



Item No. 14

Meeting Date: Wednesday 10th June 2026

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

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

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Attendance Management

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management covering Q3/4 October 2025 – March 2026 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 <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the findings within this report and the data attached; and

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b) Note the actions to improve the current position.
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Relevance to Integration Joint Board Strategic Plan:

Glasgow City Integration Joint Board is committed to the vision of Communities being empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time. Attendance Management supports the success of all six of the Partnership Priorities but in particular, Priority 5, A Healthy Valued and Supported Workforce.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	Requirement to maintain level of scrutiny and implement action plans to maximise attendance.
Carers:	N/A
Provider Organisations:	N/A
Equalities:	N/A
Fairer Scotland Compliance:	N/A
Financial:	Cost pressure arises from need to cover absence in staff groups.
Legal:	N/A
Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	There is a risk that increasing absence levels impact on the efficiency of services, staff morale, and where replacement staff are required, a financial impact.
Implications for GCC Council:	As stated above
Implications for NHS GGC:	As stated above

1. Introduction - Purpose and Scope of Report

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management across Quarter 3/4 2025/26 (October 2025 – March 2026). This report reflects the revised biannual reporting approach, covering two consecutive quarters within a single reporting period, and outlines performance, notable key issues and the implications for GCHSCP.

2. Quarterly Absence

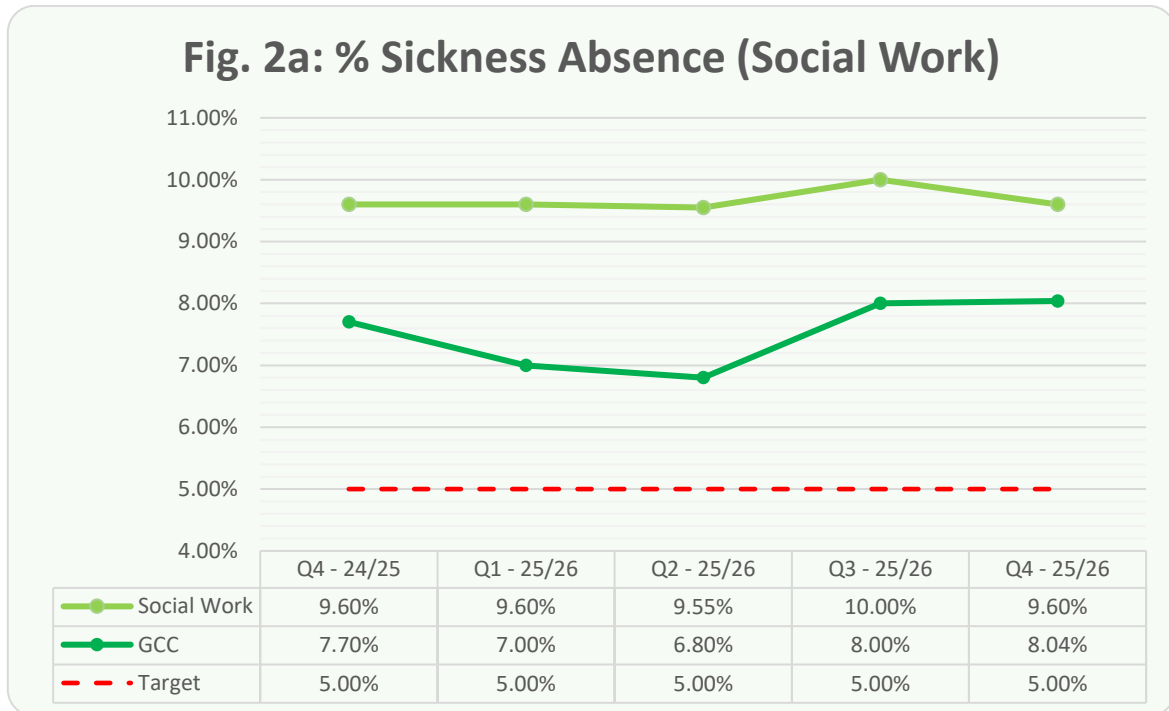
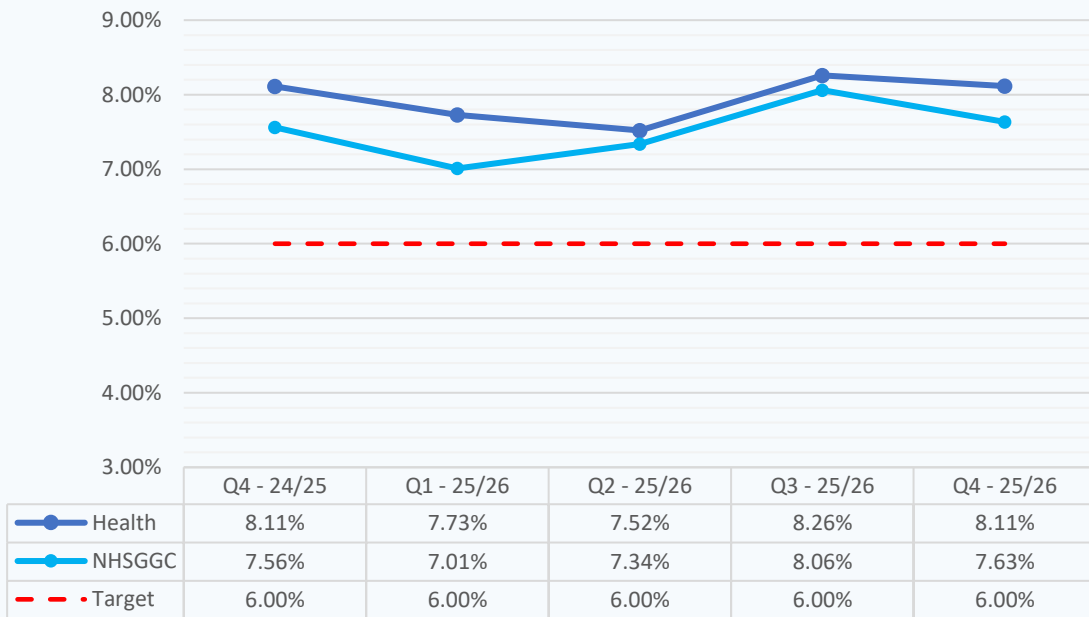


Fig. 2b: % Sickness Absence (Health)



Absence levels across **Social Work** and **Health** present a mixed position across **Quarter 3/4 2025/26 (October 2025 – March 2026)**, reflecting the revised biannual reporting period. To provide scale for the trends reported, the current workforce comprises **6,240.86 WTE (7,238 headcount)** in **Social Work** and **4,723.47 WTE (5,423 headcount)** in **Health**, with overall workforce profile and service distribution remaining broadly stable.

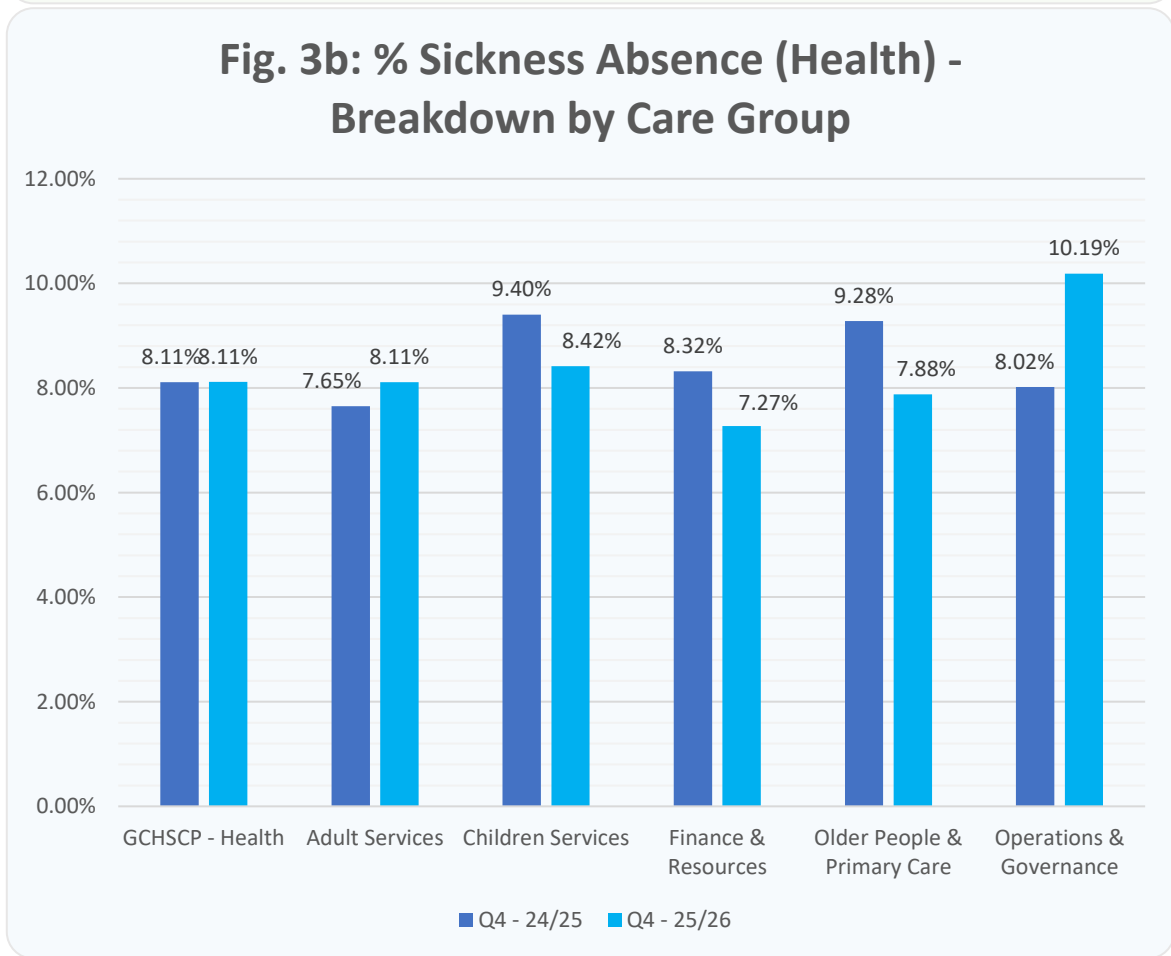
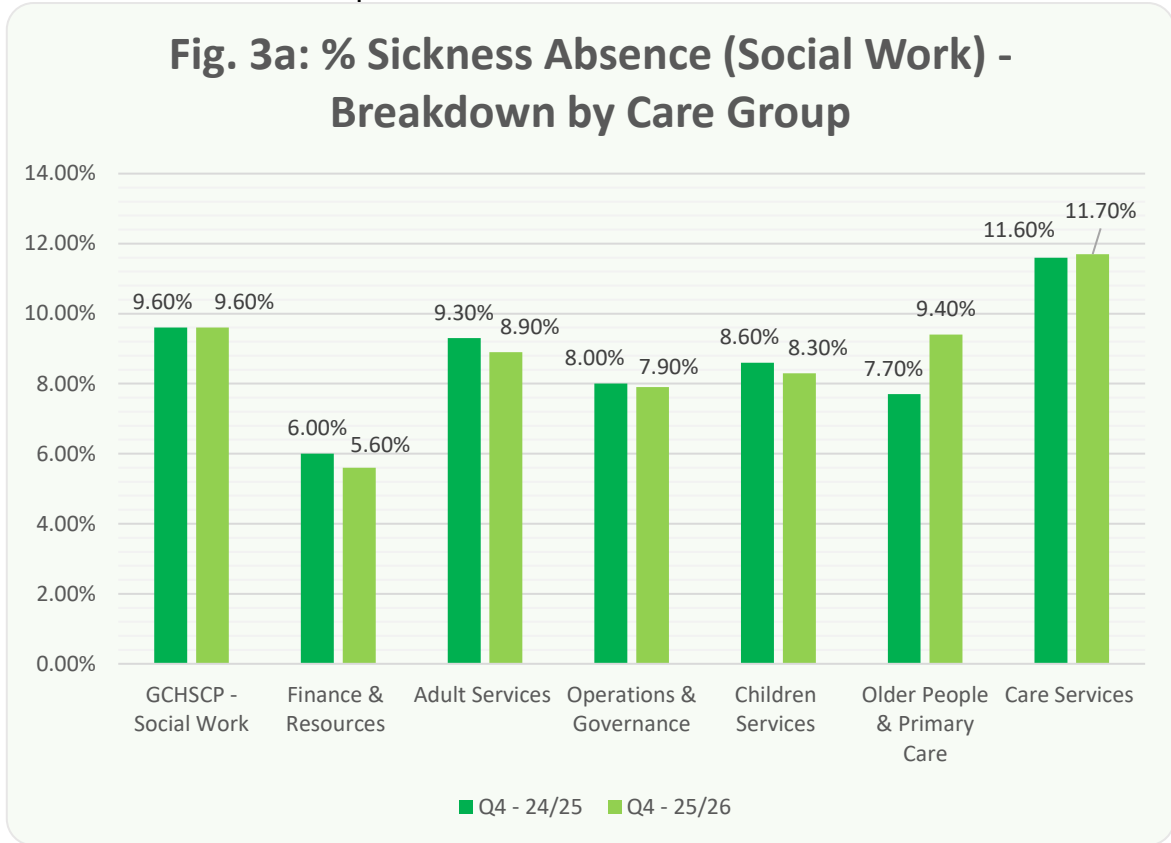
Within **Social Work**, absence reported at **10.00% in Q3 2025/26**, reducing to **9.60% in Q4 2025/26**, representing a decrease of **-0.40%**. The year **2025/26** demonstrates stability with all Quarters reporting on or around 9.6%, with the exception of **Q3 2025/26**. However, when compared to the same quarter the previous year, **Q3 2025/26** demonstrates an improvement of **-0.3%**. **Q4 2025/26** also mirrors the same quarter the previous year, remaining at **9.60%**.

Absence continues to sit above both the **GCC target (5.00%)** and overall GCC performance (**8.04% in Q4**), however the gap has narrowed over the past 4 quarters with **Q4 2025/26** reporting at **1.56%** higher, the closest of the 4 periods, demonstrating an improvement in absence performance within **Social Work**.

Across **Health**, absence is **8.11% in Q4 2025/26**, consistent with **Q4 2024/25 (8.11%)**, indicating no overall year-on-year change and a levelling off in the improvements seen earlier in the year. This follows a reduction to **7.52% in Q2 2025/26**, before rising to **8.26% in Q3** and returning to previous levels in **Q4**, demonstrating a seasonal increase across the latter half of the reporting period. The gap between Health and the **NHSGGC average (7.63%)** remains, and performance continues to sit above the **6.00% target**, highlighting ongoing pressure across services. The pattern observed is consistent with expected seasonal variation, with absence levels typically increasing over the winter period.

Across both sectors, while earlier improvements were evident, the current reporting period indicates the need for a continuing focus on targeted local action plans and early intervention. Promoting mandatory training and taking a refreshed approach to manager briefings which are being designed on identified need is already receiving positive feedback. The interventions outlined have the intention to strengthen managerial capability to support attendance management and hope to positively impact absence levels, reducing long-term sickness across the Partnership.

3. **Sickness Absences - Departmental Breakdown**



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Across both **Social Work** and **Health**, Care Group level trends present a mixed picture, with a combination of reductions and increases in absence levels compared with the same quarter last year.

Within **Social Work**, four of the six Care Groups show improvement in **Q4 2025/26** compared to the previous year. The most notable reductions are within **Adult Services** from **9.30% to 8.90% (-0.4%)** and **Finance & Resources** from **6.00% to 5.60% (-0.4%)**. Smaller decreases are also observed in **Children's Services** from **8.60% to 8.30% (-0.3%)** and **Operations & Governance** from **8.00% to 7.90% (-0.1%)**. In contrast, **Older People & Primary Care** shows a significant increase from **7.70% to 9.40% (+1.7%)**, while **Care Services**, the largest workforce area, has increased slightly from **11.60% to 11.70% (+0.1%)**.

Care Services has achieved the greatest improvement in absence performance over the 2 years that the Attendance Management Action Plans have been in effect, steadily reducing from **15.3%** in **Q4 2023/2024 (-3.6%)**. Overall, while improvements are evident across several areas, increases in key service areas continue to drive the overall position.

Within **Health**, overall absence remains **unchanged at 8.11%** compared with the same quarter last year. At Care Group level, reductions are observed in **Children's Services** from **9.40% to 8.42% (-0.98%)**, **Finance & Resources** from **8.32% to 7.27% (-1.05%)** and **Older People & Primary Care** from **9.28% to 7.88% (-1.40%)**. **GCHSCP – Health** overall remains stable (8.11% in both periods). In contrast, increases are seen in **Adult Services** from **7.65% to 8.11% (+0.46%)** and **Operations & Governance** from **8.02% to 10.19% (2.17%)**, the latter representing the most significant rise. These increases offset improvements elsewhere, resulting in a flat overall position year-on-year.

Note: *A recent restructure in **Health** reduced eight Care Groups to five, meaning some staff have shifted between areas. This limits direct comparison with the previous year; however, the overall position provides a reasonable indication of trends within the revised structure.*

4. Reasons for Absence

Fig. 4a: Reasons for Absence (Social Work)

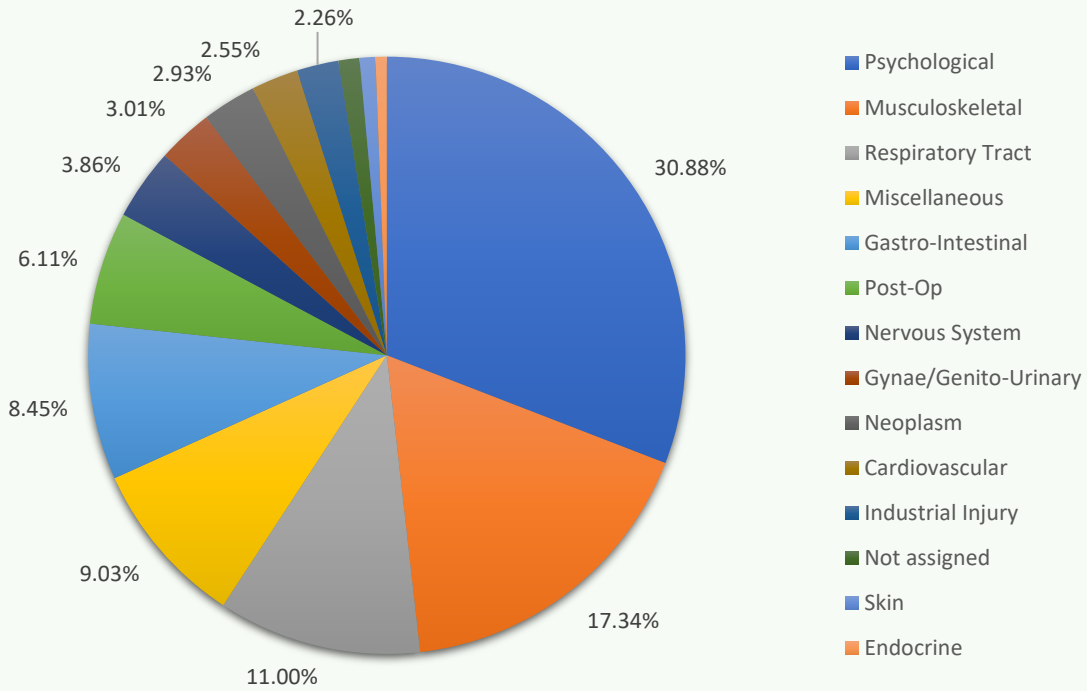
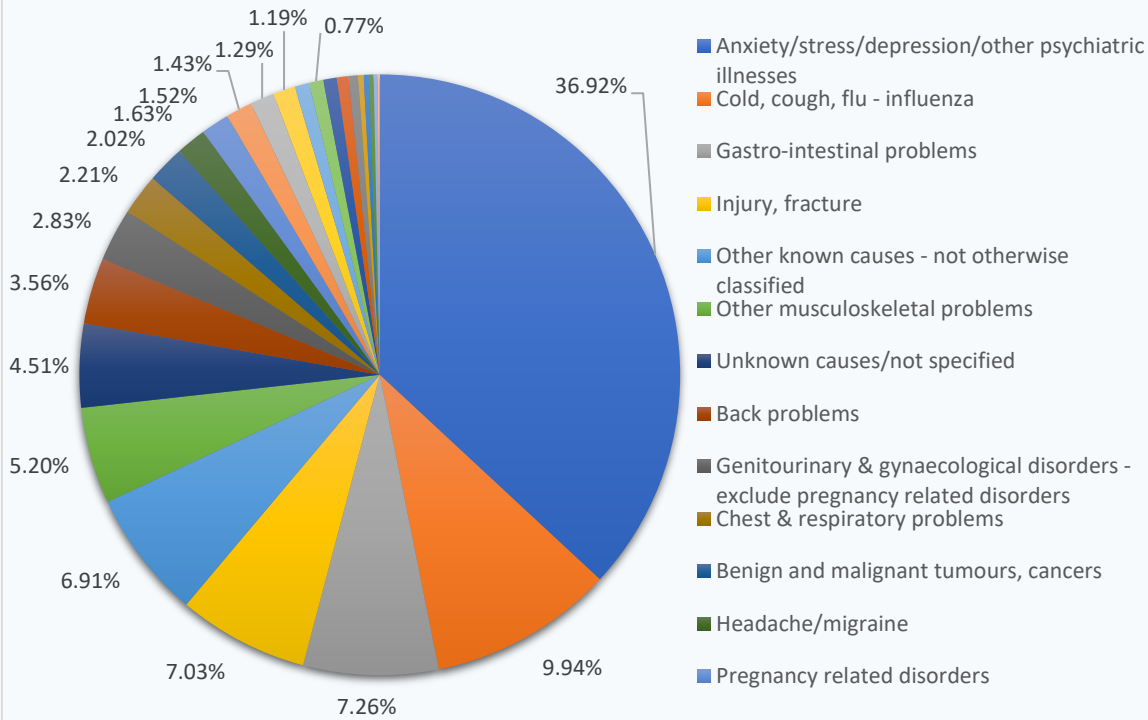


Fig. 4b: Reasons for Absence (Health)



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In **Q4 2025/26** Across **Social Work** and **Health**, psychological ill-health remains the leading cause of sickness absence. Whilst **Cold/Flu-type conditions** remain the second top reason within **Social Work**, Respiratory and cold/flu-type conditions are the **second highest in Health** and **third highest contributor in Social Work**.

Health

1. **Psychological** (36.92%)
2. **Cold/Flu-type conditions** (11.00%)
3. **Gastrointestinal Problems** (7.26%)

Social Work

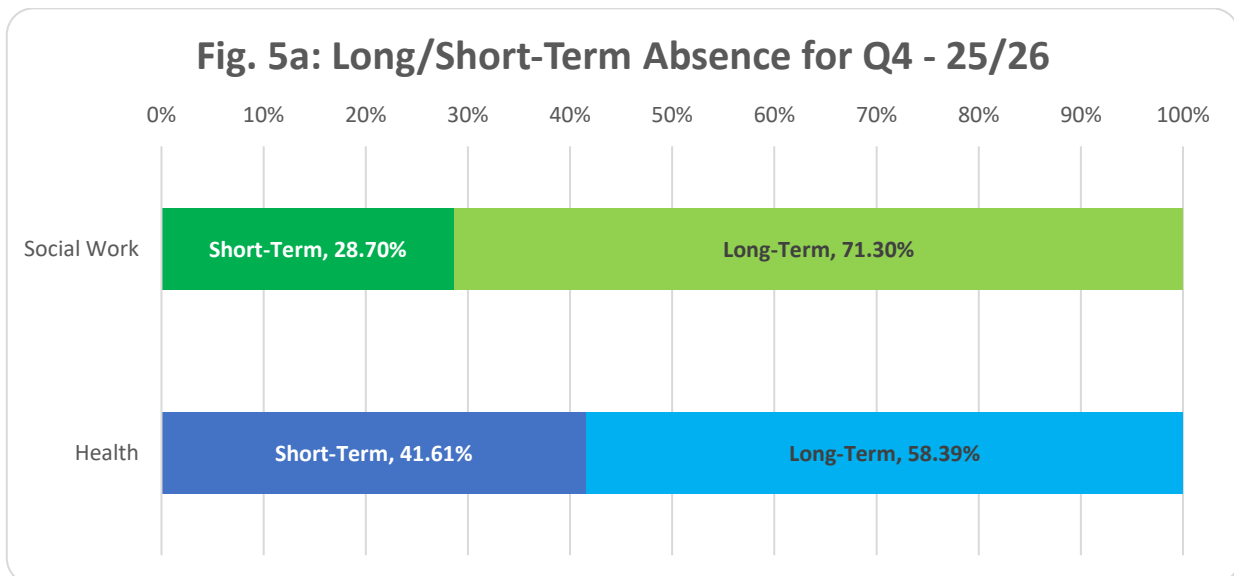
1. **Psychological** (30.88%)
2. **Musculoskeletal** (17.34%)
3. **Respiratory Tract** (11.00%)

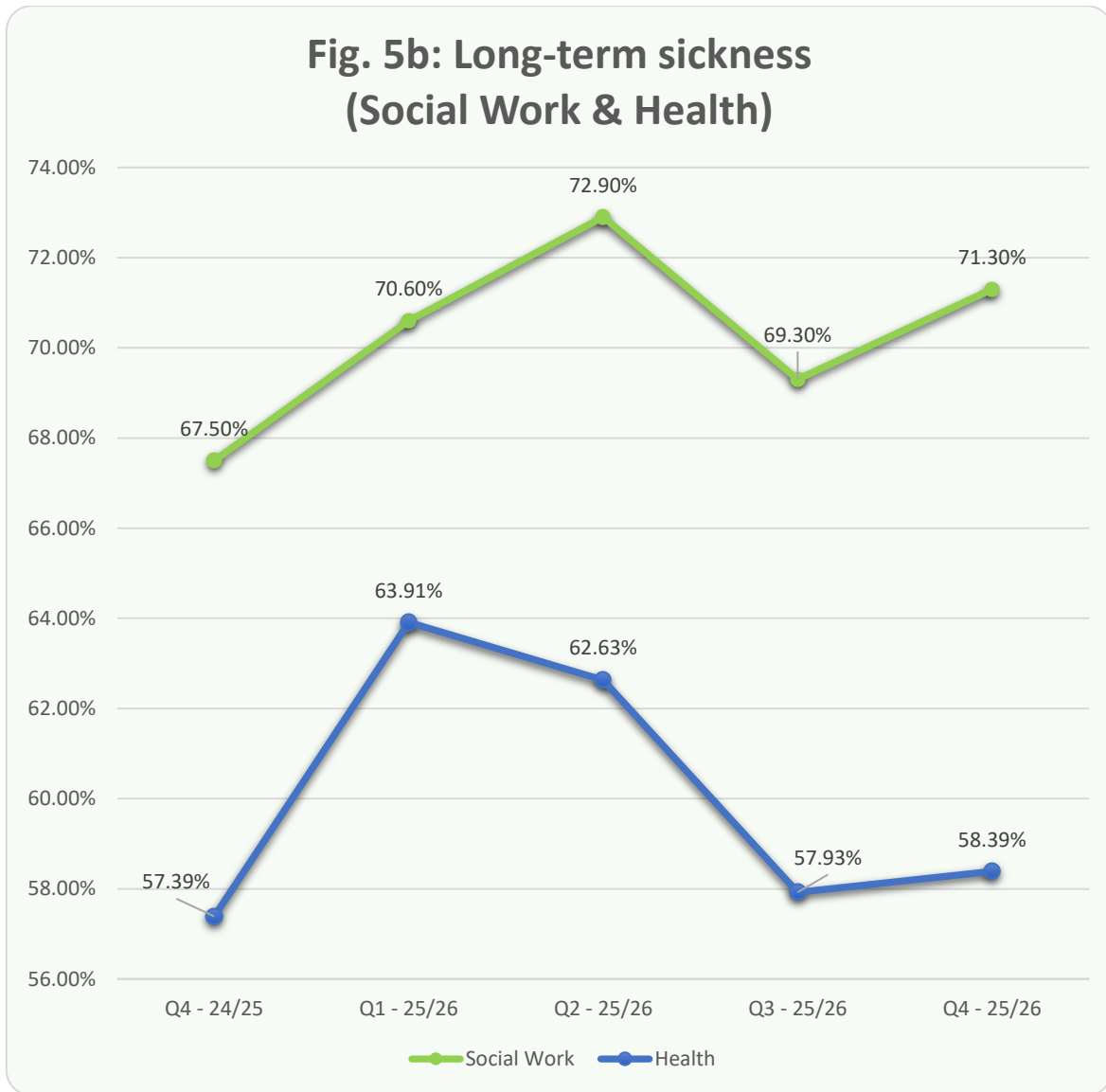
Psychological conditions, including stress, anxiety and depression, account for the largest proportion of absence in both sectors, driving long-term sickness patterns and reflecting wider local authority and national trends.

Work to reduce “unknown” absence categories within **Health** is continuing to show positive impact, where the proportion has reduced significantly following the introduction of automated prompts and oversight through Performance Improvement Groups. This improvement supports more accurate analysis and helps ensure staff are directed to appropriate wellbeing or Occupational Health support.

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

5. Duration of Absence





Long-term sickness continues to be the predominant driver of overall absence across **Social Work** and **Health**, and remains the key factor influencing service capacity, staffing pressure and operational resilience. In **Q4 2025/26**, long-term absence accounts for **71.30%** of all absence in **Social Work** and **58.39%** in **Health**.

Within **Social Work**, long-term absence has remained consistently high across the year, increasing from **67.50% in Q4 2024/25** to a peak of **72.90% in Q2 2025/26**, before stabilising at **71.30% in Q4 2025/26**. This represents an overall increase compared with the same period last year, indicating a sustained reliance on long-term absence within the overall absence profile. Early indications suggest that this may be a reflection of targeted focussed interventions on short term absence, further work is ongoing to sustain the improvement.

Within **Health**, long-term absence increased sharply from **57.39% in Q4 2024/25** to **63.91% in Q1 2025/26**, before reducing across subsequent quarters to **58.39% in Q4 2025/26**. While this reflects an improvement from the peak earlier in the year, levels remain slightly higher than the same period last year, indicating ongoing pressure associated with longer-duration absence.

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

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

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

The 2024/25 Supporting Action Plan achieved completion on all but two actions that required continued focus and transferred across into the 2025/26 Action Plan. These were the rollout of Stress Risk Assessment Project and developing further the Redeployment Process for HSCP.

The 2025/26 Action Plan continues with similar priority action areas with a central focus on addressing the two leading causes of absence i.e. Psychological (including stress) and Musculoskeletal illness reasons) and implement supports that are heavily focussed on interventions, initiatives and new approaches to try and impact positively on the consistently high levels of absences for these reasons.

6. Action Planning

6.1 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.

7. Recommendations

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

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

Complete On Target Delay

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

No	Action	Service Area	Activity	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
1 HR Support and Action									
1.1	Early Intervention	Joint	Explore options to continue to target the top 2 absence reasons of Psychological / Musculoskeletal to provide early advice and guidance to try and reverse these absence trends that are consistently reported as the leading causes of sickness absence.	HR SMT / Principal HR Officer (PHRO)	Earlier intervention by managers within this OH category to deliver supports at the earliest point to avoid an absence re-occurring or support an earlier return to work.	A steady decrease in the percentage absence / days lost for the top two absence reasons.	March 2027		
1.2	Short Term Absence	SW	Review approach to providing HR support to managers to prompt quicker manager actions for short term absence following a return to work. Early indications from last year's efforts are positive	PHRO/ HRMs	A re-focus of HR's role to support managers in taking quick and relevant action in line with GCC's Supporting Attendance Policy.	Increased Attendance Reviews (previously called Formal Interviews) being carried out by managers and a reduction in short term absences.	March 2027		
1.3	Long Term Absence	Joint	Expand the Case Reviews of all Long term cases to > 3 months (previously > 6 months) to ensure a management plan is in place to support employees.	HRMs / PHRO	To ensure all cases >3 months are being supported by managers to avoid a delay in staff supports being offered and to achieve the best outcome for staff.	Reduction in sickness absences > 3 months over the course of the year.	March 2027		
1.4	Staff Updates / Portal	SW	Develop Staff Updates Manager / Employee Resources online support pages to ensure staff can easily access key information.	HRMs/ PHRO	To ensure that online advice and guidance is user-friendly to allow quick access for staff and managers.	Increased activity to the dedicated pages.	October 2026		
1.5	Targeted support to hotspot areas where there are ongoing concerns	Joint	Identify areas and provide HR support advice to assist managers to improve attendance levels.	HRMs / PHRO	Reduction in absence in identified areas.	Improved absence trend over the course of the year.	November 2026		
1.6	HRS AU Data	Health	Review HRS AU Data and activity at regular activity meeting. Board's additional resources will assist with this intervention.	HRMs / HRS AU	Improved progression of case management and support.	Improved Timescales.	Ongoing		

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No	Action	Service Area	Activity	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
2. Staff Wellbeing									
2.1	HR Support to GCHSCP Wellbeing Group and strategic workforce priorities for staff mental health and wellbeing	Joint	Proactive approach and collaborative working with group membership and Services to increase staff engagement on wellbeing promotions and initiatives.	Head of OD / HR SMT / Service Mgt	Increased staff awareness of wellbeing priorities, promotions, initiatives and events for staff to engage with.	Increased activity and interventions focussed around supporting employee wellbeing.	March 2027		
2.2	Rollout of Team Stress Risk Assessment Project taking lessons learned from Home Care Pilot	SW	Implement on a phased basis by identifying a targeted group to participate in the SRA exercise.	HRM	Managers and staff are engaged in the exercise and feel supported and encouraged that positive changes will be implemented.	Evaluation/survey staff Reduction in stress related absence.	March 2027		
3. Manager Training and Development									
3.1	Develop and Implement a programme of Training for Managers	SW	Roll out Training Needs Analysis Survey Service wide to determine from managers to what supports and learning opportunities they require and develop a suite of training that meets their needs.	Head of OD / HRMs / PHRO	Strengthen managers confidence in applying policy and supporting attendance and staff wellbeing.	Report highlighting manager's attendance at a range of HR Briefings.	November 2026		
3.2	Promotion of Mandatory GOLD Supporting Attendance Module and any other relevant GOLD policy training.	SW	Promotion of mandatory GOLD training bi-annually (September / March) via HR Communications.	HRMS/ PHRO	To increase the number of managers completing the mandatory training to assist manager to be more empowered and confident in managing absence and supporting staff.	Increase in numbers of managers who have completed the training.	March 2027		
3.3	Review of Re-Categorisation of Absence Guidance and Process	Joint	Consult with Service Management on the refresh of the process including the delivery of HR Briefings to re-affirm managers role in the re-categorisation of absence due to a workplace incident or uncategorised absence.	HRMS/ PHRO	To ensure that absences are re-categorised consistently and in line with Conditions of Service.	Quicker response to requests for absence re-categorisation.	September 2026		

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No	Action	Service Area	Activity	Action Lead	Desired Outcome	Measurable Target	Target Completion Date	Progress Update	Status
3. Manager Training and Development – cont/d									
3.4	Attendance Management Training	Health	Promotion of board attendance management training.	HRMs	Oversight of attendance enabling targeted approach where appropriate.	Number of managers attending training and improved management of attendance.	ongoing		
3.5	Brief TUs on Supporting Attendance Action Plan 26/27	Joint	Brief TUs with regards to the Supporting Attendance Action Plan 26/27.	HR SMT / PHRO	Increased TU/Staff Side awareness of GCHSCP strategy and obtain feedback.	TU Feedback.	July 2026		
4. Occupational Health									
4.1	Refresh and Update of OHIO Hierarchy	SW	Conduct an exercise to cleanse the current OHS system and ensure hierarchy for referrals is accurate.	PHRO / CBS / Corporate HR	Managers being able to make referrals and minimise delays for employees.	Timely referrals highlighted in OH Management Report to the Service.	December 2026		
4.2	Working in Partnership	Joint	Maintain regular meetings with OH provider management to progress any key matters and discuss any opportunities to strengthen the delivery of OH Service.	HR SMT / PHRO	To ensure quick resolution to any identified challenges and strengthen relationships.	Quicker resolution to OH issues which arise.	March 2027		
4.3	Quality of OH Reports	Joint	Implement robust process for managers to raise any concerns regarding OH reports received.	HRMs/ PHRO	Managers receive HR advice on interpreting reports and/or improved quality of OH reports	Reduction in queries received from managers	September 2026		
5. Redeployment									
5.1	Review existing Redeployment Process– Ill Health	SW	Work collaboratively with wider HR and Service Management to improve the approach to identify opportunities to improve the process and reduce delays.	HR SMT / Service Mgt / PHRO	Quicker actions and response for solutions for employees.	Reduced absence, and reduced timescales for staff on the Redeployment Register.	March 2027		
6. Governance, Compliance & Reporting									
6.1	HR Support to the Performance Improvement Groups / PRG	Joint	Development of performance integrated / additional data for groups, that is meaningful to assist with robust and focussed action planning.	HR HOS ACO's	To ensure senior management team have oversight of key metrics to assist in the achieving of targets.	Improved management of absence in line with policy and reduced absence levels.	Monthly		
6.2	Develop Digital Tools	Joint	Explore how digital tools, including AI can support the HR function to provide support/advice and guidance to managers.	HRMs / PHRO	To improve efficiencies within HR and to provide quicker advice and guidance to managers.	Increased use of digital tools within the service and improved efficiencies.	December 2026		
6.3	Audit Manager Absence Recording and Compliance with the Policy	Joint	Review/sampling of absence paperwork in identified areas to monitor compliance	HRMS/ PHRO	Increased manager activity of required recording of actions.	Improved manager practice evidenced by Audit.	March 2027		