# Item No. 14

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

# Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

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

**Phone:** **07880 294 747**

## Attendance Management

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| **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 1 (April - June 2025) as well as performance, notable key issues and the implications for Glasgow City HSCP. |

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| **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). |

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| **Governance Route:** | The matters contained within this paper have been previously considered by the following group(s) as part of its development.<br><br>HSCP Senior Management Team ☒<br>Council Corporate Management Team ☐<br>Health Board Corporate Management Team ☐<br>Council Committee ☐<br>Update requested by IJB ☐ |

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|---|---|
| | Other ☐<br>Not Applicable ☐ |

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| **Recommendations:** | The IJB Finance, Audit and Scrutiny Committee is asked to:<br><br>a) Note the findings within this report and the data attached; and<br>b) Note the actions to improve the current position (Appendix 1). |

| **Relevance to Integration Joint Board Strategic Plan:** |
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| 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:**

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| **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 |

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| **Sustainable Procurement and Article 19:** | N/A |

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| **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. |

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| **Implications for GCC Council:** | As stated above |

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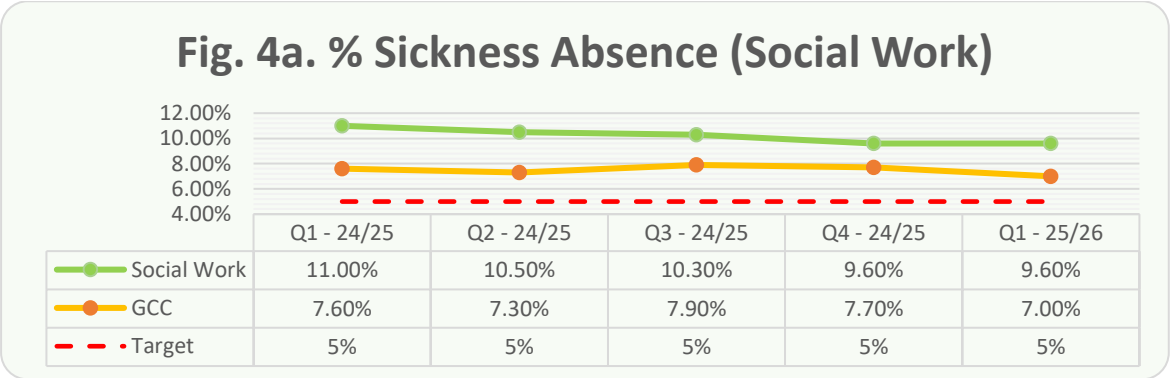
|---|---|
| **Implications for NHS Greater Glasgow & Clyde:** | As stated above |

## 1. Executive Summary

1.1 This report provides an overview of Attendance Management performance within GCHSCP for **Quarter 1** of **2025/26**.

1.2 Social Work

The downward trend of absence levels within SW is continuing with **Q1 2025/26** reporting lower than the same quarter the previous year **(-1.4%)**. **Q1, 2025/65** mirrors **Quarter 4 2024/25**, demonstrating the lowest quarterly absence level since **Q2 2021/22.**

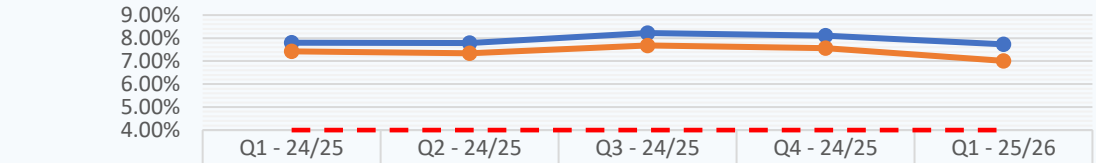



| | Q1 - 24/25 | Q2 - 24/25 | Q3 - 24/25 | Q4 - 24/25 | Q1 - 25/26 |
|---|---|---|---|---|---|
| Social Work | 11.00% | 10.50% | 10.30% | 9.60% | 9.60% |
| GCC | 7.60% | 7.30% | 7.90% | 7.70% | 7.00% |
| Target | 5% | 5% | 5% | 5% | 5% |

1.3 Health

Absence levels decreased to **7.73%** in **Q1 2025/26**, down from **8.11%** in **Q4 2024/25**, marking a continued improvement **(-0.38%)** over the quarter.

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




| | Q1 - 24/25 | Q2 - 24/25 | Q3 - 24/25 | Q4 - 24/25 | Q1 - 25/26 |
|---|---|---|---|---|---|
| Health % | 7.80% | 7.78% | 8.22% | 8.11% | 7.73% |
| NHSGGC % | 7.43% | 7.34% | 7.68% | 7.56% | 7.01% |
| Target (%) | 4% | 4% | 4% | 4% | 4% |

1.4 Supporting Attendance Action Plan 2025/26

The refreshed Plan for 2025/26 was approved by GCHSCP SMT in June 2025. The plan includes new interventions designed to further positively impact on absence levels and can be found at section 9 of this report.

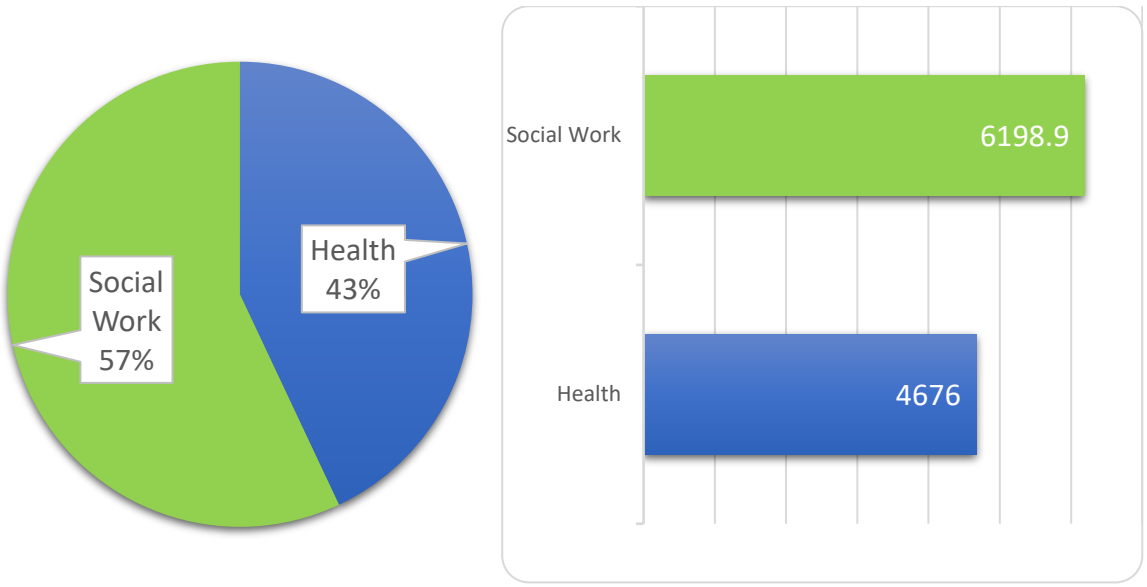
## 2. Purpose and scope of the report

2.1 To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in **Quarter 1 2025/26, (April – June 2025)** as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

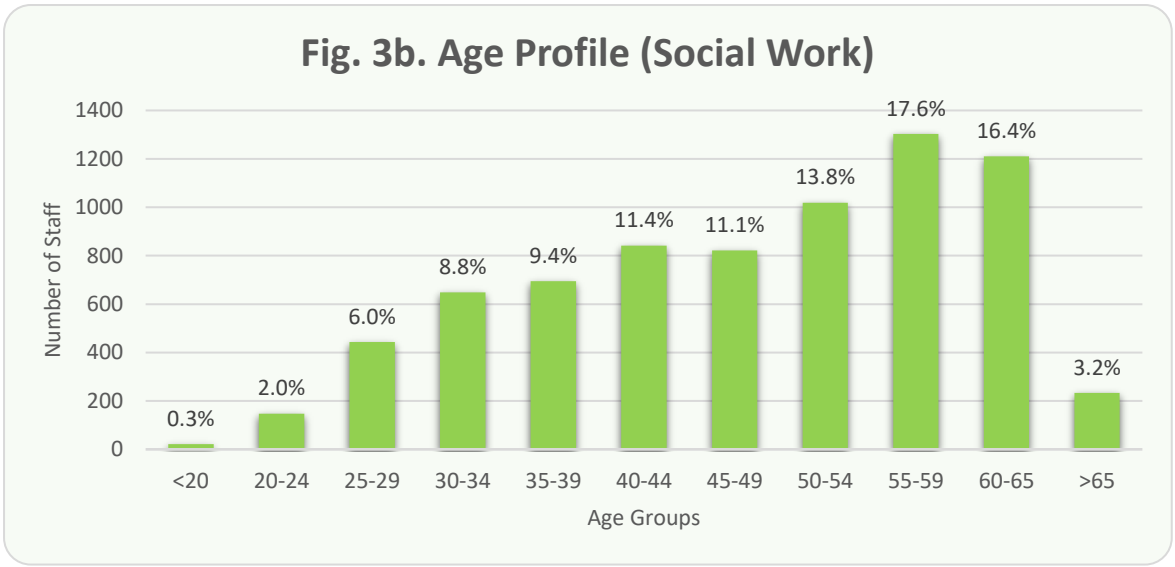
## 3. Staff Profile Summary

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

**Fig. 3a: WTE of Social Work and Health**




## 3.2 Staff Profile Summary – **Age Profile**



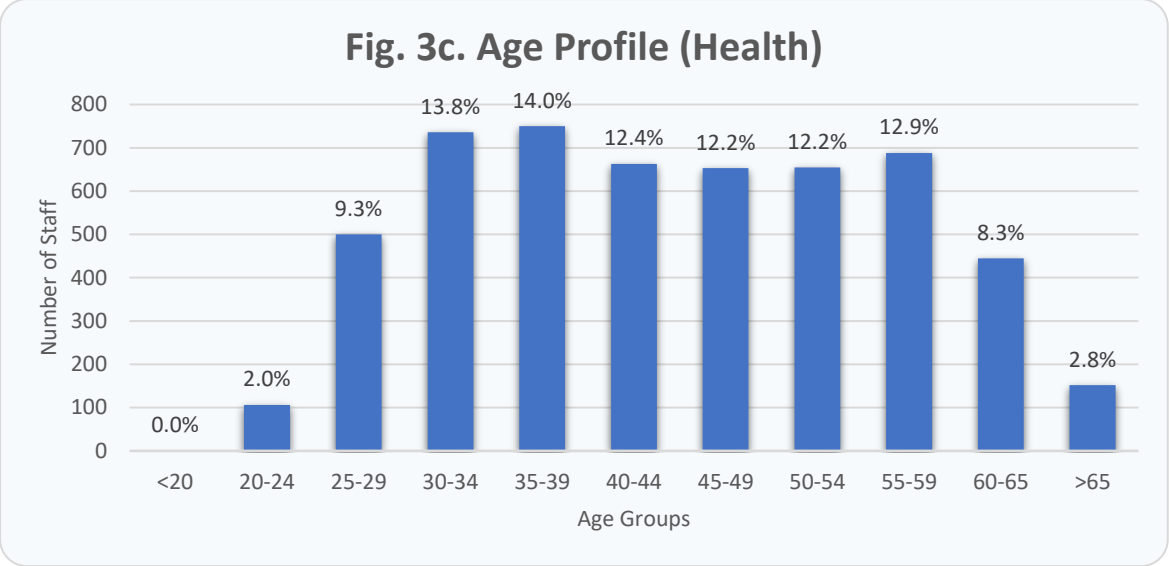



**Fig. 3a** shows the breakdown of whole-time equivalent staffing levels across **GCHSCP**, with **Social Work** accounting for **57%** of whole-time equivalent staff compared to **43%** for **Health**.

**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 (16.4%)**. **37.2%** of staff are aged **55 or over** indicating the risk of age-related health issues.

**Fig. 3c** shows that the **Health** workforce has a slightly younger profile overall, with the most common age groups being **35–39 years (14.0%) and 30–34 years (13.8%**). However, **24.0%** of **Health** staff are aged **55 or over**, which still represents a significant portion of the workforce nearing potential retirement.

The higher proportion of staff **aged 55+** in both sectors—particularly in **Social Work**—presents workforce planning challenges for **GCHSCP**, with potential implications for succession planning, recruitment, and the likelihood of increased absence rates due to age-related health issues or retirement transitions.

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

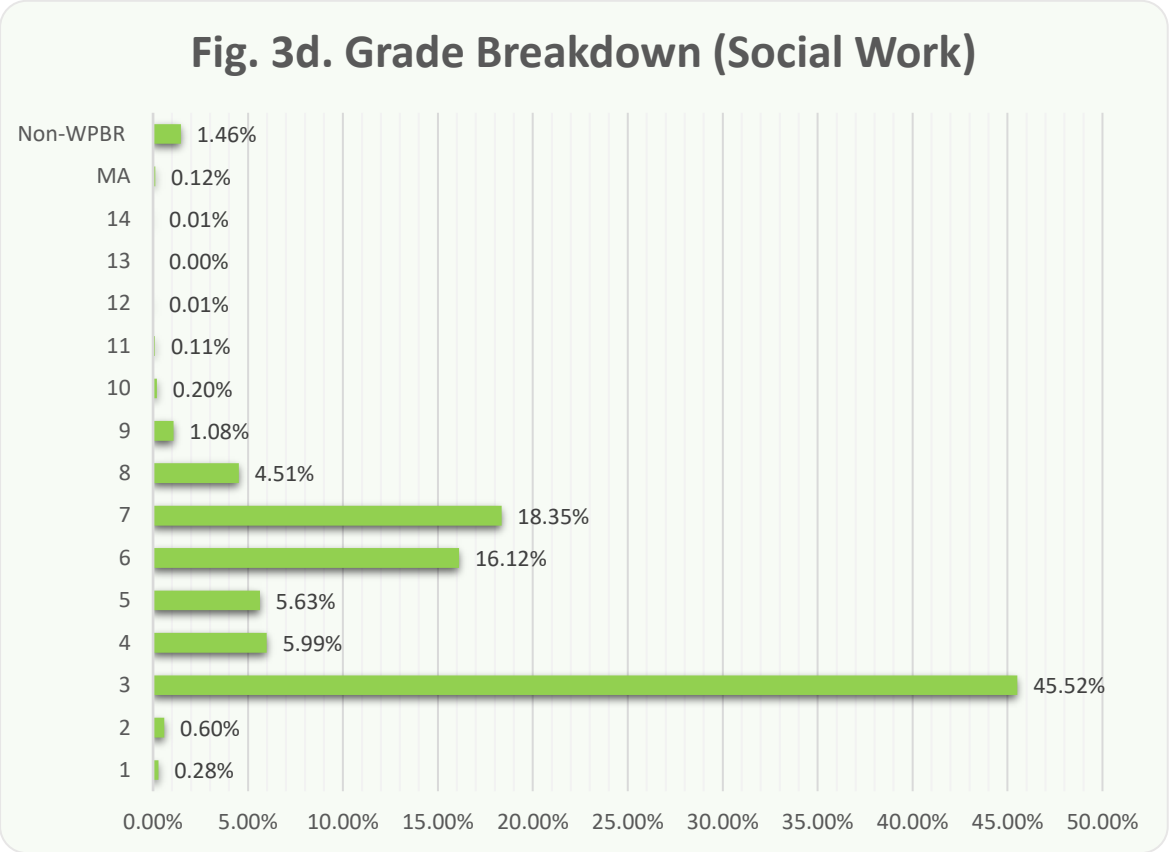



**Fig. 3d** reports that the largest staff grouping is **Grade 3 (45.52%)**, comprising of front-line worker roles; Home Carers, Social Care Assistants, Support Workers, Responders and Business Administration staff. **Grade 7** is the next largest grouping **(18.35%)** and incorporates roles such as Qualified Social Workers, Senior Officers, supervisory positions, followed by **Grade 6 (16.12%)** which includes front line social care roles such as Social Care Workers.

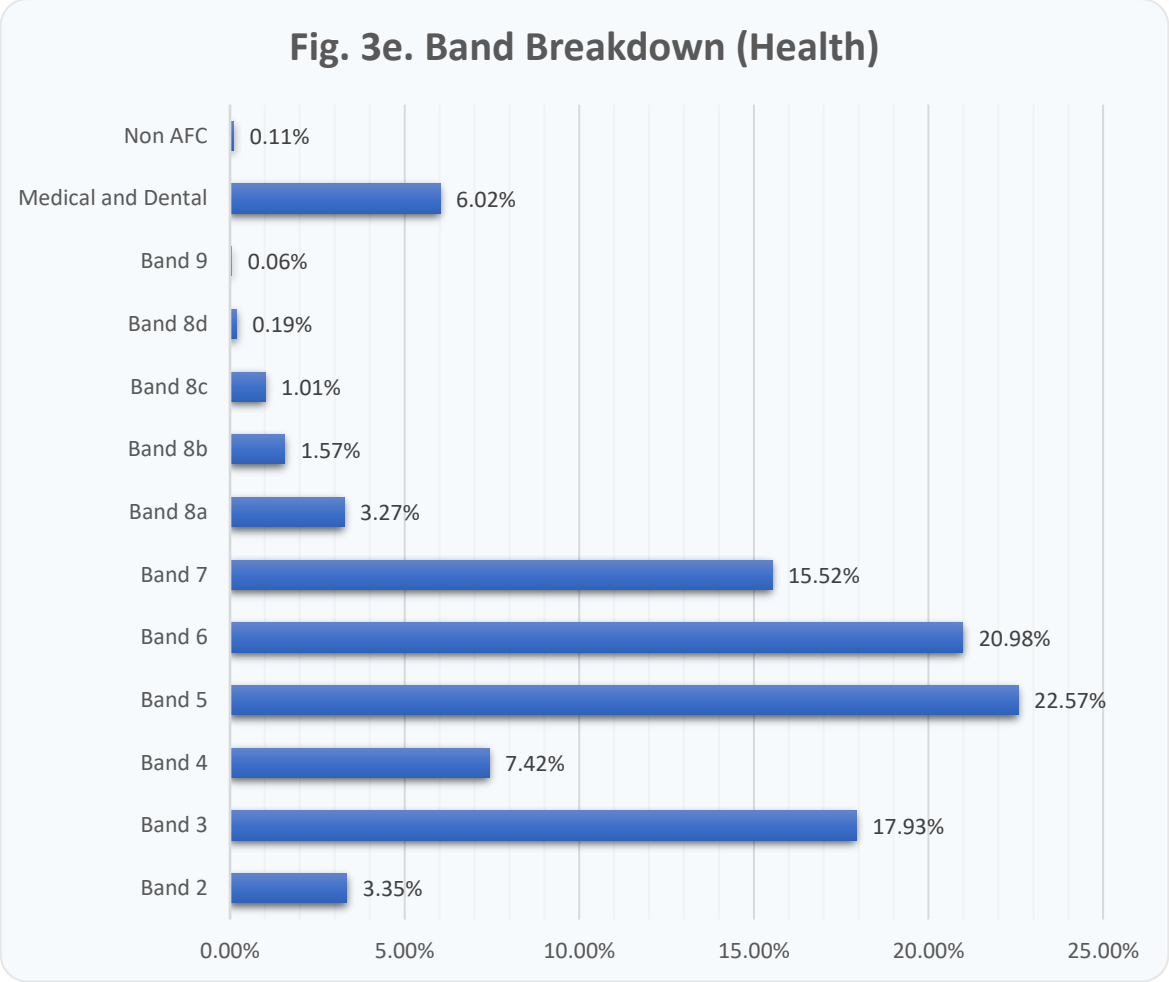



**Fig. 3e** shows that the highest proportion of **Health** staff fall within **Band 5 (22.57%)** and **Band 6 (20.98%)**, which represent the core of trained **nursing** and **allied health professional (AHP)** roles across **GCHSCP**.

**Band 7** accounts for **15.52%** of the workforce and typically includes **specialist nurses**, **AHPs**, and **team leader roles**.

**Band 3** staff make up a further **17.93%**, comprising many **Health Care Support Workers** and **administrative support staff**.

There are smaller but notable proportions in **Band 2 (3.35%)** and **Band 4 (7.42%)**, while staff in **Bands 8a–8d** and **Band 9** collectively account for less than **6%**, reflecting a relatively small senior management and consultant-level cohort. Additionally, **Medical and Dental** staff represent **6.02%** of the workforce.

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 (**45.5%**), whereas within **Health**, **Band 5** represents the majority, which includes trained nursing staff (**22.57%**).

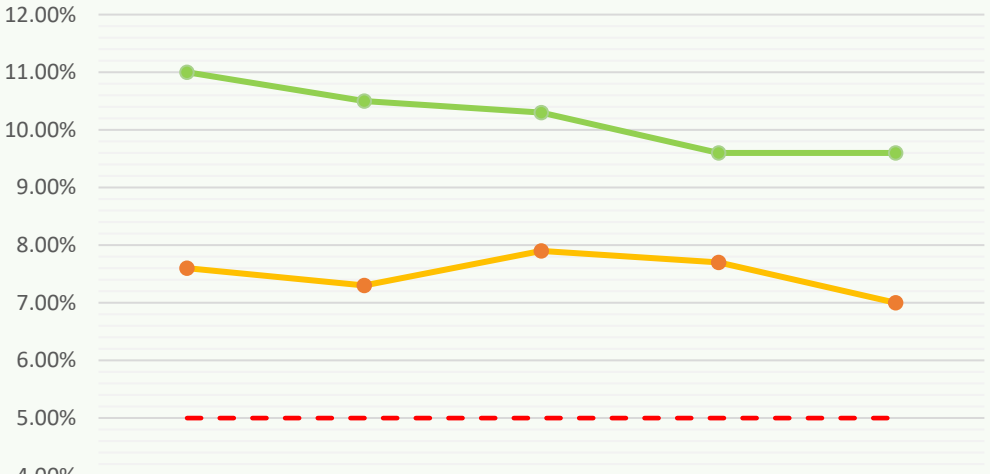
The next largest **GCHSCP** grouping of staff is **Grade 7 (18.35%)** and **Grade 6 (16.12%)** within **Social Work**, which incorporates **Social Care Worker** and **Social Worker** roles. Within **Health**, the next largest groups are **Band 6 nursing** and **AHP positions (20.98%)** and **Band 3 support** and **administration roles (17.93%)**.

To ensure the sustainability of frontline worker roles, ongoing recruitment and retention strategies will be integrated into the updated **GCHSCP Workforce Plan 2025-28** which is currently in development.

## 4. Quarterly Absence

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

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



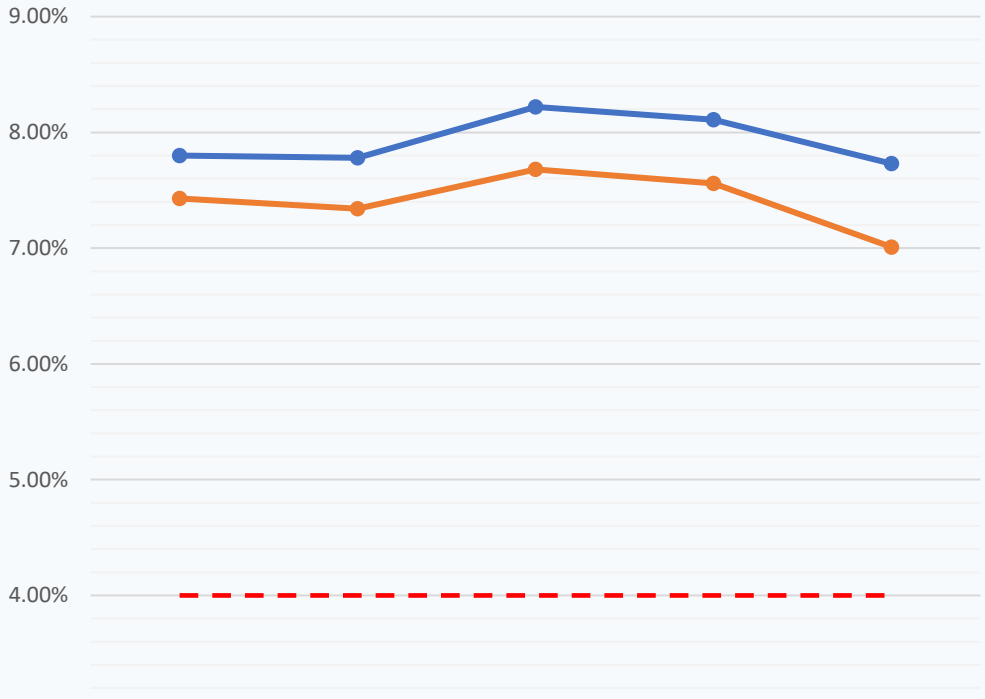

| | Q1 - 24/25 | Q2 - 24/25 | Q3 - 24/25 | Q4 - 24/25 | Q1 - 25/26 |
|---|---|---|---|---|---|
| Social Work | 11.00% | 10.50% | 10.30% | 9.60% | 9.60% |
| GCC | 7.60% | 7.30% | 7.90% | 7.70% | 7.00% |
| Target | 5% | 5% | 5% | 5% | 5% |

**Fig. 4a** demonstrates a significant reduction in **Q1 2025/26** in comparison to the same quarter last year **(-1.4%)** and mirrors the previous quarter. 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. It's worth noting that Social Work was the most improved service within GCC when compared to the same quarter the previous year.

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

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




| | Q1 - 24/25 | Q2 - 24/25 | Q3 - 24/25 | Q4 - 24/25 | Q1 - 25/26 |
|---|---|---|---|---|---|
| Health % | 7.80% | 7.78% | 8.22% | 8.11% | 7.73% |
| NHSGGC % | 7.43% | 7.34% | 7.68% | 7.56% | 7.01% |
| Target (%) | 4% | 4% | 4% | 4% | 4% |

**Fig. 4b** shows that the **Health** sickness absence rate decreased to **7.73%** in **Q1 2025/26**, down from **8.11%** in **Q4 2024/25**, marking a continued improvement (**-0.38%**) over the quarter.

This is the **second consecutive quarterly decrease** following the peak of **8.22%** in **Q3 2024/25**, and represents a return to levels more consistent with those seen at the start of the previous financial year (**Q1 2024/25: 7.80%**). Compared to the same quarter last year (**Q1 2024/25**), the improvement is marginal (**-0.07%**).

The gap between the **GCHSCP Health** absence rate and the overall **NHSGGC** rate has **widened slightly**, now sitting at **+0.72%**, compared to **+0.55%** in **Q4 2024/25**. However, as both rates have declined overall, this still reflects a broader positive trend in absence reduction.

Seasonal drivers such as **winter illness** and **festive pressures** likely contributed to the Q3 spike. The downward trend through Q4 and into Q1 may reflect the early impact of targeted interventions. **Performance Improvement Groups**, launched in **February 2025**, continue to focus on absence as a priority area, working with managers across services to implement tailored actions to support staff wellbeing and improve attendance.

## 4.3 Absences – **Combined Analysis**

**Fig. 4a** and **Fig. 4b** reveal that sickness absence levels across both **Health** and **Social Work** continue to exceed their respective targets, though there are signs of improvement.

In **Social Work**, absence rates have shown steady improvement over the past four quarters, now sitting at **9.60%** in **Q1 2025/26**, down from **11.00%** in **Q1 2024/25**. While still well above the **5%** target, this represents a **reduction of 1.40 percentage points year-on-year**, indicating sustained improvement efforts are having some effect.

In **Health**, absence has reduced for two consecutive quarters, with a rate of **7.73%** in **Q1 2025/26**, down from **8.11%** in **Q4 2024/25** and slightly below the same period last year (**Q1 2024/25: 7.80%**). This equates to a modest year-on-year decrease of **-0.07%**, suggesting stabilisation following the seasonal spike in **Q3 2024/25**.

This ongoing challenge across both sectors highlights wider systemic pressures, including workforce ageing, high demand, and the lasting impact of mental health and stress-related conditions. In response, the **Attendance Management Action Plan for 2025/26** has been refreshed, with an increased focus on **staff wellbeing**, **preventative support**, and sustained **improvement in attendance** across services. Health absence rates have fallen over the past 2 quarters and there has been a modest reduction of 0.07% from the same quarter the previous year **(+0.45%),** suggesting some stabilisation.

## 5. Sickness Absences % Departmental Breakdown

5.1 Sickness Absences – **Social Work**

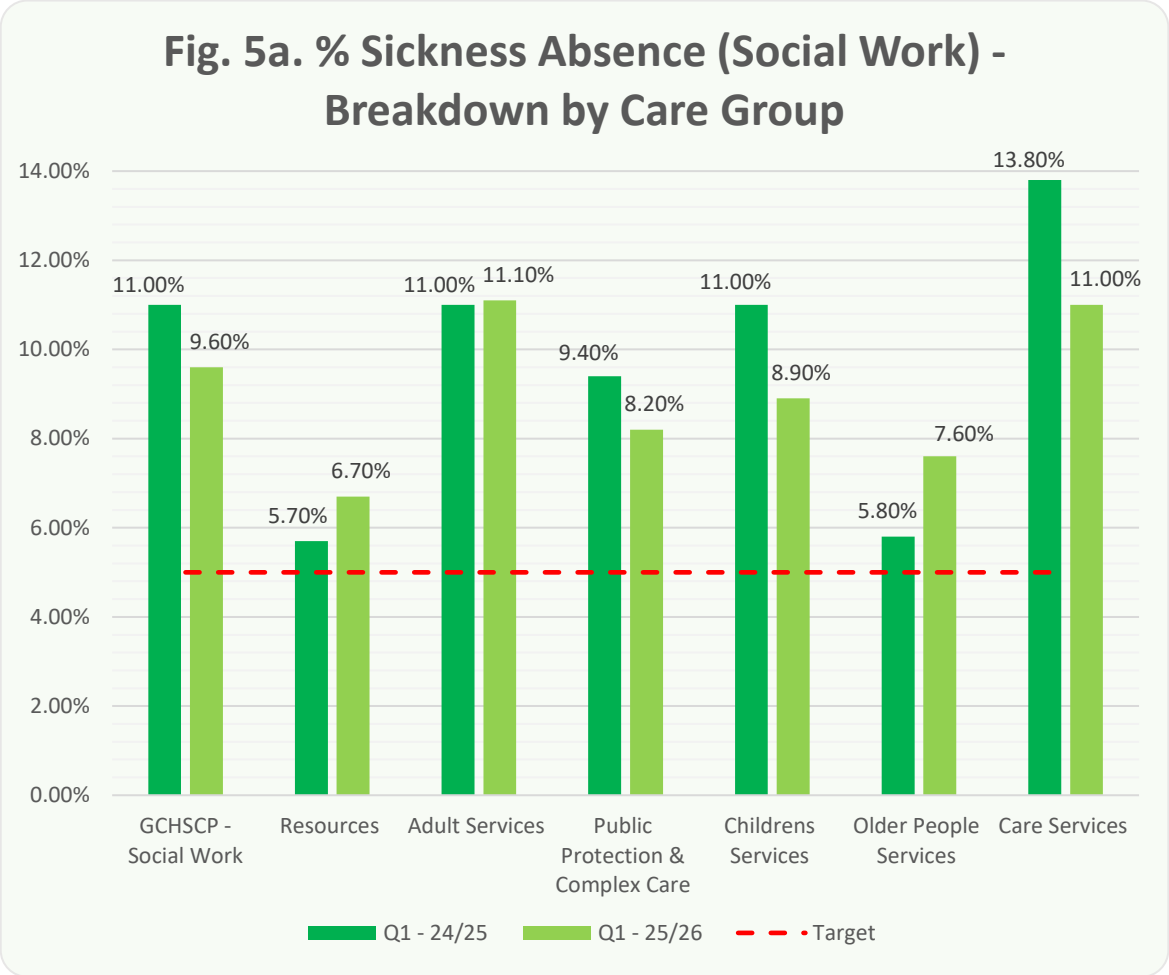



**Fig. 5a** demonstrates the percentage absence breakdown by Care Groups for Social Work. Half of the services show an improvement in absence levels compared to the same quarter the previous year. Similar to previous quarters, the most significant improvement is within the largest Care Group, **Care Services (-2.8%)** which accounts for almost half of the workforce. **Children's Services** also achieved a significant reduction this quarter **(-2.1%),** followed by **Public Protection & Complex Care (-1.2%).**

There has been an increase in absence levels within **Adult Services (+0.1%)** and **Resources (+1.0%)** and **Older People Services (+1.8%)**.

## 5.2 Sickness Absences – **Health**

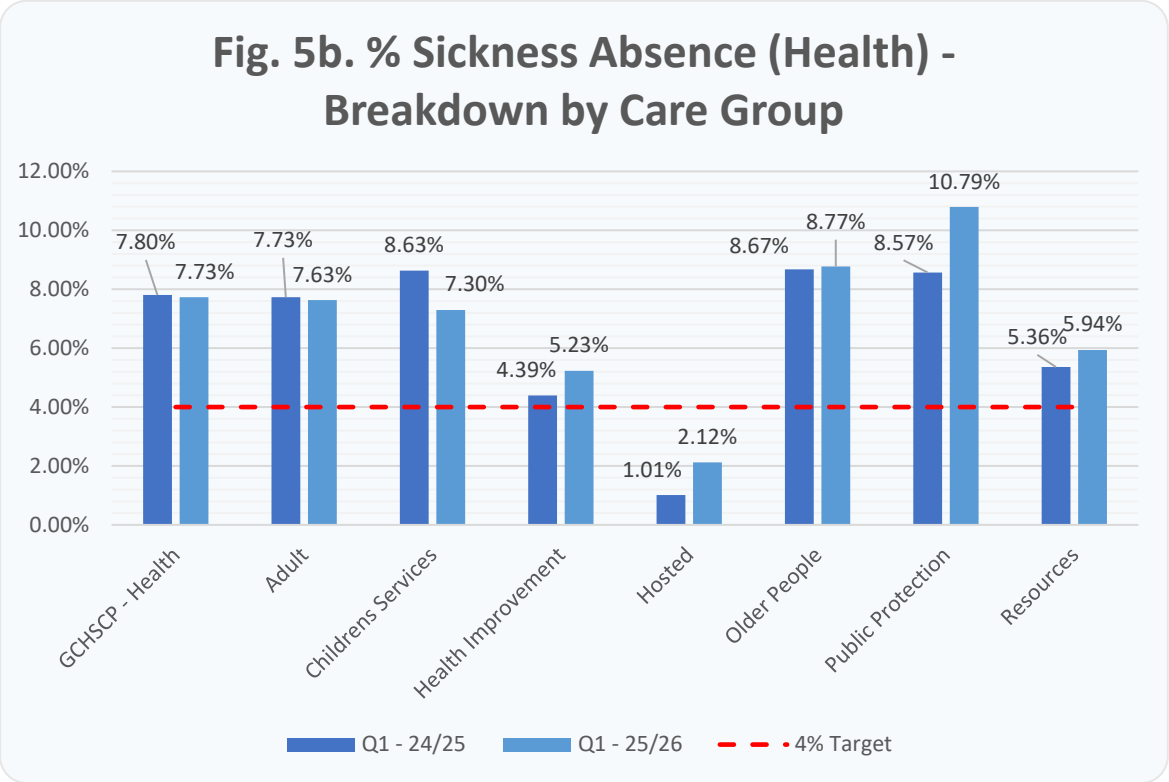



**Fig. 5b** shows that overall sickness absence across **GCHSCP Health** reduced slightly from **7.80%** in **Q1 2024/25** to **7.73%** in **Q1 2025/26** (**-0.07%**), remaining well above the **4% target**.

The highest absence rate and largest increase was recorded in **Public Protection**, rising from **8.57%** to **10.79%** (**+2.22%**). Although this care group has a relatively small headcount (**204 staff**), even minor fluctuations can have a noticeable impact on percentage figures.

**Older People Services**, one of the largest groups with **1,235 staff**, also saw a rise from **8.67%** to **8.77%** (**+0.10%**), while **Health Improvement** increased from **4.39%** to **5.23%** (**+0.84%**), now exceeding the target after sitting just below it in the previous year.

In contrast, **Children's Services** recorded a significant reduction, falling from **8.63%** to **7.30%** (**-1.33%**), and **Adult Services** dropped slightly from **7.73%** to **7.63%** (**-0.10%**).

**Hosted Services** rose from **1.01%** to **2.12%** (**+1.11%**), remaining well below target despite the increase. **Resources** also saw an increase, from **5.36%** to **5.94%** (**+0.58%**), while **Clinical Director** remains at **0.00%**, with a single staff member and no recorded absences in Q1.

These figures reflect a mixed picture across care groups, with some areas showing encouraging reductions, particularly in **Children's Services**, while others — such as **Public Protection**, **Health Improvement**, and **Resources** — highlight areas requiring further focus and continued support through localised absence management planning.

## 6. Reasons for absence

### 6.1 Reasons for Absence – **Social Work**

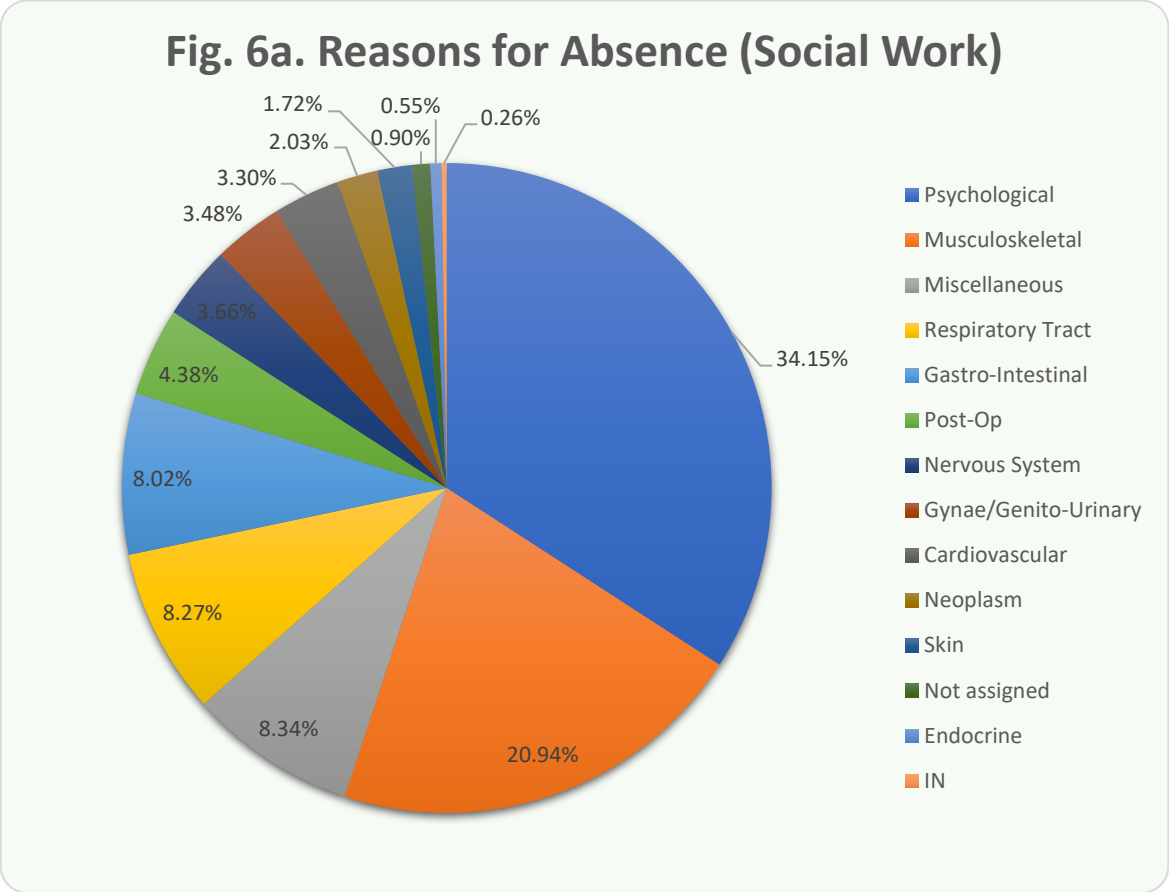



**Fig. 6a** above shows that the top 4 reasons for absence in Social Work are:

1. **Psychological (34.15%)**
2. **Musculoskeletal (20.94%)**
3. **Miscellaneous (8.64%)**
4. **Respiratory Tract (8.27%)**

The top two reasons for absence are consistently **Psychological** and **Musculoskeletal. Psychological** includes stress and mental health related illness and **Q1, 2025/26** reports **34.15%.** Absences in the **Musculoskeletal** category account for **20.94%.** This mirrors the top to reasons for absence the same quarter the previous year which 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 **(Q4 2024/25)** and the same quarter the previous year **(Q1, 2024/25).**

## 6.2 Reasons for Absence – **Health**

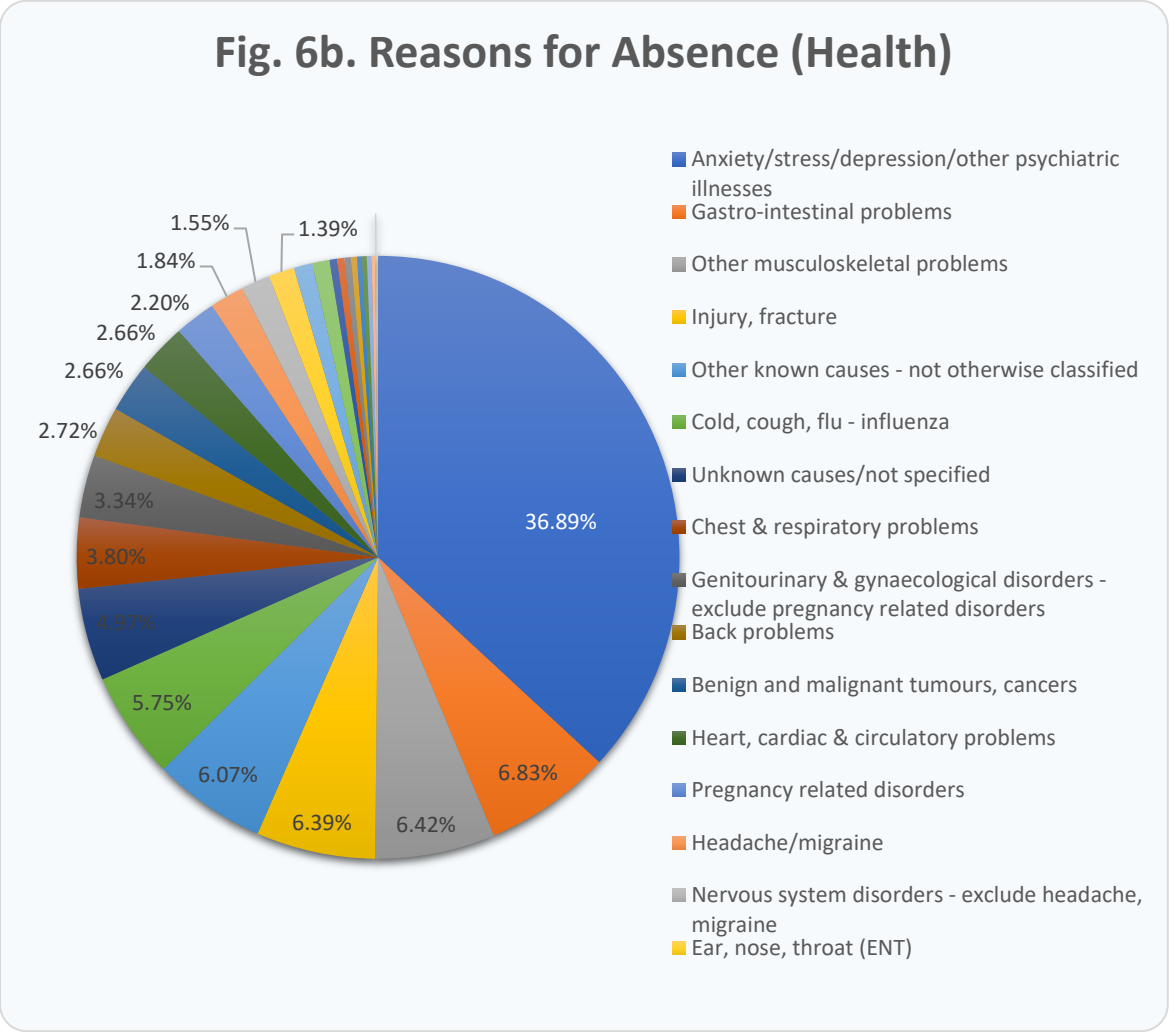



**Fig. 6b** shows that the top four reasons for absence in **Health** during **Q1 2025/26** were:

**1. Anxiety/stress/depression/other psychiatric illnesses** (**36.89%**)
**2. Gastro-intestinal problems** (**6.83%**)
**3. Other musculoskeletal problems (6.42%)**
**4. Injury, fracture** (**6.39%**)

Absence due to psychological conditions continues to dominate, with over a third (**36.89%**) of all recorded absence linked to mental health concerns. This remains the most significant category by a substantial margin and reflects the ongoing strain on staff wellbeing and resilience.

*(Cont.)*

*(…Continued)*

Other notable causes—such as gastrointestinal issues, musculoskeletal problems, and physical injuries—each accounted for just over **6%**, while **cold, cough, and flu-related absences** contributed **5.75%**, suggesting a seasonal reduction following winter peaks.

A further **6.07%** of absences were recorded under **"other known causes – not otherwise classified"**, and **4.97%** were listed as **"unknown causes/not specified."** While these figures have declined slightly compared to previous quarters, their continued use limits the ability to identify trends and deliver targeted interventions.

To support improved reporting, an **automated email process** has now been introduced. This notifies **line managers** when staff are recorded under either of the above categories, highlighting the importance of accurate absence classification and directing them to relevant **StaffNet guidance** and absence categorisation procedures. This initiative is intended to strengthen data quality, enhance workforce planning, and ensure staff receive appropriate support aligned to the nature of their absence.

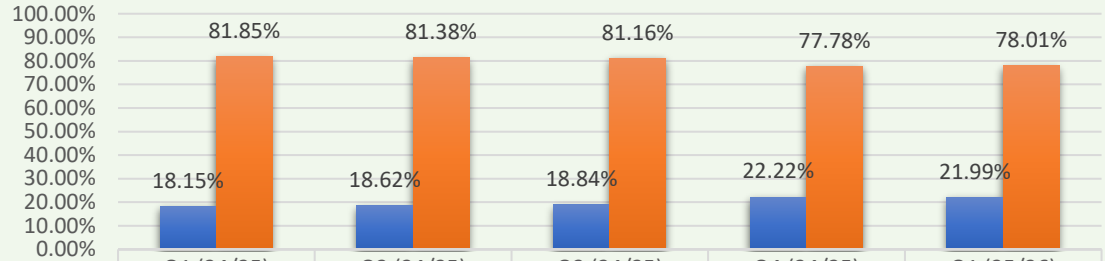
## 6.3 Reasons for Absence – **Combined Analysis**

**Fig. 6a, and 6b** illustrate that **Psychological** reasons remain the predominant cause of sickness absence across GCHSCP, representing **36.89%** of absences in **Health** and **34.15%** in **Social Work.** This persistent trend continues to drive long-term sickness absences, highlighting ongoing pressures on staff wellbeing and the overall service.

The Supporting Management Action Plan for 2025/26 incorporates new initiatives and approaches designed to support staff and managers around psychological wellbeing and absence.

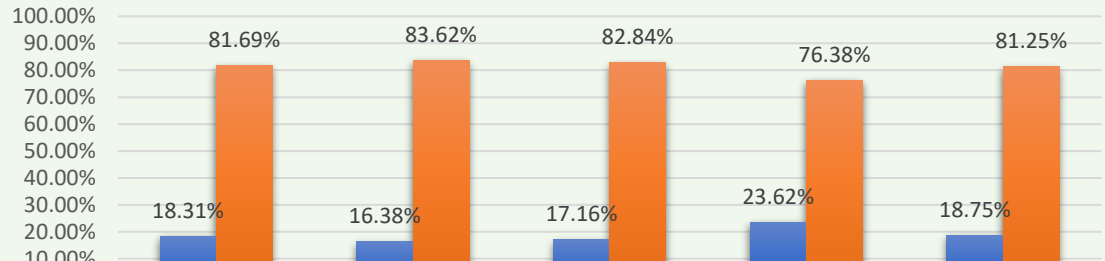
## 6.4 Top Absence Reason: Psychological/Stress Breakdown – **Social Work**

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




| | Q1 (24/25) | Q2 (24/25) | Q3 (24/25) | Q4 (24/25) | Q1 (25/26) |
|---|---|---|---|---|---|
| Short-Term | 18.15% | 18.62% | 18.84% | 22.22% | 21.99% |
| Long-Term | 81.85% | 81.38% | 81.16% | 77.78% | 78.01% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

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




| | Q1 (24/25) | Q2 (24/25) | Q3 (24/25) | Q4 (24/25) | Q1 (25/26) |
|---|---|---|---|---|---|
| Short-Term | 18.31% | 16.38% | 17.16% | 23.62% | 18.75% |
| Long-Term | 81.69% | 83.62% | 82.84% | 76.38% | 81.25% |
| Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Figures 6c** and **6d** show the proportion of Psychological and Stress absences in Social Work, split by short- and long-term sickness.

**Figure 6c**: Long-term absence remains the main contributor to Psychological absences (**between 77.78%–81.85%** over five quarters). In **Q1 2025/2**6, it accounted for **78.01%,** slightly lower than the same quarter last year (**81.85%).**

**Figure 6d:** For Stress absences, long-term cases dominate (**between 76.38%–83.62%).** In **Q1 2025/26**, they made up **81.25%,** similar to **Q1 2024/25 (81.69%).**

While the proportion of long-term absences in Psychological cases has shown a slight decline compared to short-term, it remains the predominant contributor. This is a welcome shift, but the overall levels are still concerning and will continue to be addressed through targeted actions within the **2025/26 Supporting Attendance Action Plan**.

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

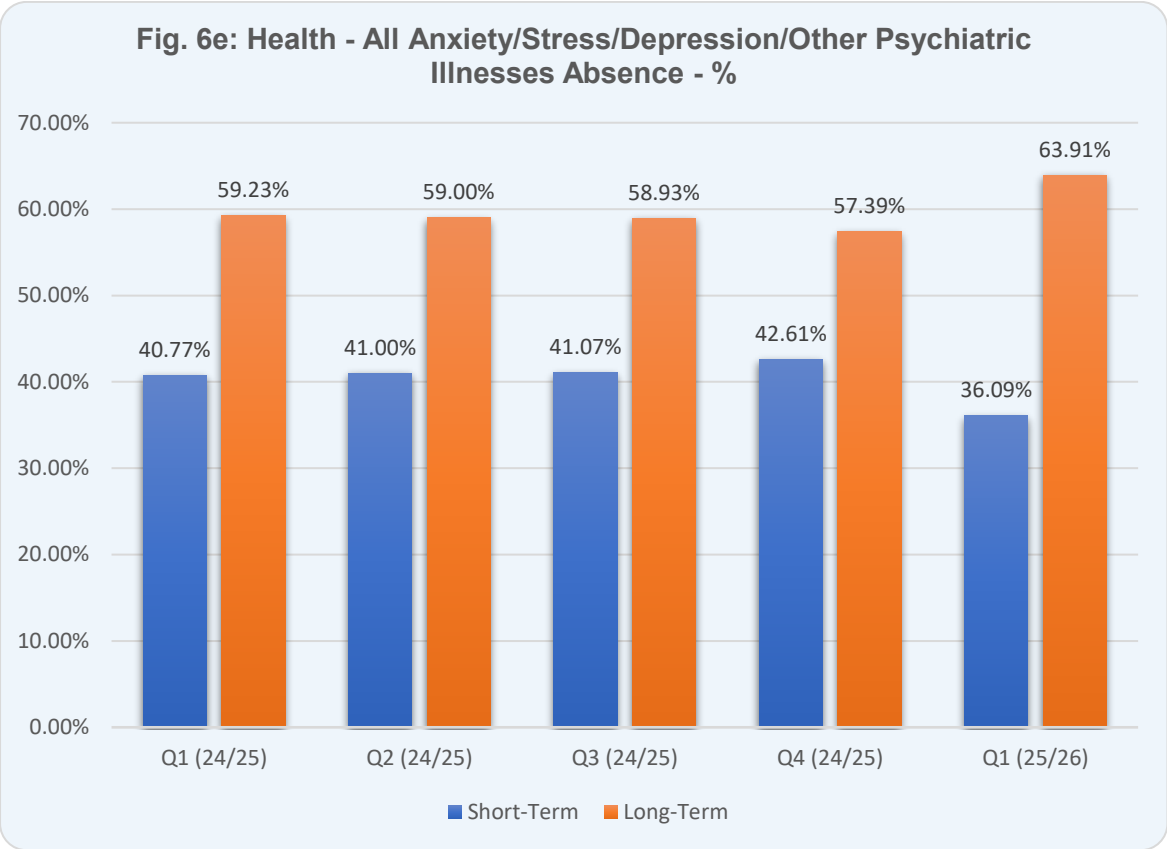



**Fig. 6e** illustrates the breakdown of sickness absence in **Health** due to **Anxiety/Stress/Depression/Other Psychiatric Illnesses**, showing the proportion of **short-term** and **long-term** absences.

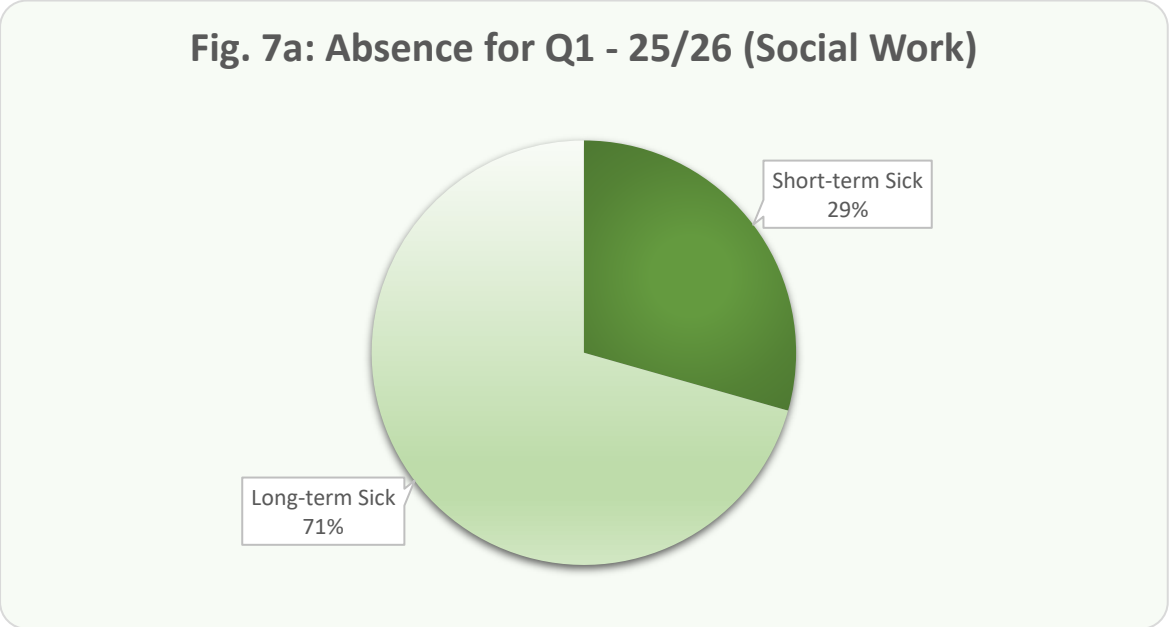
In **Q1 2025/26**, **long-term absence** accounted for **63.91%**, a notable increase from **57.39%** in **Q4 2024/25**, while **short-term absence** dropped to **36.09%**. This marks the **highest proportion of long-term absence** recorded in this category over the last five quarters.

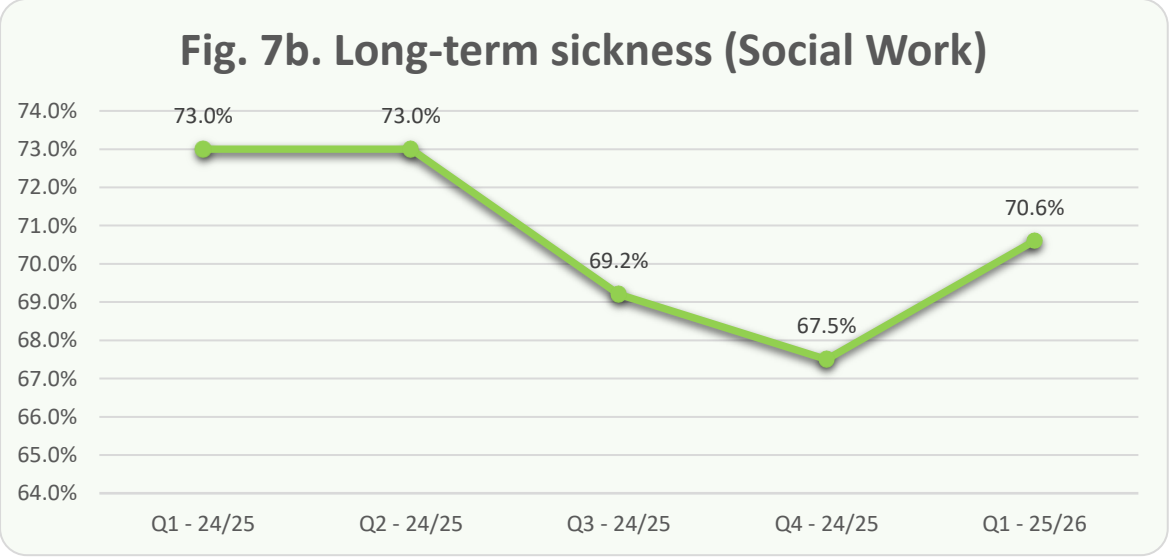
Although this distribution has remained broadly consistent, the growing dominance of long-term absence highlights a deepening challenge in managing psychological-related ill health within the workforce.

These findings reinforce the importance of early intervention, preventative support, and sustained recovery strategies. Actions outlined in the **2025/26 Supporting Attendance Action Plan** and the **GCHSCP Staff Mental Health & Wellbeing Action Plan** remain vital in responding to this persistent and complex issue.

## 7 Duration of Absence

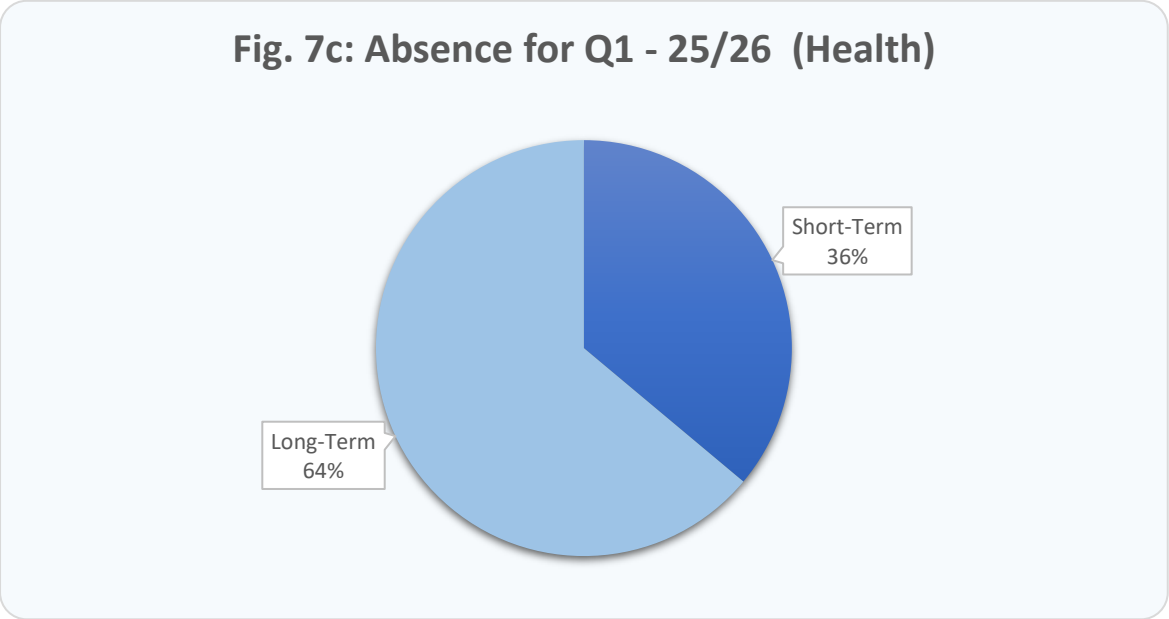
### 7.1 Duration of Absence – **Social Work**




**Figs. 7a, and 7b:** Within **Social Work**, Long Term Absence is defined as a period of sickness >19 working days and the graphs show the continuing trend of long term sickness absence being the largest contributor to overall absence levels, accounting for **70.6%** in **Q1 2025/26**. This is an increase from the previous 3 quarters however in comparison to **Q1 2024/25** the current period reports **2.4%** lower.

7.2 Duration of Absence – **Health**



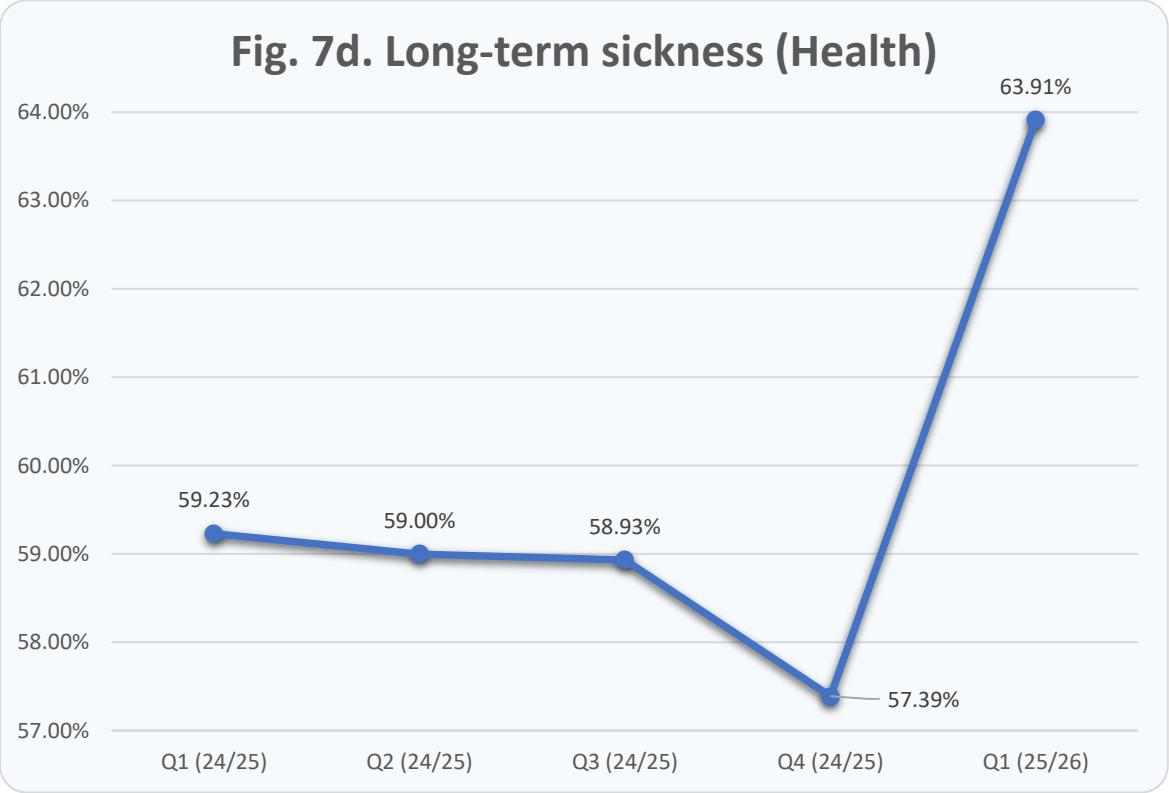



**Fig. 7c** and **Fig. 7d** illustrate the split between **short-term** and **long-term sickness absence** in **Health**, where long-term absence is defined as any period exceeding **29 days**.

In **Q1 2025/26**, **long-term sickness** accounted for **64%** of all absences, compared to **36%** for **short-term absence** (**Fig. 7c**). This represents a **sharp increase** from **57.39%** in the previous quarter and is now the **highest proportion of long-term absence** recorded in the past five quarters (**Fig. 7d**).

This upward shift reverses the previous downward trend and reinforces the need for ongoing support around complex and prolonged staff health issues. The data highlights the importance of fully embedding measures within the **Attendance Management Action Plan 2025/26**, with a particular focus on **prevention**, **early intervention**, and **sustained return-to-work support** for long-term absence cases.

## 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 **71%** of all absences in **Q1, 2025/26**, an increase from the previous 2 quarters, however lower than the same period the previous year (-2.4%) demonstrating an improved position.

In **Health**, **long-term sickness** rose to **64%** in **Q1 2025/26**, reversing a downward trend seen over the previous three quarters and marking a **4.68% increase** from **Q1 2024/25**. This is the **highest rate** recorded in over a year, suggesting increased pressures or more complex sickness cases emerging during this period.

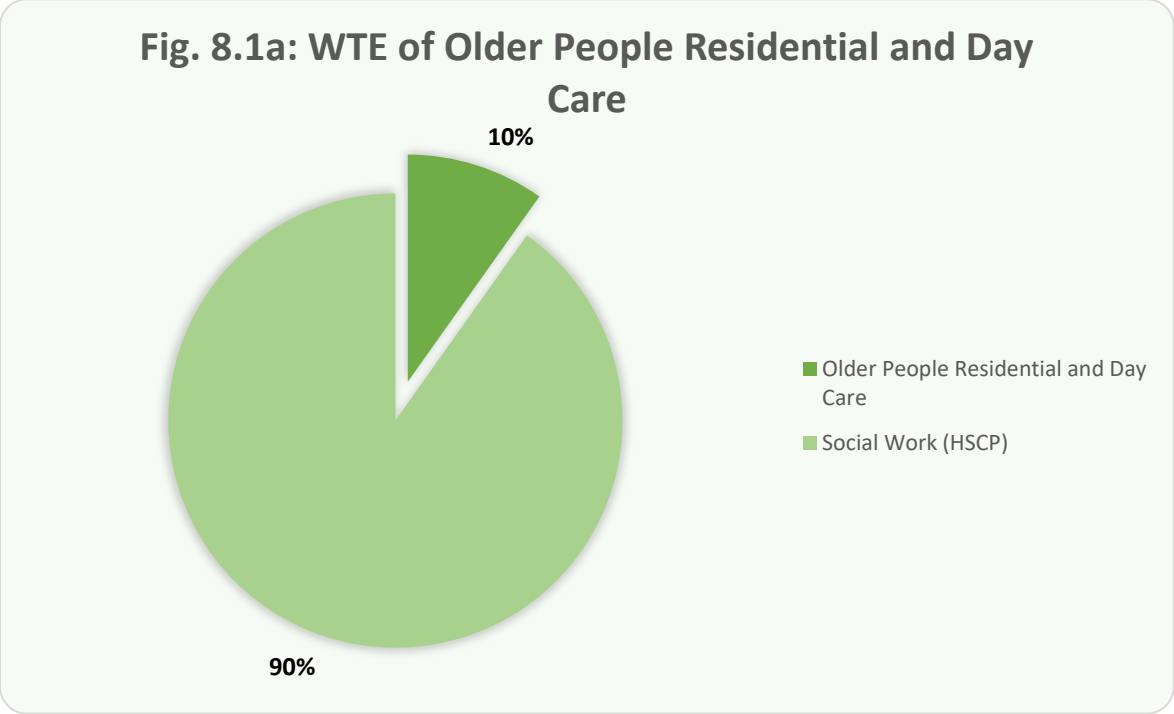
These patterns align with wider trends seen across the health and care sectors*, where **long-term absence** accounts for the majority of lost workdays. Contributing factors may include the rising prevalence of **chronic mental health conditions**, **multi-morbidity**, and the ongoing impact of post-pandemic workforce challenges.

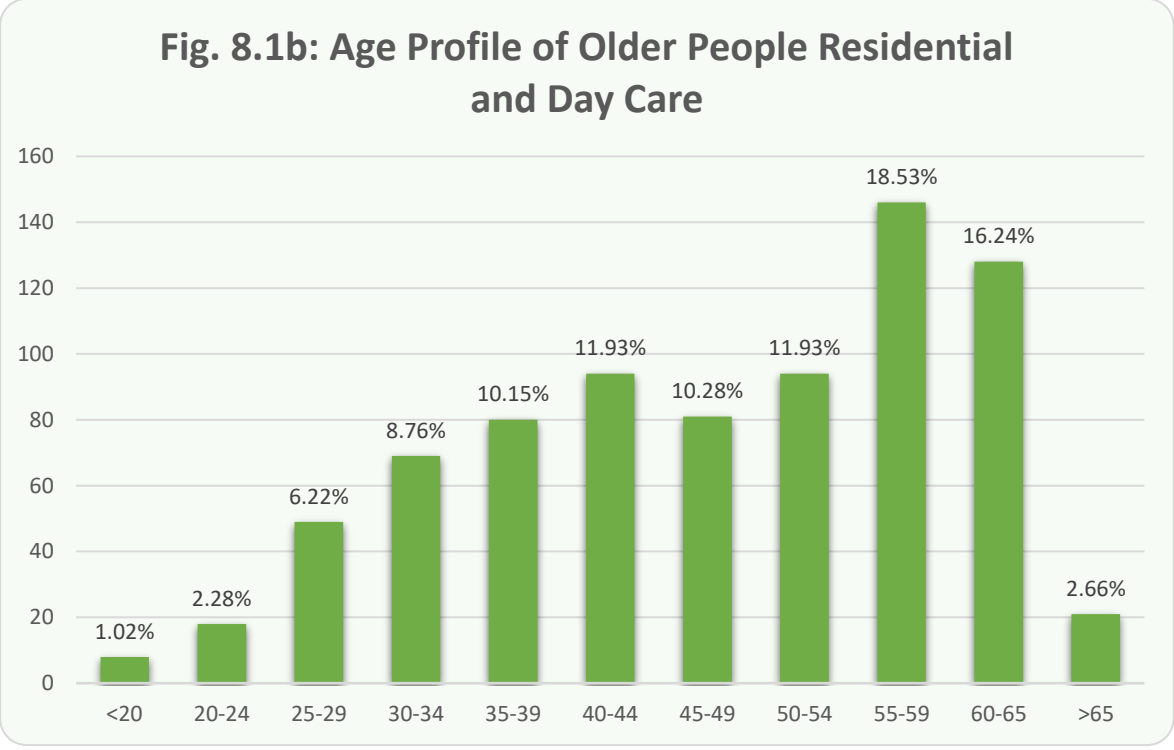
The **2025/26 Supporting Attendance Action Plan** sets out renewed measures to tackle long-term sickness, with a focus on **early intervention**, **managerial support**, and **enhanced return-to-work pathways** to help staff recover and reintegrate successfully into the workplace.

**Office for National Statistics (www.ons.gov.uk)*

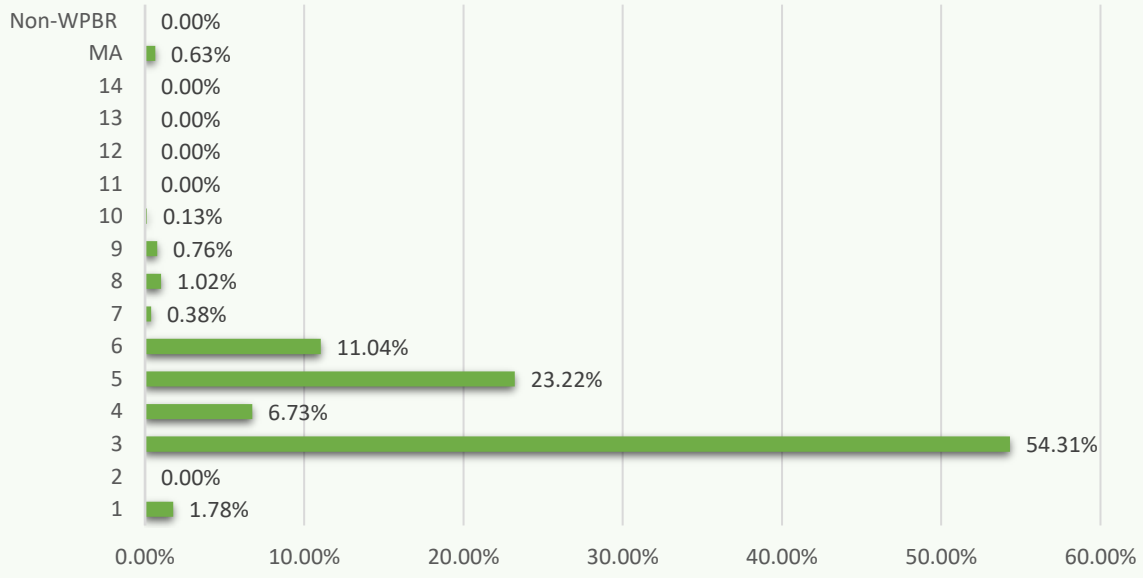
## 8. Quarterly Spotlight Area

8.1 Quarterly Spotlight Area - **Social Work – Older People Residential and Day Care**

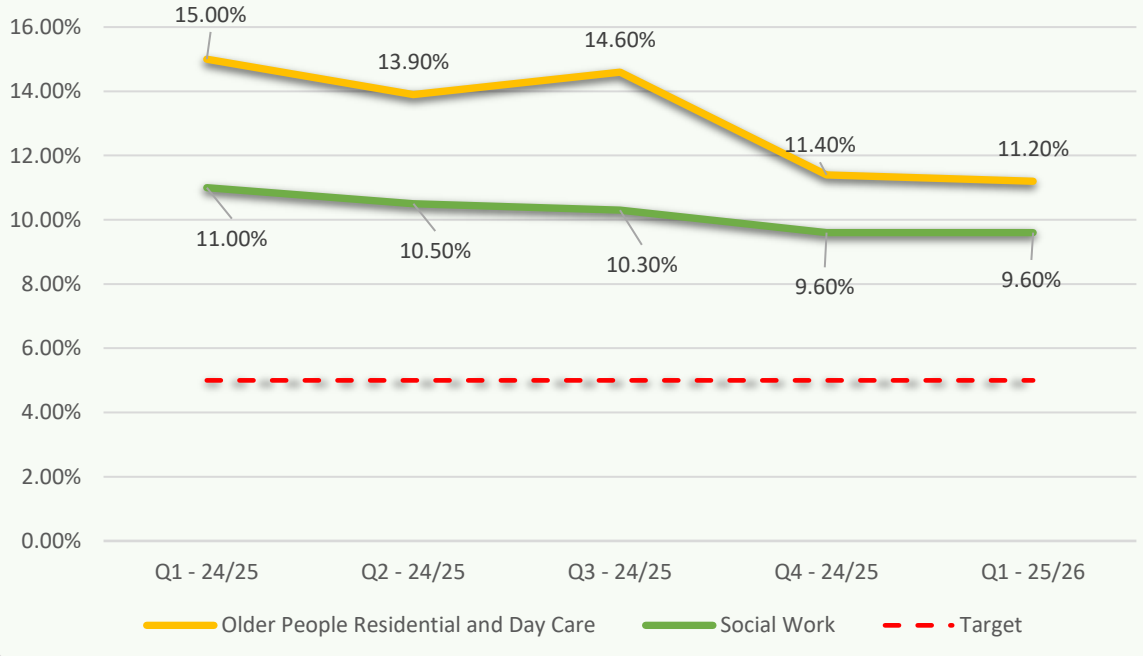


## Fig. 8.1c: Grade Breakdown of Older People Residential and Day Care




## Fig. 8.1d: Older People Residential and Day Care - % Absence



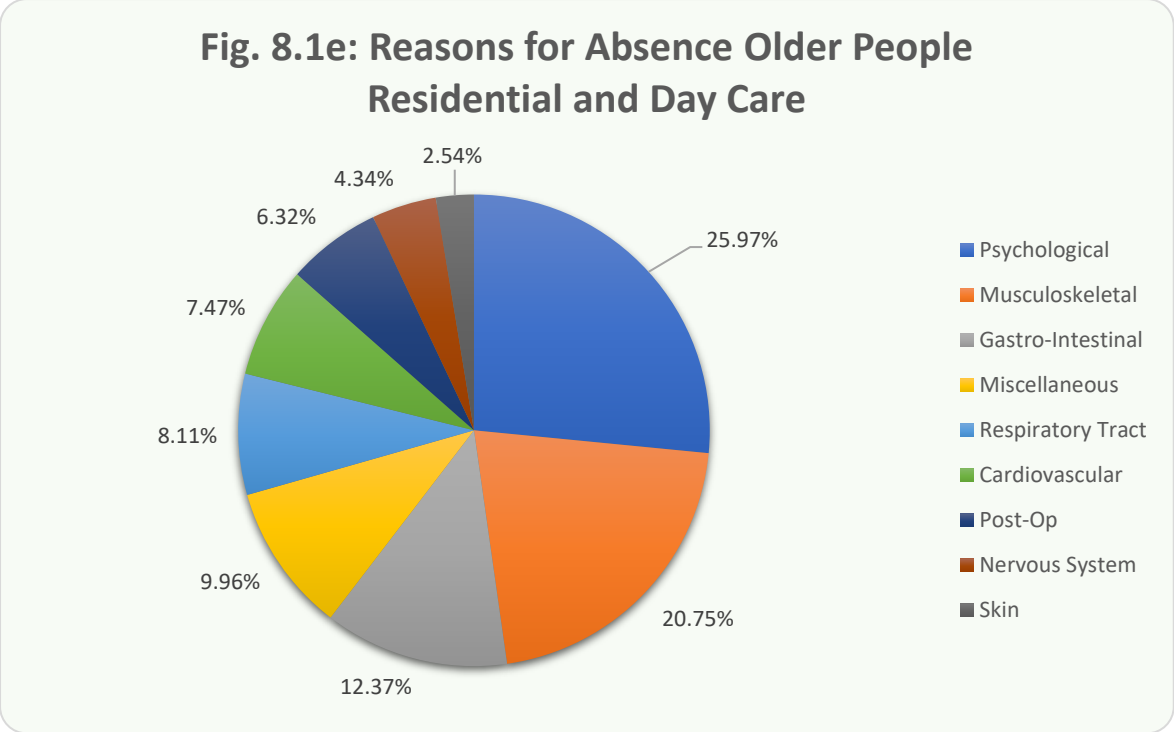


Fig. 8.1e: Reasons for Absence Older People Residential and Day Care
2.54%
4.34%
6.32%
25.97%
7.47%
8.11%
9.96%
20.75%
12.37%
Psychological
Musculoskeletal
Gastro-Intestinal
Miscellaneous
Respiratory Tract
Cardiovascular
Post-Op
Nervous System
Skin

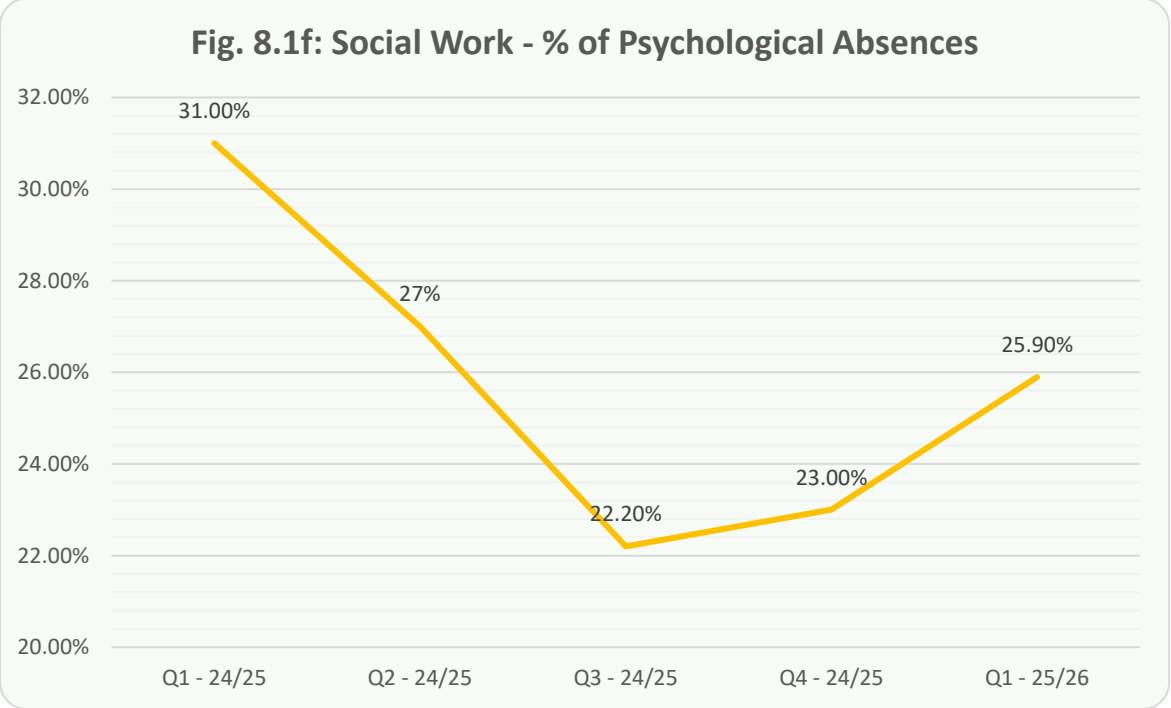
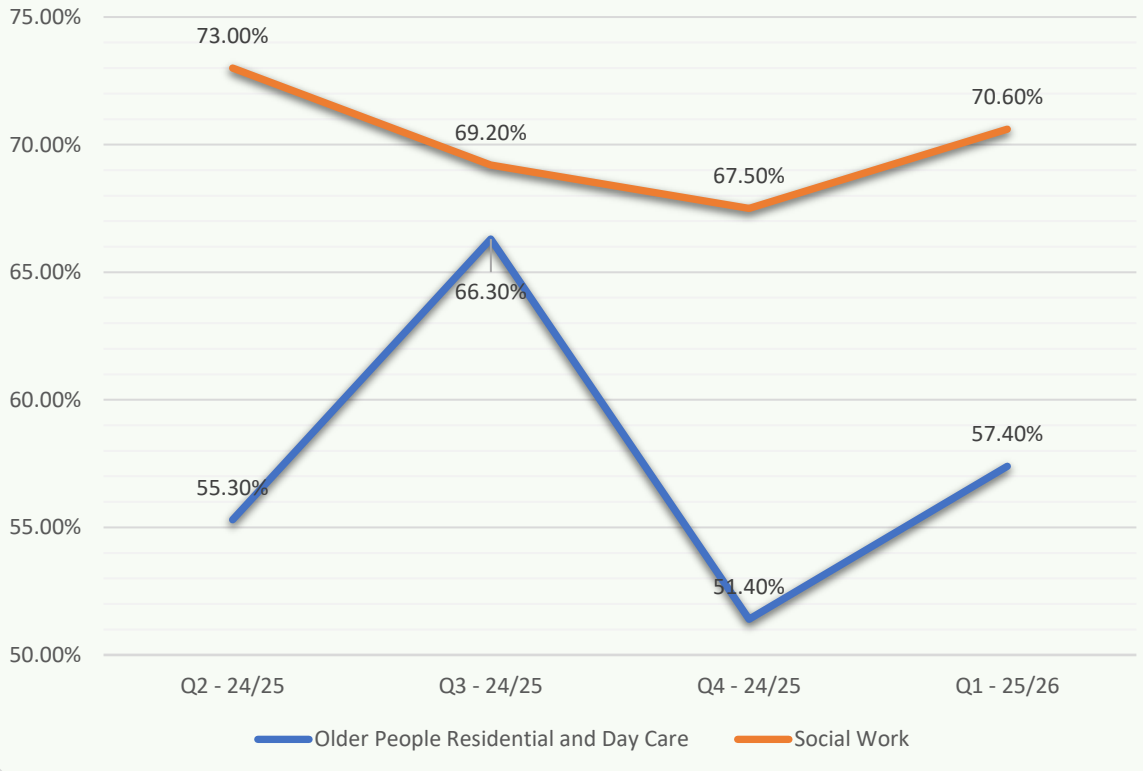


Fig. 8.1f: Social Work - % of Psychological Absences
32.00%
30.00%
28.00%
26.00%
24.00%
22.00%
20.00%
31.00%
27%
22.20%
23.00%
25.90%
Q1 - 24/25
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25
Q1 - 25/26

## Fig. 8.1g: Absence for Q1 - 25/26 Older People Residential and Day Care


## Fig. 8.1h: Long Term Sickness Older People Residential and Day Care



**About the Service**
The above visuals relate to **Older People Residential and Day Care (OPDC)**, a Service which sits within the Care Group of Care Services. This Service area comprises of 5 large Care Homes and 9 Day Care Centres and accounts for **10%** of the Social Work workforce **(Fig. 8.1a).**

**Workforce Demographics and Structure**
The **Age Profile** of the **OPDC** shows that **37.43%** of staff are **over the age of 55**, with the most common age bracket being **55-59 (18.53%). (Fig. 8.1b)**.

The **workforce** is predominately **Grade 3 (54.31%) (Fig. 8.1c)** and comprises mainly of Social Care Assistants, provided care and support within the Care Homes. The next largest group is **Grade 5 (23.22%)** which includes Social Care Workers within Care Homes and Day Care Workers.

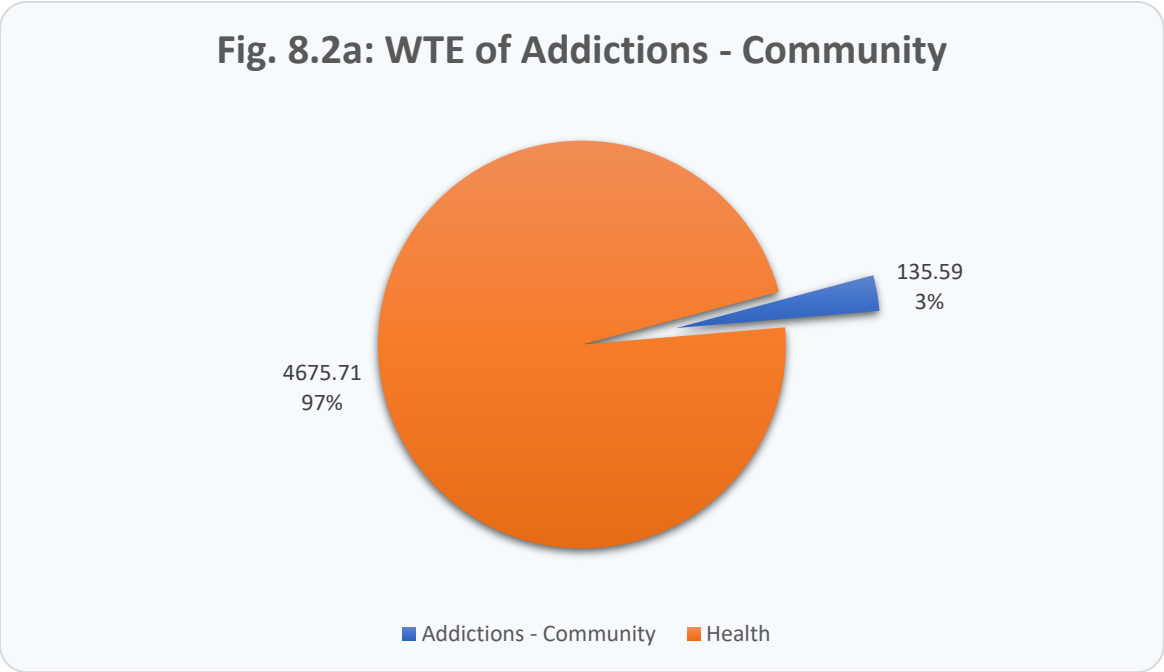
**Absence Trends**
Sickness absence levels within OPDC are similar to the Social Work trend however tend to be higher than the overall total. However, the Service has achieved a significant improvement in absence over the past 2 quarters and is lower than the same quarter the previous year **(-3.8%) (Fig. 8.1d)**

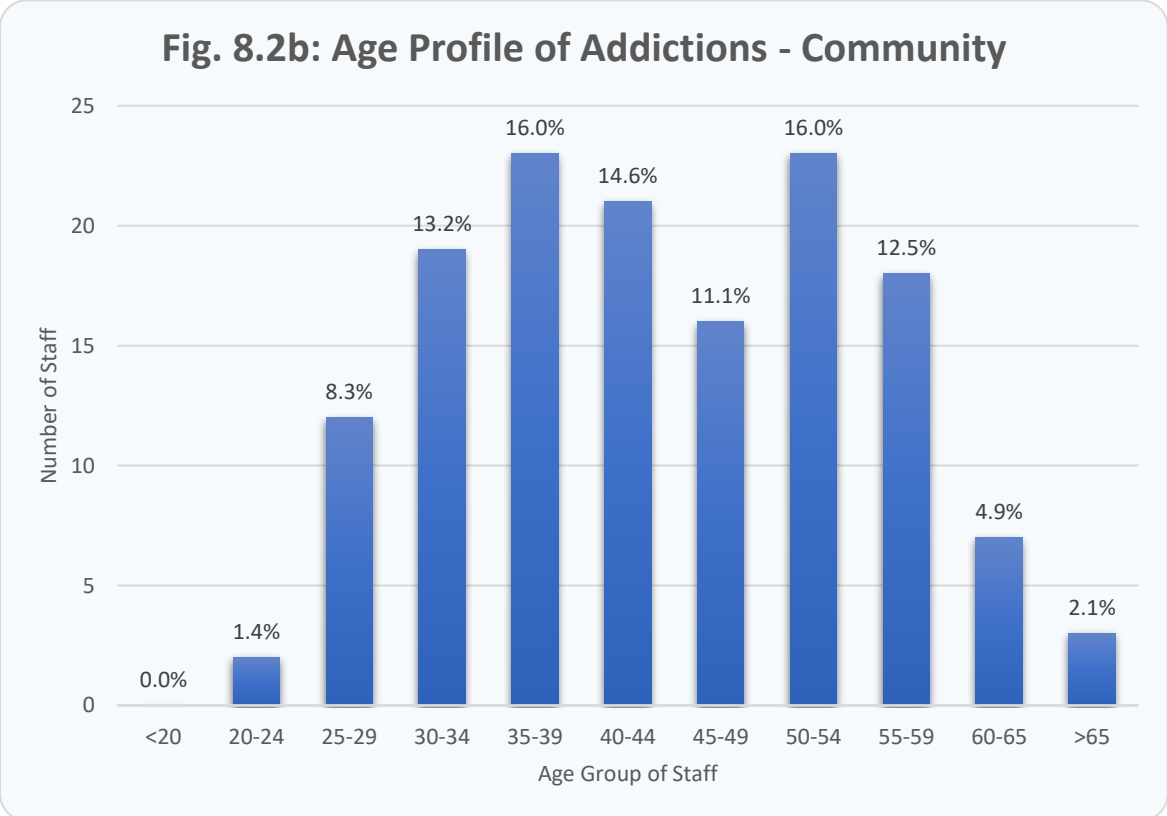
In line with the overall SW position, **Psychological** is the top reason for absence **(25.97%).** The next largest contributor to absence in **Q1, 2025/26** is **Musculoskeletal (20.75%), followed by Gastro-Intestinal (12.37%)**.

Similar to Social Work, **Long term absences** account for the majority of sickness absence however in OPDC there is more of a balanced split: **Long Term at 57%, Short Term at 43%.** However, **Q1 2025/26** reports the second highest long term absence over the past 4 quarters.

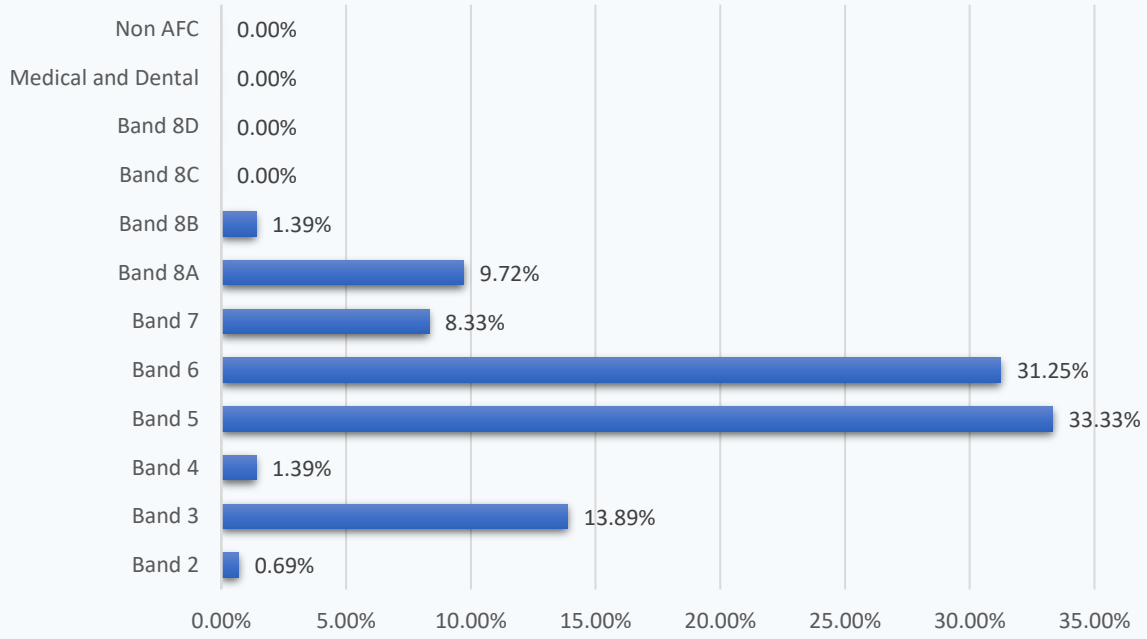
**Summary and Action Focus**
The significant improvement in attendance levels compared to the same period the previous year and trend of absence reducing over the past 4 quarters is a positive step forward for the Service. Despite consistently reporting higher than overall levels of absence within SW, the gap has closed quarter on quarter over the past year. The **2025/26 Supporting Attendance Action Plan** includes new interventions aim at enhancing employee wellbeing and attendance, with some measures specific to OPDC to try and employee wellbeing and reduce absence.

## 8.2 Quarterly Spotlight Area - Health – Addictions - Community

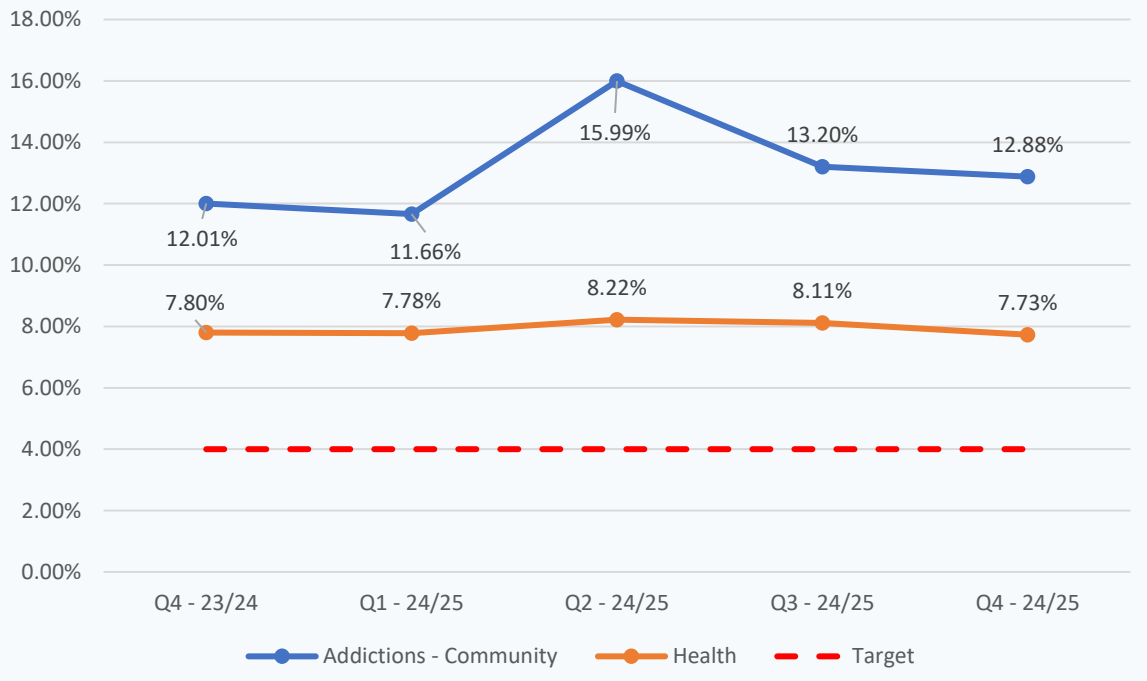


## Fig. 8.2c: Band Breakdown of Addictions - Community




## Fig. 8.2d: Addictions - Community - % Absence



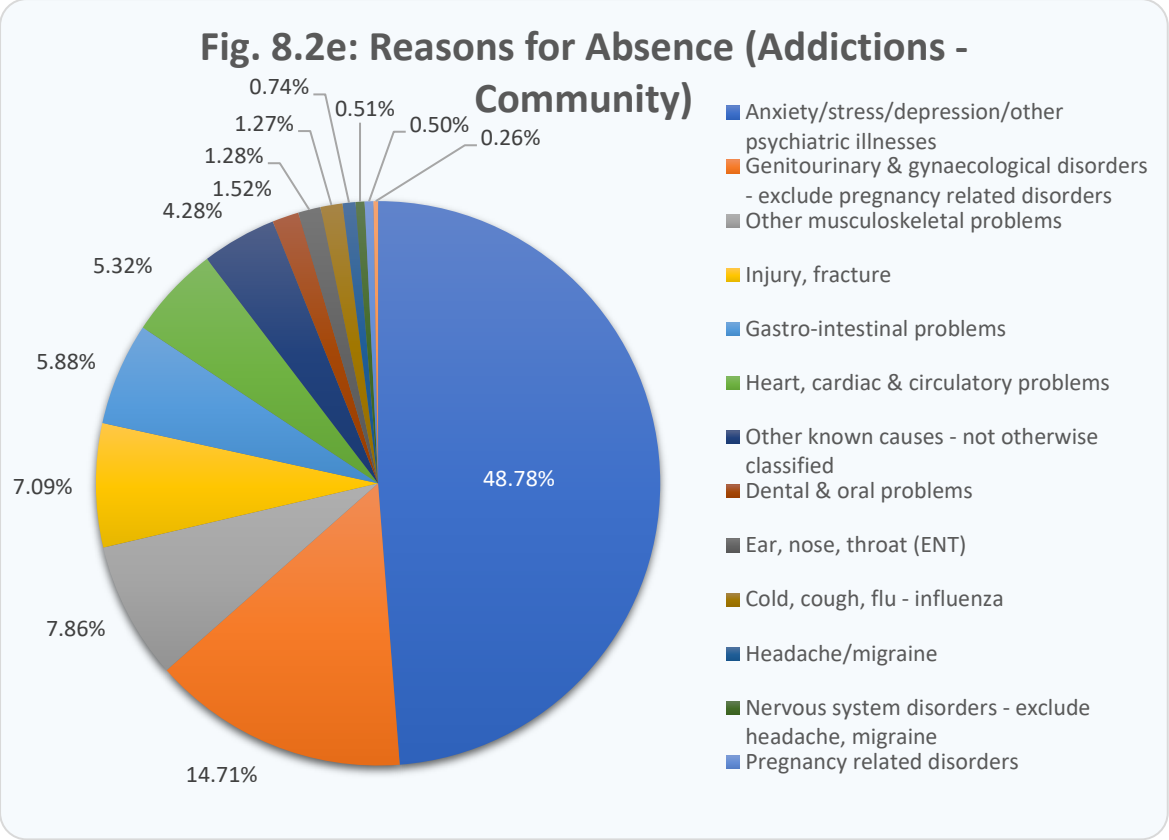


Fig. 8.2e: Reasons for Absence (Addictions - Community)
48.78%
14.71%
7.86%
7.09%
5.88%
5.32%
4.28%
1.52%
1.28%
1.27%
0.74%
0.51%
0.50%
0.26%
Anxiety/stress/depression/other psychiatric illnesses
Genitourinary & gynaecological disorders - exclude pregnancy related disorders
Other musculoskeletal problems
Injury, fracture
Gastro-intestinal problems
Heart, cardiac & circulatory problems
Other known causes - not otherwise classified
Dental & oral problems
Ear, nose, throat (ENT)
Cold, cough, flu - influenza
Headache/migraine
Nervous system disorders - exclude headache, migraine
Pregnancy related disorders

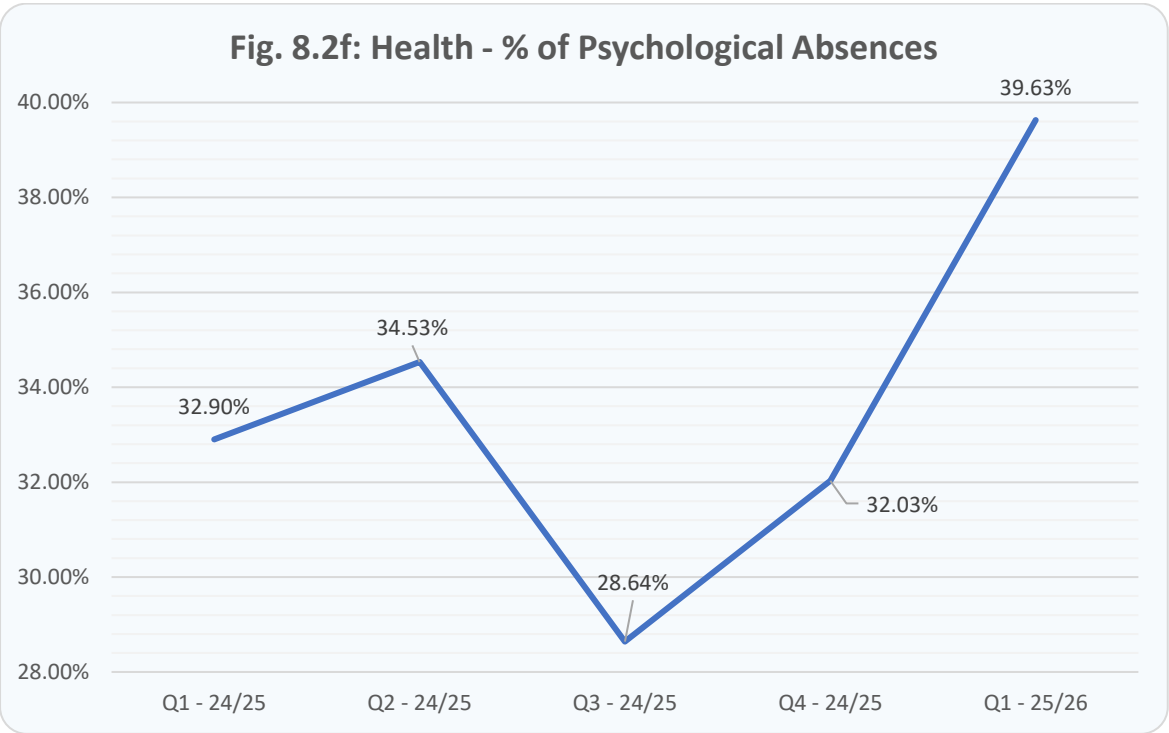
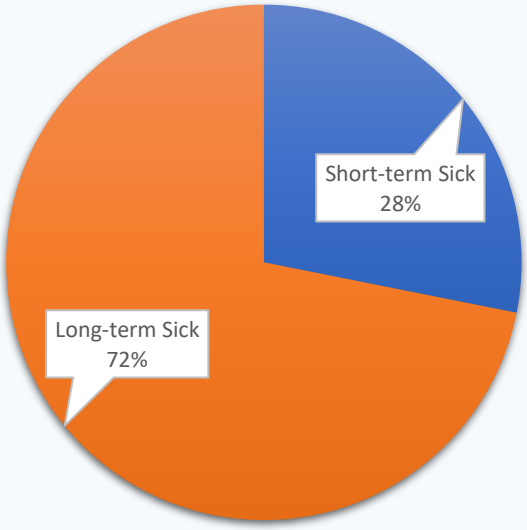
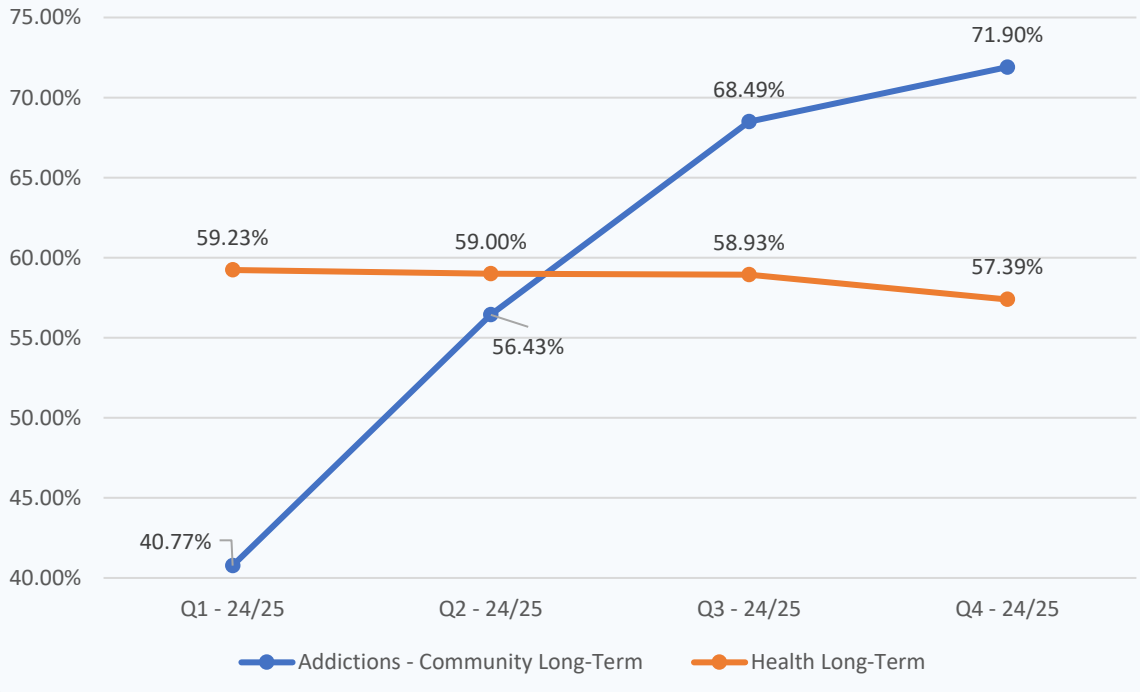


Fig. 8.2f: Health - % of Psychological Absences
40.00%
38.00%
36.00%
34.00%
32.00%
30.00%
28.00%
32.90%
34.53%
28.64%
32.03%
39.63%
Q1 - 24/25
Q2 - 24/25
Q3 - 24/25
Q4 - 24/25
Q1 - 25/26

## Fig. 8.2g: Absence for Q1 - 25/26 (Addictions - Community)




## Fig. 8.2h: Long Term Sickness (Addictions - Community)



**About the Service**

**Addictions – Community**, within **GCHSCP**, provides targeted support for individuals facing substance misuse and associated challenges across Glasgow. This small but specialised service comprises approximately **144 staff**, operating primarily within community settings to deliver harm reduction, psychosocial support, and links to recovery services. While less publicly documented than Primary Care, these teams form a critical component of Glasgow's Alcohol and Drug Recovery network, working closely with adult social work, homelessness outreach, and mental health services.

**Overall Absence Trends**

In **Q4 2024/25**, Addictions – Community reported an absence rate of **12.88%** (**Fig. 8.2d**), showing modest improvement from its peak of **15.99%** in **Q2 2024/25** but still significantly above the **GCHSCP Health average of 7.73%** and well in excess of the **4% target**. Absence remains a persistent operational challenge for this area, suggesting pressures associated with workforce wellbeing and service demands.

**Long-Term Absence Analysis**

Long-term sickness continues to dominate within the service, accounting for **71.90%** of all absence in **Q4** (**Fig. 8.2g**), the highest level recorded this year. This rate notably exceeds the broader Health sector average of **57.39%** (**Fig. 8.2h**) and reflects the impact of prolonged absence in a small team of **144 staff**. While the long-term rate gradually increased from **40.77% in Q1** to **68.49% in Q3**, the current level underscores the ongoing need for enhanced support and return-to-work planning. This is especially relevant to ensure that all staff on long term absence receive the correct support and amendments to management structures where possible to facilitate.

**Psychological Absences**

Absence due to **Anxiety, stress, depression, and other psychiatric illnesses** remains the predominant cause, at **48.78%** of all absence in **Q4** (**Fig. 8.2e**). This is more than triple the rate for any other category, with the next most common—**Genitourinary & Gynaecological disorders**—at **14.71%**. Psychological absences have risen again in **Q1 2025/26**, increasing to **39.63%** (**Fig. 8.2f**), indicating persistent mental health pressures among staff in this service area.

**Workforce Demographics & Structure**

Although relatively small (**135.6 WTE**, or ~3% of Health), the Addictions – Community workforce is concentrated in skilled clinical bands, predominantly **Band 5 (33.33%)** and **Band 6 (31.25%)** (**Fig. 8.2c**), reflecting the need for specialist therapeutic and psychosocial roles. The age profile (**Fig. 8.2b**) shows particularly strong representation in the **35–39** and **50–54** age groups (both **16.0%**).

*(Cont.)*

*(…Continued)*

**Summary & Action Focus**

While there has been a modest reduction in total absence compared to earlier this year, **Addictions – Community** continues to experience rates well above both organisational and sector targets, driven predominantly by long-term sickness and psychological health issues. Given the size of the team, even a small number of prolonged absences has a disproportionate impact, which is evident from the above figures. It will be vital to continue implementing tailored wellbeing and occupational health interventions, alongside proactive return-to-work plans, while maintaining strong partnerships within the wider **Glasgow Alcohol & Drug Recovery network** to support both staff and service users.

## 9. Action Planning

9.1 The 6 key action themes within the 2025/26 Action Plan (Appendix 1) supports 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.

## 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 (Appendix 1).

**Appendix 1**

| 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.<br><br>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 | Monthly Performance Review Groups (PIG) commenced in February, providing. absence data including absence reasons at individual level to ensure the correct supports are in place for all employees. Early interventions from OH including delivery of manager training sessions on management referrals, adjustments and supports available. Early intervention strategies will continue to be developed. | On Target |
| 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 | Plan to Pilot daily MP (MSK/Psych) HR surgeries for managers currently being finalised. | On Target |
| 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 ST reporting and process continues, 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 | Monthly case reviews at PIG meetings / PHRO ensuring that all LTS and ST over 4 episodes have an update of activity and progress in line with policy. Governance in place. | On Target |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 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 | Process in place to identify hotspot areas, reviewed on a 4-weekly basis. 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 | In place Dec-May within Care Services – Home Care. Deemed ineffective due to time/work pressures of managers therefore Service/HR agreement to end sessions.<br><br>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 PIG. Contact stats 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 Target |

| 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. | 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. | On Target |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 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 | Currently underway. | On Target |
| 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 | Review to commence. | On Target |
| 2.4 | Stress Pilot | SW | Conclude Pilot within Home Care, implementing generic stress risk assessment and action plan for staff.<br><br>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<br>Reduction in stress related absence | August 2025 | Steering Group have met and final comments collated for SRA and action plan development. | On Target |
| 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<br>Reduction in stress related absence | March 2026 | Will commence on completion of 2.4. | On Target |
| 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 | September 2025 | Currently in development. | On Target |
| 2.7 | Stress Toolkit | Health | Ensure stress toolkit is used to support all employees absent due to stress, whether personal or work related.<br><br>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 | Complete |

| 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 | October 2025 | Working group established with L&D colleagues to develop approach. | On Target |
| 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 | November 2025 | On completion of 3.1. | On Target |
| 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 | Attendance management training being reviewed and developed in line with Once for Scotland policy. Once available it will be utilised. | On Target |
| 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<br>NHSGGC Information<br>GCC Information<br>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 | Developing Manager Toolkit, promoted through Performance Improvement Groups and covered in Manager Training / Briefings. | On Target |
| 3.6 | TU Briefings | Joint | SW-Deliver HR briefings to managers and TU/Staff Side representatives on absence related policies and expectations.<br><br>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 | November 2025 | initial discussions with TUs regarding implementation of plans/policies and expectations took place in July. The Once for Scotland Policies for Health staff will be the focus and these are still being developed. | On Target |

| No | Focus | Service Area | Action | Action Lead | Desired Outcome | Measurable Target | Target Completion Date | Progress Update | Status |
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| **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 | September 2025 | HR in discussion with GCC OH and funding being explored. | On Target |
| 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. | On Target |
| 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. A review will be carried out to establish impact | Complete |
| 4.4 | Early Intervention – Psychological Absences | Joint | Linked to 1.1<br>Liaise with Occupational Health to identify early support interventions that would support the management of Mental Health conditions and absence. | 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 | Initial discussions with OH to explore supports and awareness sessions for staff.<br>Occupational Therapies management guidance is being reviewed for communication and awareness. | On Target |
| 4.5 | Occupational Health Referrals | Joint | Liaise with OH for guidance/briefings to improve quality of OH referrals from managers. | 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 | Manager Briefings arranged to be delivered by OH Sept-Nov<br><br>Working with HRASU, individual cases reviewed and linking in with OH and Board as appropriate to improve process. | On Target |
| 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 November. | On Target |
| 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 | Both OH providers unable to provide Service specific data currently. Liaising with Corporate HR/ Board to progress. | On Target |

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| **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. | October 2025 | Scheduled for review September. | On Target |
| 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. | October 2025 | Service / HR management discussions ongoing to develop further. | On Target |
| **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.<br><br>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. | 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 Target |
| 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.<br><br>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 | Process in place to identify top 3 hotspot areas with HR interventions being developed in response | On Target |
| 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 | Report in place to identify Ars due to give managers timeous advice with a monitoring report developed to measure the impact. | On Target |
| 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 | Ongoing | Performance Improvement Groups are underway and positive developments being shown across services. All ACO's have details of absence trends and specifics to Individual level. | On Target |

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| 6.5 | Compliance | SW | Request from Internal Audit, a Spot check of managers compliance – choosing an area and requesting information.<br><br>In discussion with HSAU to agree approach.<br>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<br><br>6 monthly SW | Liaising with Internal Audit to confirm schedule. | On Target |

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| **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)<br><br>Should only be used for short period when possible reason is unknown<br><br>In place but under review and improving approach.<br>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. | On Target |
| 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 | Automated weekly reports and emails issued to 3 priority areas with review in October. Health systems have been developed to focus on reasons for absence, sending appropriate guidance associated with the condition or stage in policy | On Target |

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