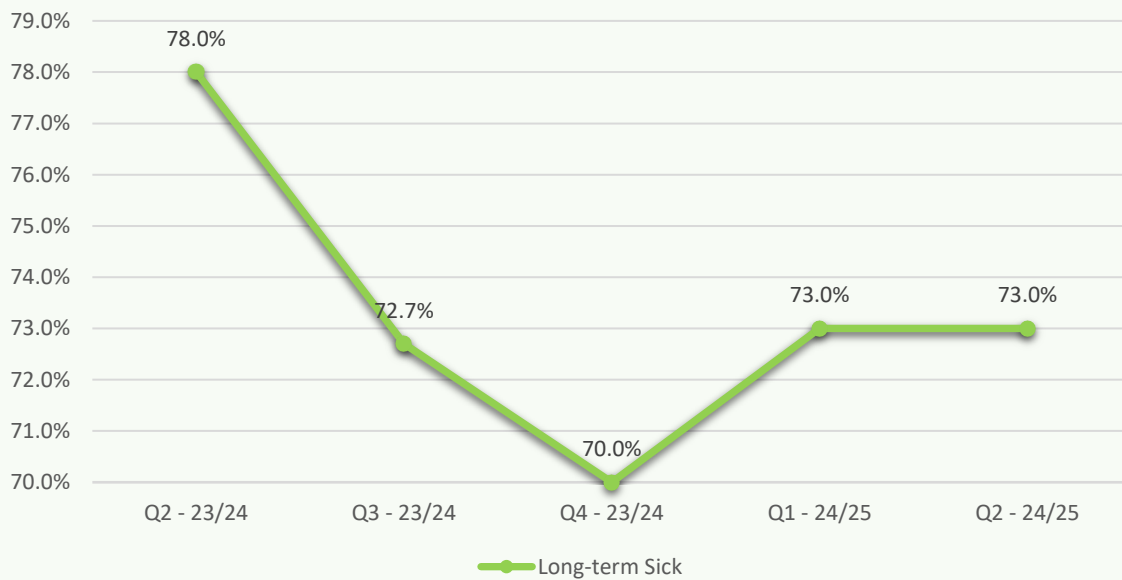
Long-term Sick

Fig. 7a, and 7b demonstrates the confirmed trend of long term Absence being the largest contributor to overall sickness absence levels within **Social Work**, accounting for **73%** in **Q2 2024/25**. This has remained the same as **Q1 2024/25**, however is **5%** less than the same quarter the previous year. Within Social Work, Long Term Absence is defined as a period of sickness >19 working days.

7.2   Duration of Absence – **Health**
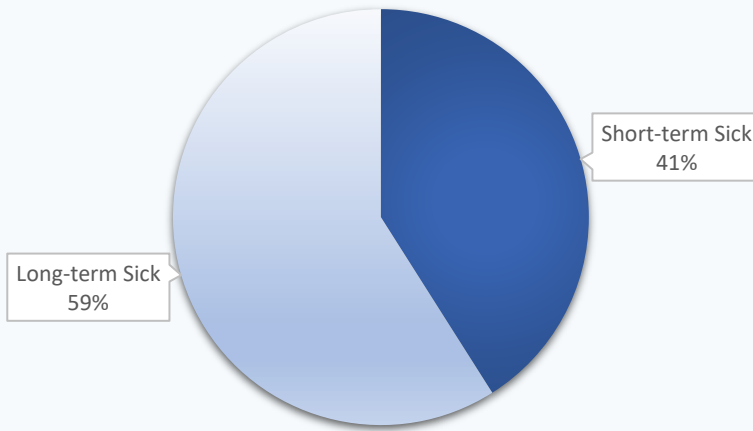
Fig. 7c: Absence for Q2 - 24/25 (Health)

Short-term Sick
41%

Long-term Sick
59%

Fig. 7d. Long-term sickness (Health)

60.70%

61.38%

58.81%

59.23%
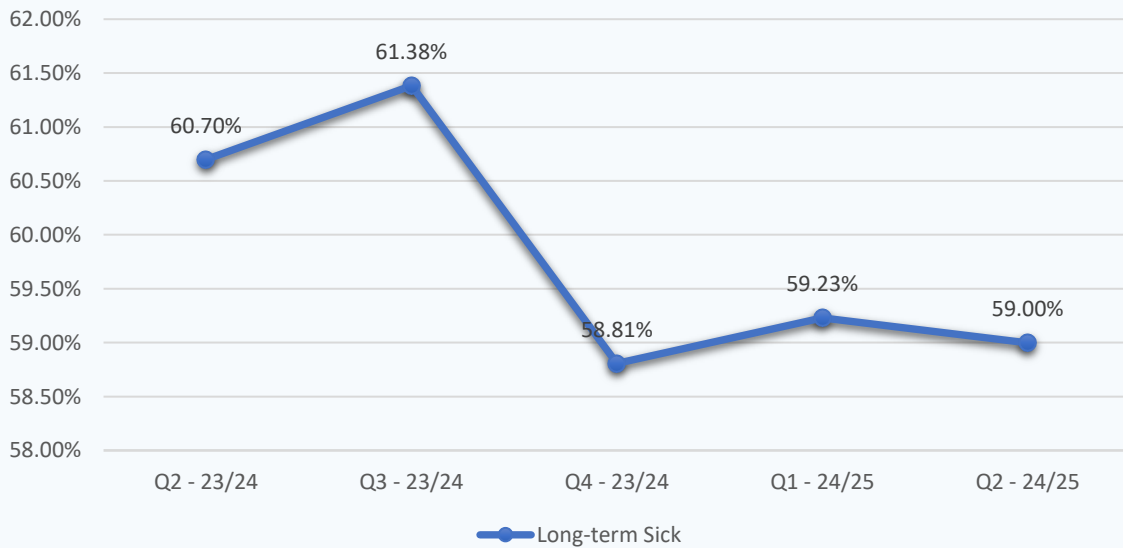
59.00%

—●—Long-term Sick

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 – Technical Care Services**
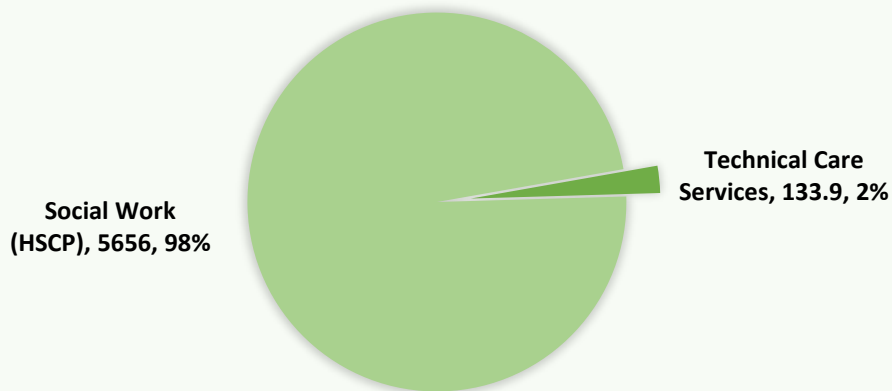

Fig. 8.1a: WTE of Technical Care Services

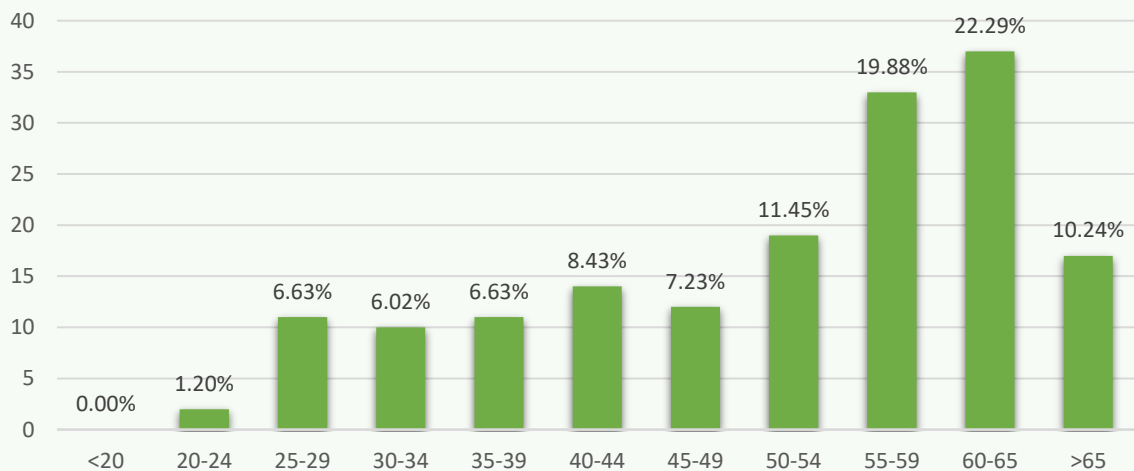Fig. 8.1b: Age Profile of Technical Care Services
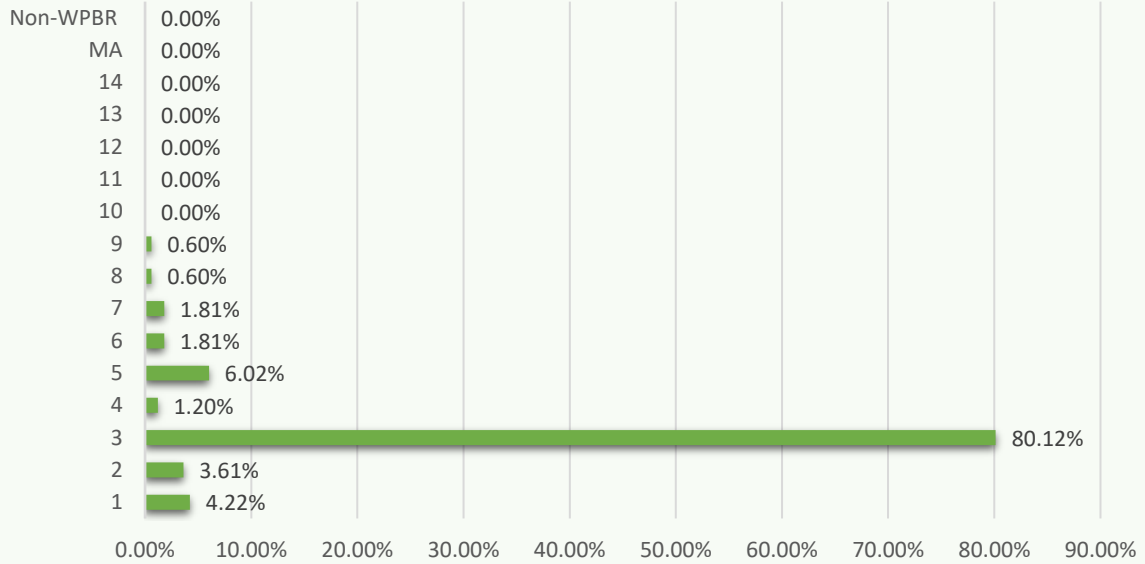
Fig. 8.1c: Grade Breakdown of Technical Care Services

Grade	Percentage
Non-WPBR	0.00%
MA	0.00%
14	0.00%
13	0.00%
12	0.00%
11	0.00%
10	0.00%
9	0.60%
8	0.60%
7	1.81%
6	1.81%
5	6.02%
4	1.20%
3	80.12%
2	3.61%
1	4.22%

Fig. 8.1d: Technical Care Services - % Absence

	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25
Technical Care Services	11.50%	11.40%	11.00%	9.50%	7.10%
Social Work	10.38%	11.20%	11.50%	11.00%	10.50%

Legend: Technical Care Services — Social Work — Target
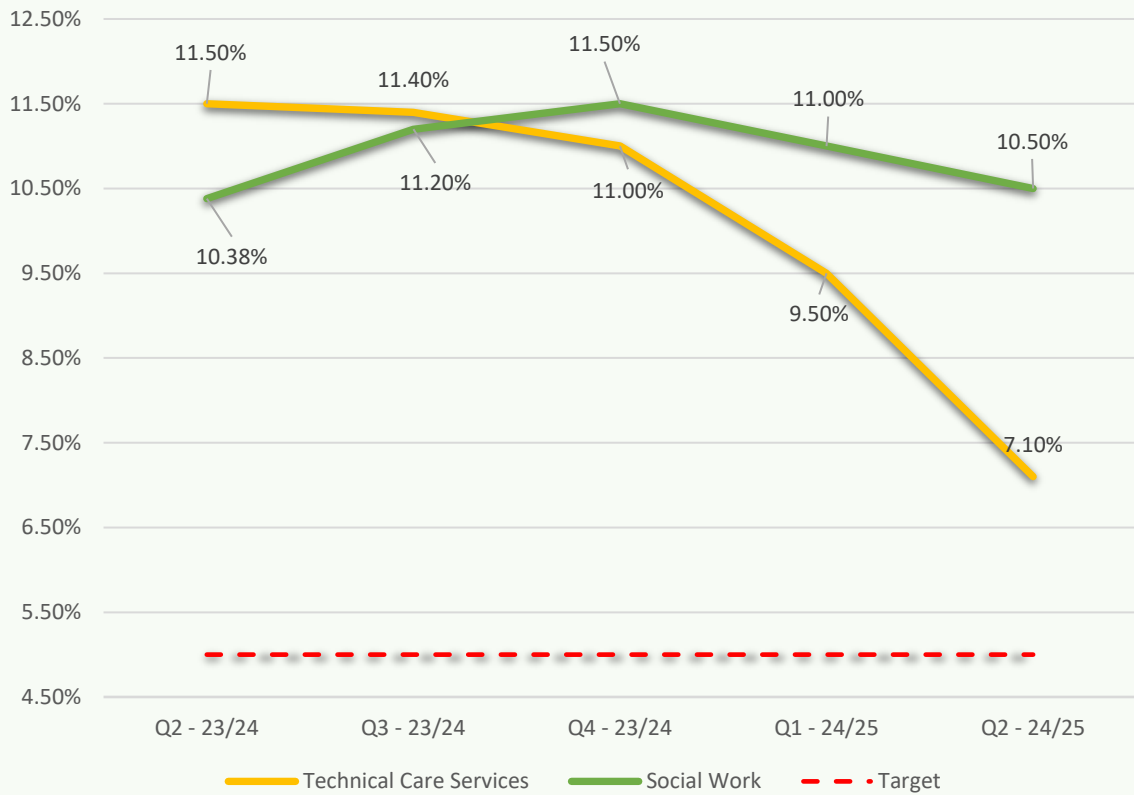
Fig. 8.1e: Reasons for Absence Technical Care Services

Legend:
- Musculoskeletal
- Gynae/Genito-Urinary
- Miscellaneous
- Respiratory Tract
- Psychological
- Nervous System
- Cardiovascular
- Gastro-Intestinal
- Post-Op

Pie values:
- 26.06%
- 20.14%
- 16.55%
- 13.59%
- 7.51%
- 6.08%
- 4.16%
- 3.52%
- 2.40%
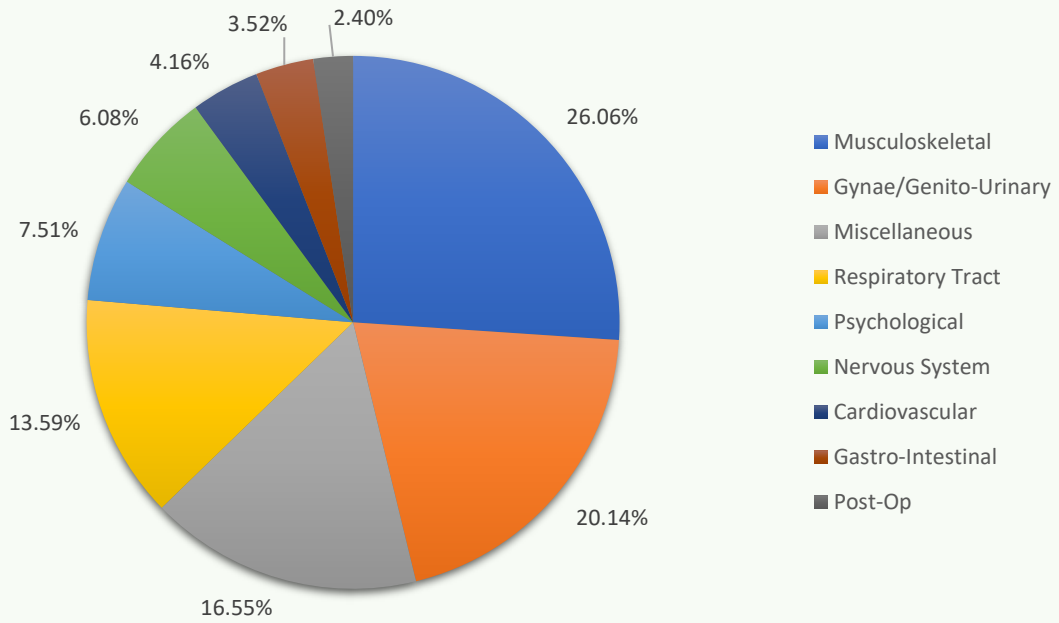
Fig. 8.1f: Musculoskeletal Absences - % of Overall Absences

Quarter	Value
Q2 - 23/24	21.80%
Q3 - 23/24	17%
Q4 - 23/24	25.70%
Q1 - 24/25	25.50%
Q2 - 24/25	26.06%
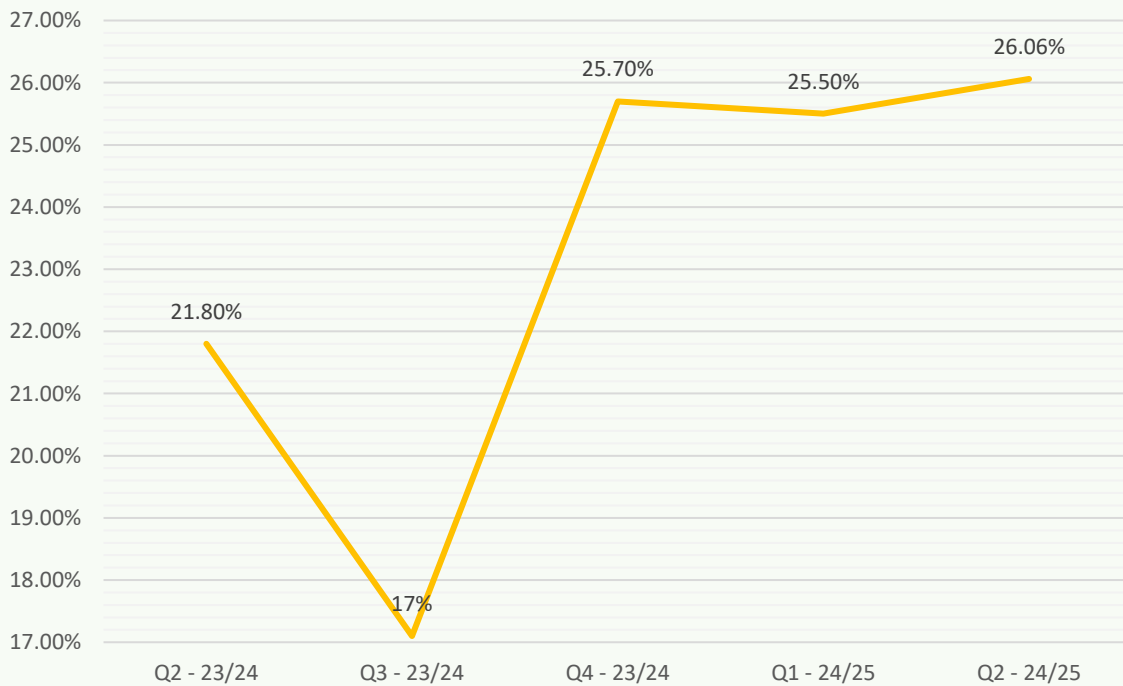
Fig. 8.1g: Absence for Q2 - 24/25 Technical Care Services

Short-term Sick
26%

Long-term Sick
74%

Fig. 8.1h: Long Term Sickness Technical Care Services

79.00%

78.00%

76.00%

74.00%   74.00%

72.70%

73.00%

70.00%

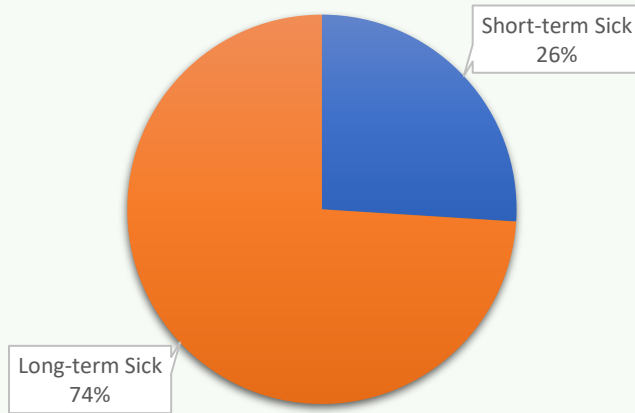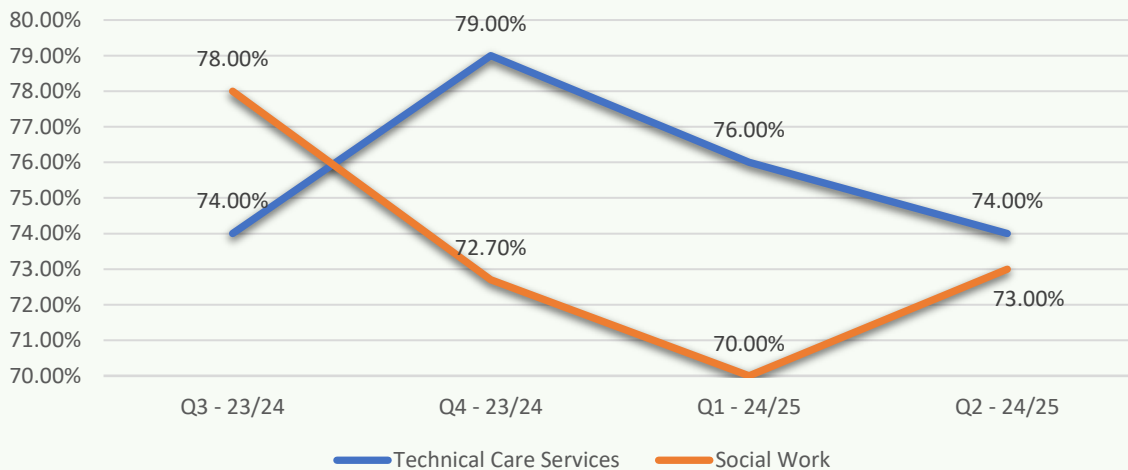| | Q3 - 23/24 | Q4 - 23/24 | Q1 - 24/25 | Q2 - 24/25 |

Technical Care Services   Social Work

The above visuals relate to Technical Care Services, a staff group which sits within the Care Group of Resources, under Finance and accounts for **2.1%** of the **Social Work Workforce.** Technical Care Services staff work within the community, stores, and office settings, and comprise mainly of front-line positions providing a variety of services such as the delivery, installation, uplift, and maintenance of community equipment across a number of HSCPs, transportation and escorting of accommodated children and transport support across the SW fleet, as well as translation services. Technical Care Services is the only staffing area within SW where around one quarter of their staff have term time work patterns, which can cause absence figures to fluctuate due to less days available at specific times of the year. i.e. Summer, Christmas and Easter. (**Fig. 8.1a**).

The Age profile of Technical Care Services shows that **52.41%** of staff are **aged 55** and over with **32.53%** falling into the age **>= 60 bracket** (**Fig. 8.1b**).

(continued…)

(continued)

The workforce is predominately **Grade 3 (80.12%)** and includes Transport and People Support workers, Occupational Therapists, Technicians, and Storepersons. The next largest staff grouping is **Grade 5 (6.02%)**, comprising predominately of Administrative and Technical Supervisory posts **(Fig. 8.1c).**

Sickness absence levels within Technical Care Services typically follow the Social Work trend. However, in comparison to **Q2 2023/24**, the SW figure increased by **0.12%** whereas Technical Care Services experienced a significant reduction in **Q2 2024/25** of **4.4%**. Sickness absence levels within Technical Services have consistently reduced over the past 3 quarters; **Q4 2023/24 (-0.4%), Q1 24/25 (-1.5%), Q2 24/25 (-2.4%)** and have remained lower than the overall Social Work position (**Fig. 8.1d**).

The top reason for absence within Technical Services is consistently **Musculoskeletal** with **Q2 (2024/25)** reporting **26.06%** of all absence related to this category and Knee Injury being the most common reason for absence. This goes against the trend of SW overall which consistently reports P**sychological** as the top reason for absence. **Musculoskeletal** absence within Technical Care Services has increased by **4.26%** in comparison to same quarter last year and has slightly increased from the previous quarter **(+0.56%).** The next largest contributor to absence levels is **Gynae/Genito-Urinary (20.14%)** (**Fig. 8.1e, and 8f**).

Long term Absences account for the majority of sickness at **74%,** slightly higher than the overall Social Work figure **(+1%)** and the same as **Q2** the previous year. Long term absence within Technical Services has reduced over the past 2 quarters following a spike to **79%** in **Q4 2023/24**; **Q1 2024/25 (-0.3%), Q2 2024/25 (-0.2%)** (**Fig. 8.1g, and 8.1h**).

HR activity around implementing the **2024/25 Attendance Management Action Plan** continues to drive forward manager development on supporting attendance and employee wellbeing, to positively impact attendance levels.

8.2   Quarterly Spotlight Area - Health – Sexual Health Sandyford
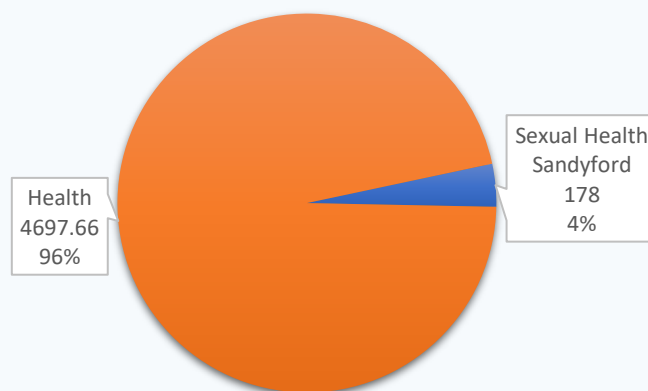

Fig. 8.2a: WTE of Sexual Health Sandyford
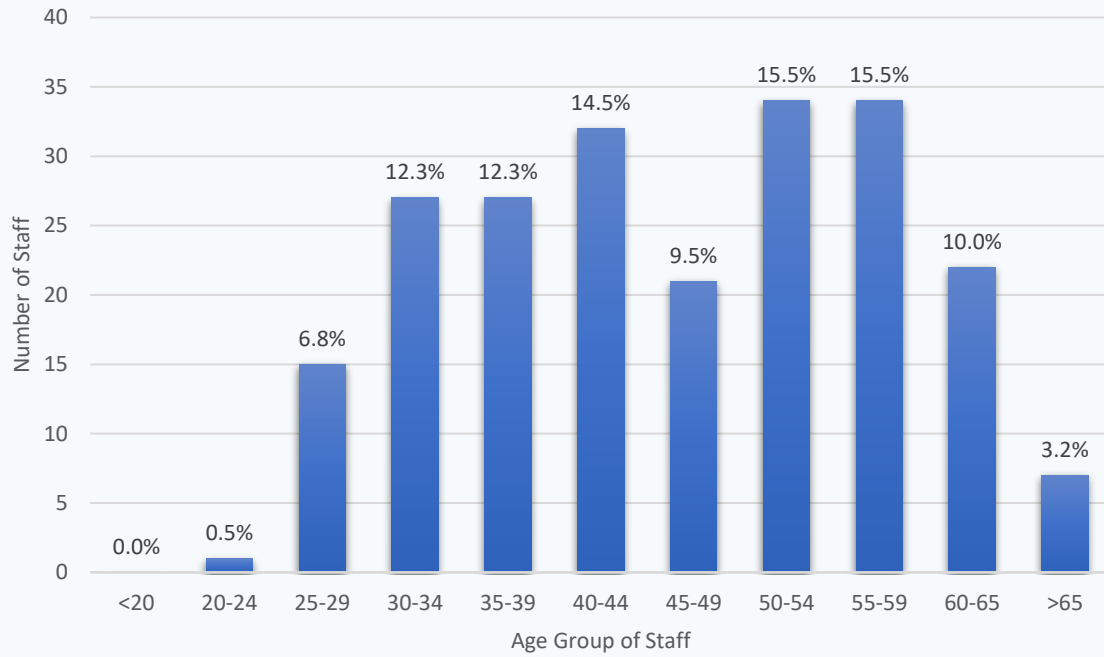
Health
4697.66
96%

Sexual Health Sandyford
178
4%

Fig. 8.2b: Age Profile of Sexual Health Sandyford
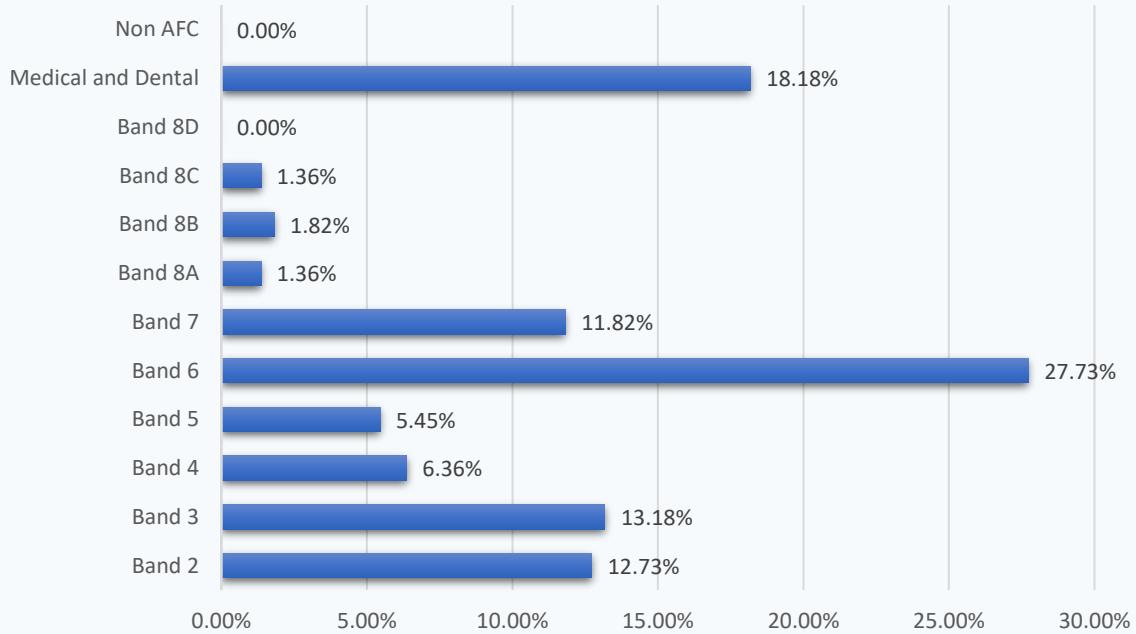

Fig. 8.2c: Band Breakdown of Sexual Health Sandyford

Fig. 8.2d: Sexual Health Sandyford - % Absence

Legend: Sexual Health Sandyford — Health — Target
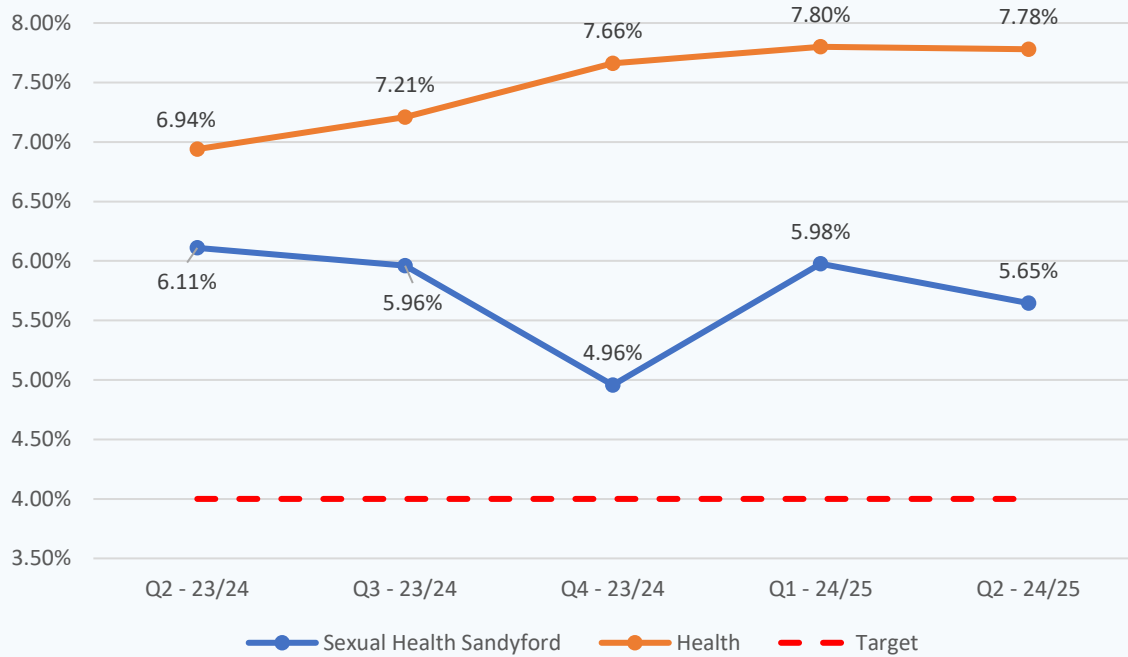
Fig. 8.2e: Reasons for Absence (Sexual Health Sandyford)

Legend:
- Anxiety/stress/depression/other psychiatric illnesses
- Injury, fracture
- Back problems
- Covid-related illness
- Gastro-intestinal problems
- Cold, cough, flu - influenza
- Pregnancy related disorders
- Other known causes - not otherwise classified
- Headache/migraine
- Unknown causes/not specified
- Chest & respiratory problems
- Other musculoskeletal problems
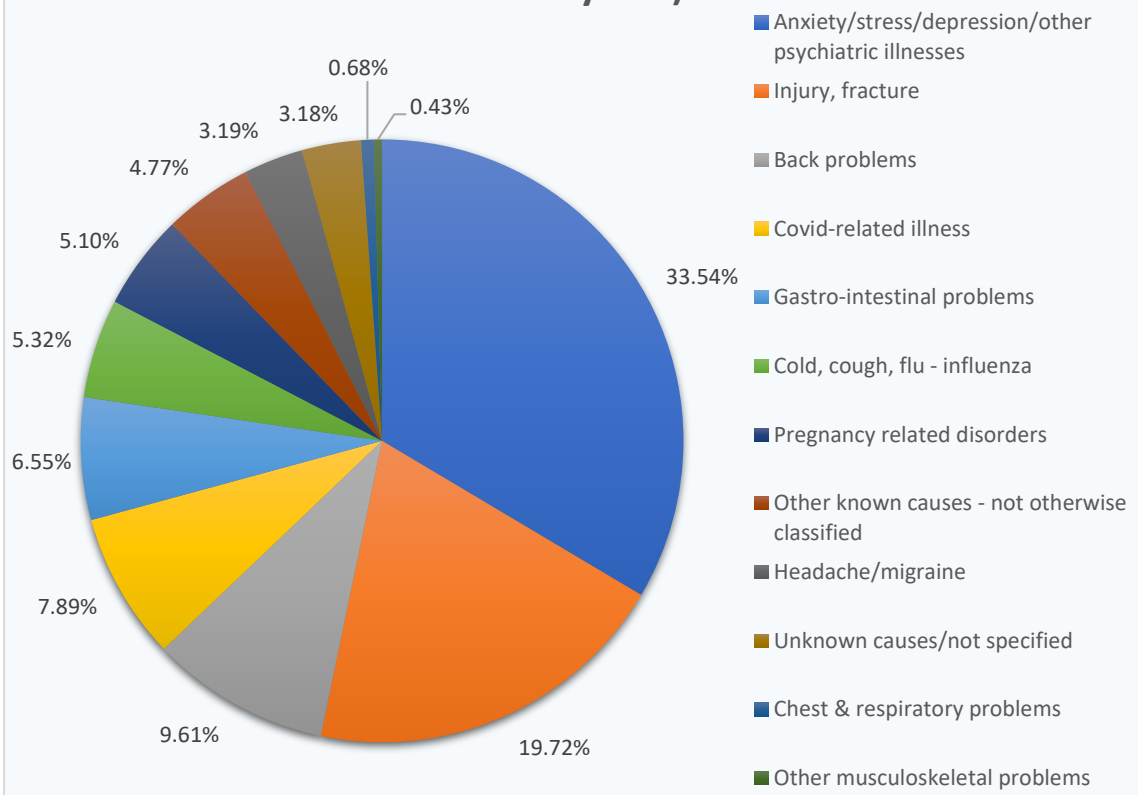
Fig. 8.2f: Psychological Absences - % of Overall Absences

	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25
%	43.15%	39.73%	43.62%	42.29%	29.11%

Fig. 8.2g: Absence for Q2 - 24/25 (Sexual Health Sandyford)

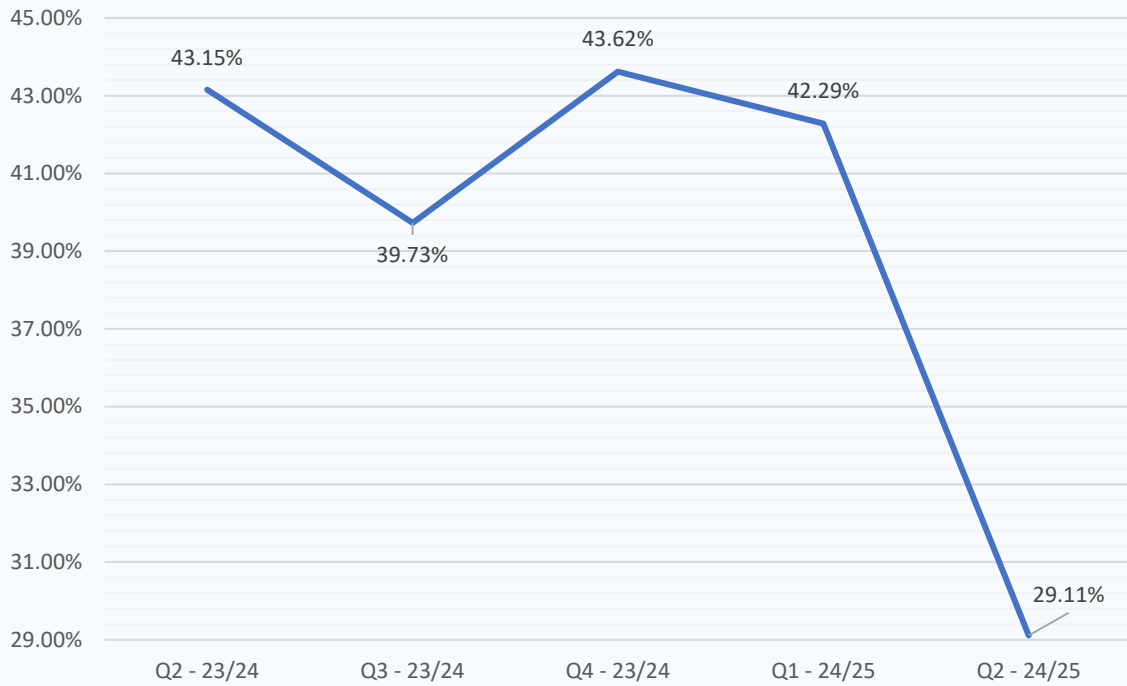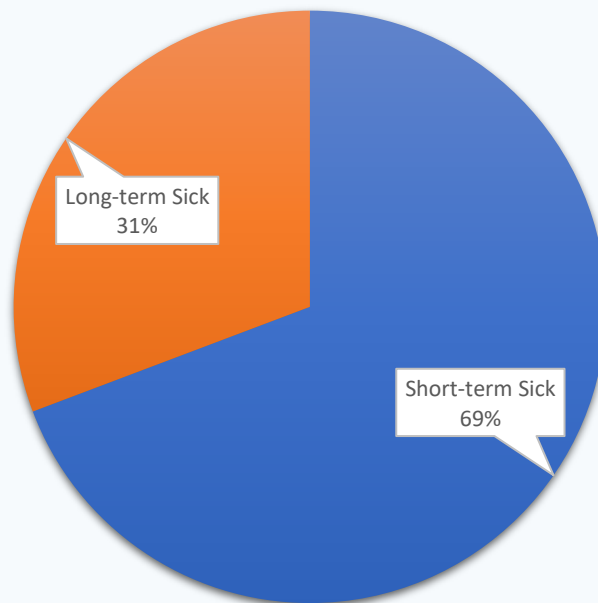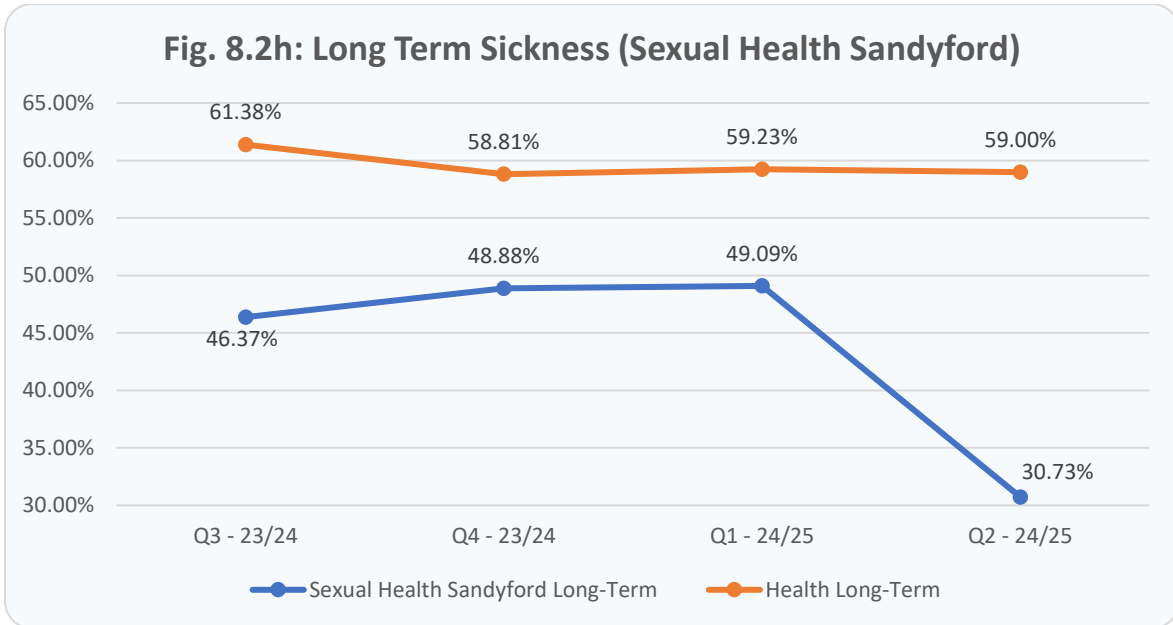Long-term Sick 31%

Short-term Sick 69%

Fig. 8.2h: Long Term Sickness (Sexual Health Sandyford)

Overall Absence Trends

In the most recent quarter (**Q2 of 24/25**), Sexual Health Sandyford reported an absence rate of **5.65% (fig 8.2d)** showing a slight decrease from **5.98%** in **Q1 24/25** and down (**-0.56%**) from the same quarter last year (**Q2 23/24**). This represents a continued improvement, reflecting possible effective interventions within the department. Short term sickness absence **(fig 8.2g)** accounts for **69%** of overall absence in this service and this requires management focus to address.

Long-Term Absence Analysis

Long-term absence trends in Sexual Health Sandyford **(fig 8.2h)** have been consistently lower than those of the broader health sector, with the current **Q2 24/25** long-term absence rate at **30.73%** compared to the health sector's **59%**. While Sandyford's long-term absence rate has shown minor fluctuations over the past four quarters, the significant decrease in **Q2 24/25** is recognised in conjunction with the efforts of the service to achieve this level.

Psychological Absences

Psychological absences at Sandyford **(fig 8.2f)** have shown significant improvement, dropping to **29.11%** in **Q2 24/25** from **43.15%** in **Q2 23/24**. This substantial decrease suggests that recent support strategies such as manager intervention and support, stress risk assessment processes, and adjustments where required may be effectively addressing issues resulting in this specific absence within the service, with promising implications for continued progress in this area.

Summary

The overall absence rate for Sexual Health Sandyford is **2.13%** lower than the average rate across the health sector. Over the last five quarters, Sandyford's absence rate has consistently ranged between **0.83%** and **2.7%** below the sector average, indicating a positive trend. This outlook is further supported by reductions in absences due to psychological reasons. However, a continued focus on managing and reducing long-term absences will be crucial to maintain alignment with sector performance standards.

9.   Action Planning

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. 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. Mangers/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 smaller sub-teams: - 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, i.e. RTW, IHR, ARM	Aug 2024 Oct 2024 Nov 2024	SW enhanced report developed in conjunction with CGI to assist in identifying cases for concern to allow focussed prompt action. Test runs highlighted discrepancies to be further investigated. 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.	Revised completion Date
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 HR Team briefed to ensure consistent approach city-wide. Health HRSAU and HR Managers focussed in this area and pick up with relevant managers.	Complete
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.	Aug 2024 Sept 2024	SW Absence Reporting Procedures and Manager Guide have been refreshed. Moving forward will be included in HR Comms Plan 2024/25. Health have incorporated this into the Board Action Plan and is a focus for HR Managers.	Complete
1.5	Stress absence	Start second Stress Risk Assessment Pilot in a service with high stress absence, before rollout across GCHSCP (Home Care outcome/evaluation to inform 2nd Pilot).	HR HoS/ HR Mgr/ Service HoS	Early supportive conversations between managers/employee where perceived work stressors are identified.	Evaluation/survey staff	Jul 2024 Dec 2024	Steering Group has been established to take forward, consisting of Health & Safety, HR, Trade Unions, and Service Lead. Scope of Project has been	Revised Completion Date

| | | Health HR/H&S will provide coaching to managers on new stress management toolkit. | | | | | widened and current stage of Process is that OD will facilitate Focus Groups. Within Health there has also been pilot areas identified (mental health inpatients team) and having closer links with Occupational Health. An automated process is also being involved ensuring that when managers update the systems with stress, the links to the policy and stress toolkit will be generated with relevant guidance. | |

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
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.	Aug 2024 Nov 2024	SW - OHS have set up new structure for Home Care Managers to make direct OH referrals. Widening access for managers within Older People Residential Care Homes is currently underway.	Revised Completion Date
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.	Aug 2024 Nov 2024	SW are finalising arrangements for onsite clinical service with OH provider and Corporate HR (12/11).	Revised Completion Date
2.3	Off for 2 months / Off for 5 months	<u>Off for 2 months</u> – manager to refer to OH for a fitness for work assessment. <u>Off for 5 months</u> - (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.	Aug 2024 Sept 2024	Prompt for manager included in covering email issued with "Employees Currently Absent" report – see 4.1. Included in HR Comms Plan 2024/25.	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 to be incorporated into HR Manager Briefings. Included in HR Coms Plan 2024/25	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.	Jun 2024 Sept 2024	SW HR Guide developed. HR/TU Meeting on 5/11/24 to discuss TU feedback on Action Plan. Included in HR Comms Plan 2024/25.	Revised Completion Date

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
							Health Principal HR Manager linking with HRSAU to gather more data on RTW to support improved practice through managers and HRMs.	
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	SW HR / CHR Meeting on 12/11/24 to discuss OH Contract.	
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.	Sept 2024 Nov 2024	Included in HR Comms Plan 2024/25 SPFO will deliver briefings Nov & Feb to promote scheme. Health will link into this to do joint approach where appropriate.	Revised Completion Date

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	Sept 2024 Nov 2024	GCC redeployment process under review. SW to develop local process and involve Health HR in discussion as they have an established process. It will also allow for any additional improvements in Health practice.	Revised Completion Date
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	Oct 2024 Dec 2024	SW HR working collaboratively with Learning & Development colleagues to develop a programme.	Revised Completion Date
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	Sept 2024 Nov 2024	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. Testing complete, launch November.	Complete

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	Sept 2024 Dec 2024	Established for Care Services / Older People Residential / Children's Residential / Business Admin / Technical Services. Further roll out to all HoS 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.	Revised Completion Date
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 HR arrangements for 4 weekly surgeries has been established for Home Care with further roll out to priority groups to be developed. Within 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	Early stages, further discussions regarding implementation planned and will be presented to Exec Group.	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	HR Comms has been issued to managers (and reminders) to complete the mandatory training. Monthly reports will be sent to senior managers to highlight completion of training. Health has a 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

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
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	Sept 2024 Nov 2024	Programme of Learning created by HR, Health & Safety, Learning & Development and HR Comms will be issued to promote.	Revised Completion Date
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.	Sept 2024 Nov 2024	HR Briefings to be scheduled for TU's following HR / TU meeting 5/11. Training Plan being mapped for 2025	Revised Completion Date
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	Collaborative communication plan for the year ahead being developed.	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 Wellbeing Champions identified to lead and connect with service areas	Complete

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10. Recommendations

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

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

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