Item No. 13

Meeting Date: **Wednesday 11th June 2025**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

Contact: **Tracy Keenan, Assistant Chief Officer, HR**

Phone: **07880 294 747**

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 4 (January – March 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 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, staff morale, and where replacement staff are required, a financial impact.
Implications for GCC Council:	As stated above

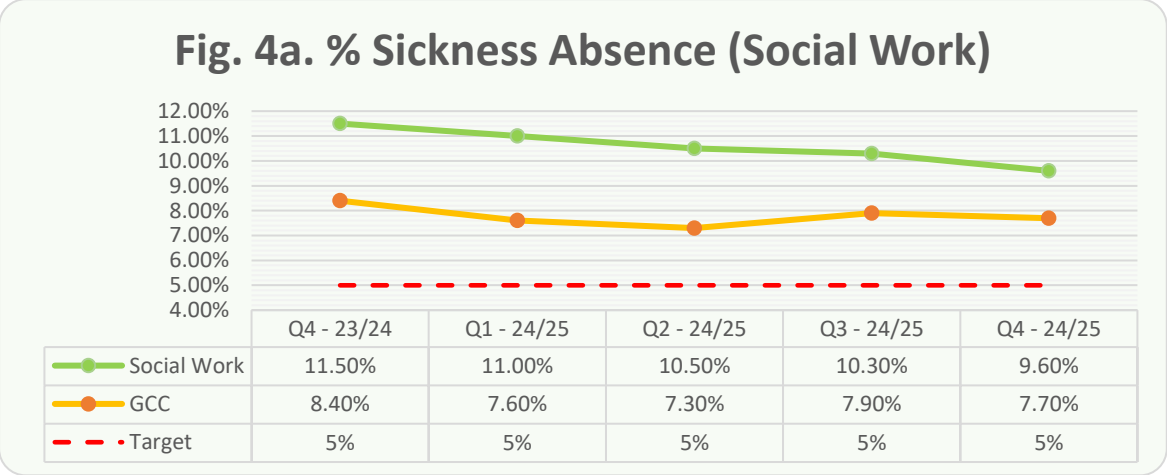
Implications for NHS Greater Glasgow & Clyde:	As stated above

1. Executive Summary

1.1 This report provides an overview of Attendance Management performance within GCHSCP for **Quarter 4** of **2024/25** (January-March 2025).

1.2 Social Work

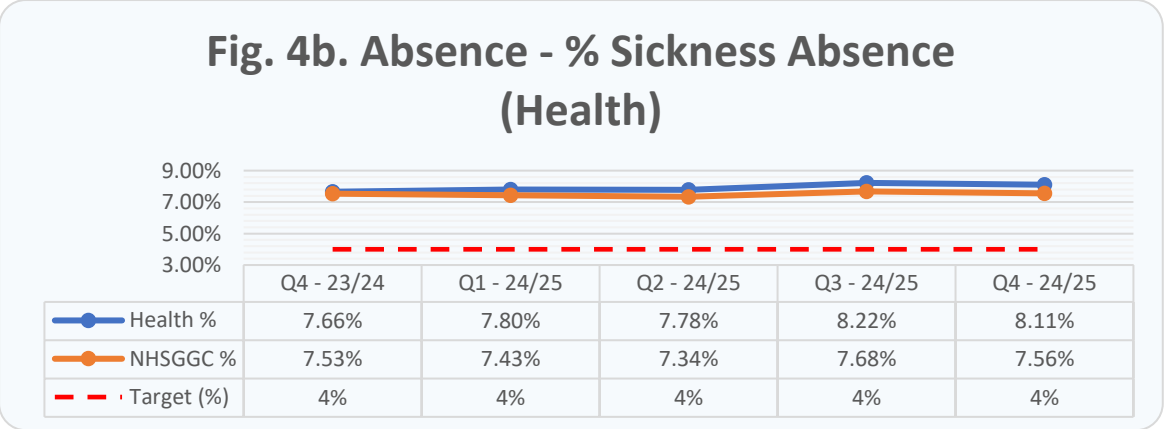
The downward trend of Absence levels within SW is continuing with Q4 2024/25 achieving the lowest absence levels over the past 4 quarters, and lower than the same quarter the previous year (-1.9%). Q4, 2024/25 reflects the lowest quarterly absence level since Q2 2021/22.



	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25
Social Work	11.50%	11.00%	10.50%	10.30%	9.60%
GCC	8.40%	7.60%	7.30%	7.90%	7.70%
Target	5%	5%	5%	5%	5%

1.3 Health

Absence levels decreased in Q4 2024/25 by -0.11% compared to Q3, 2024/25, however are slightly higher than the same quarter the previous year (+0.45%).



	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25
Health %	7.66%	7.80%	7.78%	8.22%	8.11%
NHSGGC %	7.53%	7.43%	7.34%	7.68%	7.56%
Target (%)	4%	4%	4%	4%	4%

1.4 Attendance Management Action Plan 2025/26

The refreshed Plan for 2025/26 will have new priority actions and aims to further positively impact on absence levels.

2. Introduction

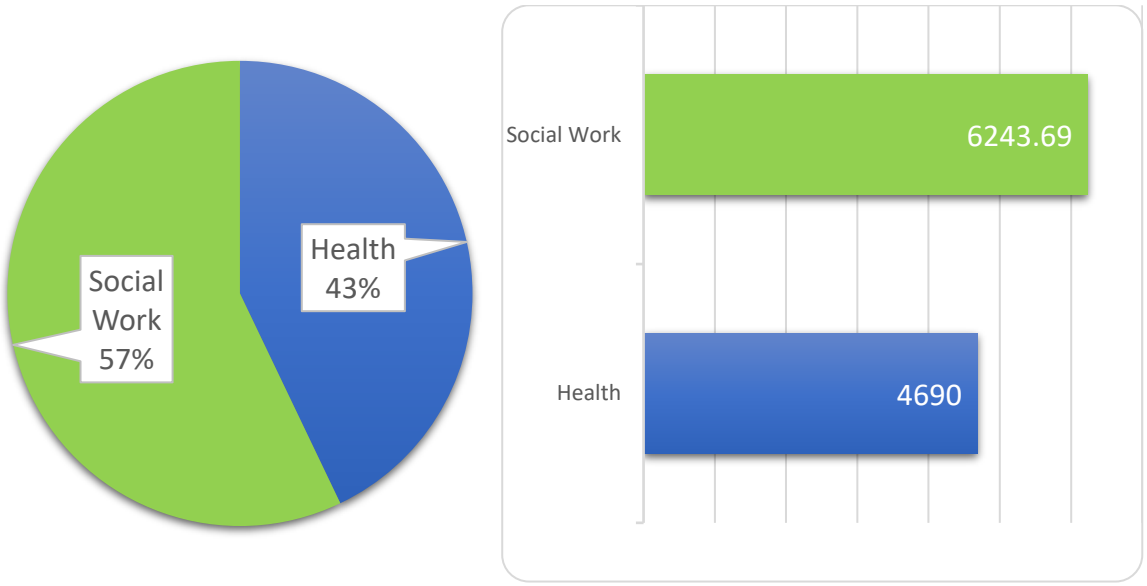
2.1 Purpose and Scope of Report

To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in **Quarter 4 2024/25, (January – March 2025)** as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

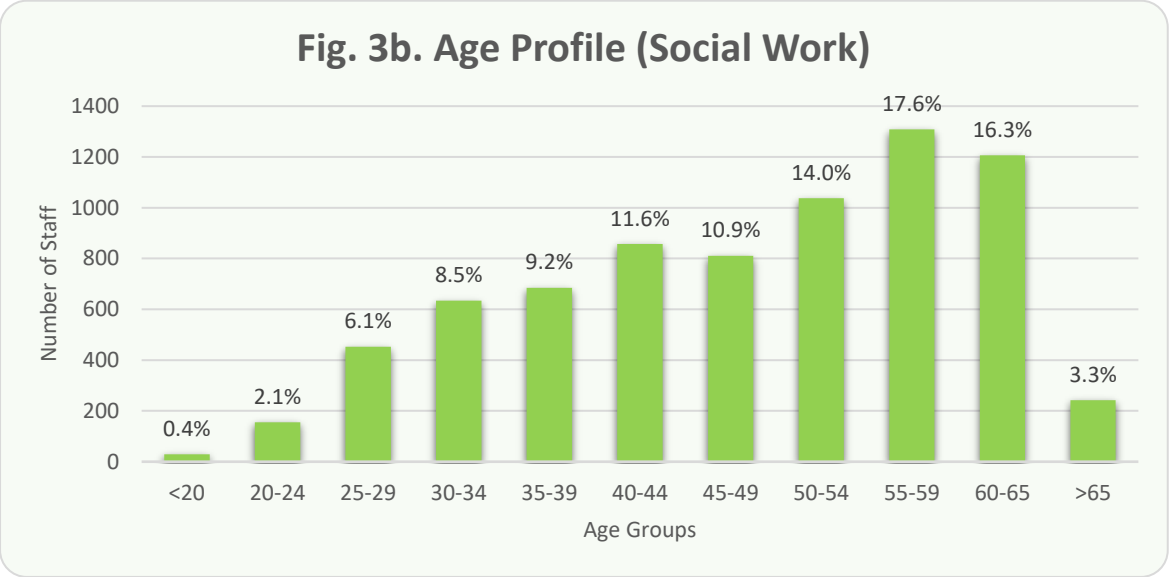
3. Staff Profile Summary

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

Fig. 3a: WTE of Social Work and Health



3.2 Staff Profile Summary – **Age Profile**



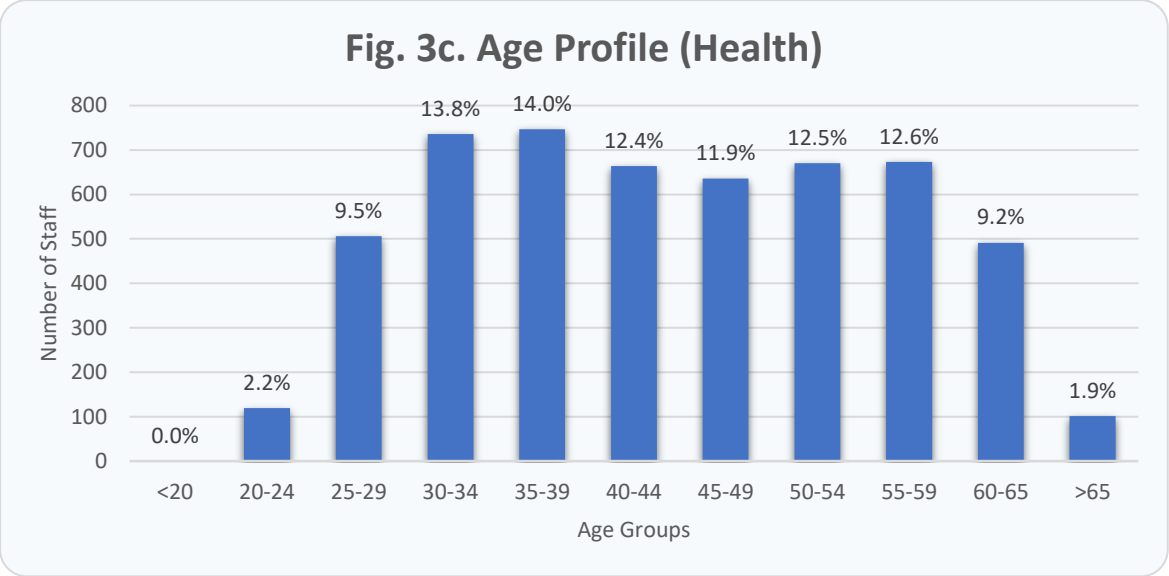


Fig. 3a shows the breakdown of whole-time equivalent staffing levels across **GCHSCP**, with **Social Work** accounting for **57%** of whole-time equivalent staff compared to **43%** for **Health**.

Fig. 3b highlights that the Social Work workforce is predominantly aged between 50 and 65 years. The most common age range is **55–59 years (17.6%)**, followed by **60–65 years (16.3%)**, indicating the risk of age-related health issues; **37.2%** of staff are aged **55 or over**.

Fig. 3c shows the most common age bracket for **Health** staff is **35-39 years (14.0%)**, closely followed by **30-34 years (13.8%)** and **50-59 years (12.6%)**. Staff over the age of **55 (23.7%)** can be considered as potential retirees in coming years.

The overall workforce age profile presents a challenge for GCHSCP, posing risks to future staffing levels and potentially affecting both the frequency and duration of absences.

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

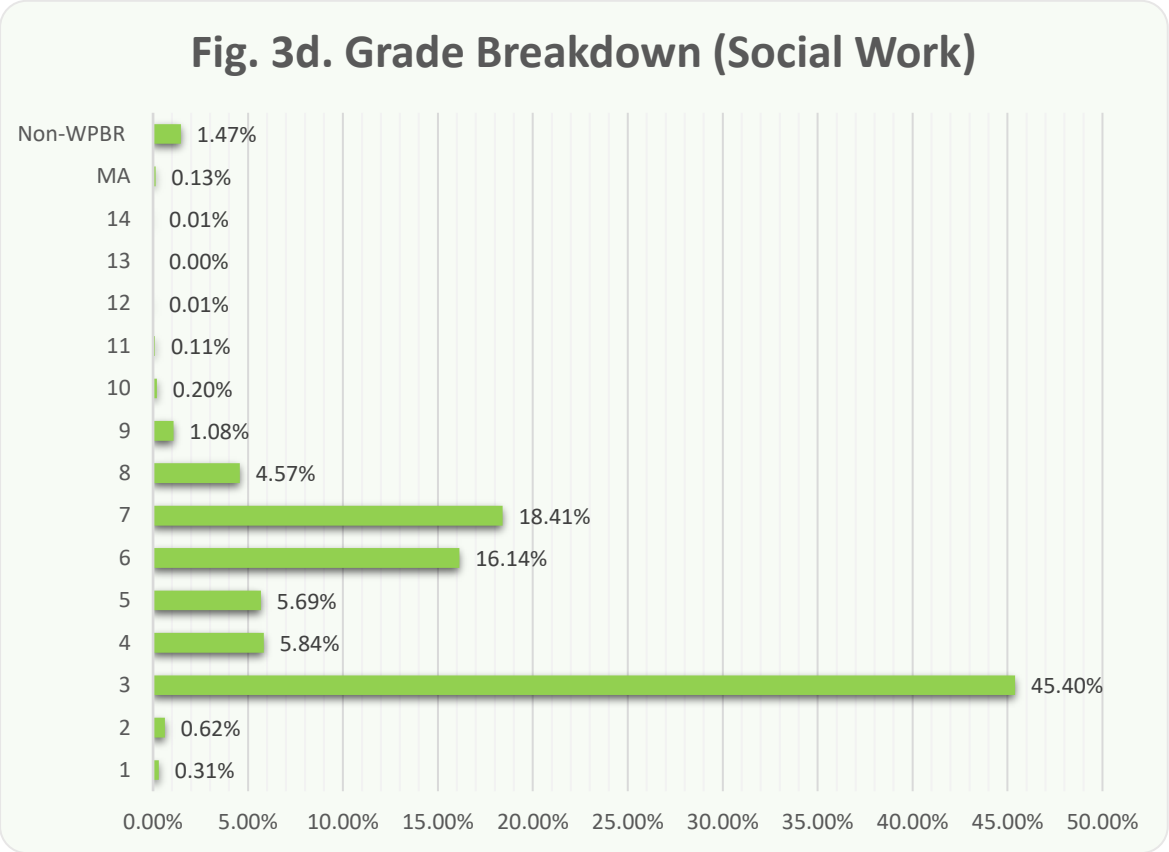


Fig. 3d reports that the largest staff grouping is **Grade 3 (45.4%)**, comprising of front-line worker roles; Home Carers, Social Care Assistants, Support Workers, Responders and Business Administration staff. **Grade 7** is the next largest grouping **(18.41%)** and incorporates roles such as Qualified Social Workers, Senior Officers, supervisory positions, followed by **Grade 6 (16.14%)** which includes front line social care roles such as Social Care Workers.

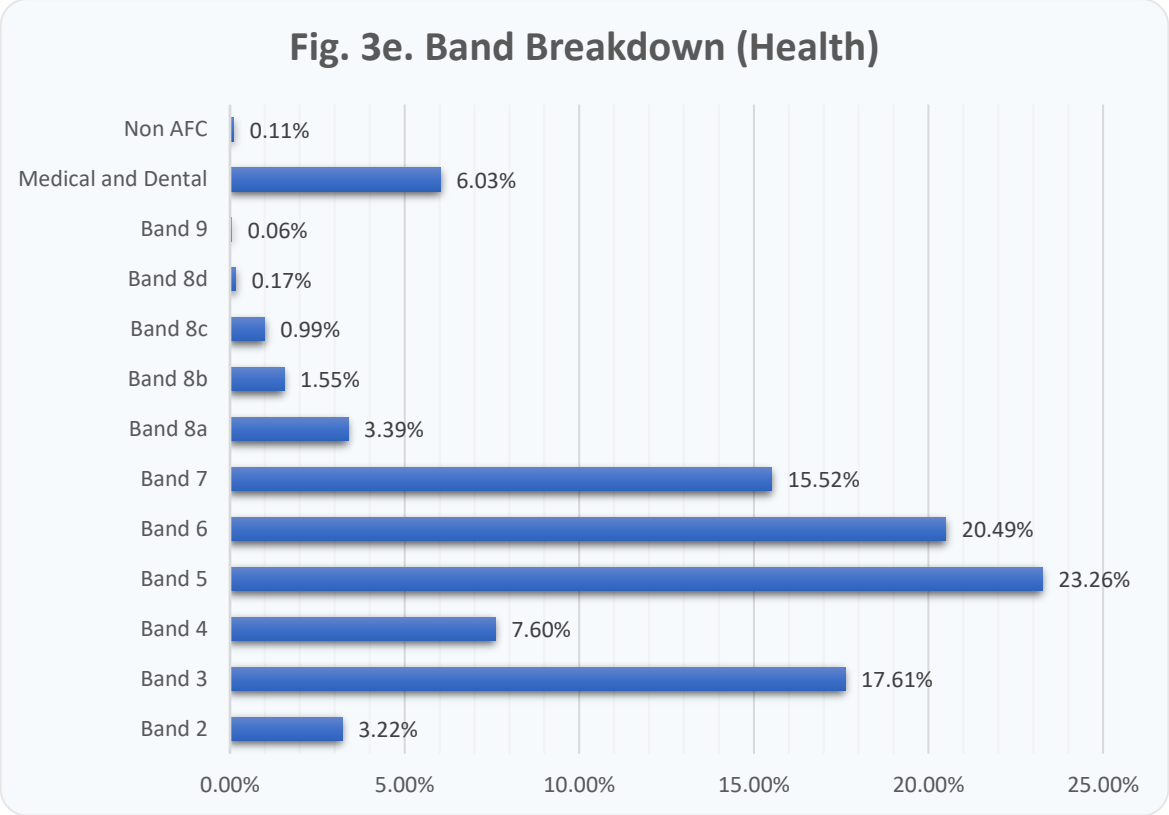


Fig. 3e shows that most staff are **Band 5 (23.26%)** and **Band 6 (20.49%)**, representing the trained nursing and **AHP** staff cohort across **GCHSCP**. Staff at **Band 7 (15.52%)** reflects the team leader level of management and specialist nursing and **AHP** staff, while **Band 3 (17.61%)** comprises a significant portion of **Health Care Support Workers** and **Business Administration Support** staff.

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

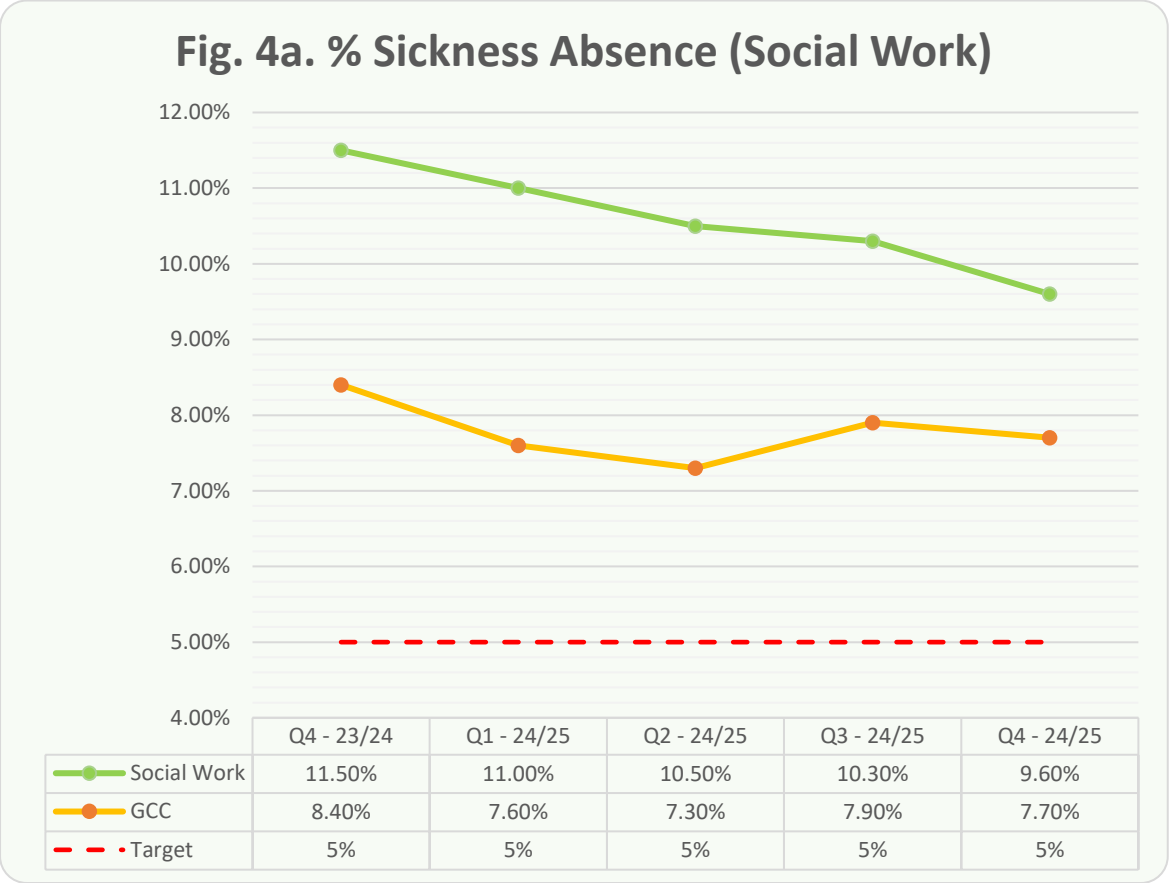
Fig. 3d and **Fig. 3e** show that across **GCHSCP**, the largest group of staff within **Social Work** are **Grade 3** social care and administration roles (**45.4%**), whereas within **Health**, **Band 5** represents the majority, which includes trained nursing staff (**23.26%**).

The next largest **GCHSCP** grouping of staff is **Grade 7 (18.41%)** and **Grade 6 (16.14%)** 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 (20.49%)** and **Band 3 support** and **administration roles (17.61%)**.

Ongoing recruitment and retention strategies are essential to sustain these frontline worker positions will be incorporated into the refreshed **GCHSCP Workforce Plan 2025-28** which is currently being drafted.

4. Quarterly Absence

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

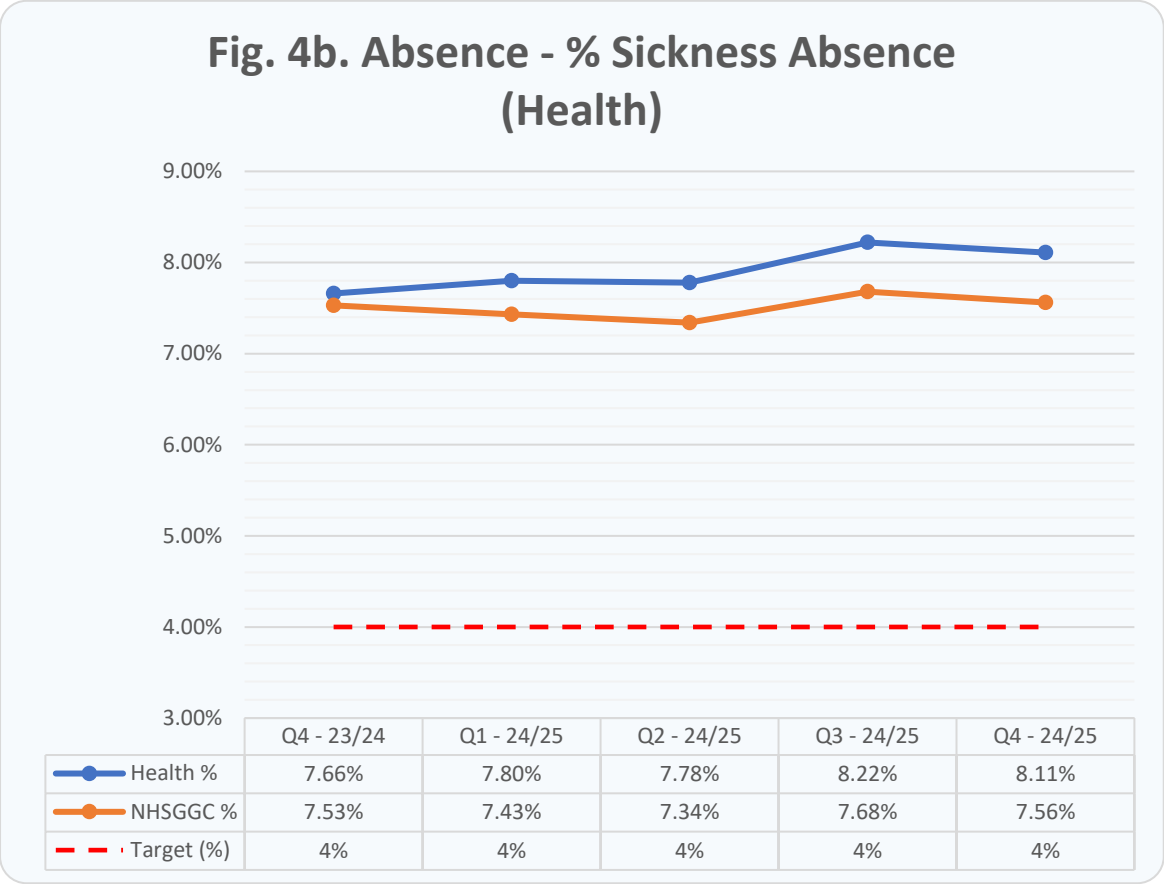


	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25
Social Work	11.50%	11.00%	10.50%	10.30%	9.60%
GCC	8.40%	7.60%	7.30%	7.90%	7.70%
Target	5%	5%	5%	5%	5%

Fig. 4a demonstrates a significant reduction in **Q4 2024/25** in comparison to the same quarter last year **(-1.9%)** and the previous quarter **(-0.6%).** The downward trend shows an improved position for SW and it is the lowest quarterly % absence figure achieved since **Q2, 2021/22.**

Social Work quarterly absence performance overall is consistently above GCC quarterly absence target of **5%** and GCC performance overall, however the improved performance is closing the gap.

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



	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25
Health %	7.66%	7.80%	7.78%	8.22%	8.11%
NHSGGC %	7.53%	7.43%	7.34%	7.68%	7.56%
Target (%)	4%	4%	4%	4%	4%

Fig. 4b shows that **Health sickness absence rates** decreased slightly to **8.11%** in **Q4 2024/25**, following the peak of **8.22%** recorded in **Q3**. While this marks a modest **improvement (-0.11%)**, absence levels remain elevated compared to earlier quarters and are still higher than the **Q4 2023/24** figure of **7.21%**, representing a **+0.90%** year-on-year increase.

In Q4 the gap between **Health** and the overall **NHSGGC sickness absence rate** has narrowed slightly to **+0.42%**, down from **+0.54%** in the previous quarter, but it still reflects higher-than-average pressures within **Health services**.

The seasonal pressures of **Q3**, such as winter illness and festive-period stress, may have contributed to the earlier spike. However, the sustained high rate into **Q4** suggests ongoing challenges such as **burnout**, **anxiety**, and other mental health-related absences. **Performance Improvement Groups** established across **HSCP management teams** have now commenced (from **February 2025**) with **absence** as a critical focus area. These groups are identifying targeted actions to support improved absence management across all services.

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. **Social Work** has shown continual improvement since **Q4 2023/24**, falling to **9.6%** in **Q4 2024/25.**

Whilst **Health** absence rates remain slightly higher than the same quarter the previous year **(+0.45%),** there has been a modest reduction from **Q3 2024/25 (-0.11%),** suggesting some stabilisation.

This ongoing challenge across both sectors underscores deeper systemic issues. To address these concerns, the **Attendance Management Action Plan for 2025/26** has been updated with the goal of improving staff attendance and increasing focus on employee wellbeing activities.

5. Sickness Absences % Departmental Breakdown

5.1 Sickness Absences – **Social Work**

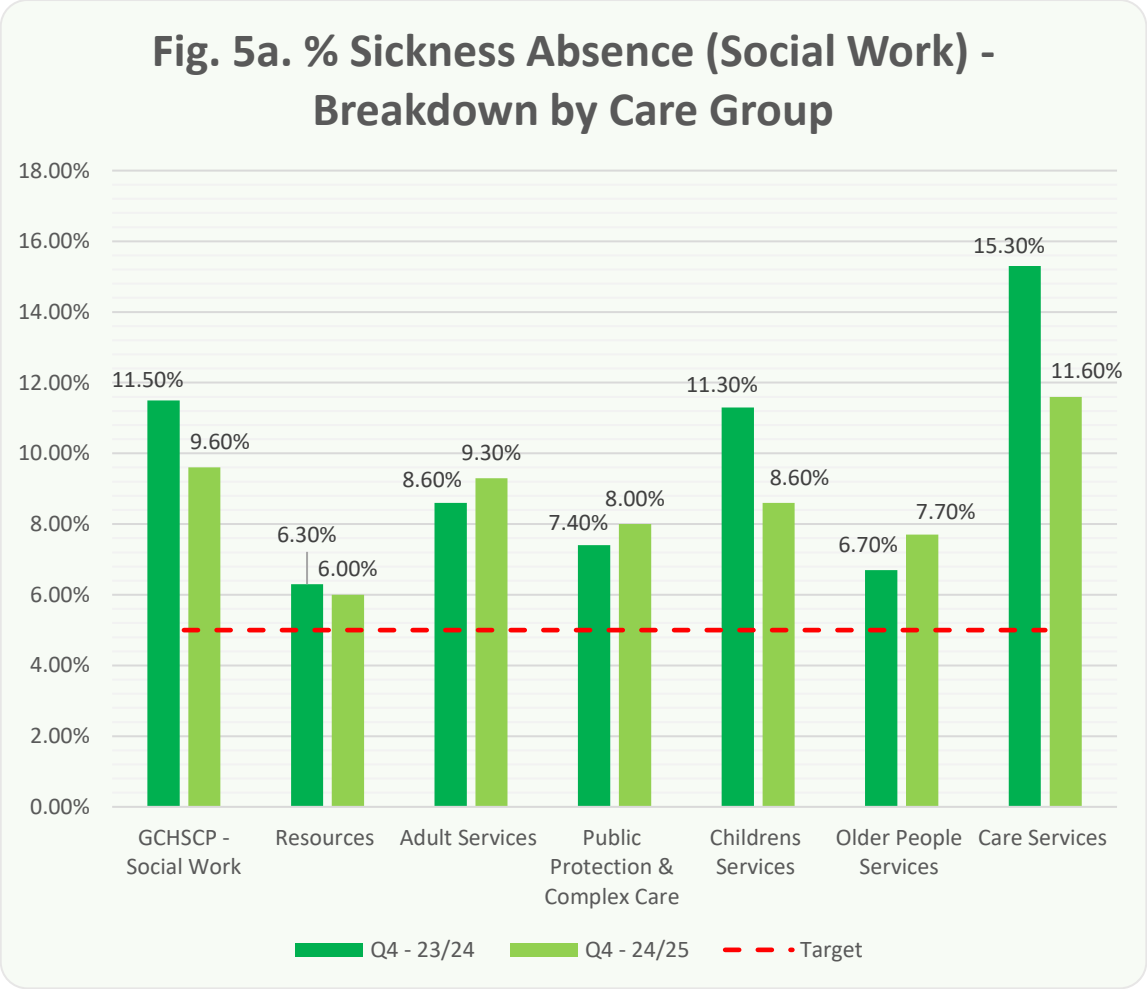


Fig. 5a demonstrates the percentage absence breakdown by Care Groups for Social Work. Half of the services showed an improvement in absence levels compared to the same quarter the previous year with **3** service areas experiencing an increase; **Public Protection & Complex Care (+0.6%), Adult Services (+0.6%)** and **Older People Services (+1.0%),** which has the largest increase.
Similar to previous quarters, the most significant improvement is within **Care Services (-3.7%)** which is the largest Care Group, accounting for almost half of the workforce. **Children's Services** also achieved a significant reduction this quarter **(-2.7%),** followed by **Resources (-0.3%).**

5.2 Sickness Absences – **Health**

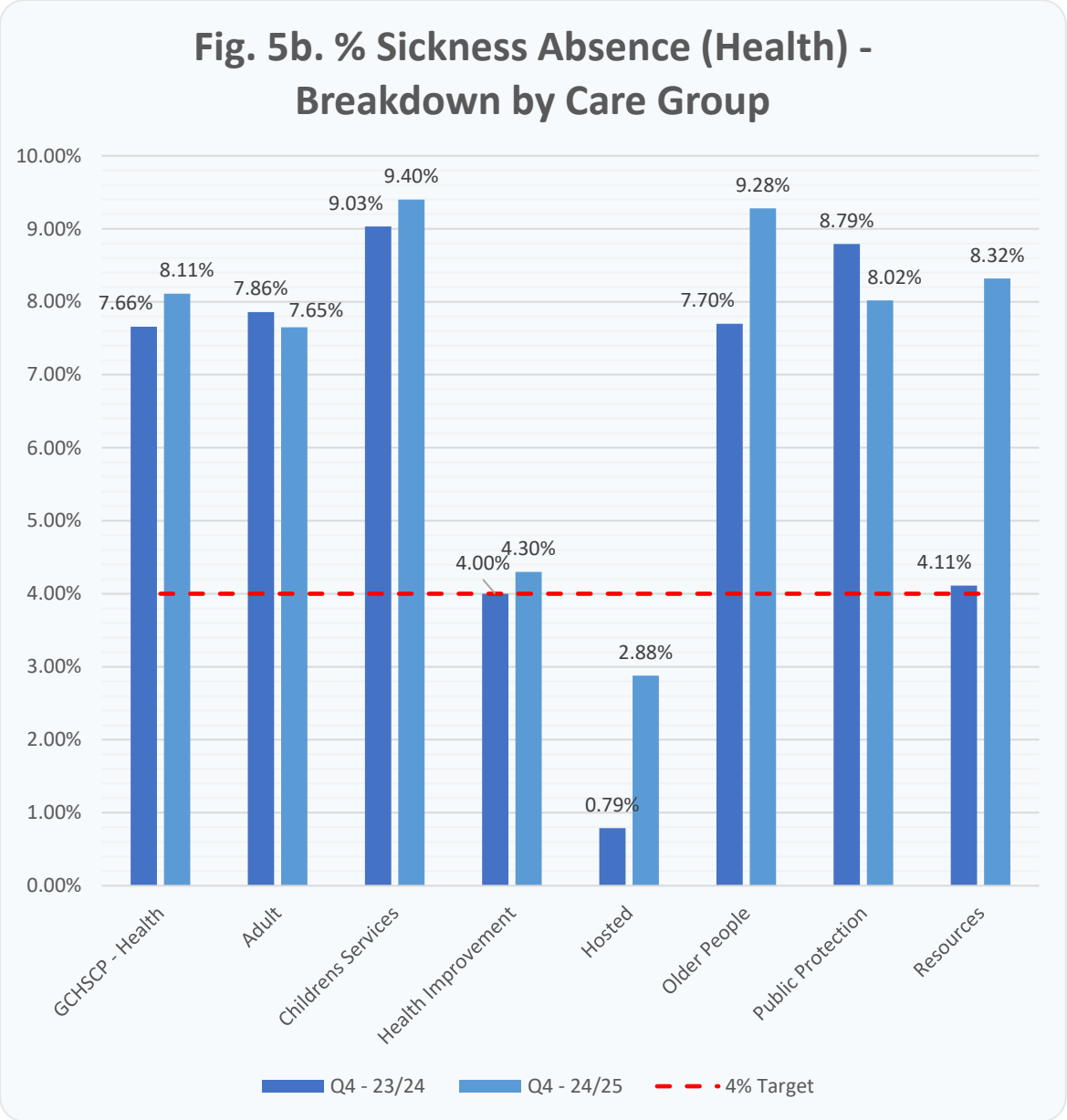


Fig. 5b shows that between **Q4 2023/24** and **Q4 2024/25**, overall sickness absence across **GCHSCP Health** rose from **7.66%** to **8.11%** (**+0.45%**), exceeding the **4% target**.

The most significant increase was recorded in **Resources**, rising sharply from **4.11%** to **8.32%** (**+4.21%**). With a small headcount of just **40**, this increase may be due to a small number of staff being off but still has a noticeable impact on the overall percentage.

Children's Services saw a rise from **9.03%** to **9.40%** (**+0.37%**) across **719** staff, and **Older People Services**, with a larger workforce of **1,303**, also increased from **7.70%** to **9.28%** (**+1.58%**), suggesting increased pressures in frontline care delivery.

Health Improvement rose slightly from **4.00%** to **4.30%** (**+0.30%**) and now exceeds the target. **Hosted Services**, with a relatively small team of **93**, also increased from **0.79%** to **2.88%** (**+2.09%**), still remaining below the target but showing a rising trend.

In contrast, **Adult Services**, the largest group with **2,723** staff, improved slightly from **7.86%** to **7.65%** (**-0.21%**), and **Public Protection** remained stable at **8.02%**, showing no change over the year.

These figures indicate worsening absence levels in several key areas, particularly in **Resources**, **Older People**, and **Children's Services**, reinforcing the importance of ongoing support measures and tailored attendance improvement plans.

6. Reasons for absence

6.1 Reasons for Absence – **Social Work**

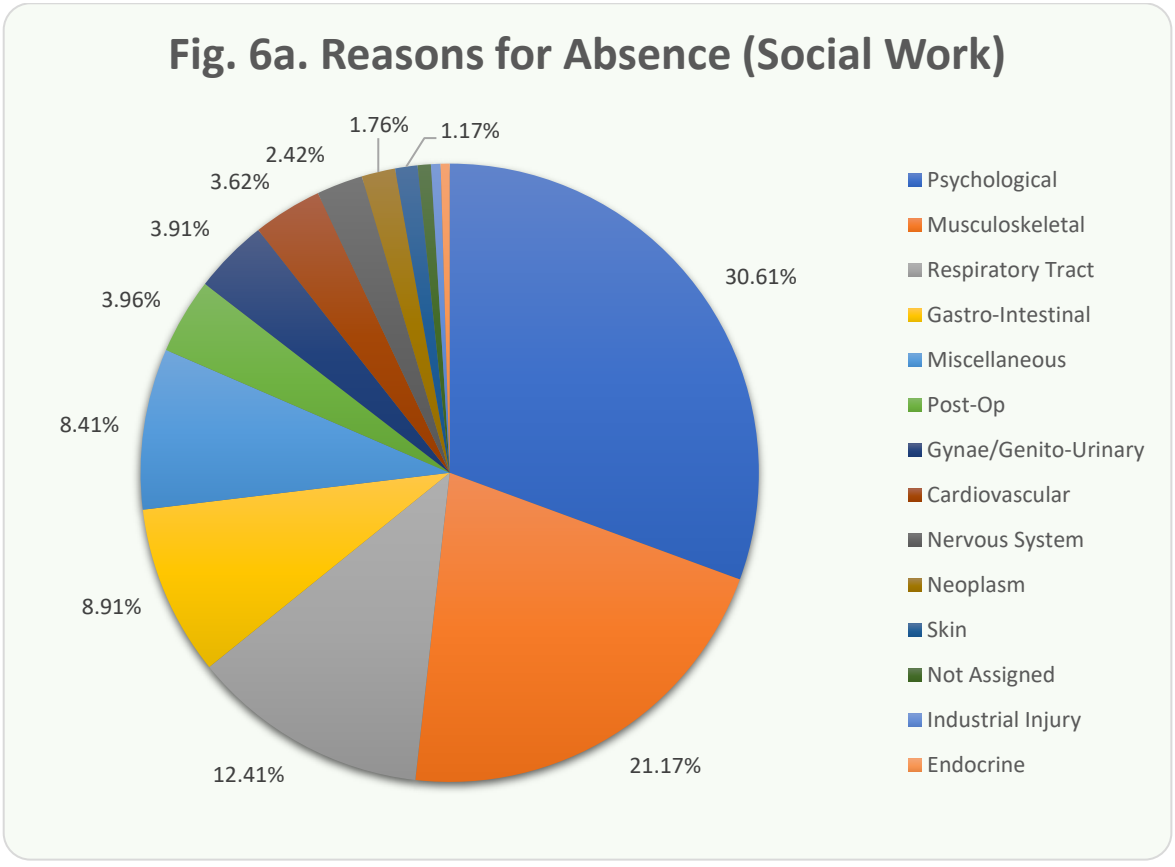


Fig. 6a above shows that the top 4 reasons for absence in Social Work are:

1. **Psychological (30.61%)**
2. **Musculoskeletal (21.17%)**
3. **Respiratory Tract (12.41%)**
4. **Gastro-Intestinal (8.91%)**

The top two reasons for absence are consistently **Psychological** and **Musculoskeletal. Psychological** includes stress and mental health related illness and **Q4, 2024/25** reports **30.61%.** Absences in the **Musculoskeletal** category account for **21.17%.**

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 **(Q3 2024/25)** and the same quarter the previous year **(Q4, 2023/24)**

In comparison to the same quarter the previous year, the top 3 reasons for absence were the same, with the only change from **Q4 2023/24** being the 4th reason which was **Miscellaneous (10.58%).**

6.2 Reasons for Absence – **Health**

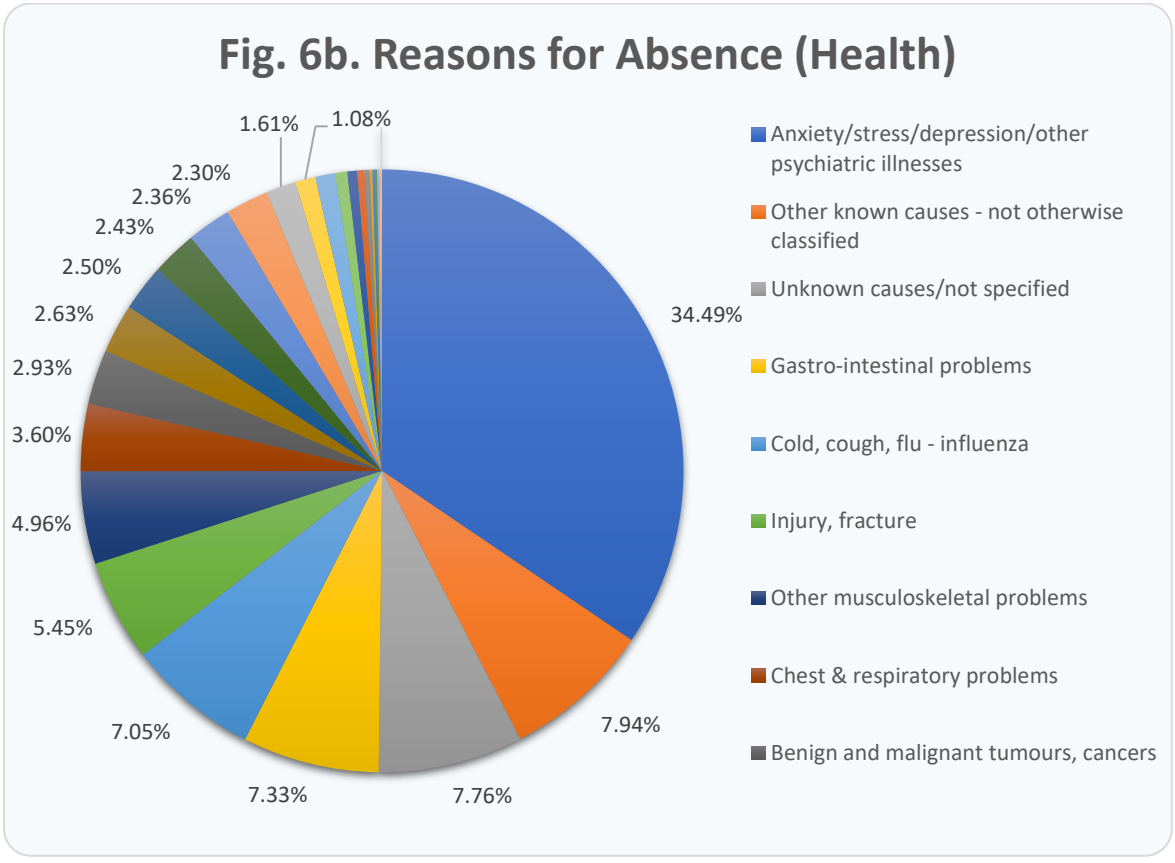


Fig. 6b shows that the top four reasons for absence in **Health** during **Q4 2024/25** were:

1. Anxiety/stress/depression/other psychiatric illnesses (**34.49%**)
2. Other known causes – not otherwise classified (**7.94%**)
3. Unknown causes/not specified (**7.76%**)
4. Gastro-intestinal problems (**7.33%**)

Absence due to **psychological reasons**, including all stress- and mental health-related conditions, remains the most common cause of sickness absence, now accounting for **34.49%**. This marks a further increase from **31.86%** last quarter, continuing a persistent upward trend and reflecting wider pressures across both **NHSGGC** and **NHS Scotland**.

Notably, **cold, cough, and flu-related absences**, which were previously the second-highest cause at **13.10%**, have now dropped to **7.05%**, suggesting a seasonal decline following the winter peak.

The ongoing high use of the **Other known causes** (**7.94%**) and **Unknown causes/not specified** (**7.76%**) categories remain significant. While these are slightly lower than the previous quarter (**8.43%** and **7.71%**, respectively), the continued reliance on unspecified categories reduces the ability to take targeted action. Managers have been reminded of the importance of accurately categorising absence reasons to ensure reliable reporting and to better support workforce planning and wellbeing initiatives.

6.3 Reasons for Absence – **Combined Analysis**

Fig. 6a, and 6b Fig.

Fig. 6a, and 6b illustrate that **Psychological** reasons remain the predominant cause of sickness absence across GCHSCP, representing **31.86%** of absences in **Health** and **30.61%** in **Social Work.** This persistent trend continues to drive long-term sickness absences, highlighting ongoing pressures on staff wellbeing and the overall service.

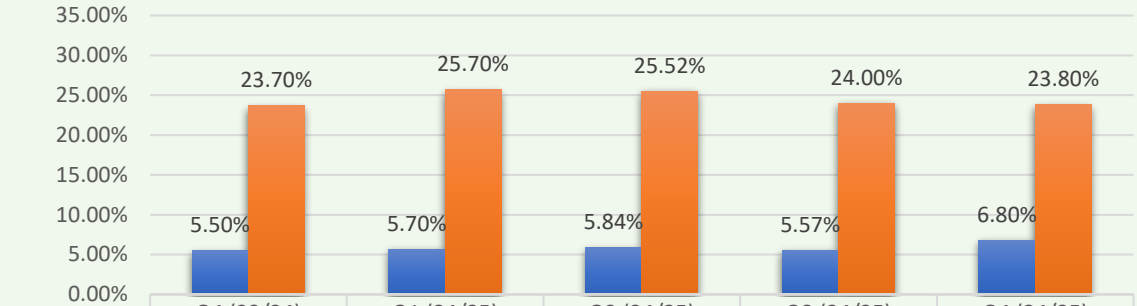
In **Health**, **Anxiety/stress/depression/other psychiatric illnesses** remain the leading cause of absence at **34.49%**. The next most common reasons are **Other known causes** (**7.94%**), **Unknown causes/not specified** (**7.76%**), and **Gastro-intestinal problems** (**7.33%**). **Cold, cough, and flu-related absences** have decreased to **7.05%**, falling from their previous position as the second highest cause.

The ongoing reliance on the **"Unknown causes"** category raises concerns about the reliability of absence reporting. To enhance data accuracy and facilitate more effective absence management, management is advised to review and update these records.

The refreshed Attendance Management Action Plan for 2025/26 incorporates targeted interventions aimed to support staff and managers around psychological wellbeing and absence.

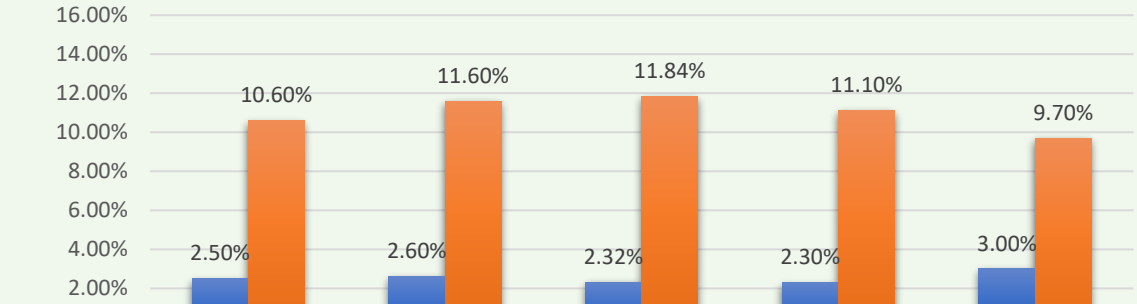
6.4 Top Absence Reason: Psychological/Stress Breakdown – **Social Work**

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



	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)	Q3 (24/25)	Q4 (24/25)
Short-Term	5.50%	5.70%	5.84%	5.57%	6.80%
Long-Term	23.70%	25.70%	25.52%	24.00%	23.80%
Total	29.20%	31.40%	31.36%	29.57%	30.60%

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



	Q4 (23/24)	Q1 (24/25)	Q2 (24/25)	Q3 (24/25)	Q4 (24/25)
Short-Term	2.50%	2.60%	2.32%	2.30%	3.00%
Long-Term	10.60%	11.60%	11.84%	11.10%	9.70%
Total	13.10%	14.20%	14.16%	13.40%	12.70%

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

Fig. **6c** shows the breakdown and trend of **Psychological** absence by long and short term; long term absence is consistently the main contributor. **Q4 2024/25** reports an increase compared to the same quarter the previous year **(+1.4%)**. However, **Q4, 2024/25** reports the second lowest number of days lost over the past 4 quarters **(30.6%)**; **Q3, 2023/24** achieved the lowest figures of **29.57%.**

Fig. 6d brings a focus to **Stress** absences which account for **41.5%** of absence within the **Psychological** category.

Q4 2025/25 reports the lowest percentage absence due to **Stress** over the past 4 quarters, and is lower than the same quarter the previous year **(-0.4%)**

The 2025/26 Action Plan will incorporate intervention strategies to try and address the high incidence of Psychological Absences.

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

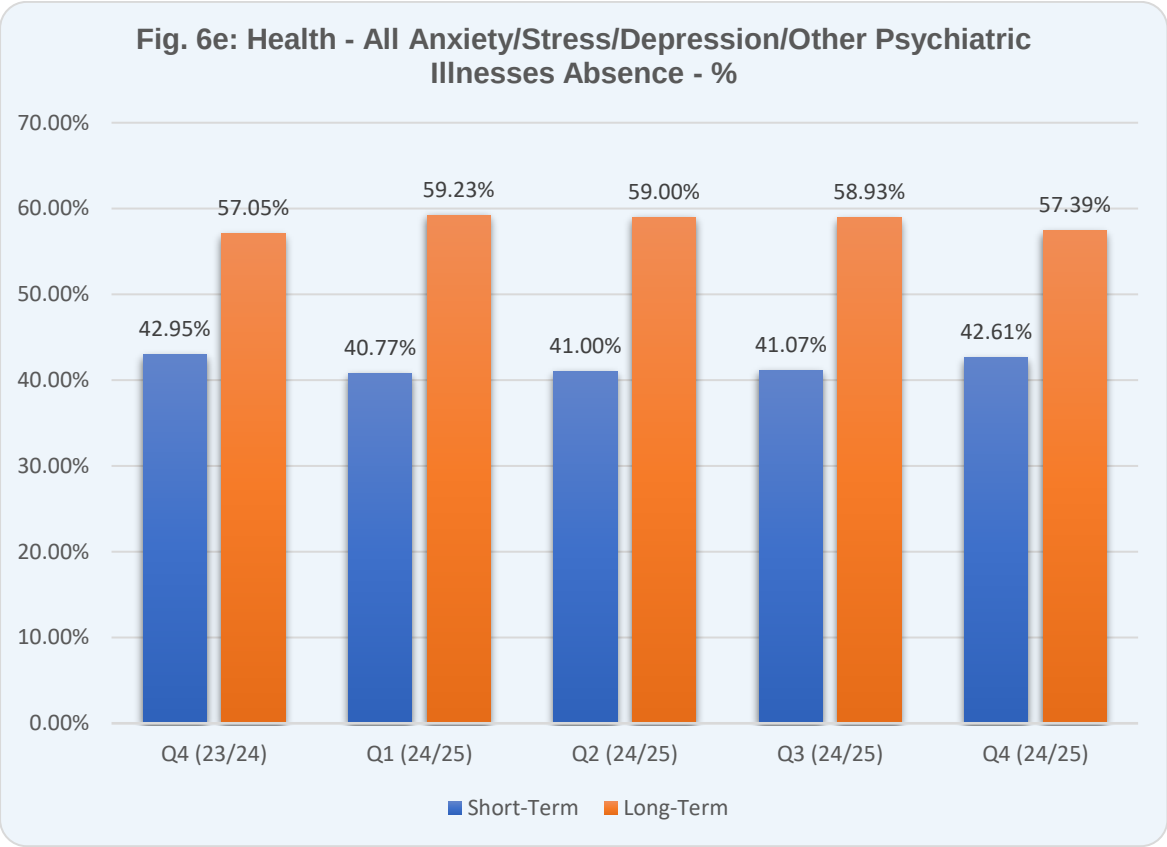


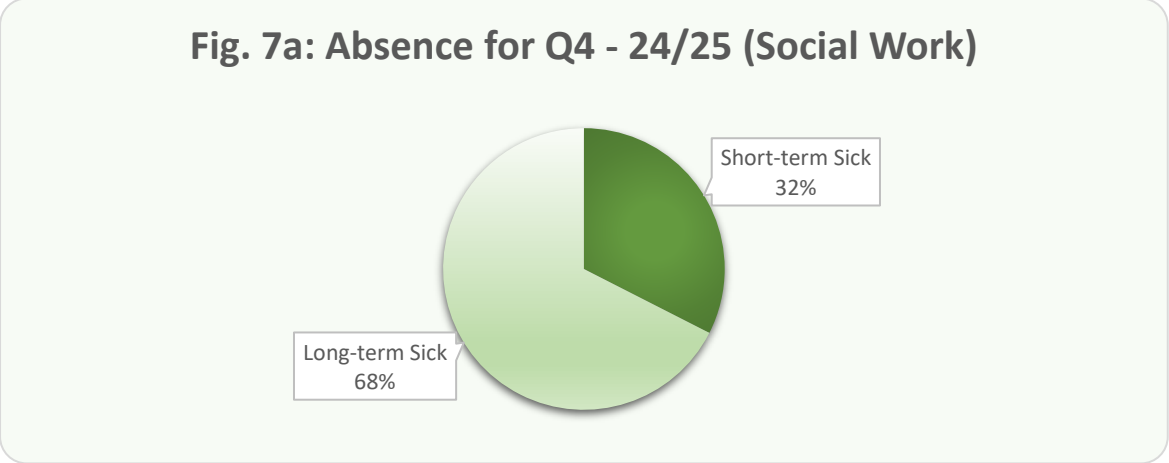
Fig. 6e illustrates the breakdown of absences in **Health** due to **Anxiety/Stress/Depression/Other Psychiatric Illnesses**, differentiating between **short-term** and **long-term** absences. **Long-term absences** continue to dominate this category; in **Q4 2024/25**, long-term absences accounted for **57.39%**, while short-term absences made up **42.61%**.

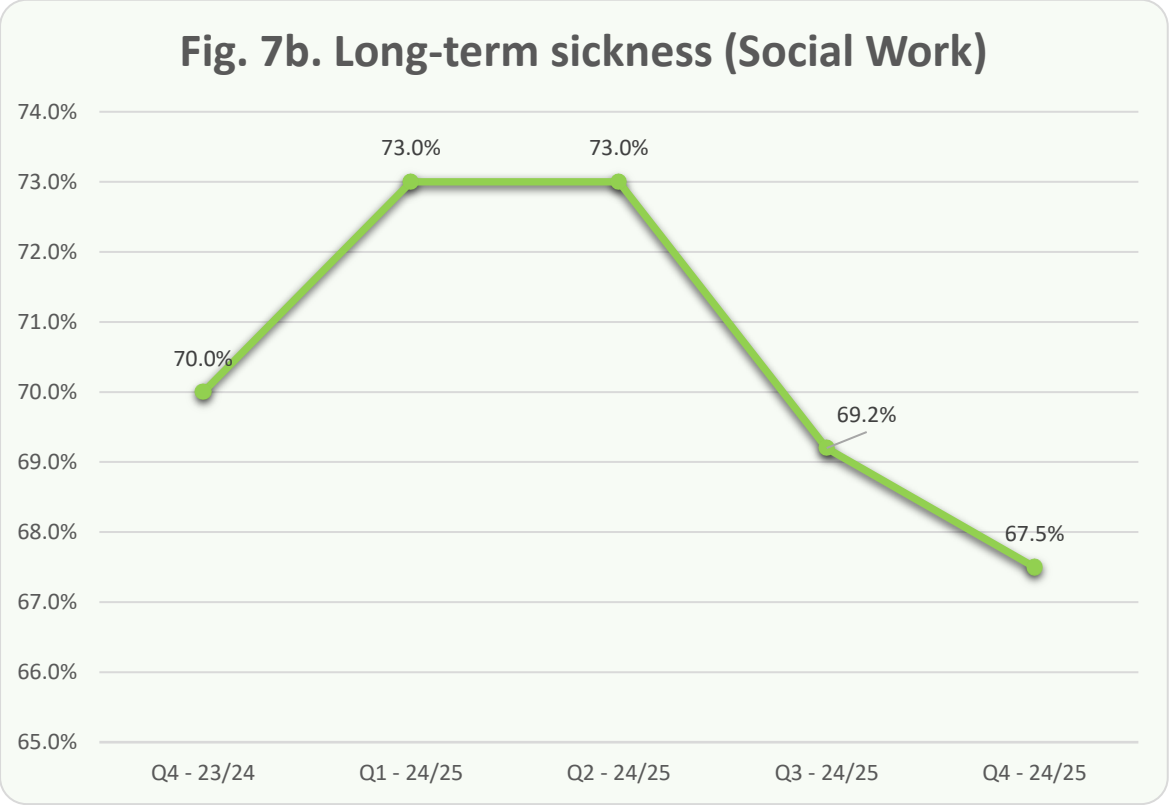
This distribution has remained relatively stable over the past five quarters, indicating a persistent trend of long-term mental health-related absences. Despite slight fluctuations, long-term absence has consistently remained close to or above 57%, underscoring its ongoing impact on staffing levels.

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

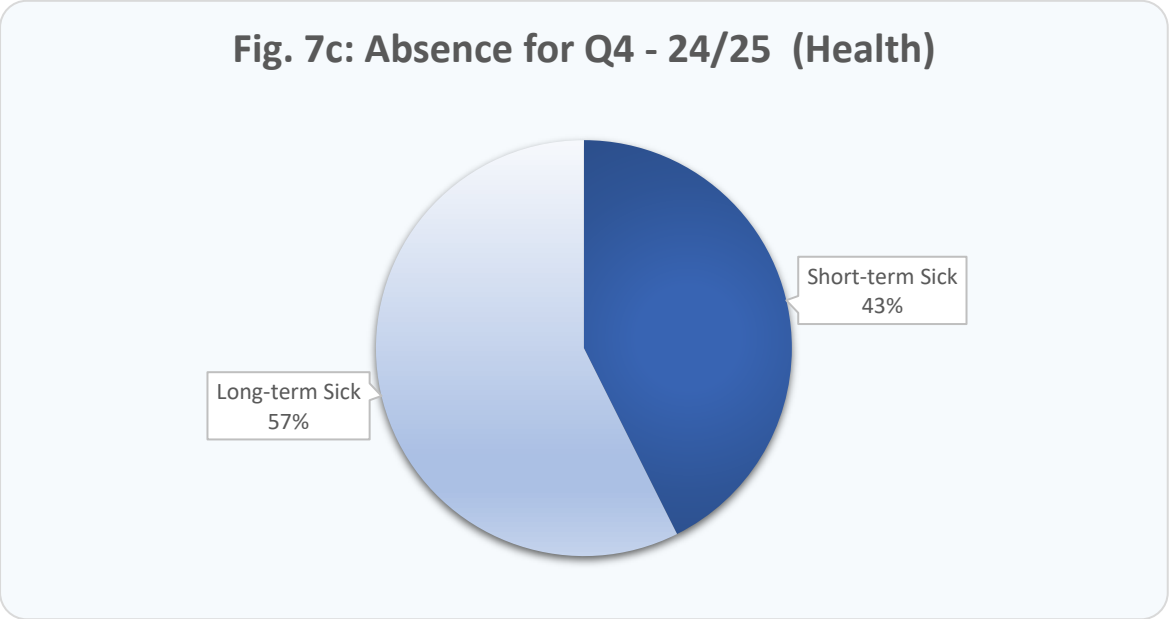
7.1 Duration of Absence – **Social Work**





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, showing a reduction over the past 2 quarters, reporting **67.5%** in **Q4 2024/25**. In comparison to **Q4 2023/24** the current period reports at **2.5%** lower

7.2 Duration of Absence – **Health**



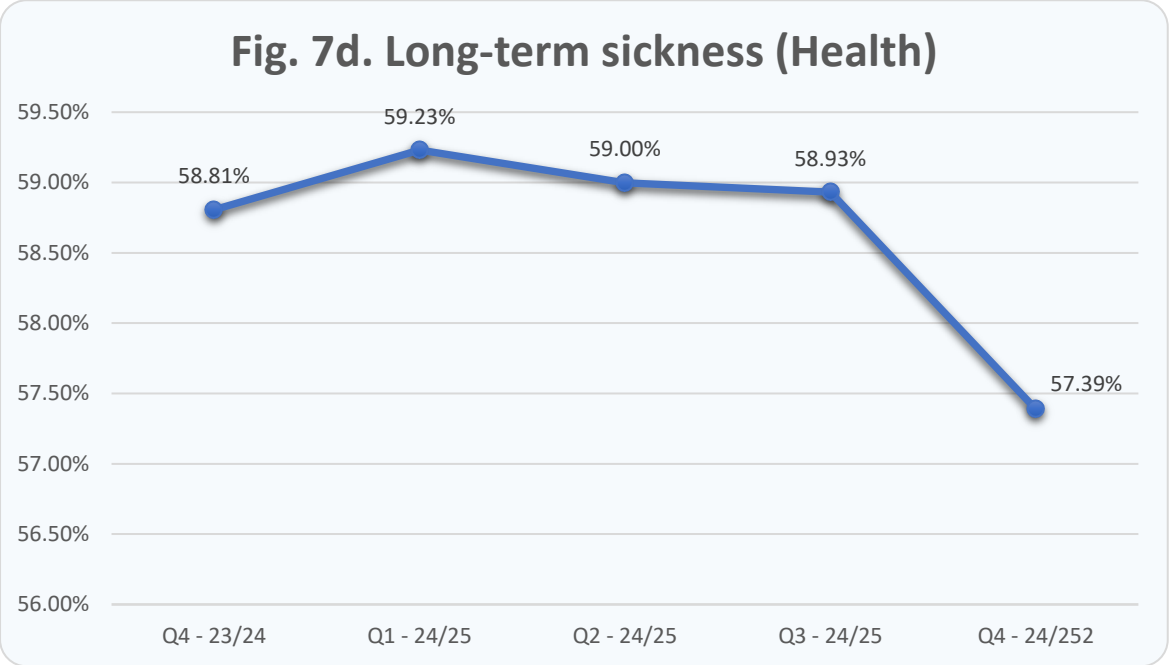


Fig. 7c and **7d** illustrate that within **Health**, long-term absence is defined as a sickness period exceeding 29 days. **Fig. 7c** shows that **long-term sickness** accounted for **57%** of all absences in **Q4 2024/25**, continuing to exceed short-term absence levels (**43%**), in line with long-established trends within the healthcare sector.

Fig. 7d indicates that after remaining relatively stable for three consecutive quarters (Q1–Q3 2024/25), **long-term sickness** fell from **58.93%** in **Q3** to **57.39%** in **Q4** (**-1.54%**). This marks the lowest long-term absence rate recorded in the past five quarters, suggesting a modest improvement in managing extended sickness absences.

7.3 Absences – Combined Analysis

Figs. 7a, 7b, 7c, and 7d reflect persistently high levels of **long-term sickness absence** across **GCHSCP**, which remains a cause for concern. Psychological reasons continue to be the top contributor to long-term absences across both **Health** and **Social Work**.

In **Social Work**, **long-term sickness** accounted for **68%** of all absences in **Q4 2024/25**, down from **73%** in the previous two quarters. The downward trend continued in **Fig. 7b**, falling from **73.0%** in Q2 to **69.2%** in Q3, and then to **67.5%** in **Q4**, indicating gradual improvement.

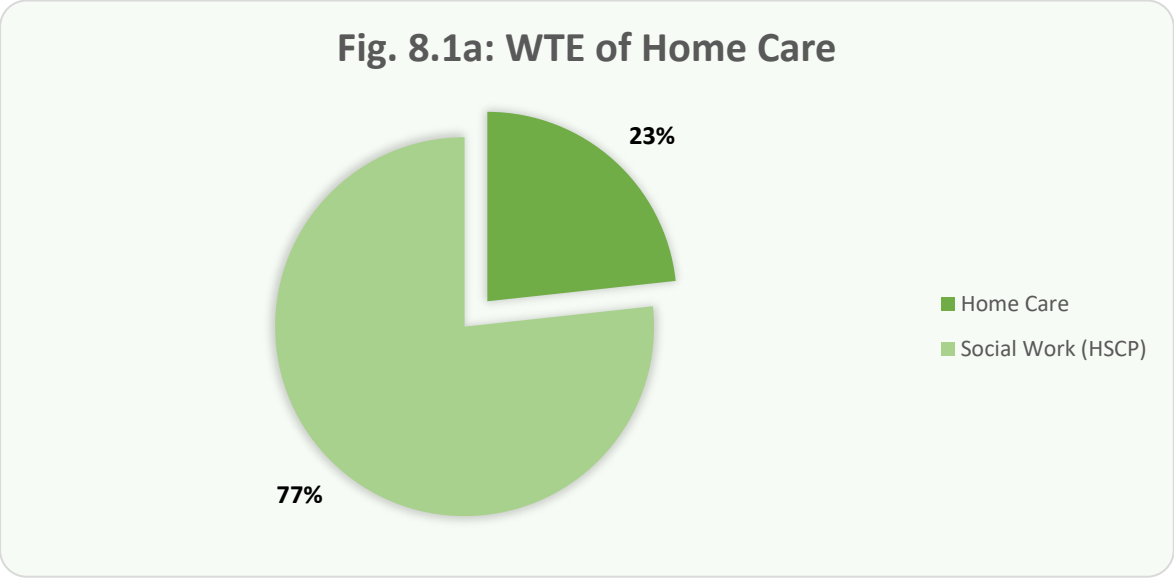
In **Health**, **long-term absence** made up **57%** of all sickness absence in **Q4 2024/25** (**Fig. 7c**), the lowest figure recorded in the past five quarters. **Fig. 7d** shows a steady decline from a peak of **59.23%** in **Q1** to **57.39%** in **Q4**, suggesting a modest improvement in the management of extended absence.

These trends are consistent with broader challenges across the sector. Long-term sickness typically accounts for the majority of lost workdays in health and care roles, reflecting the impact of more complex and enduring health conditions.

The **2025/26 Attendance Management Action Plan** aims to address these challenges through targeted support, early intervention, and improved recovery planning.

8. Quarterly Spotlight Area

8.1 Quarterly Spotlight Area - **Social Work – Home Care**



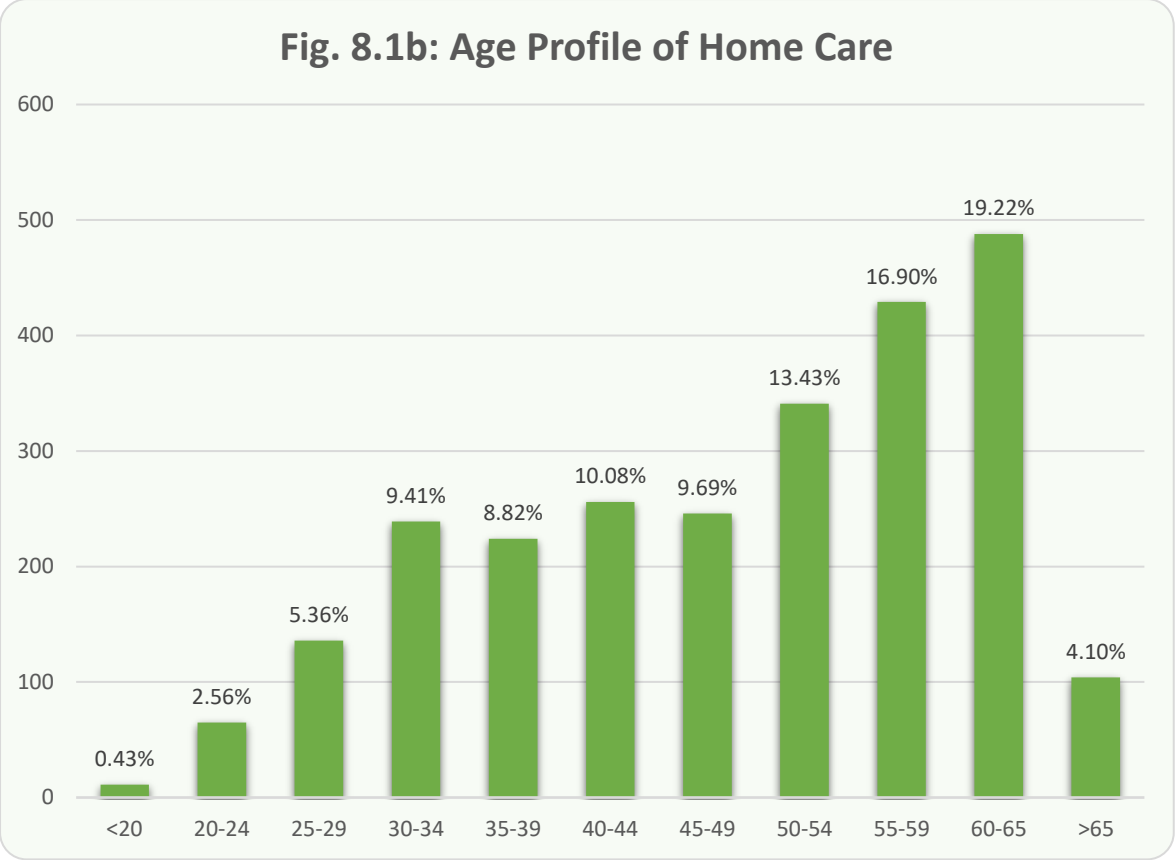


Fig. 8.1b: Age Profile of Home Care
600
500
400
300
200
100
0
0.43%
2.56%
5.36%
9.41%
8.82%
10.08%
9.69%
13.43%
16.90%
19.22%
4.10%
<20
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-65
>65

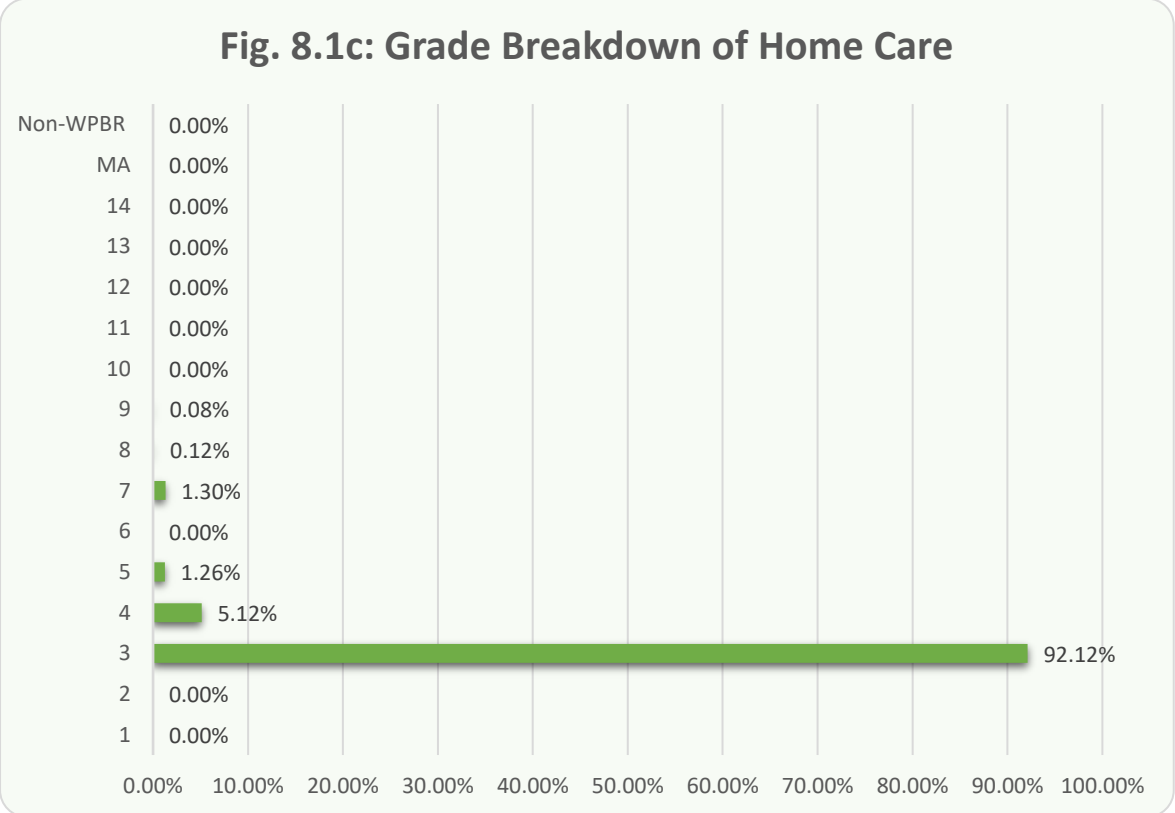


Fig. 8.1c: Grade Breakdown of Home Care
Non-WPBR 0.00%
MA 0.00%
14 0.00%
13 0.00%
12 0.00%
11 0.00%
10 0.00%
9 0.08%
8 0.12%
7 1.30%
6 0.00%
5 1.26%
4 5.12%
3 92.12%
2 0.00%
1 0.00%
0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00% 70.00% 80.00% 90.00% 100.00%

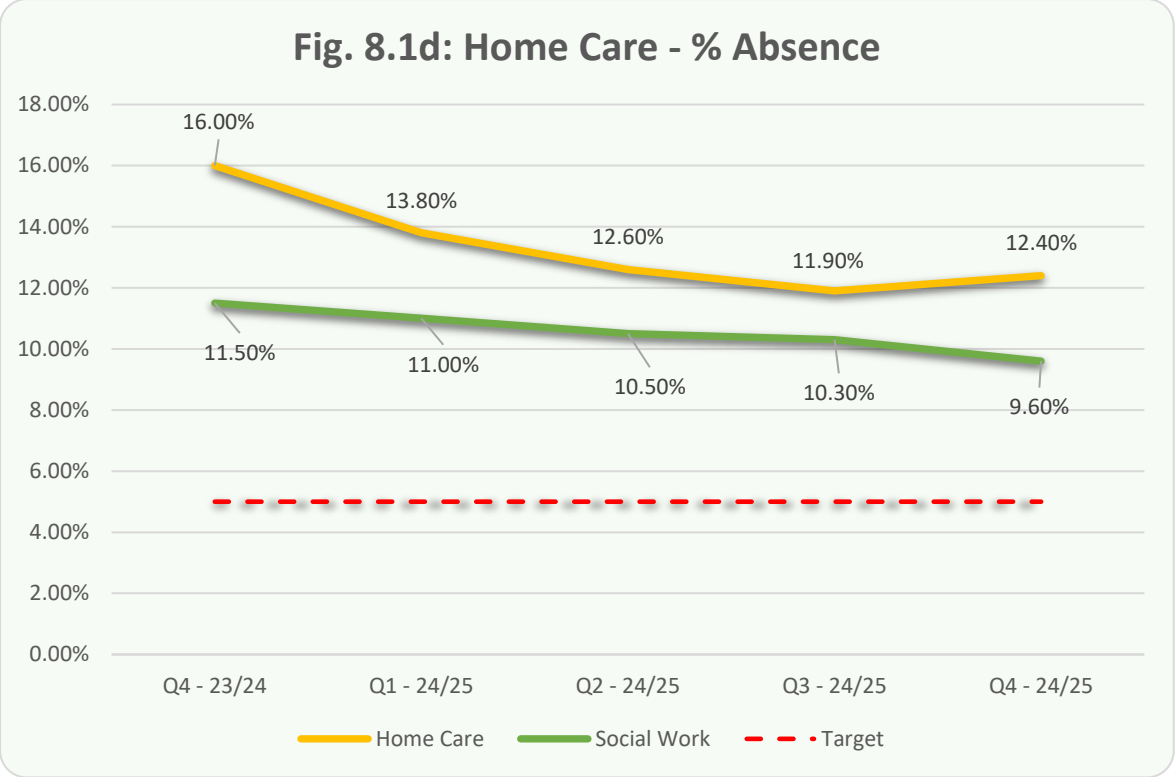


Fig. 8.1d: Home Care - % Absence
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
16.00%
13.80%
12.60%
11.90%
12.40%
11.50%
11.00%
10.50%
10.30%
9.60%
Q4 - 23/24
Q1 - 24/25
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25
Home Care
Social Work
Target

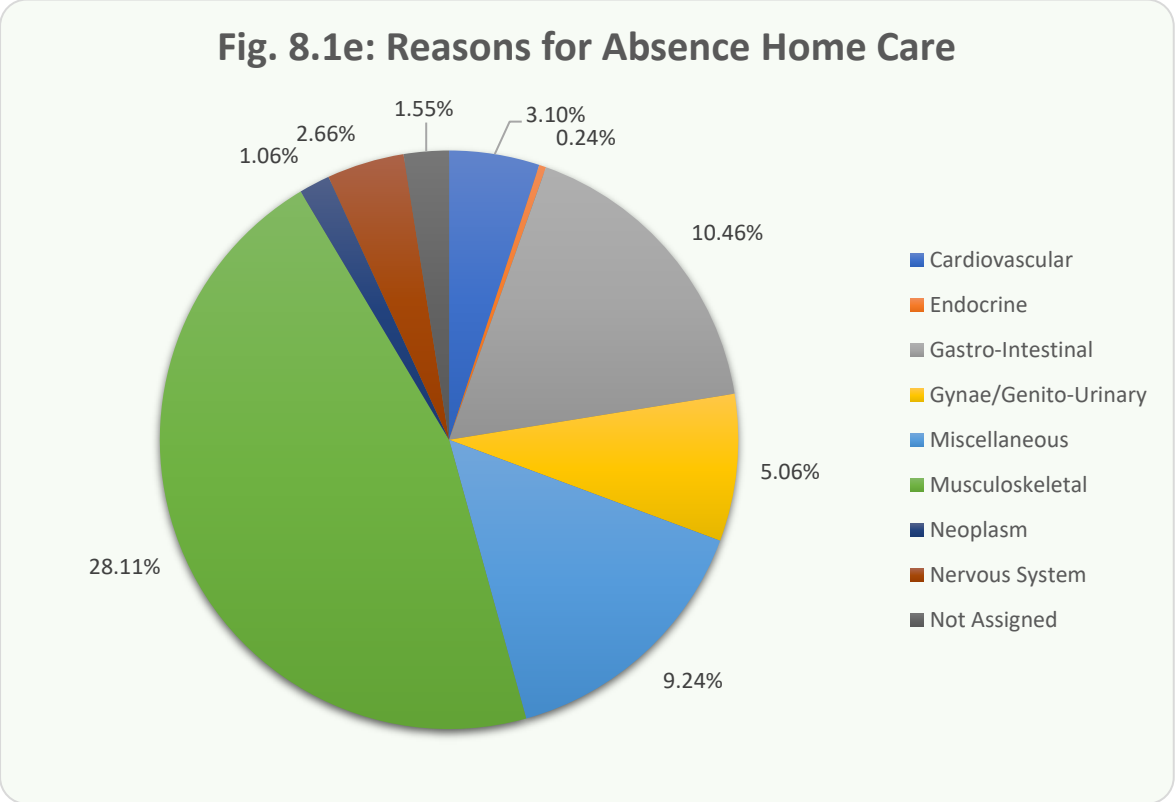


Fig. 8.1e: Reasons for Absence Home Care
1.55%
3.10%
0.24%
2.66%
1.06%
10.46%
5.06%
28.11%
9.24%
Cardiovascular
Endocrine
Gastro-Intestinal
Gynae/Genito-Urinary
Miscellaneous
Musculoskeletal
Neoplasm
Nervous System
Not Assigned

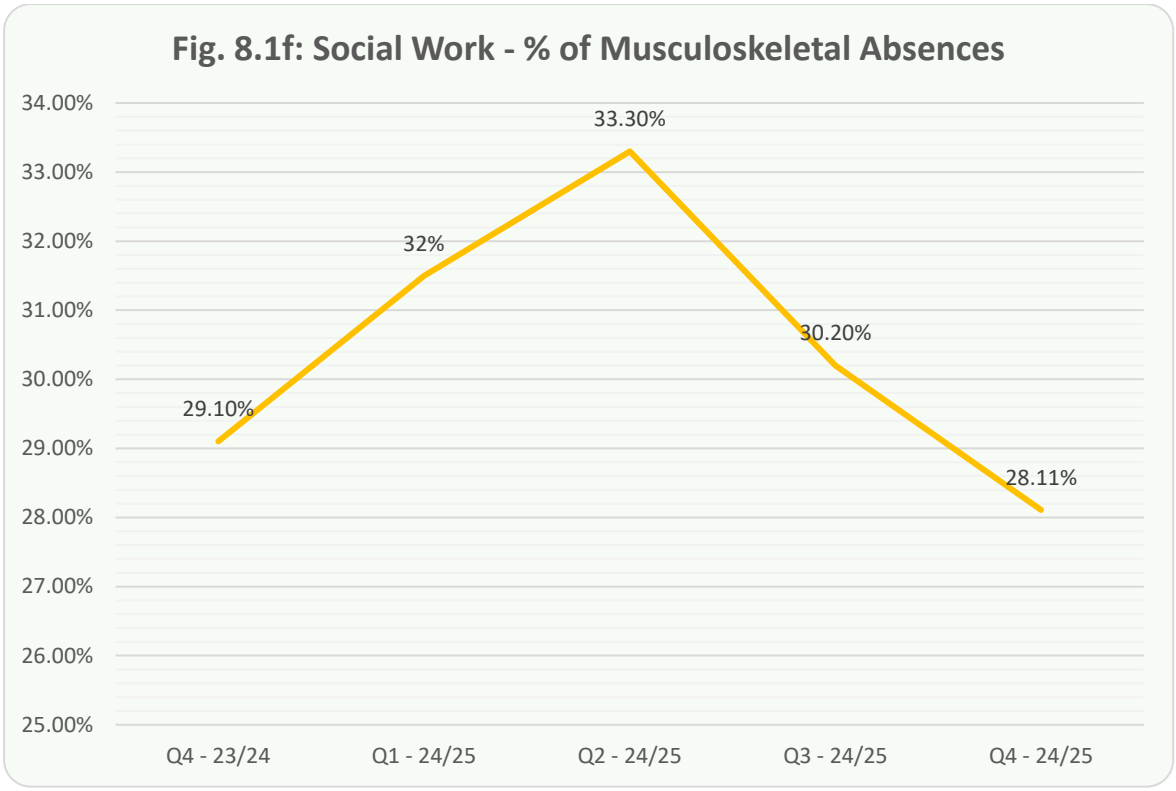


Fig. 8.1f: Social Work - % of Musculoskeletal Absences
34.00%
33.00%
32.00%
31.00%
30.00%
29.00%
28.00%
27.00%
26.00%
25.00%
29.10%
32%
33.30%
30.20%
28.11%
Q4 - 23/24
Q1 - 24/25
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25

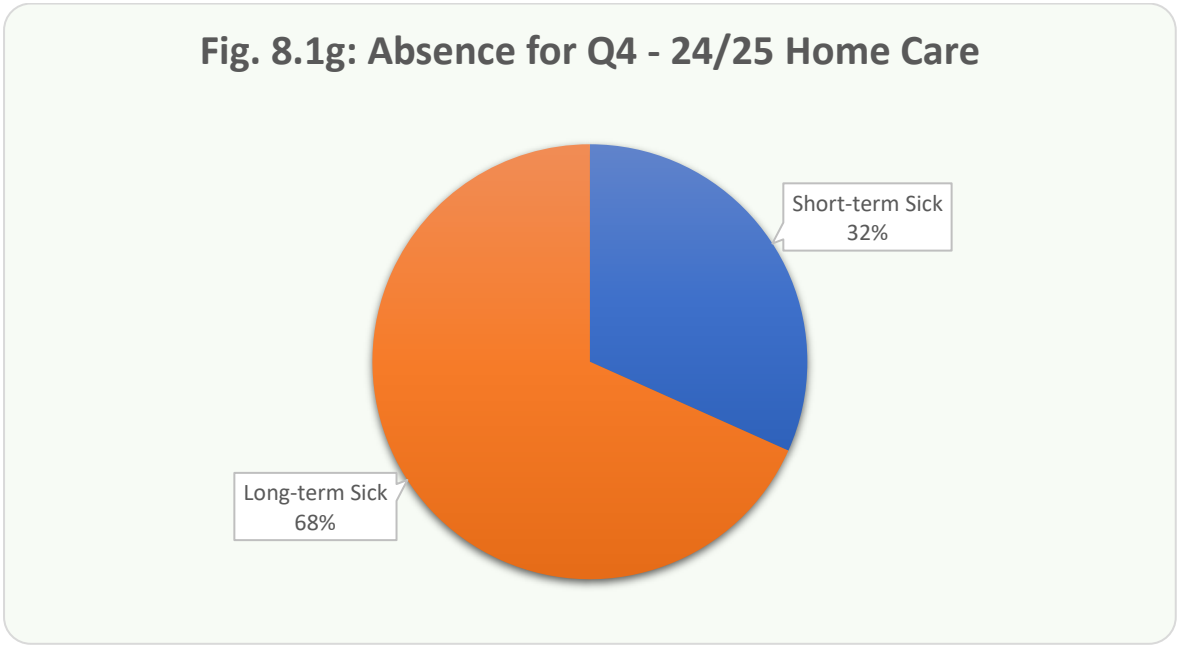
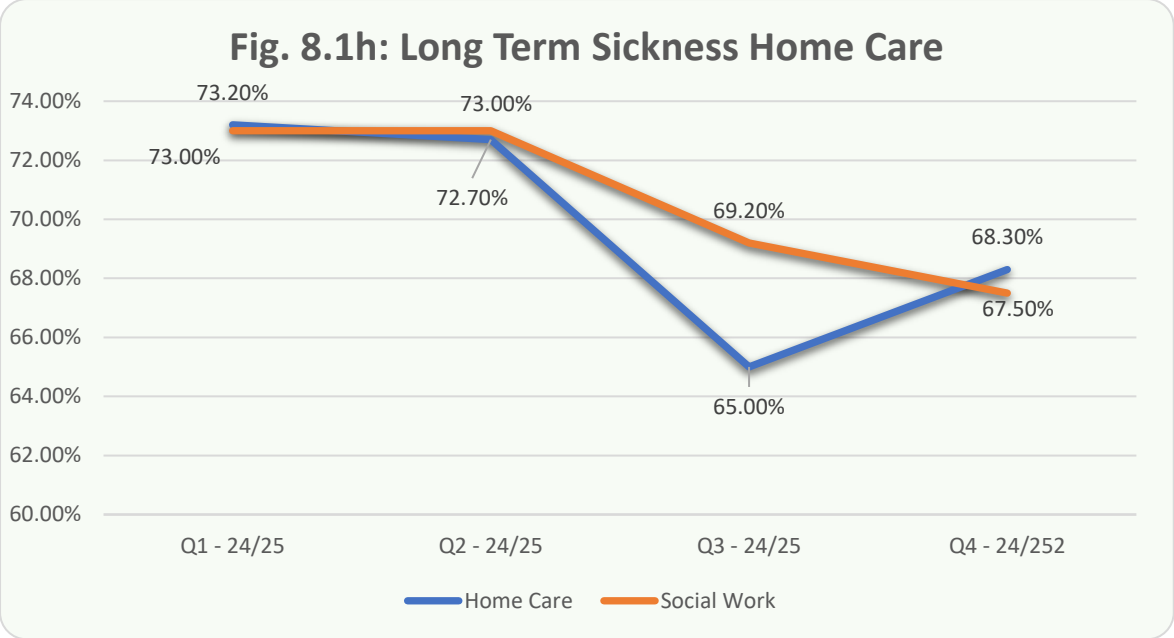


Fig. 8.1g: Absence for Q4 - 24/25 Home Care
Short-term Sick
32%
Long-term Sick
68%



The above visuals relate to Home Care, a Service which sits within the Care Group of Care Services and accounts for **23%** of the **Social Work Workforce**. This incorporates Home Care staff who provide a variety of services to vulnerable individuals within their home environment, 365 days per year. **(Fig. 8.1a).**

The **Age Profile** of the Home Care shows that **53.65%** of staff are **over the age of 50**, with almost a quarter falling into the **>= 60 bracket (23.32%). (Fig. 8.1b)**.

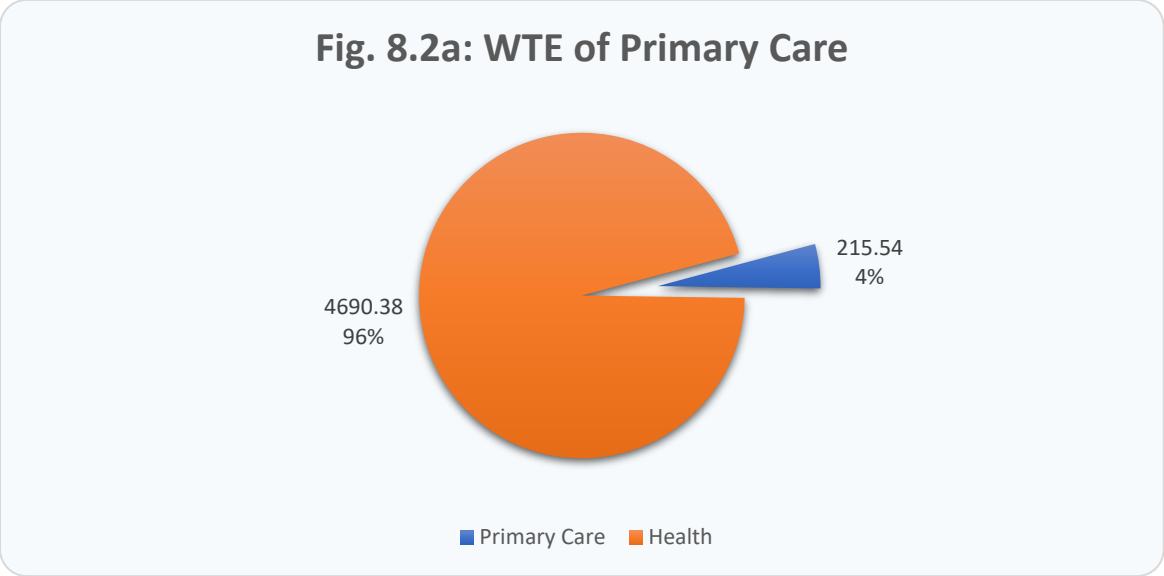
The workforce is predominately **Grade 3 (92.12%) (Fig. 8.1c)** and comprises mainly of Home Carers. The next largest group is **Grade 4 (5.12%)** which includes Home Care Co-ordinators, Operational Support Assistants.
Sickness absence levels within Home Care are similar to the Social Work trend however tend to be higher than the overall total. However, Home Care has achieved the most significant improvement in absence compared to all other services.

Home Care absence has steadily decreased over the past year and **Fig 8.1d** reports whilst there has been a slight increase from **Q3 2024/25 (+0.5%)**, **Q4** reports **3.6%** lower than the same quarter the previous year.
In contrast with the overall Social Work position, **Musculoskeletal** is the top reason for absence **(28.11%)**. **Psychological** is not within the top 5 reasons for absence, or the top 9 as outlined at **Fig. 8.1e.** The next largest contributor to absence in **in Q4 2024/25 is Miscellaneous (9.24%),** followed by **Gynae/Genitor-Urinary** absences**.**

Long term absences account for the majority of sickness absence at **68%**, similar to Social Work. **Q4 2024/25** report a decrease in long term absence compared to the same quarter the previous year **(-4.9%)** is the lowest over the past 4 quarters.

The **refreshed 2025/26** Attendance Management Action Plan introduces new interventions, some of which are specific to Home Care, the largest care group in the service, to try and improve employee wellbeing and attendance.

8.2 Quarterly Spotlight Area - Health – Primary Care



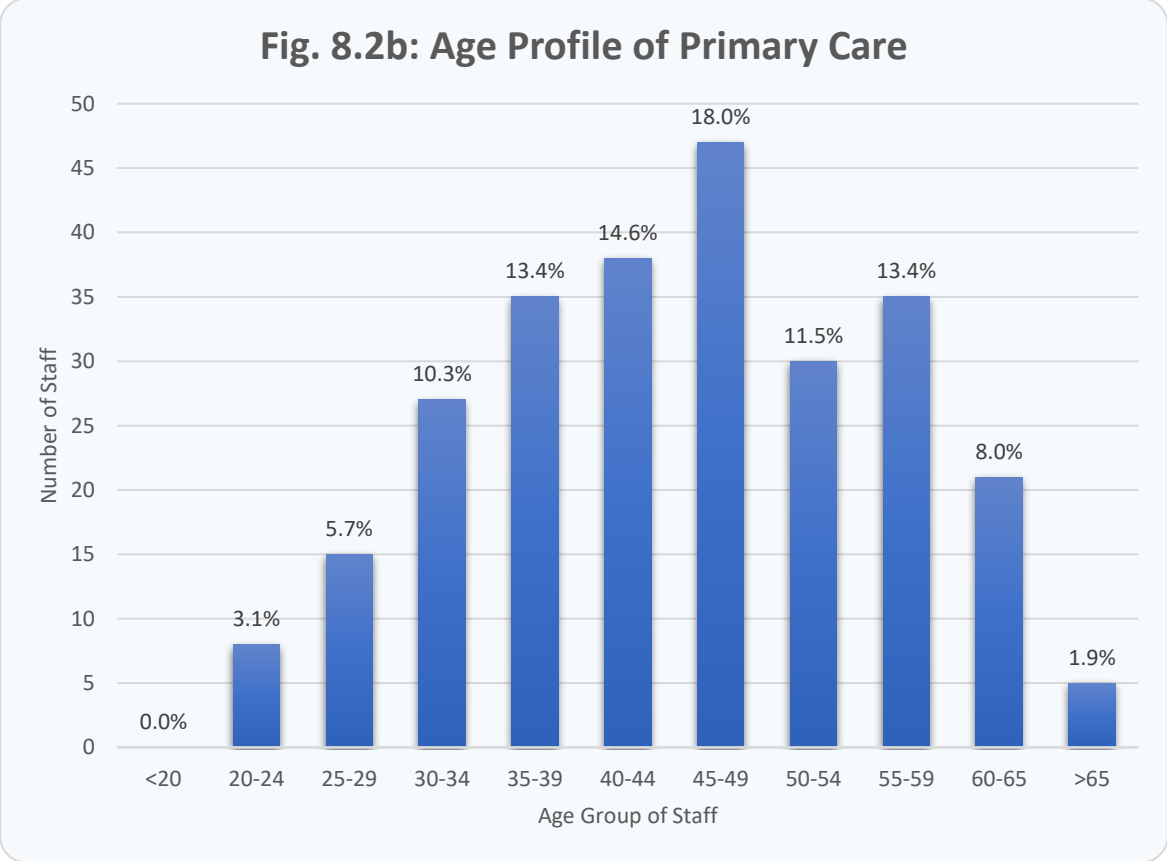


Fig. 8.2c: Band Breakdown of Primary Care

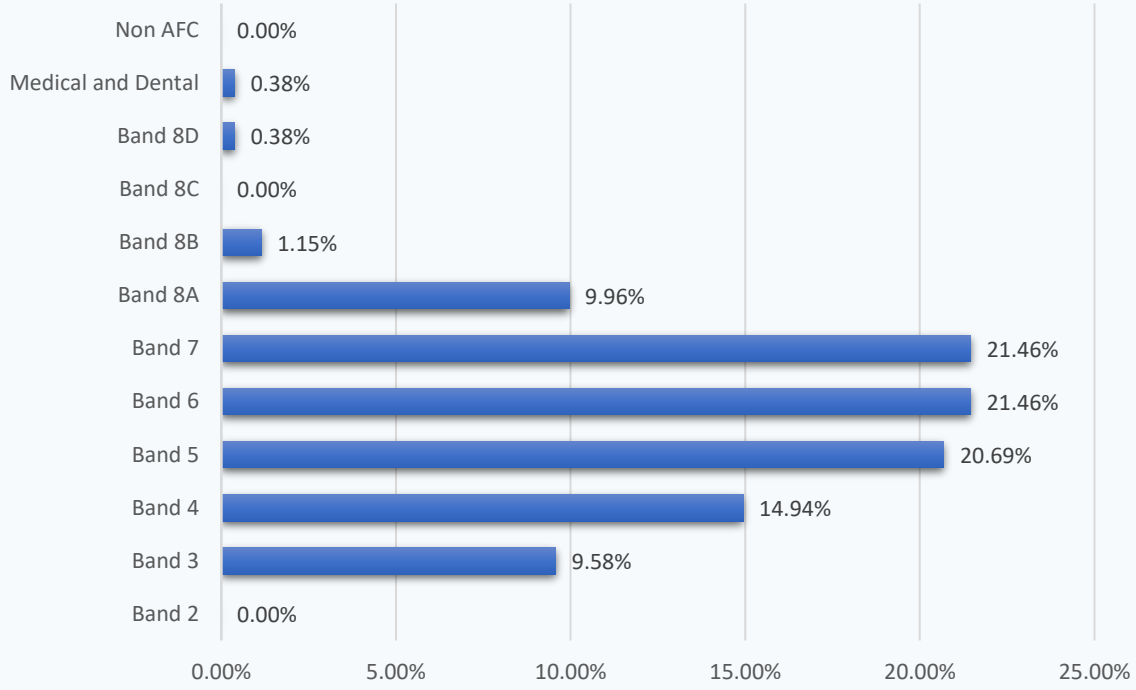


Fig. 8.2d: Primary Care - % Absence

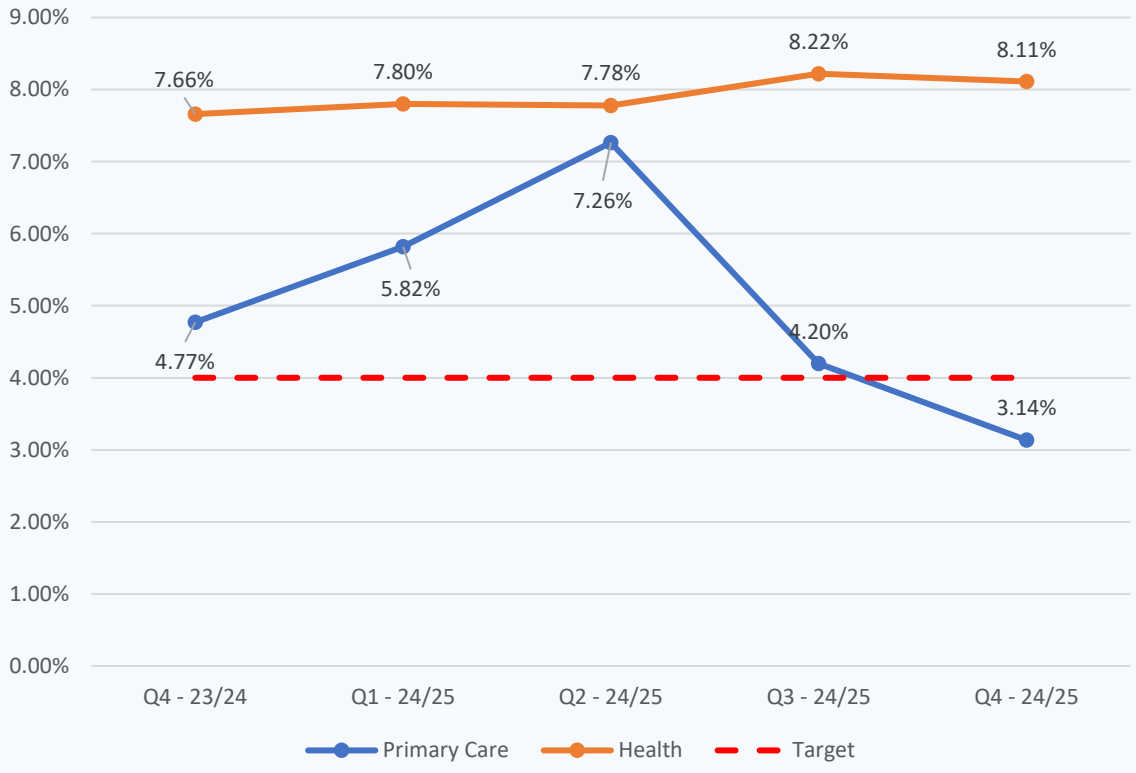


Fig. 8.2e: Reasons for Absence (Primary Care)

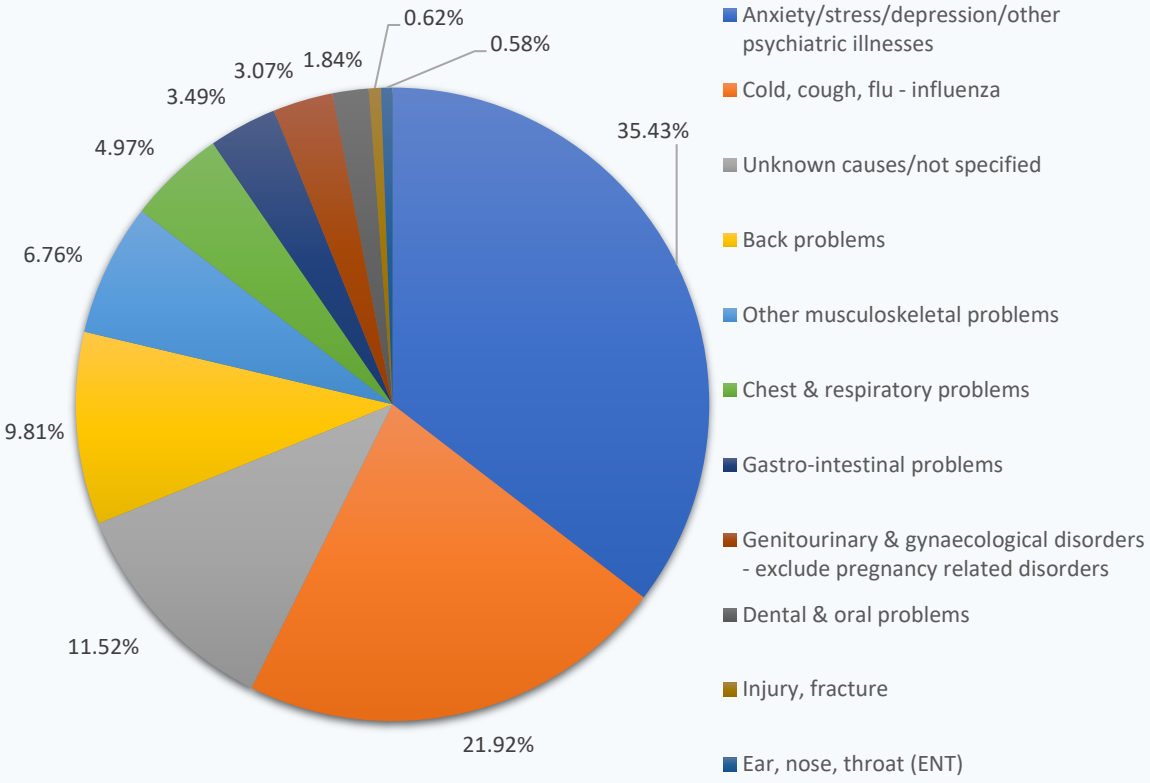


Fig. 8.2f: Health - % of Psychological Absences

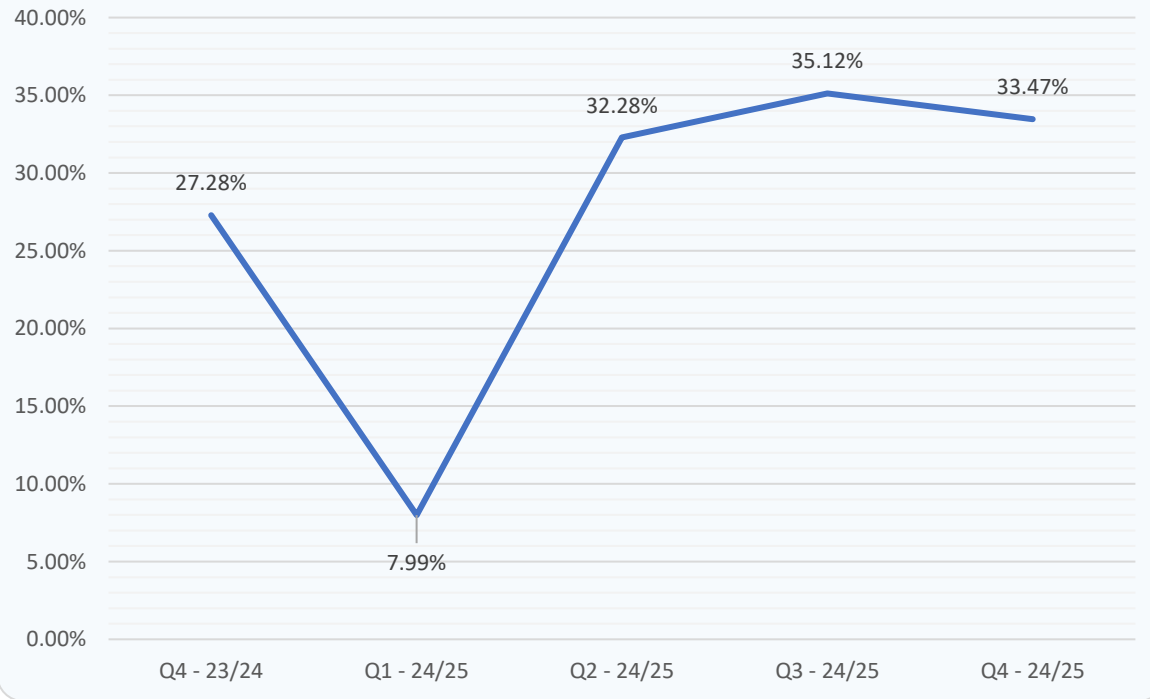


Fig. 8.2g: Absence for Q4 - 24/25 (Primary Care)

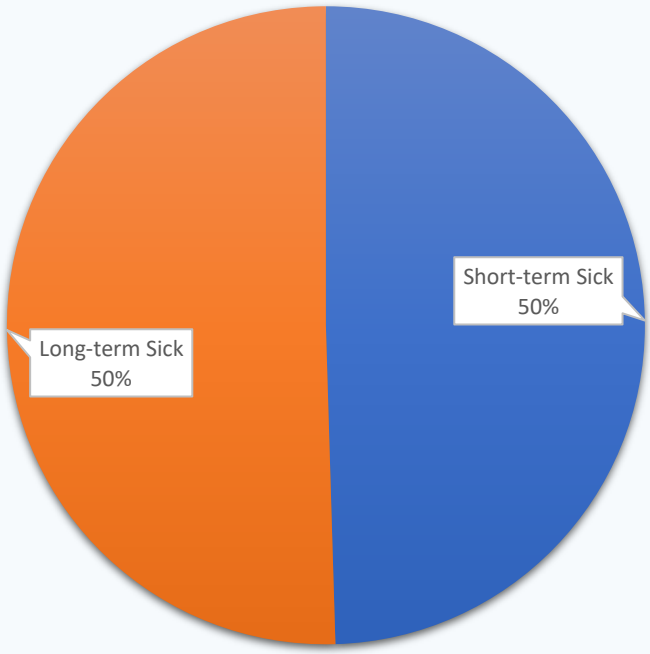
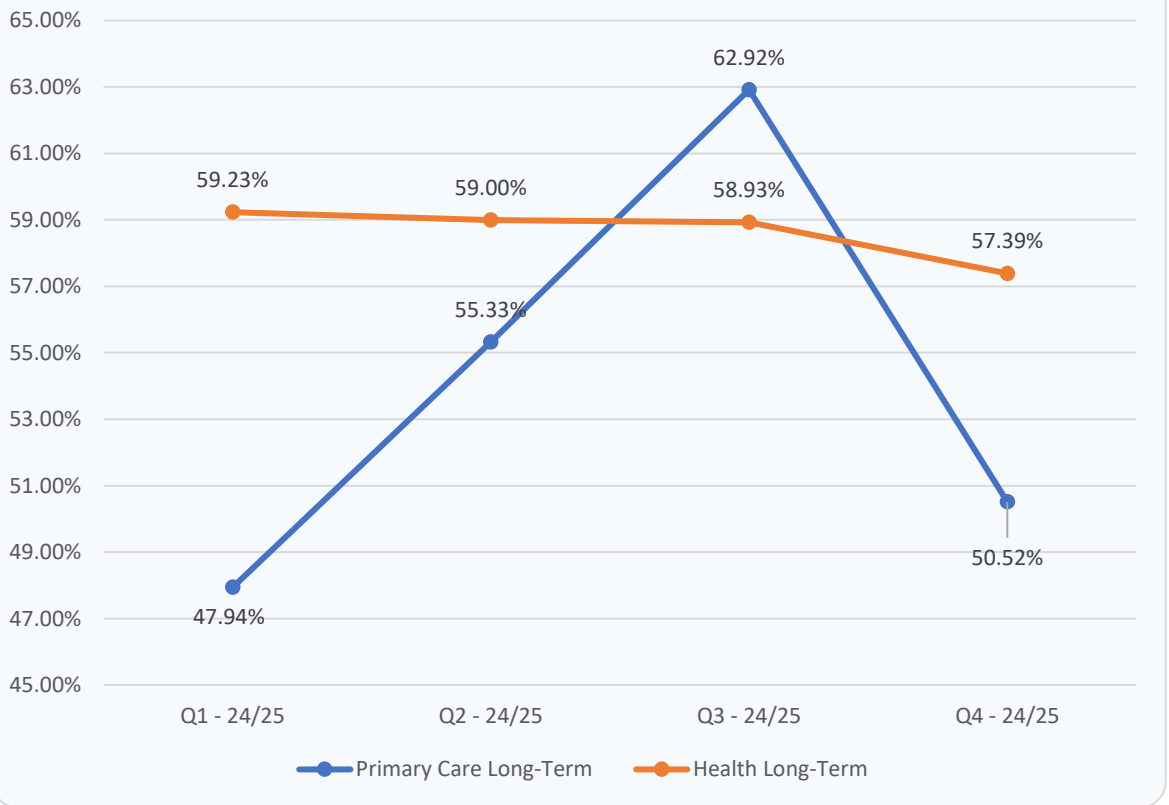


Fig. 8.2h: Long Term Sickness (Primary Care)



Primary Care, under the leadership of **Gary Dover**, is part of **Glasgow City HSCP** and comprises a diverse workforce of **262 staff** across areas such as **Health Promotion, Pharmacy, Public Health Nursing, Health Visiting, Occupational Therapy, and Office Services**. These teams deliver vital frontline and preventative health services within community settings, supporting individuals across Glasgow with a strong focus on accessibility, early intervention, and long-term condition management.

Overall Absence Trends

In **Q4 2024/25**, **Primary Care** recorded an absence rate of **3.14%** (Fig. 8.2d), showing a continued significant improvement from 4.20**%** in the previous quarter (**Q3**) and now well below the **Health sector average** of **8.11%**. This drop represents the lowest absence rate seen in Primary Care in over a year and reflects a strong rebound from the high levels experienced throughout **Q2**. Continued monitoring will be important to determine if this improvement is sustainable.

Long-Term Absence Analysis

Long-term sickness accounted for **50%** of total absence in Q4 (Fig. 8.2g), down from **62.92% in Q3**. Long-term absence still represents half of all absence cases and remains a key priority for sustained intervention.

Psychological Absences

Psychological absences (Anxiety/Stress/Depression/Other Psychiatric Illnesses) remain the leading cause of absence in Primary Care, accounting for **33.47%** in **Q4** (Fig. 8.2e). Although this is a slight reduction from **Q3's** peak of **35.12%**, it is still substantially higher than **Q4 2023/24** (**27.28%**) and continues to dominate the overall absence profile.

Fig. 8.2f illustrates that psychological absences have remained high throughout 2024/25, except for **Q1**, which showed an anomalously low figure of **7.99%**. This quarter also saw an unusual spike in the **"Other known causes – not otherwise classified"** category, reaching **28.44%**, more than double its average. It is highly likely that psychological absences were miscoded during this period, further supporting the case for continued training and oversight in absence categorisation.

Workforce Demographics and Structure

The **Band breakdown** (Fig. 8.2c) indicates that Primary Care is heavily composed of staff at **Band 5 (20.69%)**, **Band 6 (21.46%)**, and **Band 7 (21.46%)**, reflecting a workforce focused on skilled frontline delivery. **Band 3** also makes up a significant portion (**14.94%**), indicating a blend of clinical and support roles.

The **age profile** (Fig. 8.2b) shows the largest concentration of staff is in the **40–44 age group (18.0%)**, with strong representation across the **45–49 (16.0%)** and **55–59 (13.4%)** age brackets. This suggests a mature workforce, which may be more susceptible to long-term health conditions and related absences.

Summary

The sharp decline in absence rates in **Q4 2024/25** is a very positive development for Primary Care and brings the service well below the sector average. However, the persistent dominance of **long-term sickness** and **psychological health issues** highlights the ongoing need for focused support and preventative strategies. The **2024/25 Attendance Management Action Plan** and **Staff Mental Health and Wellbeing Framework** continue to play a vital role in tackling these challenges and supporting sustainable workforce resilience.

9. Action Planning

9.1 The following Action Plan supported 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 have been concluded, with a new plan currently in development with new strategies and interventions for 2025-26.

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	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 i.e. 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	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	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	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
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	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

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
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	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.	Ongoing – carry forward to 25/26 Action Plan
1.6	Performance Review Meetings	Performance Review Meetings are being established across the HSCP for Health focusing on 3 areas of compliance and improvement – KSF, Absence and HSE training.	HR HOS ACO's	Focused attention and improvement.	Absence levels and improved management practice and recording	Commence February scheduled for one year.	** New Health action that will roll over to 2025/26 Action Plan HSCP taking a task force approach to these areas having Performance Improvement groups for ACO and HOS for each service area and feeding into a wider Performance Review Group chaired by Chief officer. The intention is to identify areas that requires additional focus and support and to develop targeted initiatives for improvement.	Commence in February 2025
2.	**Occupational Health**							
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	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	Easier and faster access to OH support/advice for front line staff	Quarterly reporting - staff attendance data and outcomes.	Nov 2024 Mar 2025	Unable to progress due to CHR restrictions. SW shared scope of requirements with CHR and met with OH/CHR to explore feasibility of GCHSCP request.	Discontinued
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	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

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
2.4	Phased returns	Review approach to phased returns, ensuring all possibilities are considered to accommodate a short-term solution.	HR 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	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	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	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
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	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	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.	Ongoing – carry forward to 25/26 Action Plan

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
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	Quicker manager intervention and action	Reduced absence and quicker supported return to work	Nov 2024 Mar 2025	SW HR worked with CGI to finalise an automated absence report sent by email to managers weekly, which will include advice and signpost to relevant supports/resources. Implemented for OP Res & DC, Children's Residential, Homelessness. Home Care is the next focus before further rollout	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	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.	Complete
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	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	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.	Superseded by Performance Review Group
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	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 & systems training for newly appointed managers to manage and record absence effectively.	HR 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

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
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	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/Mar 2025	**Service Managers** x 3 – Aug 24 **Home Care** 15min slots at sector meetings – Sept 24 **Home Care** 30 min HR Briefing on 12/11 **Home Care** x8 30 min HR Briefings Sept/Oct **MyPortal Manager Training** complete 25/6, 20/9, 26/9 **All Managers - on new team structure:** **Children's Residential** 1/11 **Home Care** 12/11, 18/11 **Older People Res & Day Care** 26/11, 29/11, 4/12 **HR Briefings to trade unions** Feb/Mar 2025	Complete
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	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	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.