Item No. 11

Meeting Date: **Wednesday 10th December 2025**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: **Duncan Black, Depute Chief Officer, Finance and Resources**

Contact: **Geraldine Collier, Assistant Chief Officer, HR**

Phone: **07880 294747**

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 – September 2025) 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 29 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:

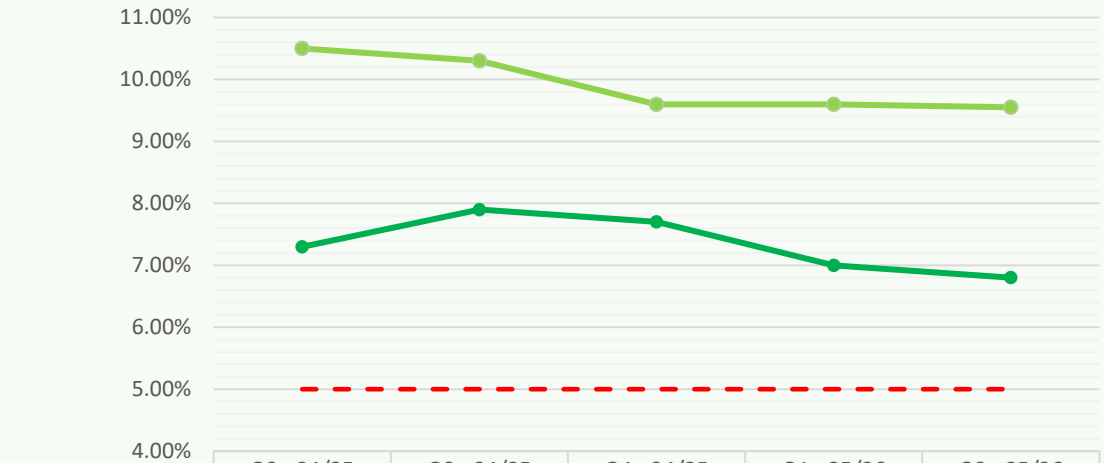
Reference to National Health & Wellbeing Outcome:	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
Carers:	N/A
Provider Organisations:	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, staff morale, and where replacement staff are required, a financial impact.
Implications for GCC Council:	As stated above
Implications for NHS GGC:	As stated above

1. Purpose

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in **Quarter 2 2025/26, (July - September 2025)** as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

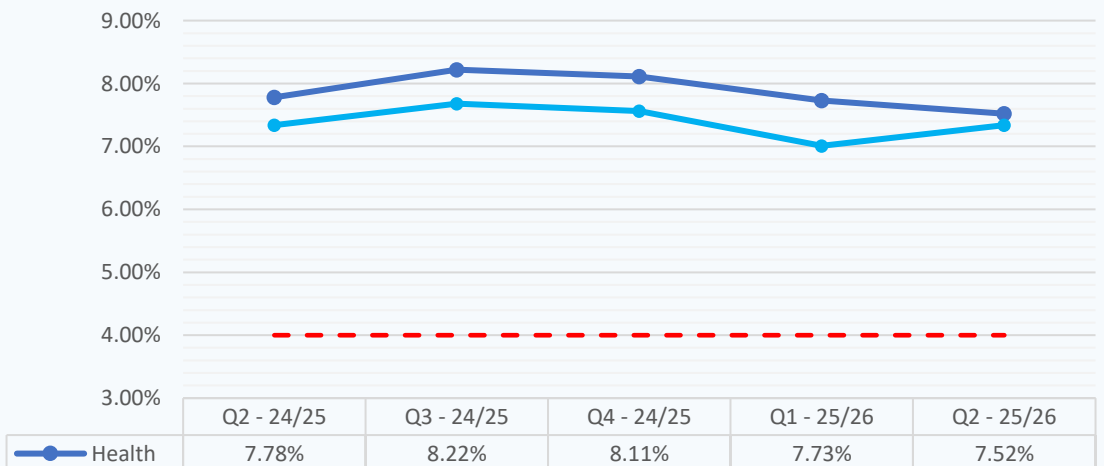
2. Quarterly Absence

Fig. 2a: % Sickness Absence (Social Work)



	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26
Social Work	10.50%	10.30%	9.60%	9.60%	9.55%
GCC	7.30%	7.90%	7.70%	7.00%	6.80%
Target	5.00%	5.00%	5.00%	5.00%	5.00%

Fig. 2b: Absence - % Sickness Absence (Health)



	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26
Health	7.78%	8.22%	8.11%	7.73%	7.52%
NHSGGC	7.34%	7.68%	7.56%	7.01%	7.34%
Target	4.00%	4.00%	4.00%	4.00%	4.00%

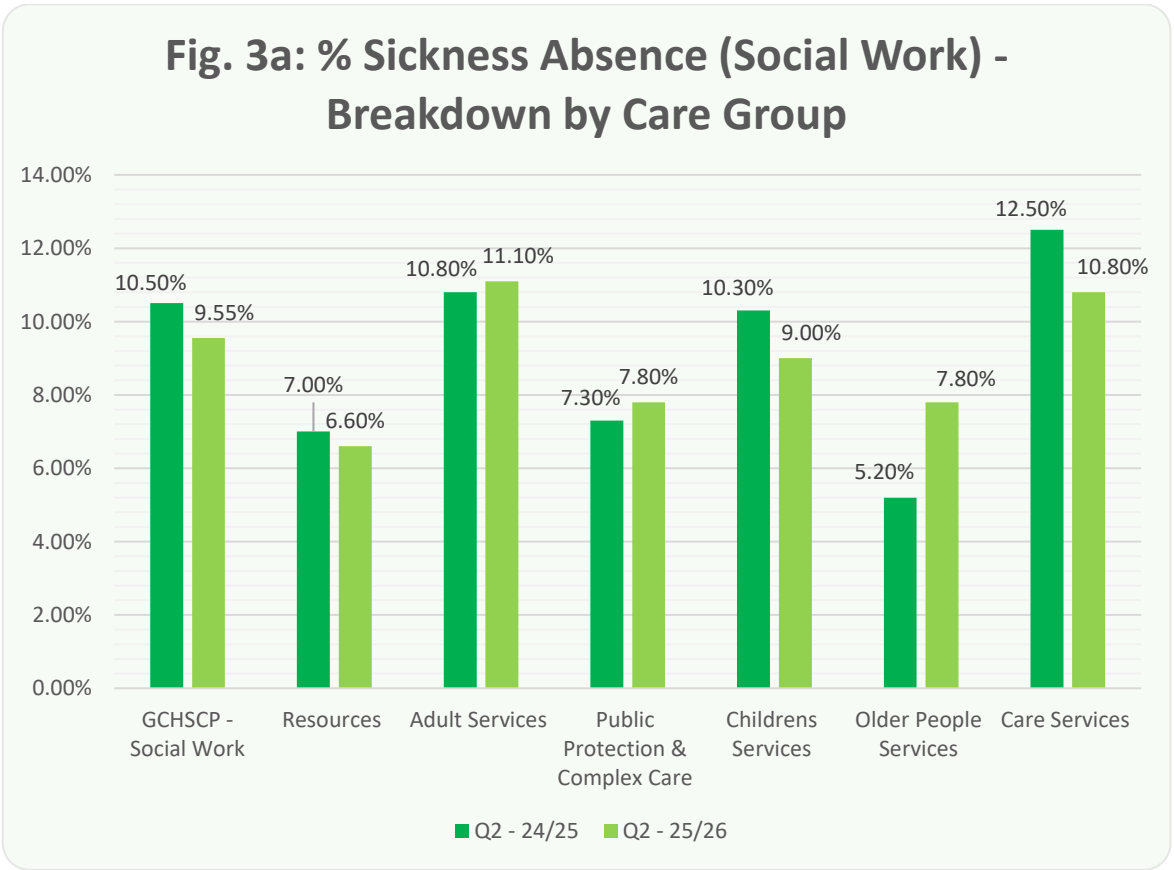
Absence levels across **Social Work** and **Health** continued on a downward trajectory through **Q2 2025/26**, marking the fourth consecutive quarter of improvement. To provide scale for the trends reported, the current workforce comprises approximately **6,153 WTE in Social Work** and **4,676 WTE in Health**, with overall workforce profile and band mix remaining broadly stable compared with **2024/25.**

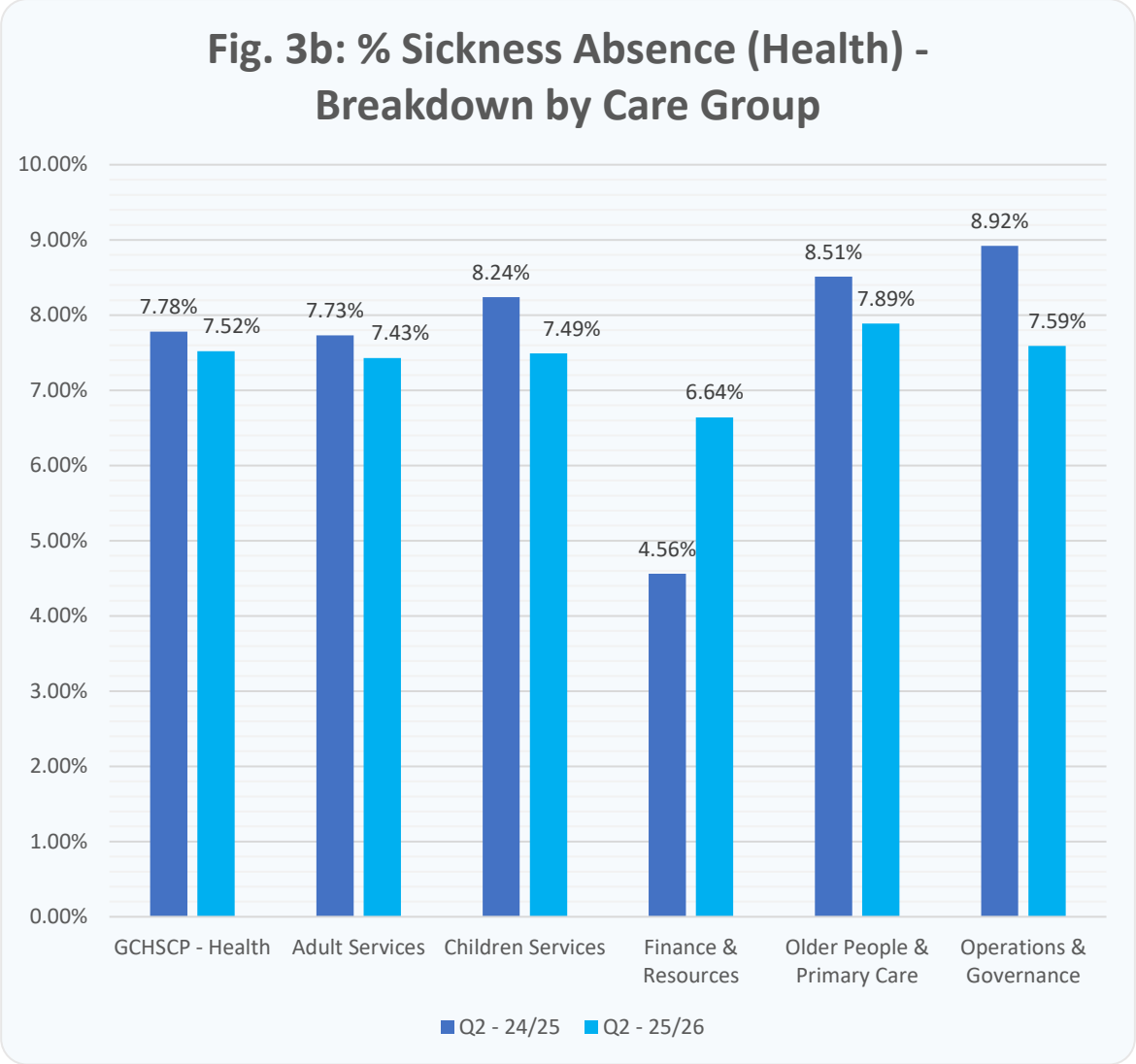
Within **Social Work**, absence reduced to **9.55%,** a drop of **0.95 percentage** points compared with the same quarter last year. This is the lowest quarterly rate since **Q1 2021/22** and reflects a steady improvement over recent quarters. Although absence remains above both the GCC target of 5% and overall GCC performance, the gap is narrowing, with a **0.45 percentage** point improvement year on year. **Social Work** was one of the most improved GCC services in **Q2 2025/26**.

Across **Health**, absence decreased to **7.52%,** down from **7.73%** in **Q1 2025/26** and from **8.11%** in **Q4 2024/25**. This marks the third consecutive quarter of improvement. The gap between **Health** and the **NHSGGC** overall rate has reduced significantly, from **+0.72%** in the previous quarter to **+0.18%,** signalling closer alignment with the wider board average. While still above the 4% target, the continued decline suggests that interventions such as Performance Improvement Groups and strengthened Occupational Health engagement are contributing to progress.

Across both sectors, improvements in attendance appear to be driven by targeted local action plans, early intervention, and enhanced managerial capability. The priority going forward is sustaining these improvements by embedding consistent practice and focusing on long-term reductions in both overall absence and long-term sickness levels.

3. **Sickness Absences** – Departmental Breakdown





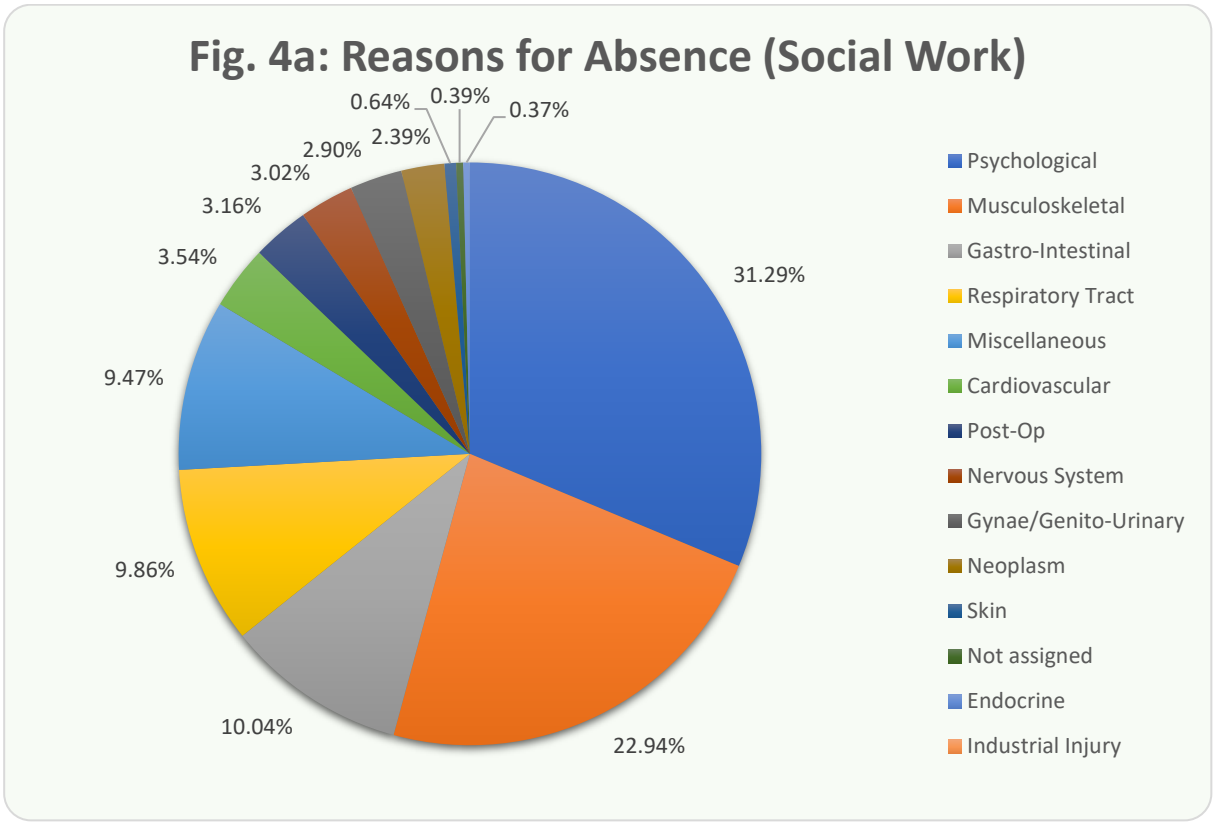
Across both **Social Work** and **Health**, most Care Groups report reductions in absence levels compared with the same quarter last year, although, as shown above, there are some notable areas of increase.

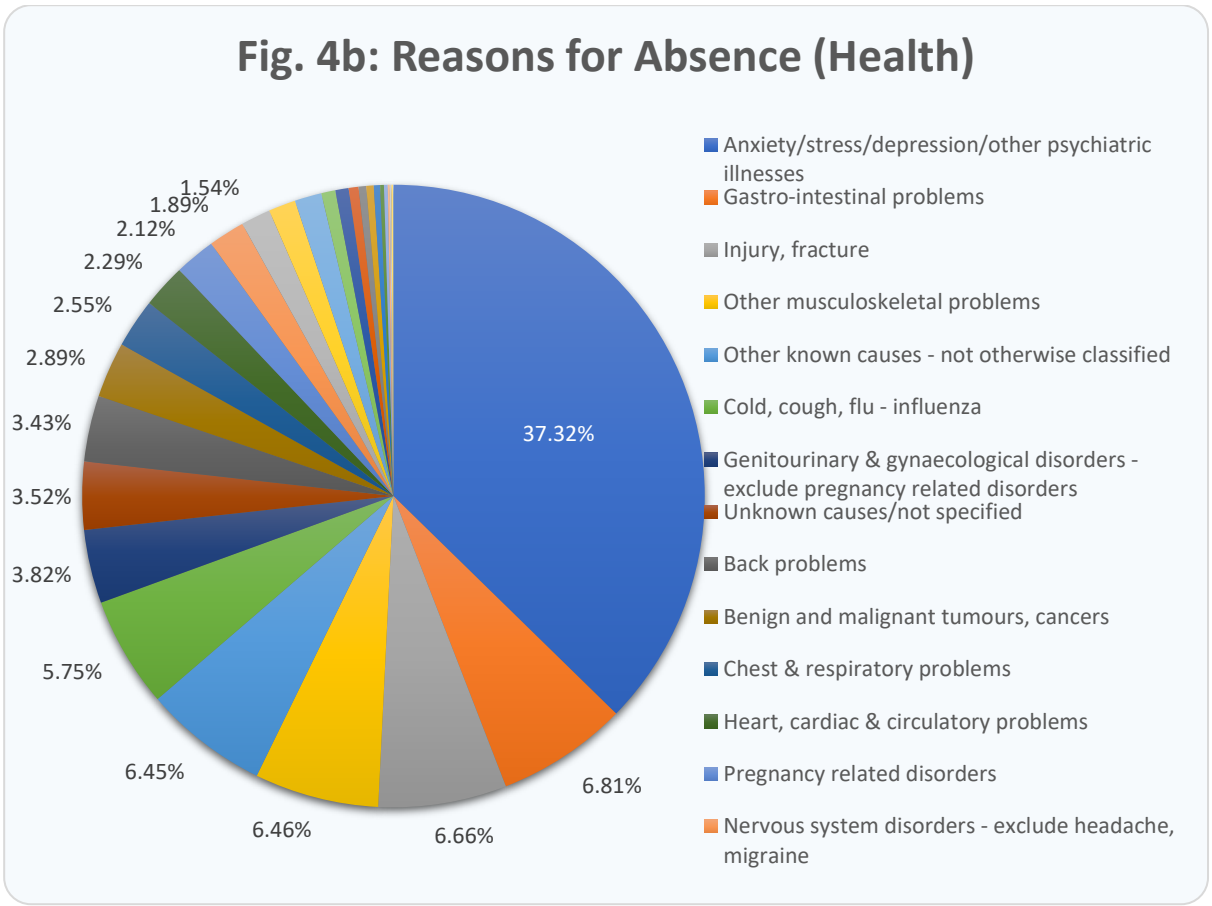
Within **Social Work**, half of the Care Groups show improvement. The most significant reduction is within **Care Services (-1.7%),** the largest workforce area. **Children's Services** also saw a strong decline **(-1.3%)**, followed by **Resources (-0.4%).** In contrast, increases were recorded in **Public Protection & Complex Care (+0.5%)** and **Adult Services (+0.3%),** while **Older People Services** experienced the largest rise **(+2.6%).**

Within **Health**, overall absence reduced to **7.52%** from **7.78%** last year **(-0.26%).** At Care Group level, reductions were seen in **Older People & Primary Care (-0.62%), Operations & Governance (-1.33%), Children's Services (-0.75%)** and **Adult Services (-0.30%).** The only increase was in **Finance & Resources**, which rose from **4.56%** to **6.64% (+2.08%).**

Note: A recent restructure in Health reduced eight Care Groups to five, meaning some staff have shifted between areas. This limits direct comparison with last year, but the overall trend across the new structure remains positive.

4. Reasons for Absence





Across **Social Work** and **Health**, psychological ill-health remains the leading cause of sickness absence. The top four reasons this quarter were broadly the same across both services (though not in the same order):

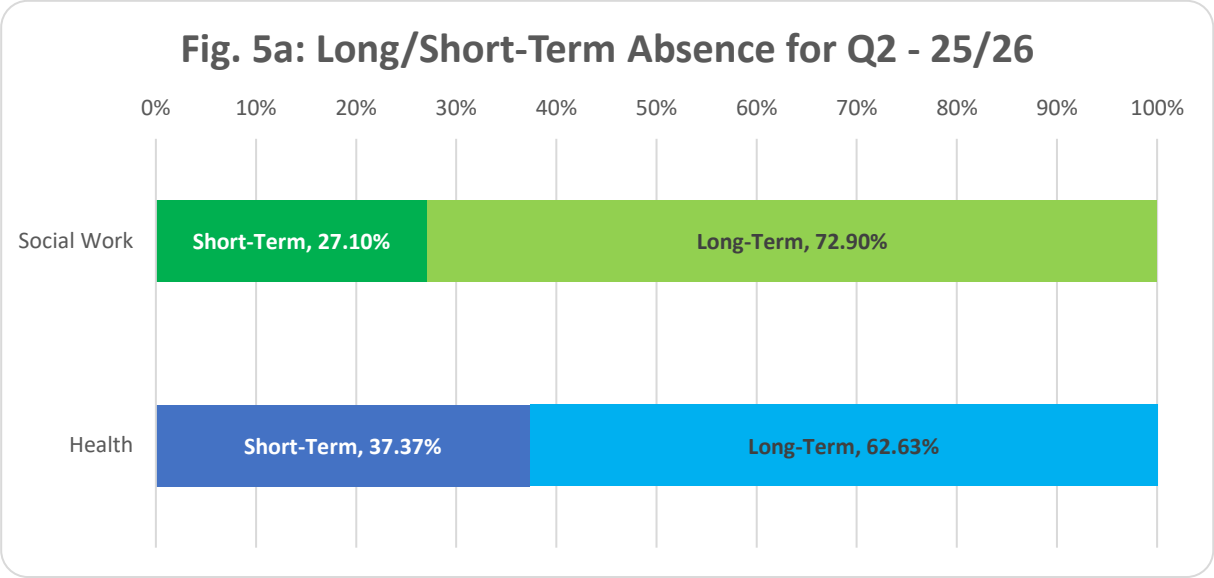
Psychological – 31.29% (**Social Work**) / 37.32% (**Health**)
Musculoskeletal – 22.94% (**Social Work**) / 6.46% (**Health**, 'other musculoskeletal')
Gastro-intestinal – 10.04% (**Social Work**) / 6.81% (**Health**)
Respiratory/Cold/Flu-type conditions – 9.86% (**Social Work**) / 5.75% (**Health**)

Psychological conditions, including **stress, anxiety and depression**, account for the largest proportion of absence in both sectors, driving long-term sickness patterns and mirroring both local authority and national trends. **Musculoskele**tal and **gastrointestinal** issues remain the next most significant contributors.

Work to reduce "**unknown**" absence categories is showing positive impact, particularly within **Health**, where the proportion has almost halved following automated prompts and Performance Improvement Group oversight. This improvement supports more accurate analysis and ensures staff are directed to the correct wellbeing or Occupational Health support.

Addressing **psychological** and **stress-related** absences is a key priority within the **Supporting Attendance Action Plan**. Current actions focus on early intervention, improved use of the Stress Toolkit, targeted wellbeing activity, and clearer managerial guidance for teams with persistent **psychological** or **musculoskeletal** absence. These measures are intended to reduce both the volume and duration of the most significant absence categories, supporting both managers and employees.

5. Duration of Absence



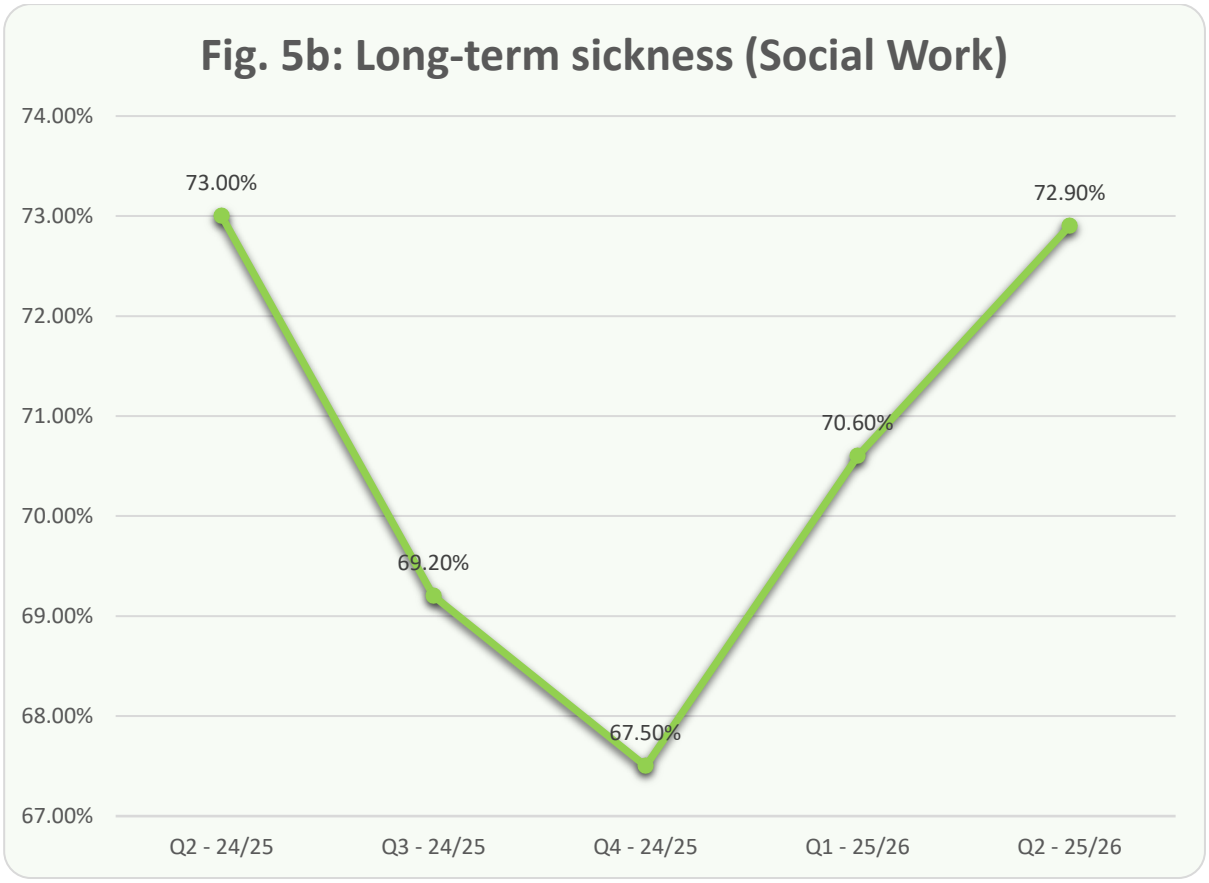


Fig. 5b: Long-term sickness (Social Work)
74.00%
73.00%
72.00%
71.00%
70.00%
69.00%
68.00%
67.00%
73.00%
69.20%
67.50%
70.60%
72.90%
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25
Q1 - 25/26
Q2 - 25/26

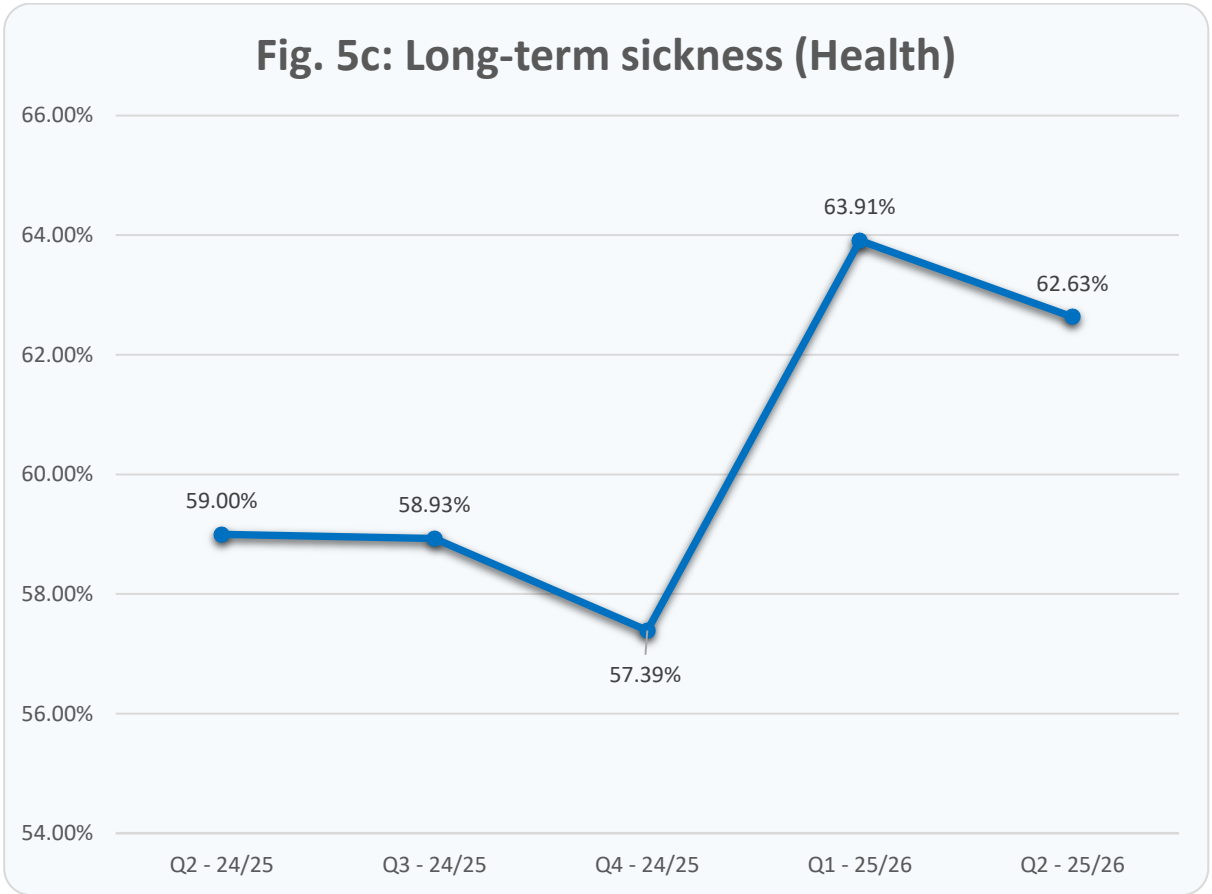


Fig. 5c: Long-term sickness (Health)
66.00%
64.00%
62.00%
60.00%
58.00%
56.00%
54.00%
59.00%
58.93%
57.39%
63.91%
62.63%
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25
Q1 - 25/26
Q2 - 25/26

Long-term sickness continues to be the predominant driver of overall absence across **Social Work** and **Health**, and remains the key factor influencing service capacity, staffing pressure and operational resilience. In **Q2 2025/26**, **Social Work** reported **72.9%** of all absence as long term (more than 19 working days), while **Health** reported **63%**. Although **Social Work's** long-term proportion has risen slightly over recent quarters, it remains marginally lower than the same period last year. In **Health**, long-term absence has reduced modestly since **Q1** but remains higher than the **2024/25** average, highlighting the ongoing challenge of managing complex or chronic cases.

The scale of long-term absence in both sectors reflects broader national patterns, where **psychological**, **musculoskeletal** and other chronic health conditions continue to dominate sickness trends. These conditions often require extended recovery periods and more intensive support, reinforcing the importance of early identification, consistent case management and effective return-to-work planning.

Across the Partnership, a wide range of interventions is already in place to address this. These include daily HR surgeries providing early advice to managers, targeted guidance for teams with persistent long-term absence, structured return-to-work coordination in **Health**, and enhanced training to build managerial confidence in managing complex cases. Automated prompts, wellbeing resources, and early Occupational Health referrals are also being used more consistently, helping to ensure appropriate support is offered at the earliest stage of an absence.

The combined approach aims to reduce both the duration and recurrence of long-term sickness. Maintaining momentum on these interventions will be essential throughout the remainder of **2025/26,** as the Partnership continues to focus on stabilising attendance, improving staff wellbeing, and reducing the operational and financial impact associated with prolonged absence.

6. Action Planning

6.1 The 6 key action themes within the 2025/26 Action Plan at Appendix 1 support the delivery of the Glasgow City HSCP Workforce Plan and will be implemented with HR and the Senior Management using a partnership approach to deliver the actions.

7. Recommendations

7.1 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.

Complete | On Target | Delay

1. HR Support and Action	3. Manager Training and Development	5. Redeployment
2. Staff Wellbeing	4. Occupational Health	6. Governance, Compliance and Reporting

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
1	**HR Support and Action**								
1.1	Early Intervention	Joint	Develop a strategy to target the top 2 absence reasons of Psychological / Musculoskeletal to provide early advice and guidance to managers. Follow up/automation is in place in Health directing managers to supports including Stress Toolkit.	HR SMT / Principal HR Officer (PHRO)	Reduction in length and number of absences within this occupational health (OH) category	Report highlighting reduction in absence in this OH category over the course of the year	April 2026	Health – Absence is a particular focus of the monthly Performance Review Groups which commenced in February. Absence data includes reasons and is provided to individual level to ensure the correct supports are in place for all employees. More generally promotion of all stress/ mental health support though Leadership and management Groups and the wellbeing communications. In Mental health services there is also early intervention process with OH. OH ran 3 training sessions in June 2025 for all managers across the HSCP covering OH management referrals, adjustments and psychology supports available.	Complete
1.2	HR Surgeries for Musculoskeletal/Psychological absences	SW	Establish daily surgeries where HR are available for managers for advice and guidance when employee reports sick due to these absence reasons.	PHRO	Improved and quicker response to the top 2 reasons for absence to support staff.	Report highlighting reduction in absence in this OH category over the course of the year	April 2026	Communications have been issued to managers offering the support of Daily Surgeries designed to offer advice and guidance at the earliest stage in an absence. (MSK/Psych).	Complete
1.3	Short Term Absence	SW	Develop new approach to providing enhanced HR support to short term absence following a return to work.	PHRO	To support managers to ensure appropriate discussions take place in line with policy, and staff supports are explored.	Report highlighting reduction in short term absence over the course of the year	April 2026	Development of Short Term reporting and processes have been implemented and are being refined to provide managers with advice specifically for frequent short term intermittent absences.	On Target
1.4	Long Term Absence	Joint	Review Long term cases > 6 months and ensure a management plan is in place to progress.	HRMs / PHRO	To reduce the number of sickness absence > 6 months ensuring best outcomes for staff.	Report highlighting reduction in sickness absences > 6 months over the course of the year	April 2026	Health – this is picked up in PIG meetings ensuring that all LTS and ST over 4 episodes have an update of activity and progress in line with policy. SW – PO reviews all Long Term Absences on a 4 weekly basis to ensure an appropriate plan is in place.	Complete
1.5	Hybrid approach to HR attendance at meetings	SW	Develop guidance for HR attendance at meetings, allowing for meeting to be conducted over teams.	HRMs / PHRO	To reduce: travel time/cost of HR support; number of DNA meetings; delays in meetings taking place. Improved flexibility for employee/TU to attend.	Increased number of manager/employee meetings taking place	July 2025	Guidance finalised and implemented.	Complete
1.6	Hotspot Areas of Absence	Joint	Identify top 3 hot spot areas of absence and develop interventions to improve attendance levels.	HRMs / PHRO	Improved attendance levels in hotspot areas.	Report highlighting improved absence trend over the course of the year	May 2025	Mental health service have an OH fast track referral system in place.	Complete

1.7	Review HR Case Surgeries	Joint	Review activity and effectiveness of HR Case Surgeries & Drop-in sessions	HRSAU / HRMs / Managers	Evaluate the effectiveness of surgeries.	Record of activity of engagement and impact of surgeries.	June 2025	SW: In place in Care Services – Home Care/CS Services. Uptake was low therefore cancelled. Health – HRSAU have an enquiry process where all support is requested. HR managers are also available within their areas, and this has increased with the increased focus through Performance Iimprovement Groups. Contact statistics have been requested from HRSAU to track uptake (below).	Complete
1.8	HRSAU Data	Health	Review HRSAU Data and activity. Requests for support and enquiries made. Picked up at monthly activity meeting	HRMs / HRSAU	Improved progression of case management and support.	Improved Timescales	March 2026	Incremental improvement in case updates being seen every month with reporting capabilities being developed to track policy and case management progress over the year timeframe.	On Track

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
2.	**Staff Wellbeing**								
2.1	Supporting GCHSCP Staff Mental Health & Wellbeing Priorities	Joint	Review of existing GCHSCP Staff Mental Health & Wellbeing Group membership, wellbeing priorities and action plan. Psychological First Aid (General) PFA - Staff Wellbeing Taking Care of Yourself PFA - Wellbeing of Teams for Managers	Head of OD / HR SMT / Service Mgt	Increased staff awareness of wellbeing priorities, promotions, initiatives and events for staff to engage with.	Terms of Reference laying out the role, objectives and membership of the group	October 2025	The review of the current Mental Health and Wellbeing Group is underway, and all group members engaged. Suggested approach for future meetings concluded end of October with Terms of Reference being developed	Complete
2.2	Increase network of staff supporting wellbeing priorities across GCHSCP	Joint	Establish local contacts and networks across Care Groups to define/identify the role of service area wellbeing champions to support GCHSCP wellbeing priorities and action plan	Head of OD / HR SMT / Service Mgt	Increase in staff engagement to create a culture of care across GCHSCP	Report highlighting employee wellbeing survey results and an increased level of wellbeing promotional activity	March 2026	This will be informed by above group and also have a focus on 3 priority areas starting with Older People residential and this will inform future action.	On Track
2.3	Exit Monitoring	Joint	Review Exit Interview data	Head of OD / HRMs	Introduce a process for reviewing exit data.	Report highlighting actions for improvement	December 2025	This action has been slightly delayed A process has been drafted, and work is underway to agree a consistent integrated approach. The scheduled date may need to move into early next year	On Track
2.4	Stress Pilot	SW	Conclude Pilot within Home Care, implementing generic stress risk assessment and action plan for staff. Health HR/H&S will provide coaching to managers on new stress management toolkit.	Stress Steering Group	Early supportive conversations between manager/employee where perceived work stressors are identified.	Evaluation/survey staff Reduction in stress related absence	November 2025	Steering Group have met and final comments collated for SRA and action plan development.	On Track

2.5	Rollout of Stress Risk Assessment and Action Plan	SW	Stress Steering Group to identify new area with consistently high stress absences and implement process, adopting similar approach to Pilot	Stress Steering Group	Early supportive conversations between manager/employee where perceived work stressors are identified.	Evaluation/survey staff Reduction in stress related absence	March 2026	Will commence on completion of 2.4.	On Track
2.6	Critical Response	SW	Develop an HR response to critical incidents (including sudden colleague bereavement or traumatic case work) within teams in the service to better support staff.	HR Manager / PHRO	Upskilling HR Team to provide quicker response time in crisis situations to ensure staff and teams are supported.	Immediate response timescales	November 2025	Currently in development, but slightly delayed. Guide is in the process of being finalised. finalised and will launch end of November.	On Track
2.7	Stress Toolkit	Health	Ensure stress toolkit is used to support all employees absent due to stress, whether personal or work related. Note: HRMs to re-issue to Service Managers, finding out if additional support is need on its implementation from H&S	HRMs	All employees absent with stress have access to the stress toolkit and relevant supports.	All employees absent with stress have access to the stress toolkit and relevant supports.	June 2025	Guidance re-issued and automated email sent to every manager when an employee is off with stress/ psychological advising them of process, support and policy with all associated links	Complete
2.8	Stress Risk Assessment	Joint	Promote the use of organisational HSE Stress Risk Assessment in Teams to establish team position	HRMs / PHRO	Reduce stress in the workplace and be proactive in approach	Increase of use of SRA in Teams	November 2025	Incorporated into HR Comms and Core Brief - Joint coms promoted through Core brief every quarter over 4 month period.	On Track

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
3.	**Manager Training and Development**								
3.1	Training Needs Analysis	Joint	Engage / survey managers to determine what supports and learning opportunities are required to improve confidence and activity around managing absence.	Head of OD / HRMs / PHRO	Supporting a programme of HR briefings targeting areas where managers identified a training need.	Report highlighting manager's attendance at a range of HR Briefings	December 2025	SW – survey completed in October and will be issued incrementally across the service commencing November 2025. Health - Attendance management module available and well attended with attendance monitored to ensure management teams are appropriately trained.	On Track
3.2	Training Schedule	SW	Draw up a planned schedule of HR Briefings based on the findings of the Training Needs Analysis	HRMs / PHRO	Targeted approach to support managers to become more empowered and confident in managing absence and supporting staff.	Increase in briefing / training participation	January 2026	On completion of 3.1.	On Track
3.3	Attendance Management Training	Health	Promotion of board attendance management training. (requested from L&D)	HRMs	Oversight of attendance enabling targeted approach where appropriate	Number of managers attending training and improved management of attendance	August 2026	Promotion of training ongoing to increase attendance and attendance management module is being delivered to target areas where absence rates are highest.	On Track
3.4	Attendance Management Briefings Comms	SW	Develop communications to promote manager responsibilities under Attendance Management policies, including promoting HR Briefings/Training and Mandatory GOLD / Learnpro Attendance Management	PHRO	Larger uptake of completion to support managers to become more empowered and confident in managing absence and supporting staff.	Training Reports from SAP system	August 2025	Promotion of e-learning training on regular basis via HR Comms	Complete
3.5	Reasonable Adjustments	Joint	Promotion of supports / information on reasonable adjustments NHSGGC Information GCC Information SW Manager Guide	HRMs / PHRO	To raise manager awareness of supports available to staff with direction on implementing these.	Quicker timescales putting supports in place, enabling quicker return to work or avoid an absence.	March 2026	Health – Promoted through Performance Improvement Groups and council are still in discussions re the management briefings and how best that these are supported.	On Track
3.6	TU Briefings	Joint	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	HRMs / PHRO	Increased TU/Staff Side awareness of policy and GCHSCP expectations	TU Feedback	January 2026	SWHR initial discussions with 3 TUs re. implementation of plans/policies/expectations in July. Once for Scotland training being developed by HRSAU which will be delivered in partnership. This is currently delayed due to resourcing in central team and will now be moved into early next year.	On Track

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
4.	**Occupational Health**								
4.1	On-site Physio Advice - Pilot	SW	Explore the provision for on-site physio sessions to provide staff with general advice on musculoskeletal care within Older People Residential.	PHRO	Less absences due to his absence category and improved employee wellbeing.	Report highlighting reduced musculoskeletal absences	December 2025	HR in discussion with GCC OH and funding being explored. Currently awaiting funding confirmation.	On Track
4.2	Neurodiversity	SW	Explore neurodiversity assessments/supports/costs and appropriate times when these can be used to support staff.	PHRO	Better understanding of a neuro-diverse employees to enable supports to be put in place and reduce absence	Improved neurodiversity awareness and support data to retain, secure and attract.	December 2025	Initial discussions have taken place with GCC OH and fitness for work assessments will cover this.	Complete
4.3	NHS Psychological Therapies	Health	Establish access to Psychological Therapies. (in line with summer 24 report)	HRMs	Supporting those with Psychological illness / absence to remain at / return to work	Reduction in Psychological absence	July 2025	This is now complete and in place.	Complete
4.4	Early Intervention – Psychological Absences	Joint	Linked to 1.1 Liaise with Occupational Health to identify early support interventions that would support the management of Mental Health conditions and absence. Pending. Set expectations for management. One source of information. Ease and targeted signposting for staff.	HRMs / PHRO Service Mgt	Clearer processes for managers on all supports available and how to access	Process being followed and managers clearer on what is available to staff and required of them	November 2025	SWHR liaising with OH to clarify support interventions, communications to be issued to managers. Health HR Pending. Set expectations for management. One source of information. Ease and targeted signposting for staff. This is in discussion with the central team to ensure clearer signposting for staff. In October we communicated a relaunched the NES gold courses Psychological First Aid (General), Staff Wellbeing Taking Care of Yourself, Wellbeing of Teams for Managers, Introduction to Wellbeing and Peer Support	On Track
4.5	Occupational Health Referrals	Joint	Liaise with OH for guidance/briefings to improve quality of OH referrals from managers. Health Note: Link with HRASU, cases picked up in HR activity meeting with the HR managers and Unit. Unit currently pick up issues with OH – can review as required	HRMs / PHRO	Improved OH referrals resulting in better OH reports and advice for managers to support employees.	Less requirement to go back to OH for clarification/ further advice.	October 2025	SWHR 3 Manager Briefings initially arranged to be delivered by OH Sept-Nov however we now have recorded sessions available for managers to access at any time. Therefore, briefings not required, and instead links have been provided to managers on GCC Intranet.	Complete
4.6	OHIO Hierarchy	SW	Conduct an exercise to cleanse the current OHS system and ensure hierarchy for referrals is accurate.	PHRO / CBS / Corporate HR	To remove barriers from managers being able to make referrals and minimise delays for employees.	Timely referrals.	February 2026	Scheduled to be reviewed and will be in place by February 2026.	On Track

4.7	Data Reports	Joint	Explore receiving OH reporting re number of referrals trends etc.	HRMs / PHRO	Improved understanding of volume and type of referrals made to ensure consistency across the service.	Analysis of OH data provided.	November 2025	SWHR GCC OH unable to provide Service specific data. SWHR liaising with Corporate HR to progress. For Health Occupational Health are reviewing their reporting capability to provide this. Aiming for end of November	On Track

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
5.	**Redeployment**								
5.1	Redeployment – Ill Health	SW	Establish a lead team of management / HR to review and support the overarching process of redeployment on ill health grounds within the service including exploring a Redeployment pathway.	HR SMT / Service Mgt / PHRO	To improve the redeployment process, turnaround times and outcomes for employees.	Reduced absence, and quicker turnaround of securing redeployment. Increased staff retention.	February 2026	Exercise is currently underway. Service / HR management discussions ongoing to develop further. Target completion date has been reviewed from October 2025 to allow sufficient time for the full review.	On Track
5.2	Redeployment Pathway – SW CD Services Specific - Pilot	SW	Develop a service specific development pathway for front line workers to develop into non front-line roles	HR SMT / Service Mgt / PHRO	To create a pathway for front line Home Carers whose health is a barrier to continuing in the role.	Reduced sickness absence, increase alternative work, increase staff retention.	February 2026	Exercise is currently underway. Service / HR management discussions ongoing to develop further. Target completion date has been reviewed from October 2025 to allow sufficient time for the full review.	On Track
6.	**Governance, Compliance & Reporting**								
6.1	Performance Review Meetings	Health	Performance Improvement Groups and overarching Performance Review Meeting have been established across the HSCP for Health focusing on 3 areas of compliance and improvement – KSF, Absence and HSE training. Early indicators are positive, more information available and ACP and HOS oversight evident.	HR HOS ACO's	Focussed attention and improvement	Improved attendance levels and improved management practice and recording.	Feb 2026 Commence Feb 2025 scheduled for one year	Also referred to in 1.8 - Incremental improvement in case updates being seen every month with reporting capabilities being developed to track policy and case management progress over the year timeframe.	On Track
6.2	Identify and Support Hotspot areas	Joint	Develop analysis of data on a quarterly basis to identify hotspots, and implemented HR targeted support for managers. An intended output from the PIG analysis and monthly meetings	HRMs / PHRO	Focussed attention on key areas with a view to identifying causes and putting supports in place.	Improved attendance levels	November 2025	SWHR process in place to identify top 3 hotspot areas with HR interventions being developed. focus on all absence through the Performance Improvement Groups meeting structure. Hotspots are being identified and discussed at the meeting.	Complete
6.3	Attendance Reviews when threshold has been reached	SW	Improve the number of Attendance Reviews being conducted by managers to ensure discussions and actions are being taken at the appropriate point.	PHRO	Increase in number of Attendance Reviews exploring staff supports, and a reduction in number of short term absences.	Increase in number of Attendance Review Meetings	February 2026	No of ARs increased since implementation with increased governance and activity of attendance review meetings from a starting point of 65 per month to an average of 96 per month over the past 5 periods.	Complete

6.4	Performance Improvement Group Support	Health	Providing and improving the Monthly absence data for PIG meetings. Developing a 2 way data capture from HR and managers Storyboard sent to all ACO's monthly	HR/ACOs	All ACO's are across the absences in their areas with all the relevant data available.	Improved management of absence in line with policy and reduced absence levels	Feb 2025 – Feb 2026		On Track
6.5	Compliance	Joint	Request from Internal Audit, a Spot check of managers compliance – choosing an area and requesting information. In discussion with HSAU to agree approach. Checks being carried out on processes followed within each team to ensure it is in line with the Policy.	PHRO / HRMs / HRSAU	Audit compliance with policy to address any gaps in process being followed.	Number of completed audits and outcomes.	Quarterly 6 monthly SW	SWHR liaising with Internal Audit to confirm schedule which will be confirmed by December 2025	On Track

No	Focus	Service Area	Action	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
6.	**Governance, Compliance & Reporting (cont.d)**								
6.6	Unknown/ Other/Not Specified Absence Codes	Health	Reduce unknown/other known not specified absence codes. Reminder communication sent each month (automated and picked up at PIG meetings) Should only be used for short period when possible reason is unknown In place but under review and improving approach. Automated reminders are sent, categories monitored monthly and picked up at PIG's and storyboard	Line Manager / Service Manager	All absence recorded with the correct reason for absence.	Reduction in number of absences recorded as Unknown/Other Known	ongoing	This is improving through focused attention in this area. There is an overall reduction in unknown categorisation. Since the start of the Performance Review meetings this has nearly halved from 7.8% to 4.1%	On Track
6.7	Identify opportunities for improved use of digital tools	Joint	Explore current communications and IT opportunities to automate HR advice and guidance where possible, sending reminders and useful information. It is acknowledged that current systems will make this challenging.	HRMs / PHRO	Reduced HR time in manually issuing advice/guidance emails, with advice going to managers quicker.	Automated immediate response timescales.	Ongoing with regular review	SWHR automated weekly report and email issued to 3 priority areas with review in Oct.	Complete