Item No. 15

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

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

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

Phone: **07880 294747**

Attendance Management

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in Quarter 1 (April to June 2024) as well as performance, notable key issues and the implications for Glasgow City HSCP.

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

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

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

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

Relevance to Integration Joint Board Strategic Plan:
As detailed in page 22 of the plan. Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the health and social care services they need at the right time, the right place and from the right person.

Implications for Health and Social Care Partnership:

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 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

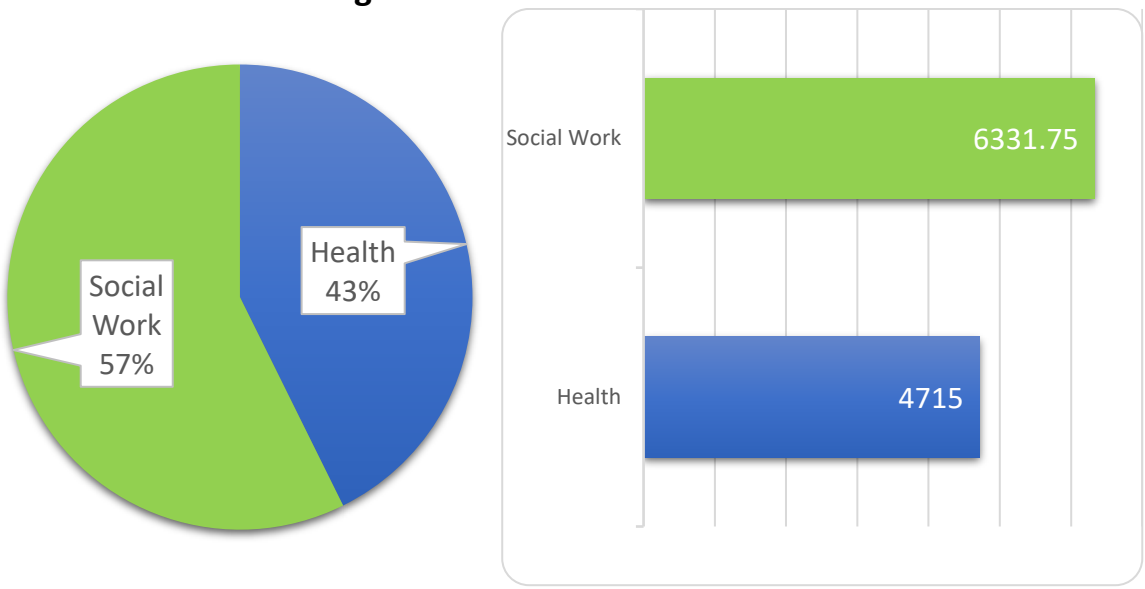
1. Purpose of Report

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with an overview of the key HR metrics relating to Attendance Management in Quarter 1 24/25, (April - June 2024) as well as performance, notable key issues and the implications for Glasgow City Health & Social Care Partnership (GCHSCP).

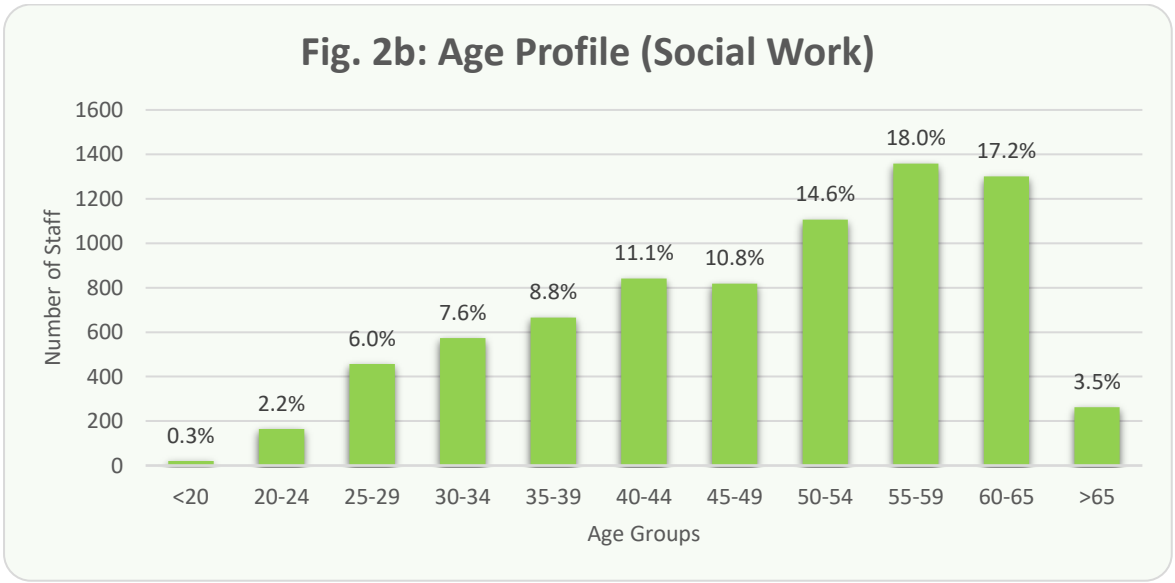
2. Staff Profile Summary

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

Fig. 2a: WTE of Social Work and Health



2.2 Staff Profile Summary – **Age Profile**



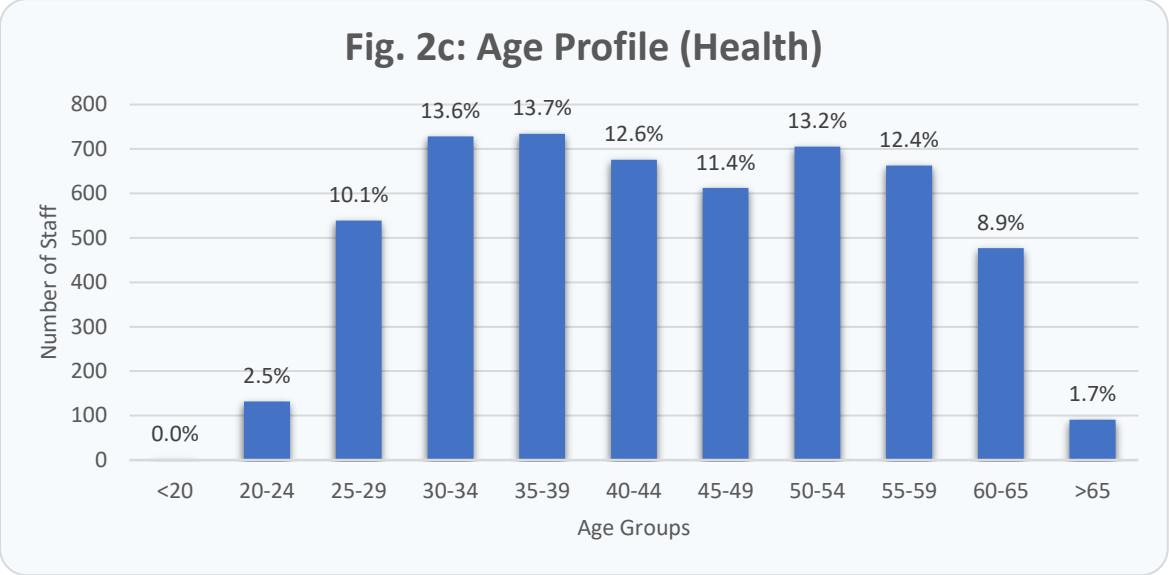


Fig. 2a shows the breakdown of whole-time equivalent staffing levels across GCHSCP with Social Work accounting for 57% of whole-time equivalent staff compared to 43% for Health.
Fig. 2b demonstrates that the workforce within Social Work is predominately between 50-65 years, with the most common age bracket being 55-59 years (18%). There is a risk of a significant number of retirees in the relatively near future, with 38.7% of staff over the age of 55.
Fig. 2c shows the most common age bracket for Health staff is 35-39, closely followed by 30-34 and 50-54 years. Staff over the age of 55 (23%) can be considered as potential retirees in coming years.
The age profile of the workforce highlights a risk to GCHSCP in terms of future staffing and can significantly impact the frequency and duration of absences.

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

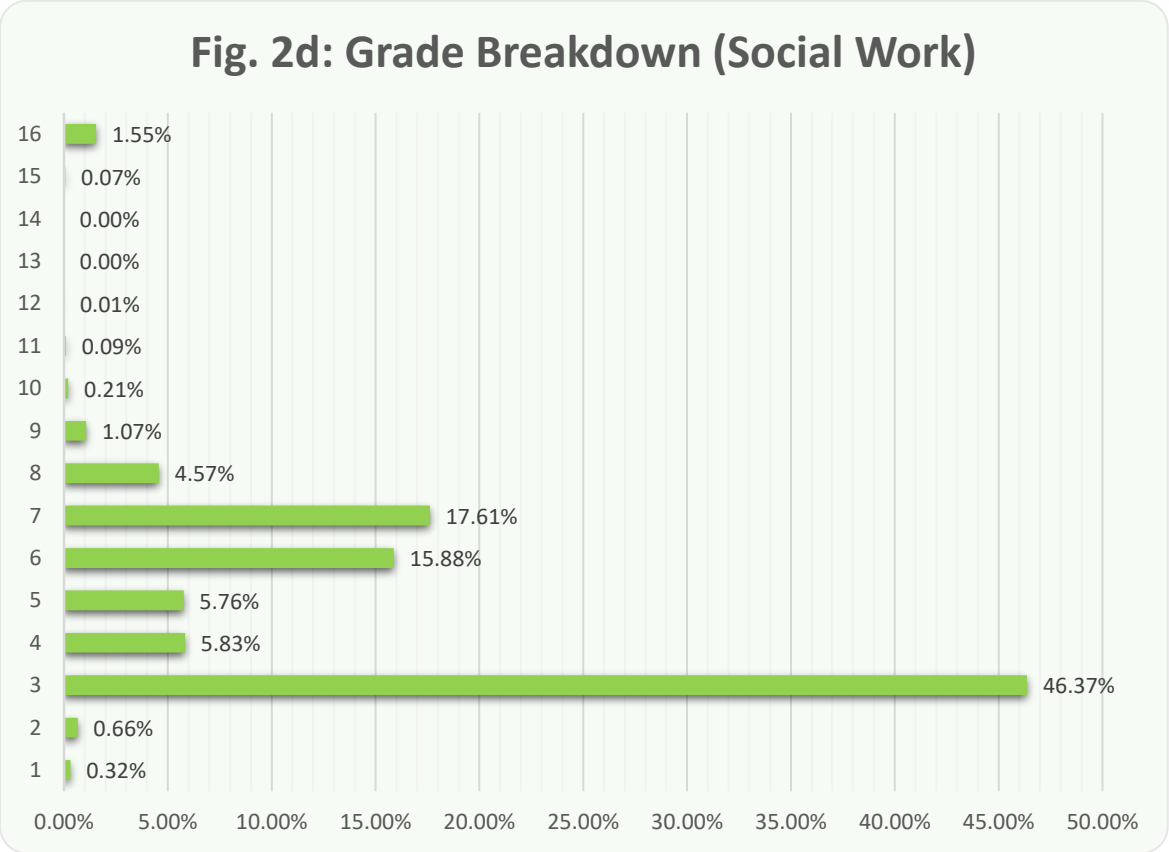


Fig. 2d reports that the largest staff grouping is Grade 3 (46.37%), comprising of front-line worker roles; Home Carers, Social Care Assistants, Support Workers, Responders and Business Administration staff. Grade 7 is the next largest grouping (17.61%) and incorporates roles such as Qualified Social Workers, Senior Officers, supervisory positions, followed by Grade 6 (15.88%) which includes front line social care roles including Social Care Workers.

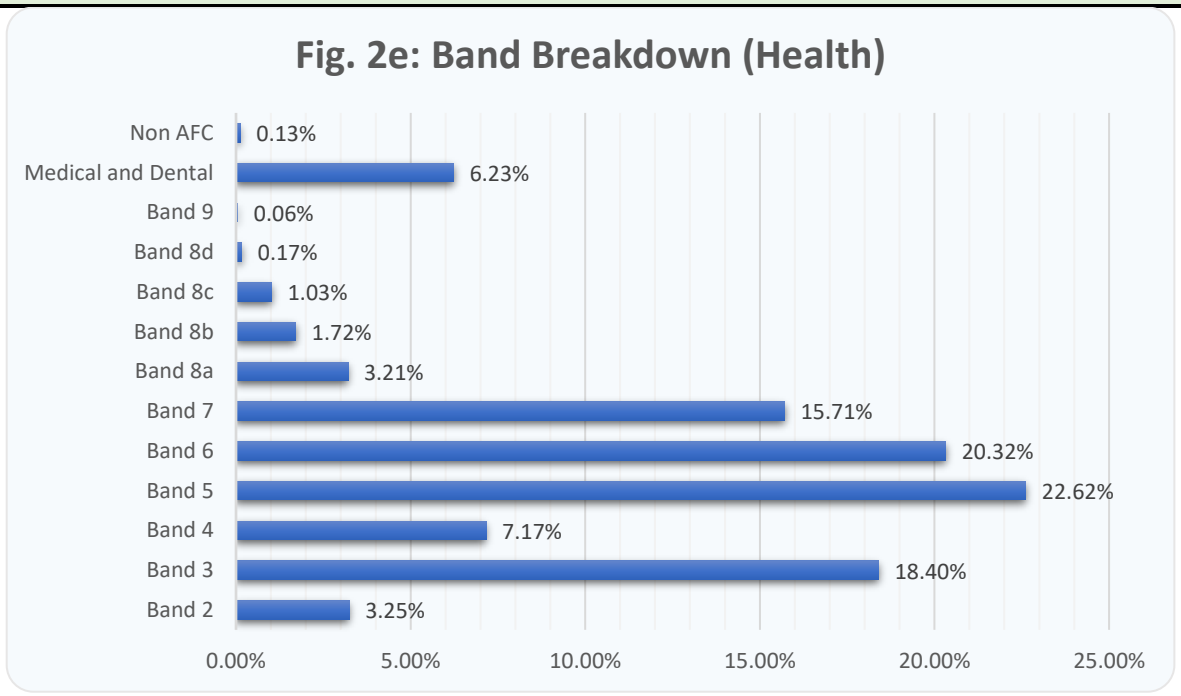


Fig. 2e shows that the majority of staff are Band 5 (22.62%) & Band 6 (20.32%) which represents the trained nursing and AHP staff cohort across GCHSCP. Staff at Band 7 (15.71%) reflects the team leader level of management and specialist nursing and AHP staff. Band 3 (18.4%) reflects the large number of Health Care Support Workers and Business Administration Support staff.

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

Fig. 2d, and 2e shows that across GCHSCP the largest group of staff within Social Work are Grade 3 social care and administration roles (46.37%) whereas within Health, Band 5 represents the majority which includes trained nursing staff (22.62%).
The next largest GCHSCP grouping of staff is Grade 6 and 7 within Social Work which incorporates Social Care Worker and Social Worker roles, and within Health Band 6 nursing and AHP positions and Band 3 support and administration roles.
Ongoing recruitment and retention strategies are required to sustain these frontline worker positions, and as such have been detailed in the GCHSCP Workforce Plan.

3. Quarterly Absence

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

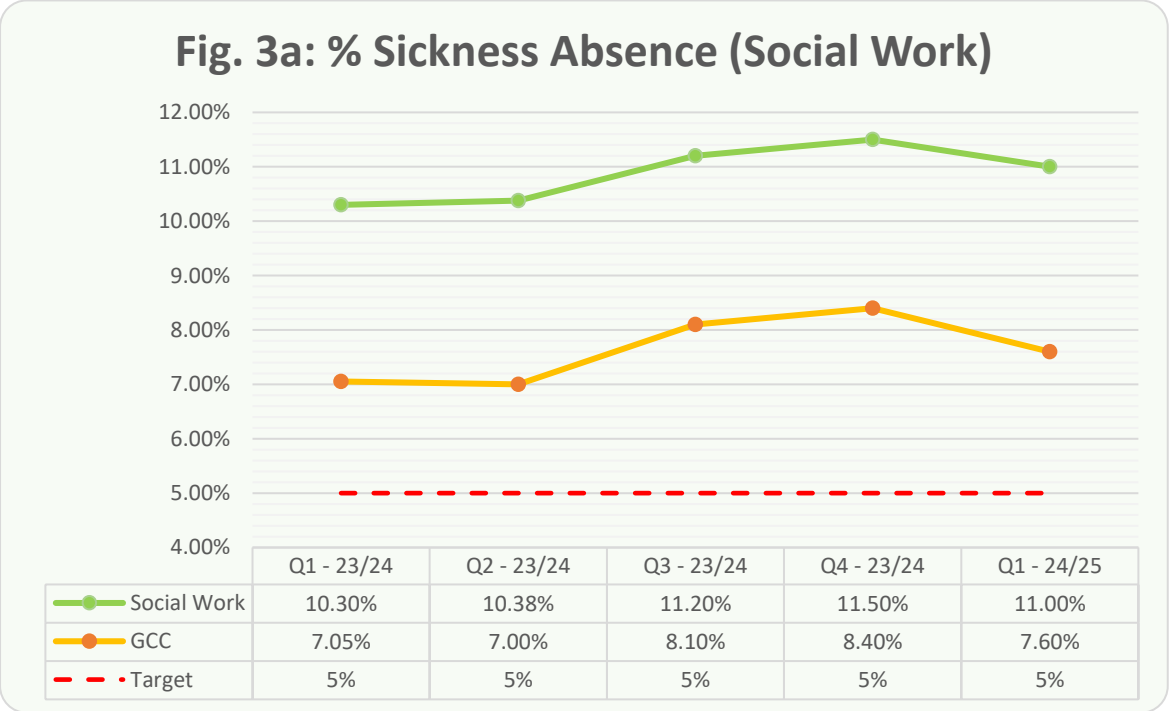
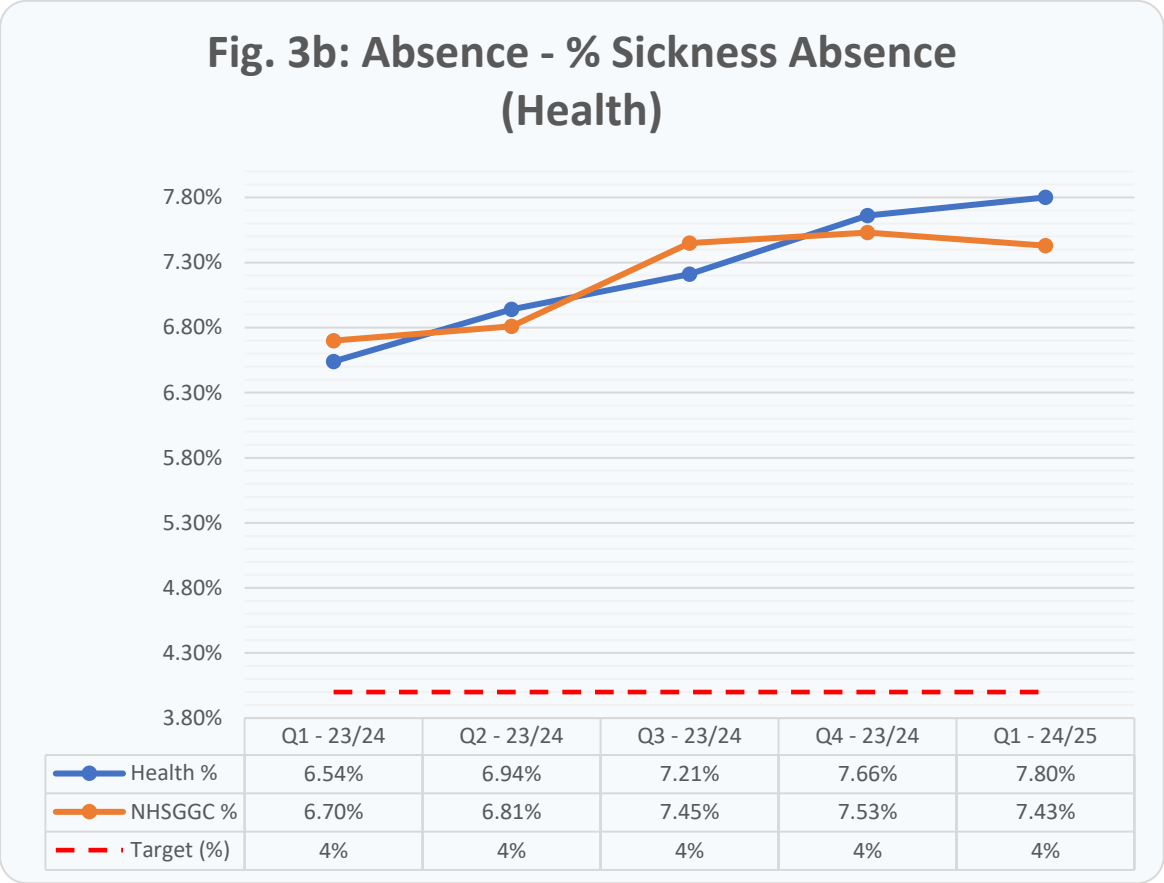


Fig. 3a demonstrates an increase in levels of sickness absence in Q1 24/25 in comparison to the same quarter last year (+0.7%). However, Q1 level of sickness absence is lower than the previous 2 quarters; Q3 (-0.2%) and Q4 (-0.5%) which is consistent with the trend for Glasgow City Council (GCC). Social Work quarterly absence performance overall stays consistently above GCC in all quarters and above the quarterly absence target of 5%. There are Council discussions taking place around reviewing this target.

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



	Q1 - 23/24	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25
Health %	6.54%	6.94%	7.21%	7.66%	7.80%
NHSGGC %	6.70%	6.81%	7.45%	7.53%	7.43%
Target (%)	4%	4%	4%	4%	4%

Fig. 3b shows an increase in levels of sickness absence in this quarter compared to the same quarter last year (+1.26%). Q1 24/25 has the highest level of sickness absence compared to the last 4 quarters in 23/24 reaching 7.80%. The increasing level of absence is consistent with the trend across NHSGGC.

3.3 Absences – **Combined Analysis**

Fig. 3a, and 3b demonstrate that a concerning level of absence remains across GCHSCP, with levels considerably higher than the target levels for both NHSGGC and GCC.
The past 2 quarters, Health levels of sickness absence have been higher than the level of absence within NHSGGC overall; this has changed from Q1 in 23/24 when Health absence was slightly lower than NHSGGC. Social Work sickness absence follows the trend across GCC however is consistently higher each quarter.

4. Covid Absence

4.1 Covid Absences – **Social Work**

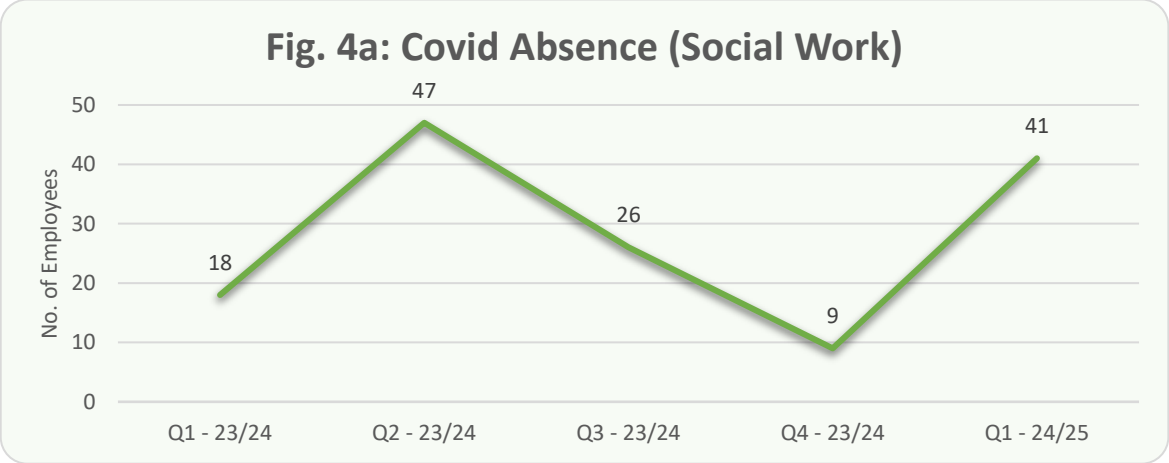


Fig. 4a shows that following an increase in Q2 (23/24), the trend for absences related to Covid was decreasing over Q3 and Q4 (23/24), however there has been a spike in cases in Q1 (24/25) (+32).

4.2 Covid Absences **– Health**

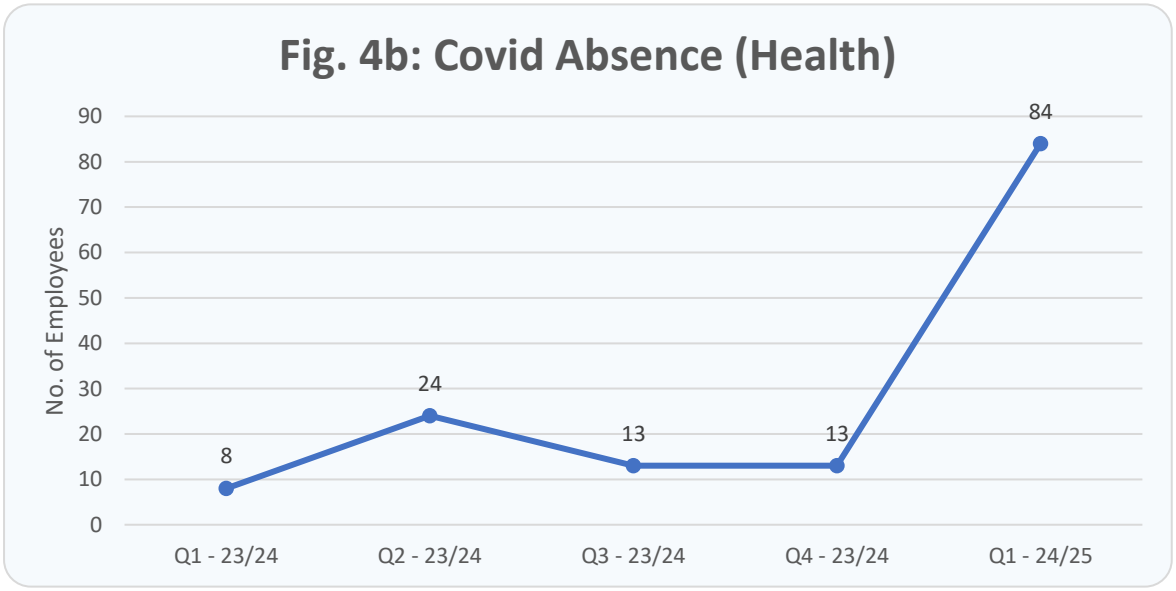


Fig. 4b shows a small fluctuation in absence related to Covid over the last year This appeared to have plateaued in Q3 and Q4 of 23/24, however these levels have spiked in Q1 24/25.

4.3 Covid Absences – **Combined Analysis**

The trend of Covid related absence across GCHSCP is similar in both Health and Social Work, with both areas experiencing a downward trend over the previous 2 quarters and reporting a significant increase in levels in Q1 24/25. Unlike other respiratory illnesses which tend to be seasonal, Covid 19 transmissions tend to occur in waves throughout the year. Covid absences within both Health and Social Work are recorded as sickness from day 1; SW under the Occupational Health Category "Miscellaneous" and Health due to 'Viral' reason. Ongoing Covid related sickness absence in managed through Attendance Management Policies.

5. Sickness Absences % Departmental Breakdown

5.1 Sickness Absences – **Social Work**

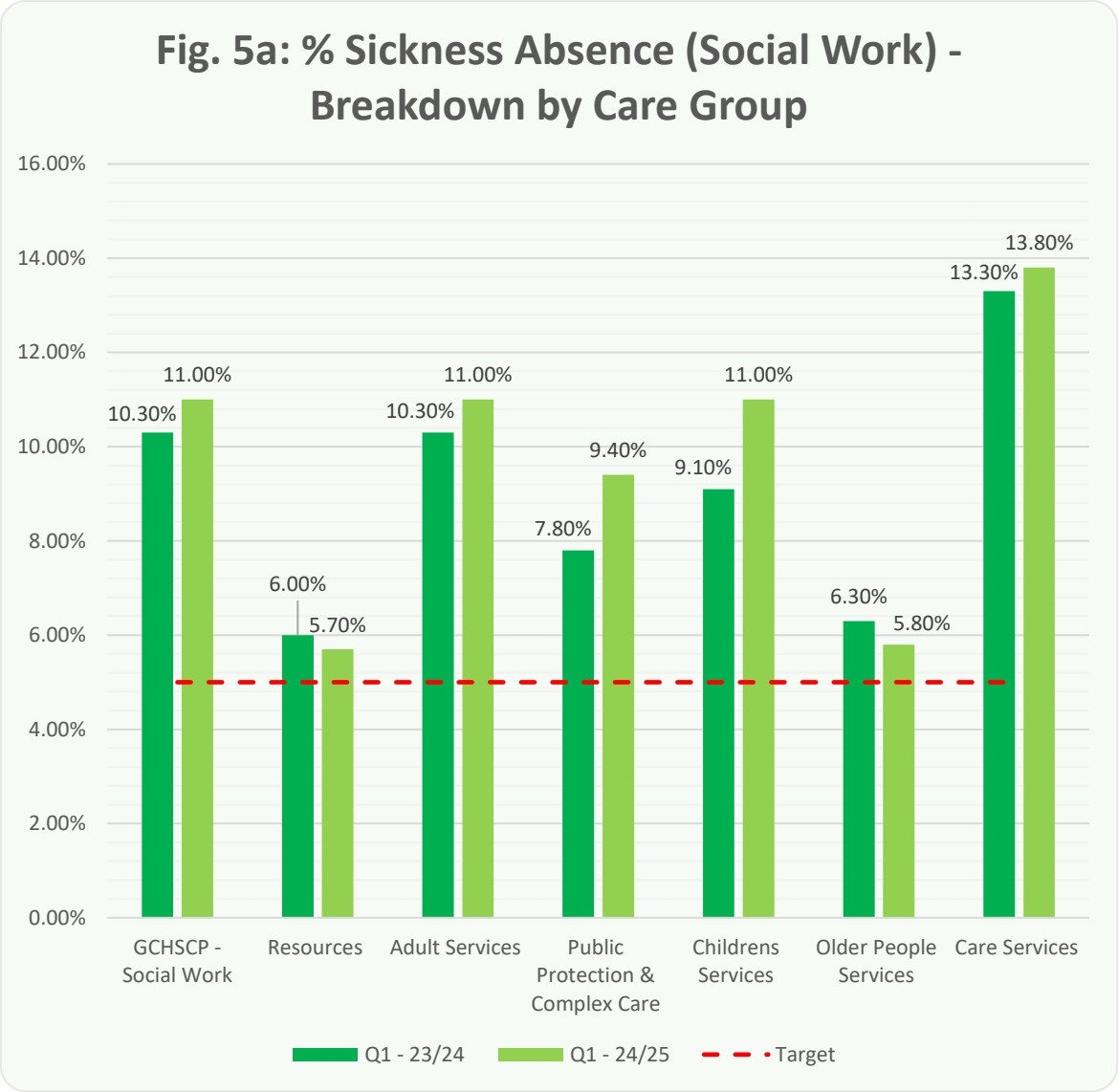


Fig. 5a demonstrates the percentage absence breakdown by Care Groups for Social Work. All absence levels have increased in comparison to Q1 last year except Resources (-0.3%) and Older People Services (-0.5%).
Across the Services, Children's Services shows the largest increase of 1.9% in comparison to Q1 23/24. This Care Group includes Children's Residential Services, which consistently experience high absence levels.

5.2 Sickness Absences – **Health**

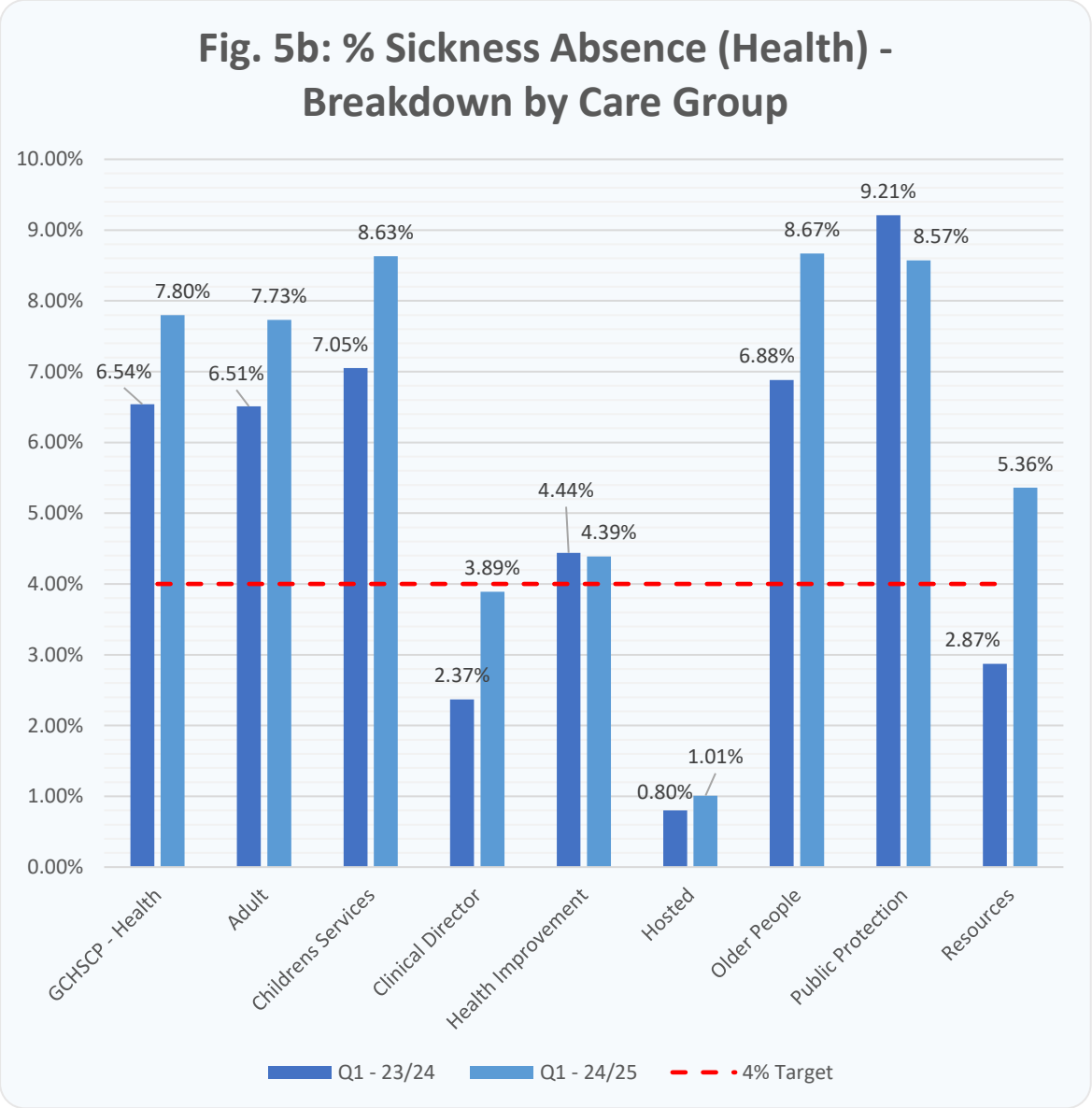


Fig. 5b shows increased levels of sickness absence across the majority of services within Health except Health Improvement (-0.05%) and Public Protection (-0.64%) who recorded slight a decrease in Q1 24/25 compared to the same quarter in the previous year. Adult and Older People's Services have the largest staff groups and in-patient sites compared to Children's Services, Public Protection and Resources which are smaller service areas within the Partnership.
The increase in sickness absence within in the majority of areas, and in particular the smaller service areas detailed above, have impacted on the overall sickness absence level within the Directorate.

6. Reasons for Absence

6.1 Reasons for absence – **Social Work**

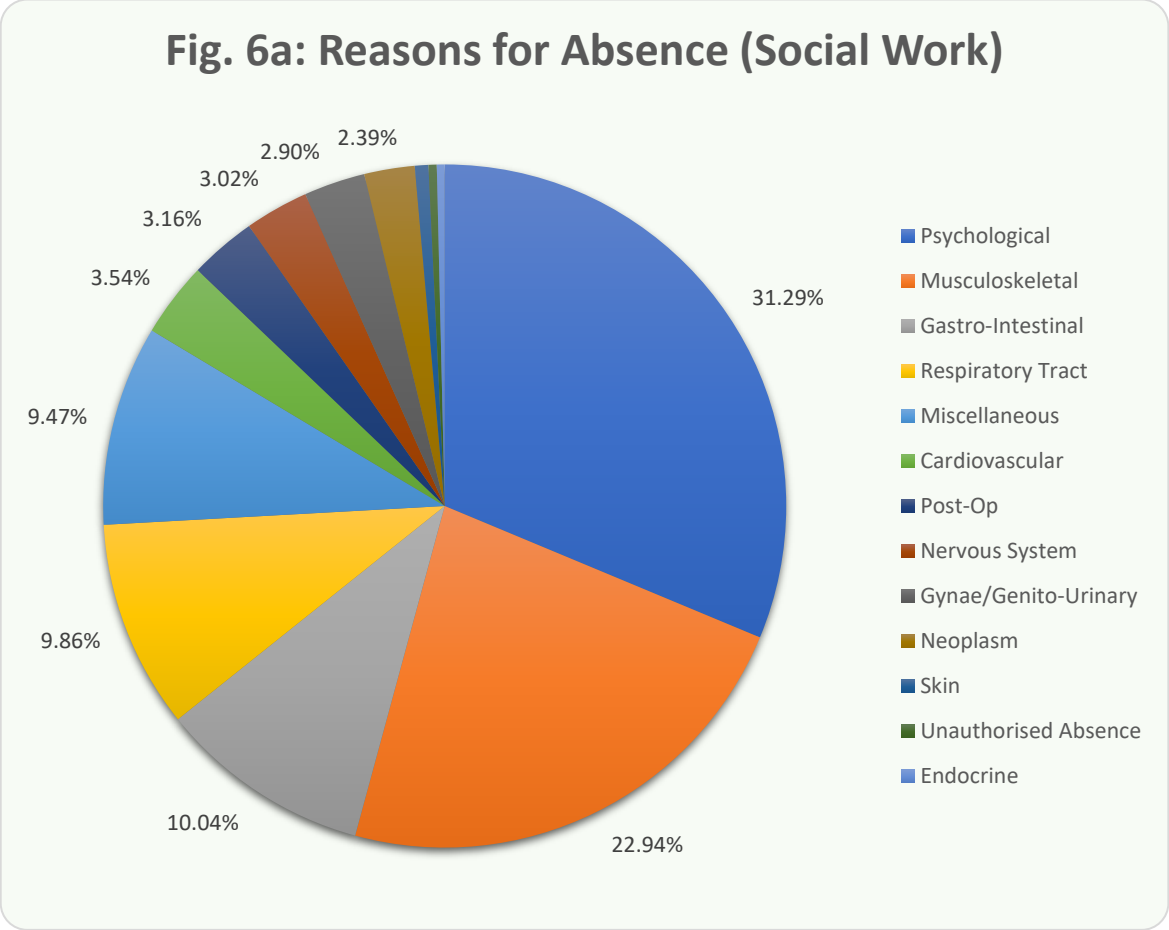


Fig. 6a above shows that the top 4 reasons for absence in Social Work are:
1. Psychological (31.29%)
2. Musculoskeletal (22.94%)
3. Gastro-Intestinal (10.04%)
4. Respiratory Tract (9.86%)

The trend of the top reasons for absence are fairly consistent with same quarter the previous year with the only change being the 3rd Top reason which was Miscellaneous in Q1 (23/24). Psychological absences include stress and mental health related illness and remains the number 1 reason for absence (31.29%), followed by musculoskeletal (22.94%). 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 (Q4 23/24) and the same quarter last year.

6.2 Reasons for Absence – **Health**

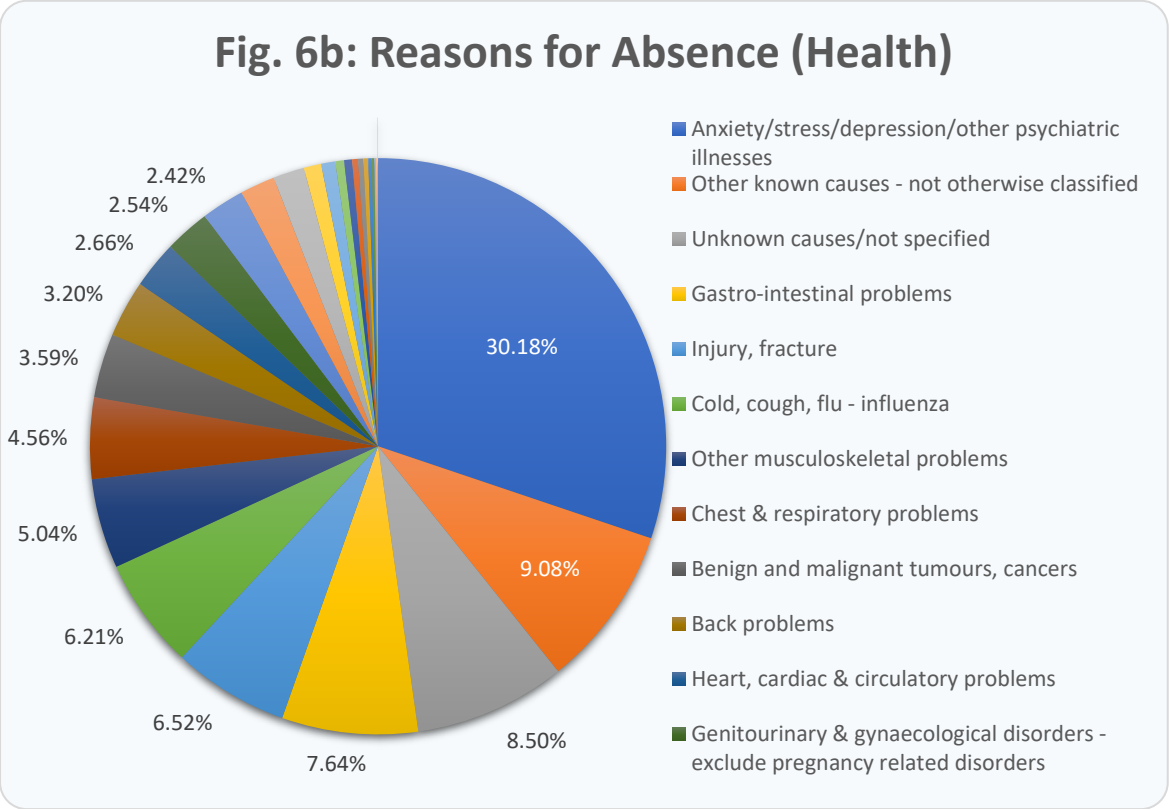


Fig. 6b above shows that the top 4 reasons for absence in Health are:
1. Anxiety/stress/depression/other psychiatric illnesses (30.18%)
2. Other known causes - not otherwise classified (9.08%)
3. Unknown causes/not specified (8.50%)
4. Gastro-intestinal problems (7.64%)

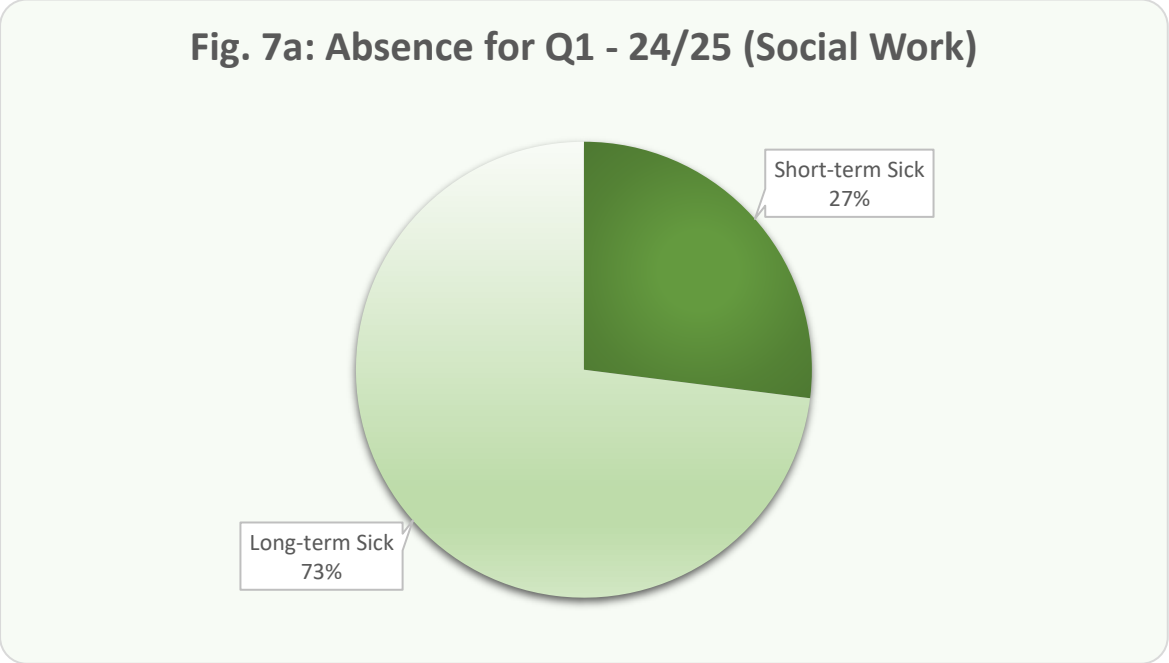
Absences recorded as 'Psychological' (which includes all stress and mental health related absence) remains the most common reason for absence. This is consistent pattern occurring over the last few years and reflects the trend across NHSGGC.
'Other' and 'Unknown' absence both accounted for 9.08% and 8.50% of total absence respectively. The use of the 'Unknown causes' as a reason for absence on the recording system is highlighted to management to update to reflect the current reason for absence to ensure accuracy of recording and categorisation of absence.

6.3 Reasons for Absence – **Combined Analysis**

Fig. 6a, and 6b
Across GCHSCP psychological absence reasons remain a cause for concern and are the main contributor to long term sickness absence. The Attendance Management Action Plan for 24/25 aims bring a new focus and strategy driven by HR to attempt to reduce absence levels.

7. Duration of Absence

7.1 Duration of Absence – **Social Work**



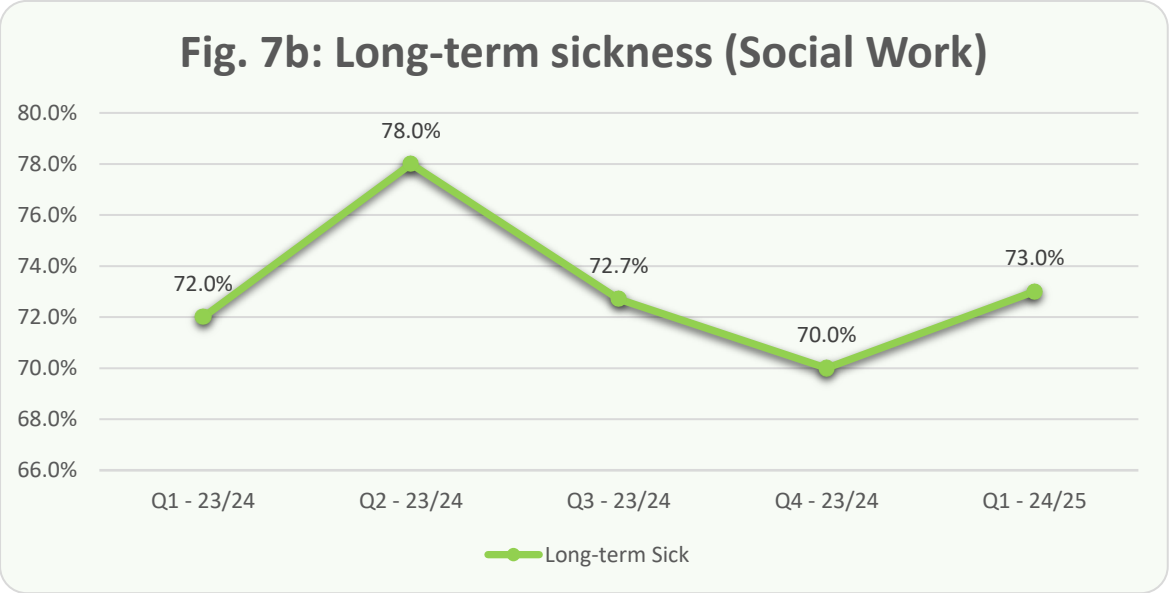
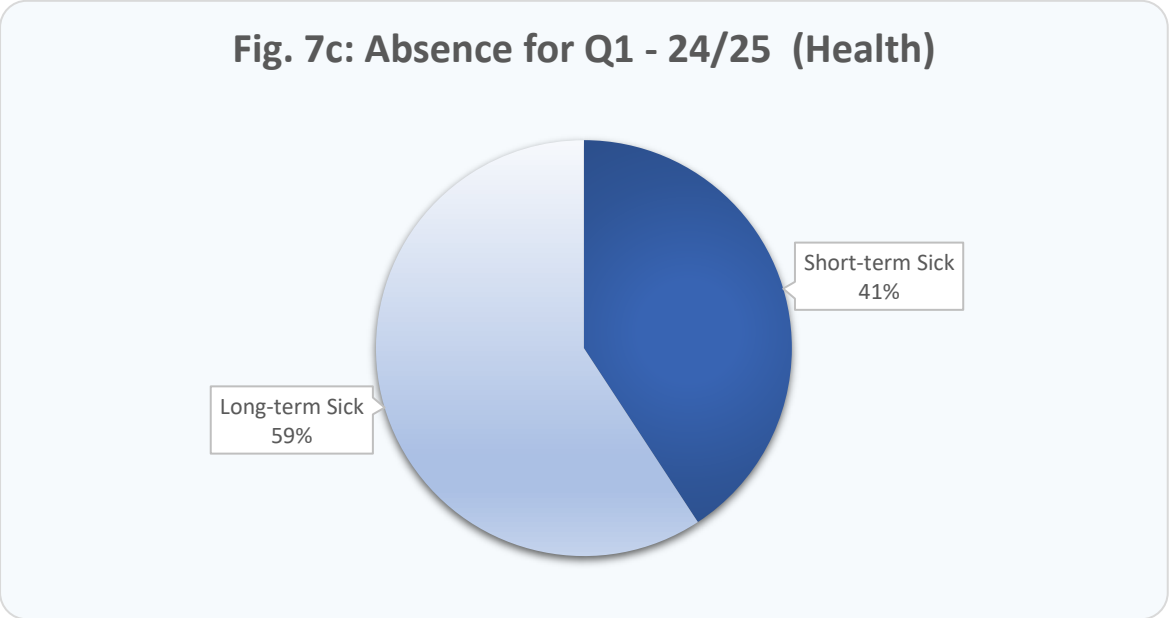


Fig. 7a, and 7b Within Social Work, Long Term Absence is defined as a period of sickness >19 days and the graphs show the continuing trend of long-term sickness being the largest contributor to overall absence levels accounting for 73% of sickness in Q1 (24/25). This is an increase (+3.0%) from the previous quarter and a slight decrease (-0.1%) compared to Q1 last year.

7.2 Duration of Absence – **Health**



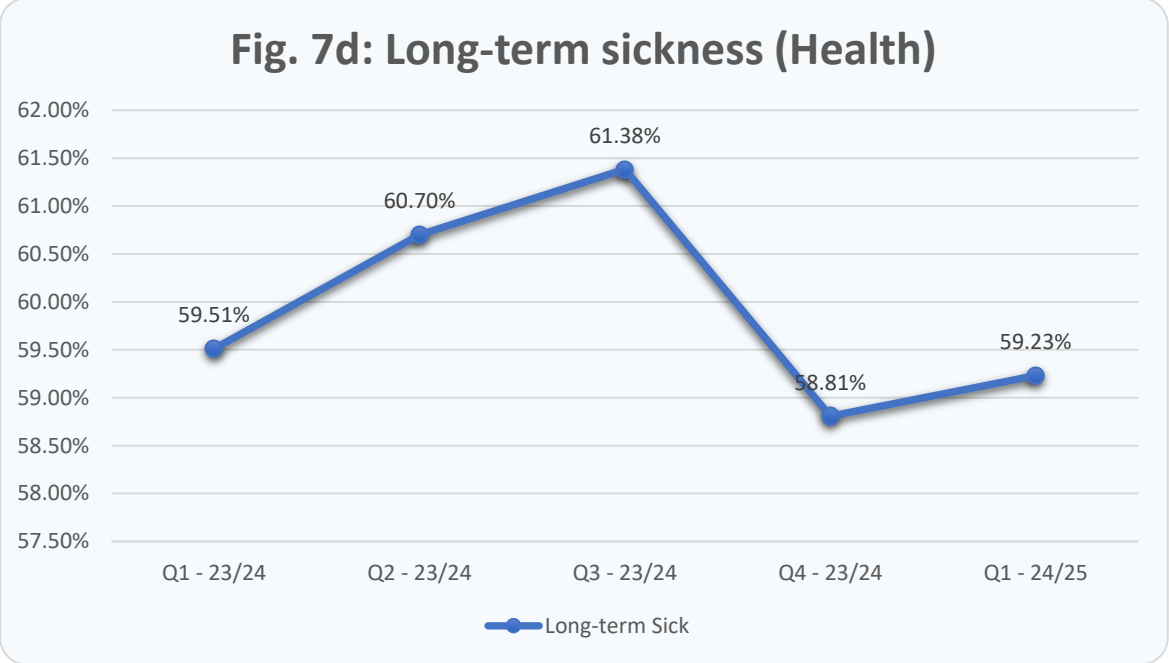


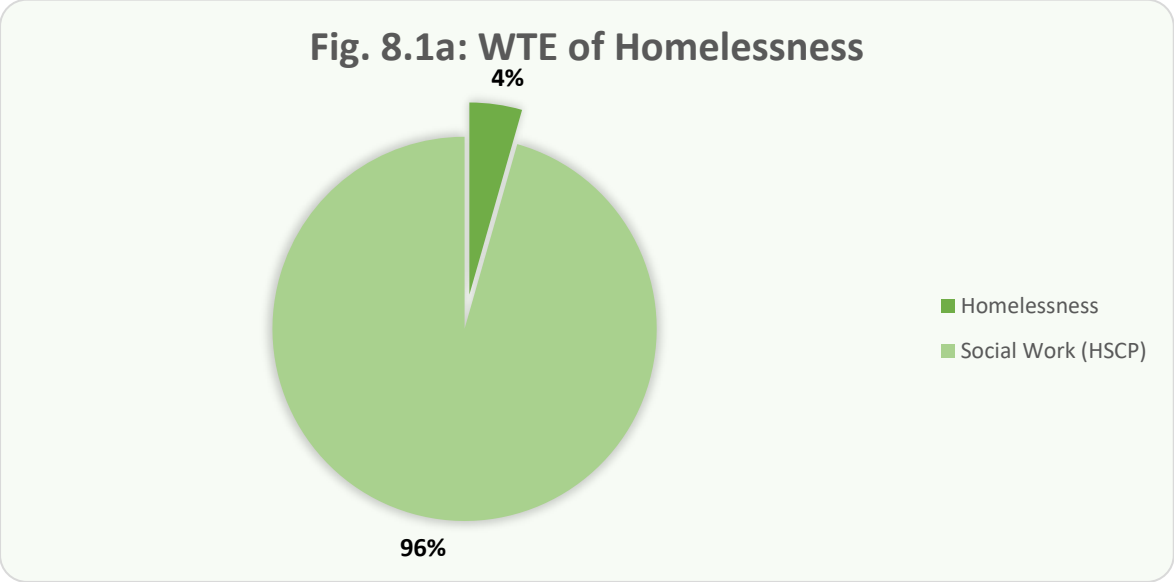
Fig. 7c, and 7d: Within Health, Long Term Absence is defined as a period of sickness >29 days. We can see from the **Fig. 7c** that long term absence remains higher than short term absence, as is consistent with long established trends.
Fig. 7d shows that whilst there was a significant decrease in long term absence level in Q4 23/24 (-2.57%), this has increased slightly in Q1 24/25 (+0.72%).

7.3 Absences – Combined Analysis

Fig. 7a, 7b, 7c, and 7d reflect high levels of long-term sickness absence across GCHSCP. The level of long-term absence is a cause for concern, with the top reason for long-term absence being "Psychological". The 2024/25 Attendance Management Action Plan and GHSCP's Wellbeing Framework will try and address this concern.

8. Quarterly Spotlight Area

8.1 Quarterly Spotlight Area - **Social Work – Homelessness**



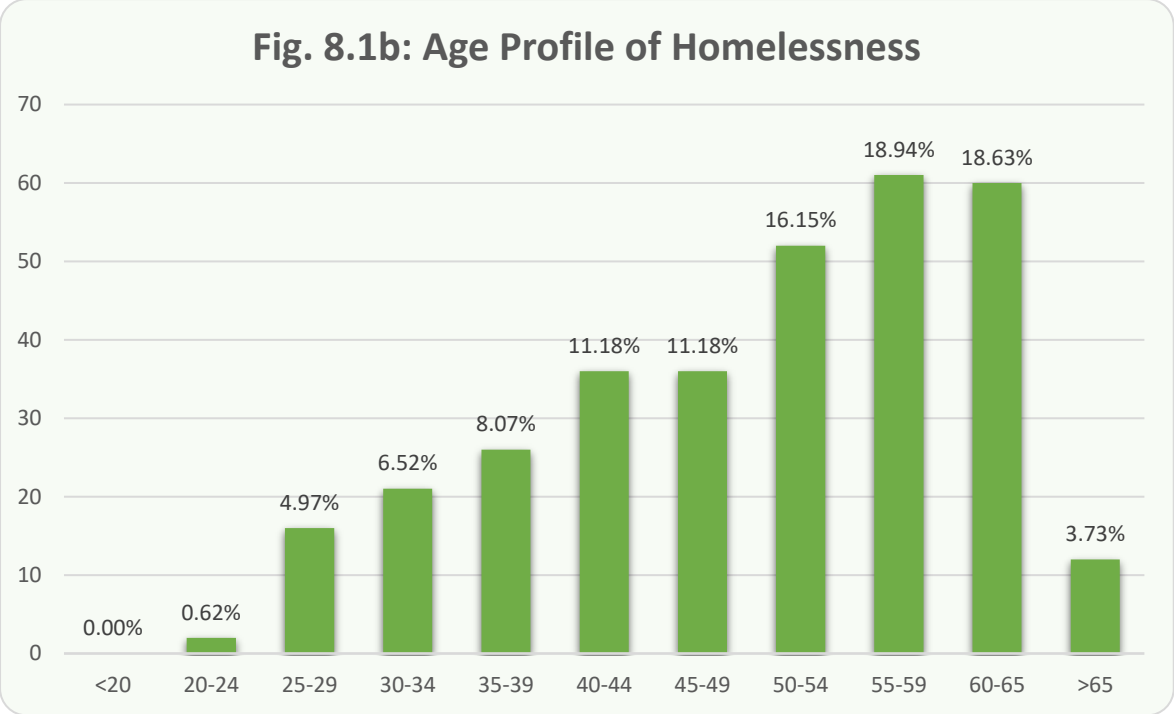


Fig. 8.1c: Grade Breakdown of Homelessness

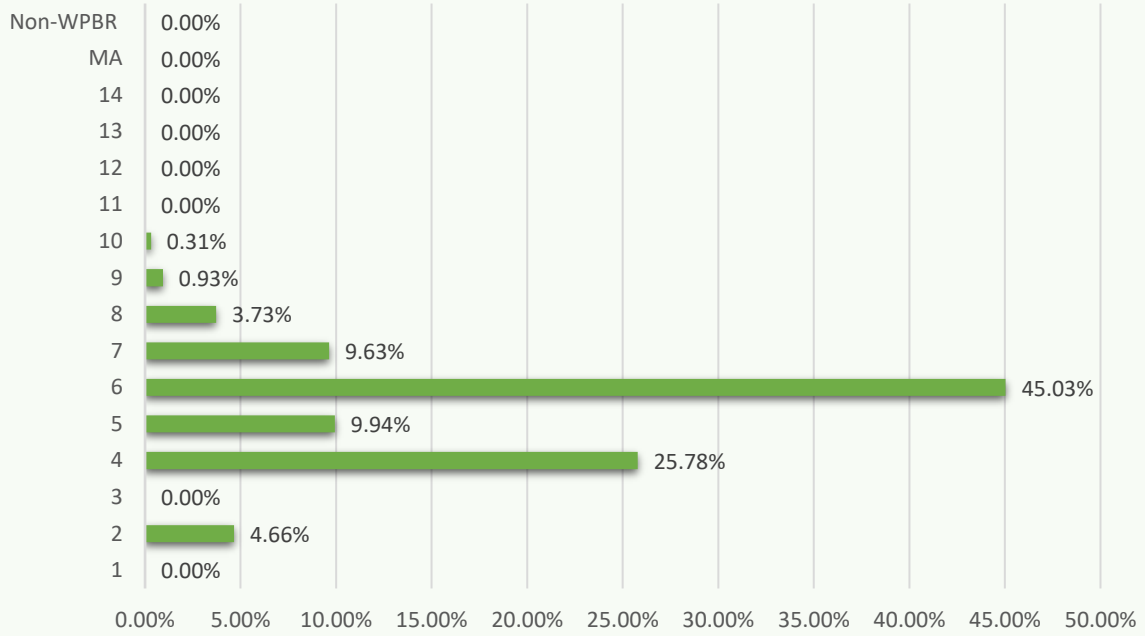


Fig. 8.1d: Homelessness - % Absence

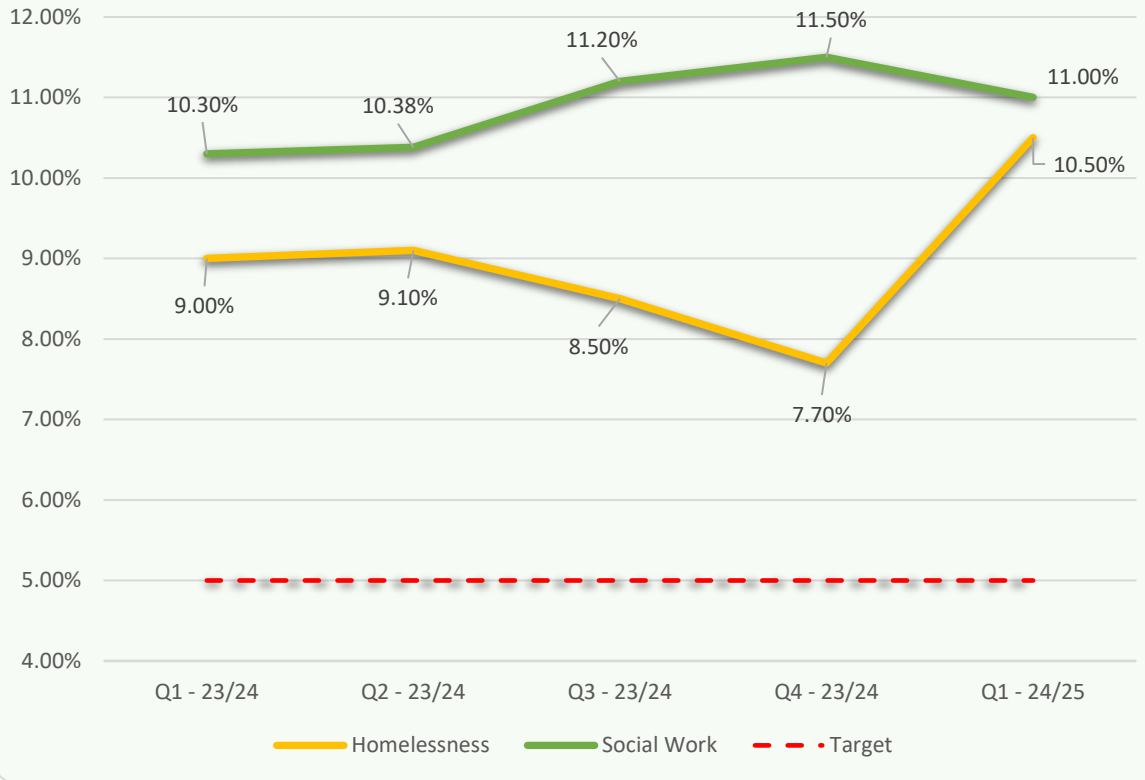


Fig. 8.1e: Reasons for Absence Homelessness

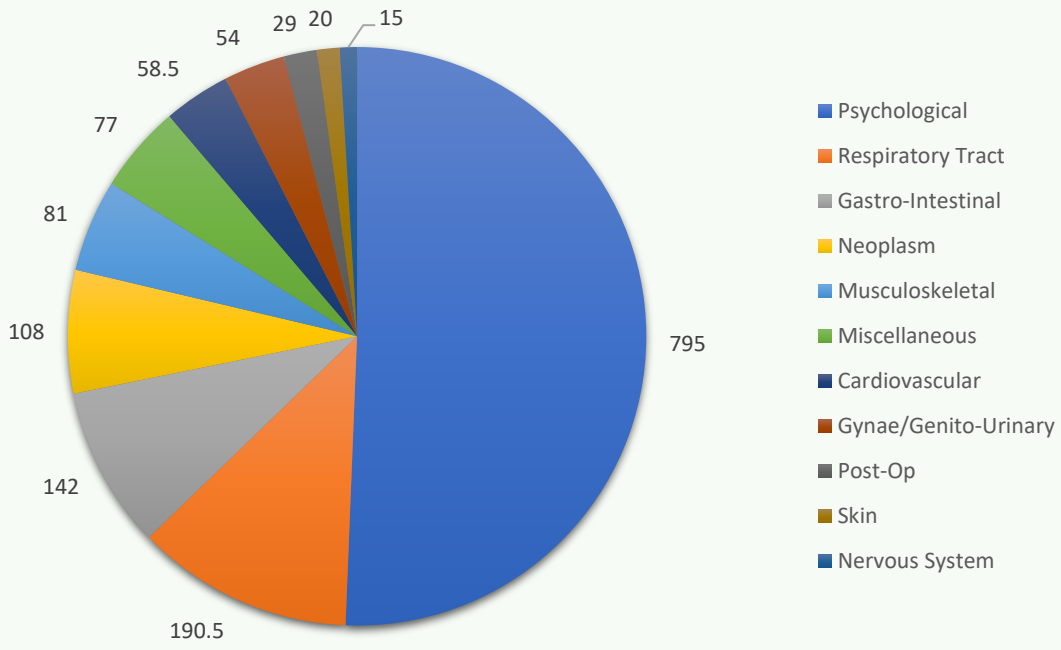
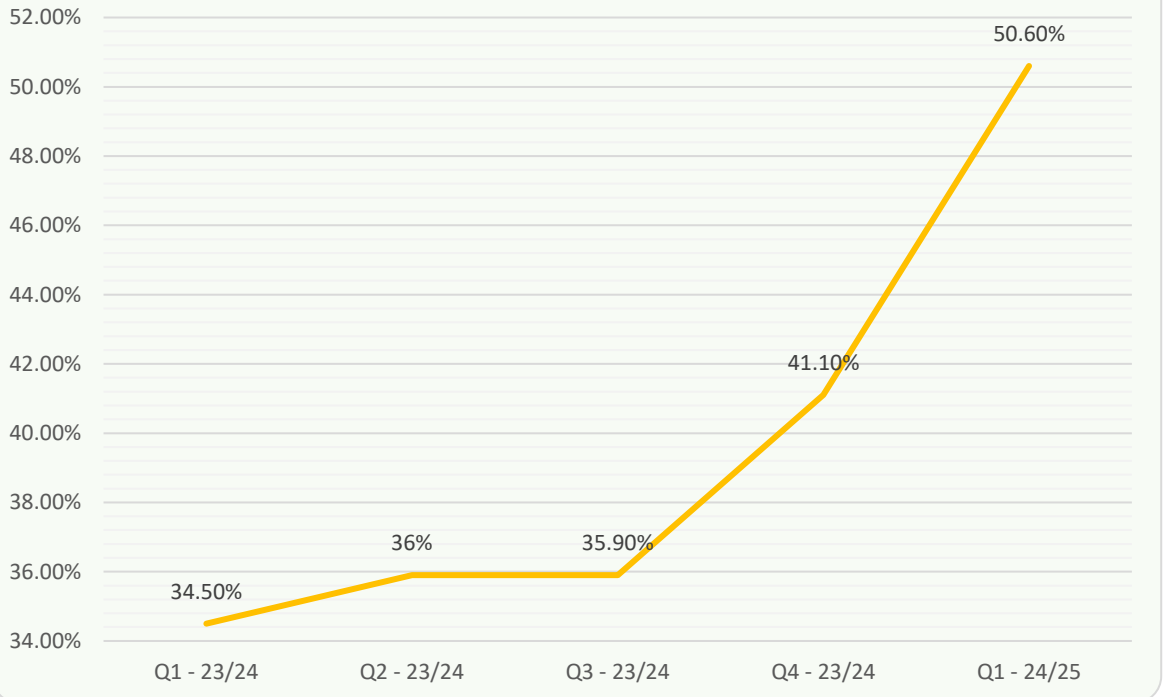
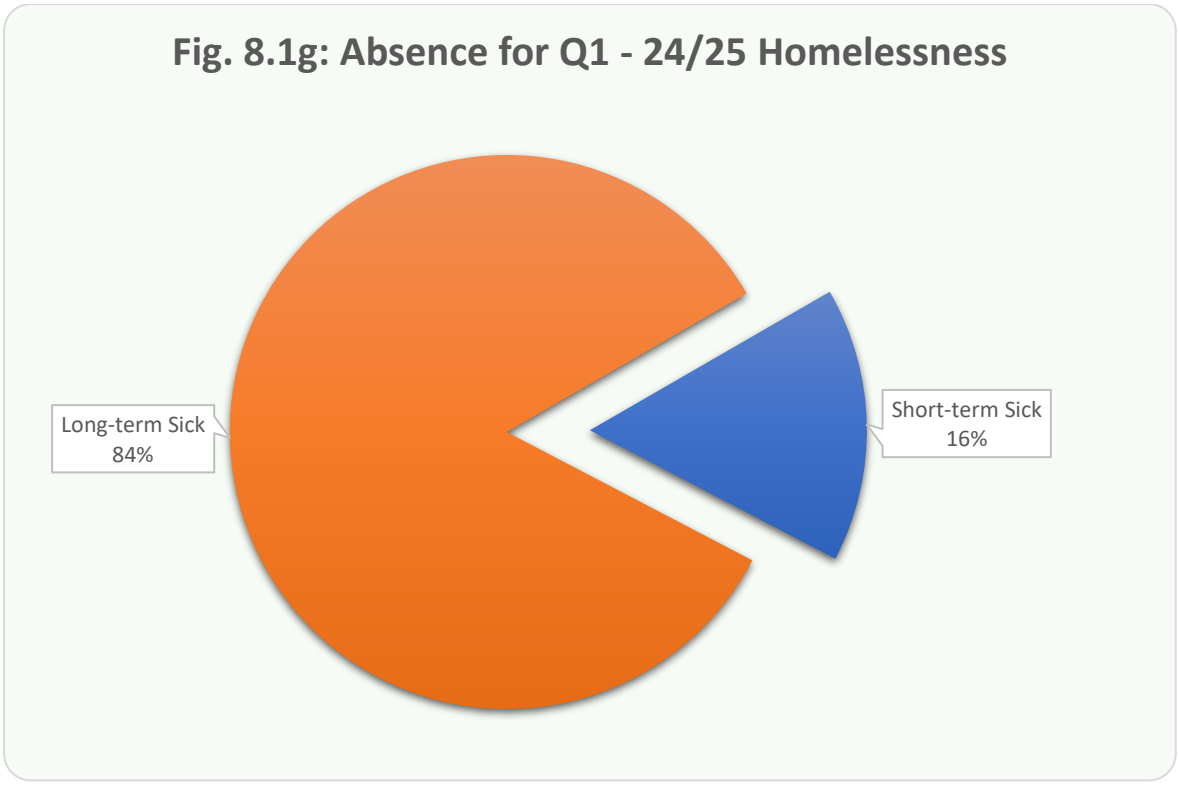
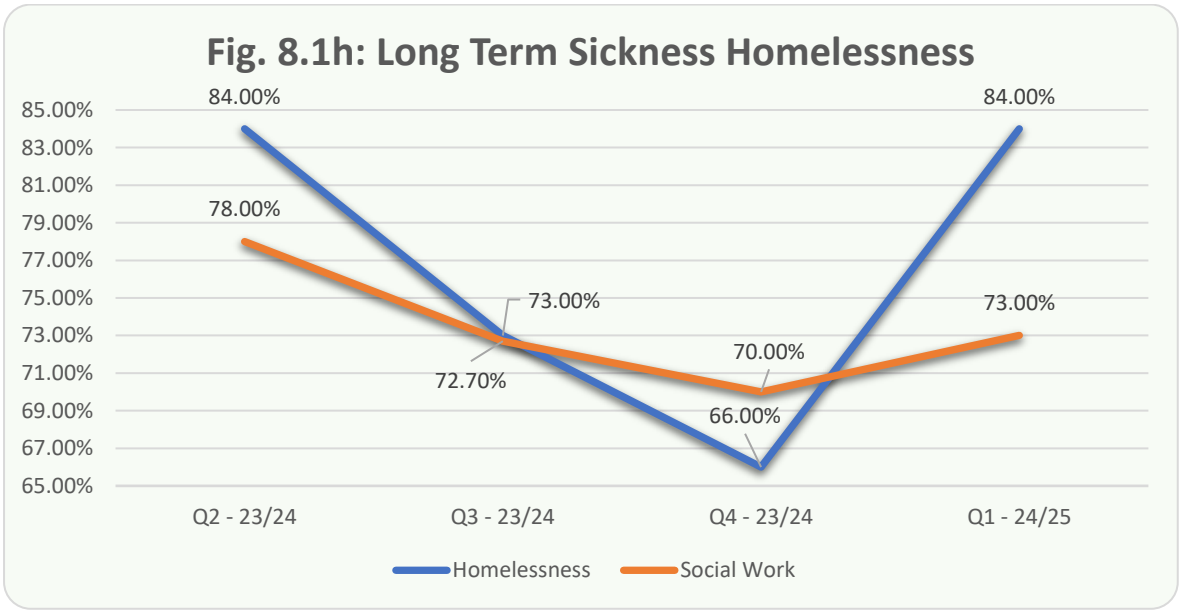


Fig. 8.1f: Psychological Absences - % of Overall Absences







The above visuals relate to Homelessness, a staff group which sits within the area of Public Protection and Complex Needs and accounts for 4% of the Social Work Workforce. Homelessness staff comprise of mainly front-line positions working both within a community casework setting and residential homelessness hostels (**Fig. 8.1a**).
The Age profile of Homelessness shows that 41.3% of staff are aged 55 and over with 22.36% falling into the age >= 60 bracket (**Fig. 8.1b**).
The workforce is predominately Grade 6 (45.03%) and includes Social Care Workers (Homelessness). The next largest staff grouping is Grade 4 (25.78%), predominately Project Workers within homelessness hostels (**Fig. 8.1c**).
Sickness absence levels within Homelessness are consistently lower than the overall Social Work position. However, in comparison to Q1 23/24, the SW figure increased by 0.7% whereas Homelessness absence rose by 1.5%. Drawing further comparison with the

previous quarter (Q4 23/24), SW absence levels decreased, however Homelessness experienced a significant increase of 2.8% (**Fig. 8.1d**).
The top reason for absence in Q1 24/25, Psychological, is consistent with the trend across Social Work; the most common reason for absence in this category is Stress. Within Homelessness, 50.6% of all sickness is attributed to Psychological reasons, which has steadily been increasing each quarter and is currently 16.1% higher than the same quarter last year. The next largest contributor is Respiratory Tract (12.13%). Musculoskeletal, which is consistently the second top reason for absence across Social Work, accounts for only 5.16% of absences within Homelessness. (**Fig. 8.1e, and 8f**).
Long Term Absences account for most sickness absence at 84%, higher than the overall Social Work figure (+11%). Whilst long term sickness has reduced since Q2 23/24, there has been a spike in Q1 from the previous quarter (+18%). (**Fig. 8.1g, and 8.1h**).
Refreshed strategies to reduce sickness absence have been incorporated in the 24/25 Attendance Management Action Plans, with a focus on manager development and prompt early supportive actions to attempt to achieve earlier returns to work.

8.2 Quarterly Spotlight Area - Health – Mental Health Inpatients Staff

Fig. 8.2a: WTE of Mental Health Inpatients Staff

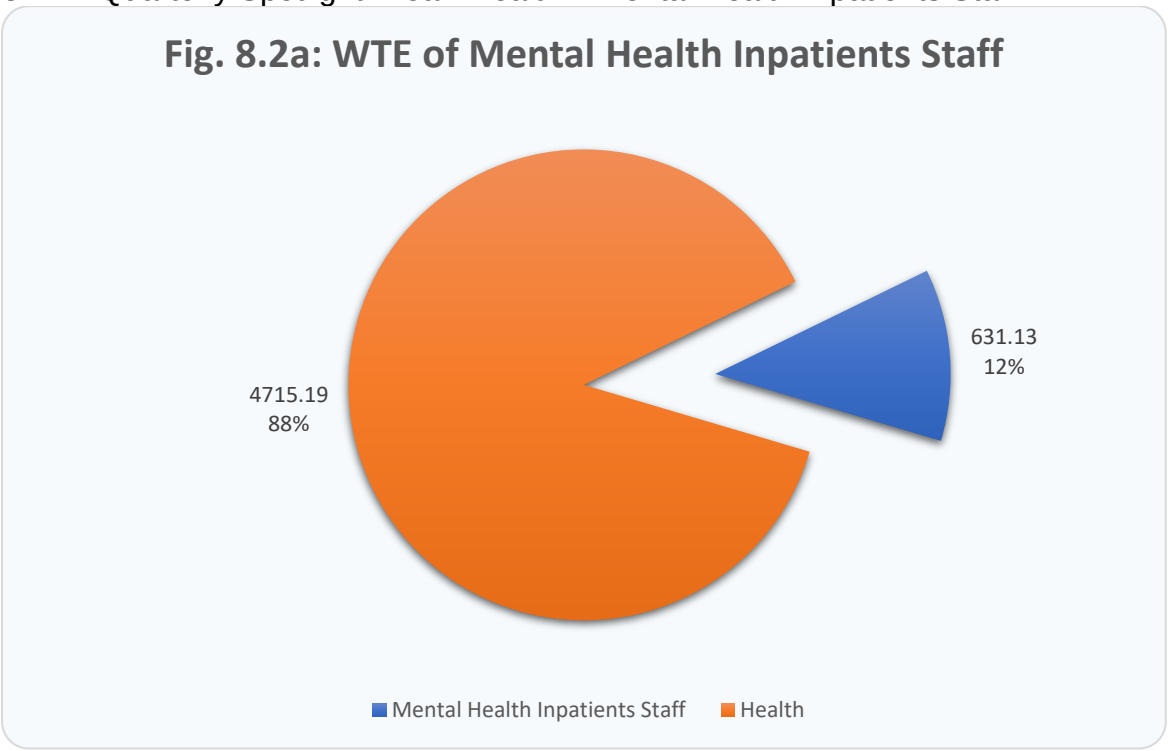


Fig. 8.2b: Age Profile of Mental Health Inpatients Staff

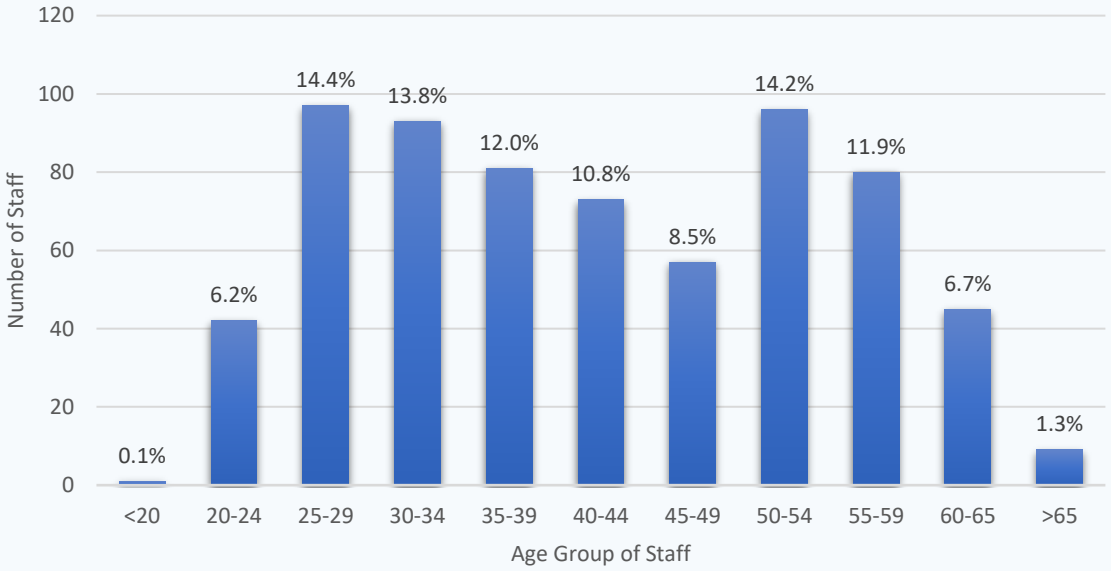


Fig. 8.2c: Band Breakdown of Mental Health Inpatients Staff

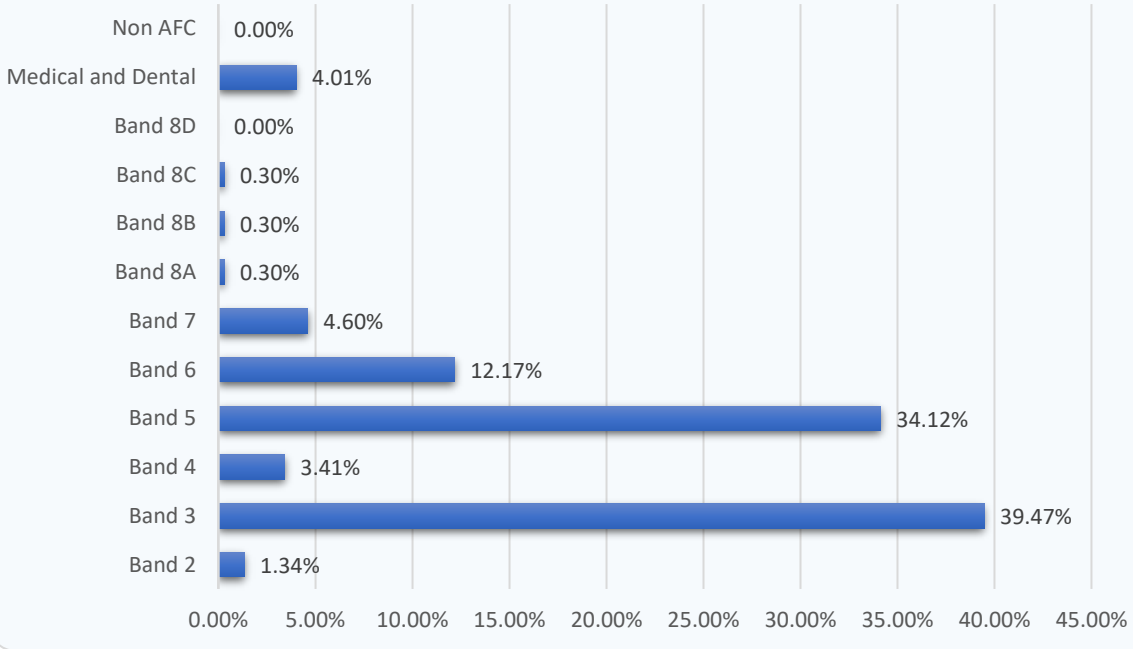


Fig. 8.2d: Mental Health Inpatients Staff - % Absence

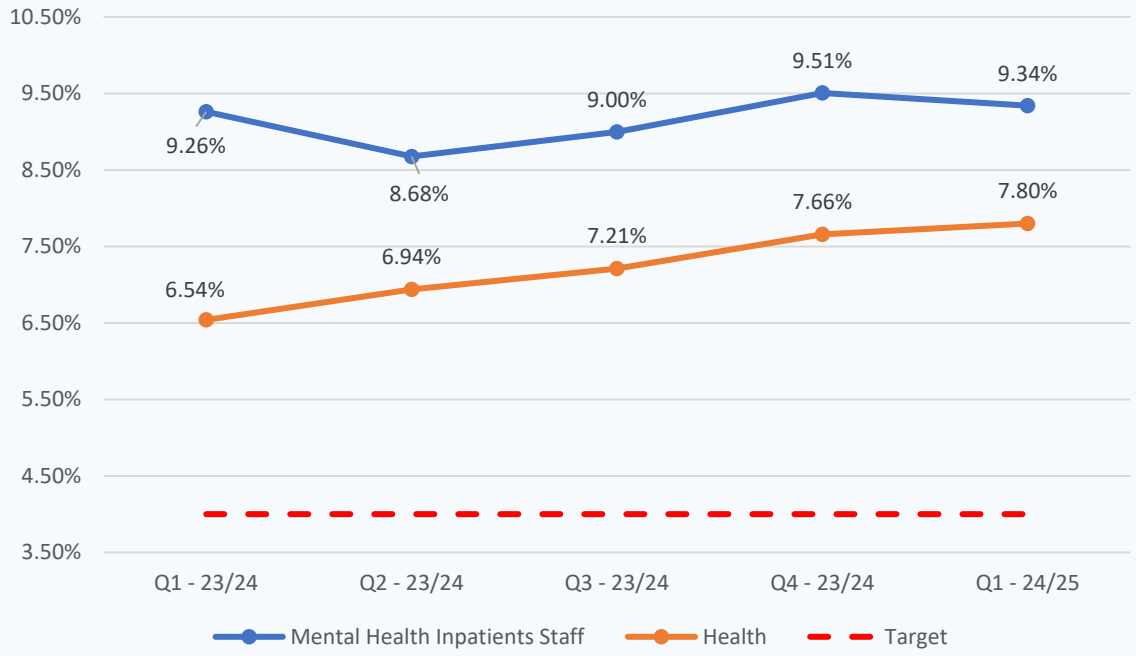
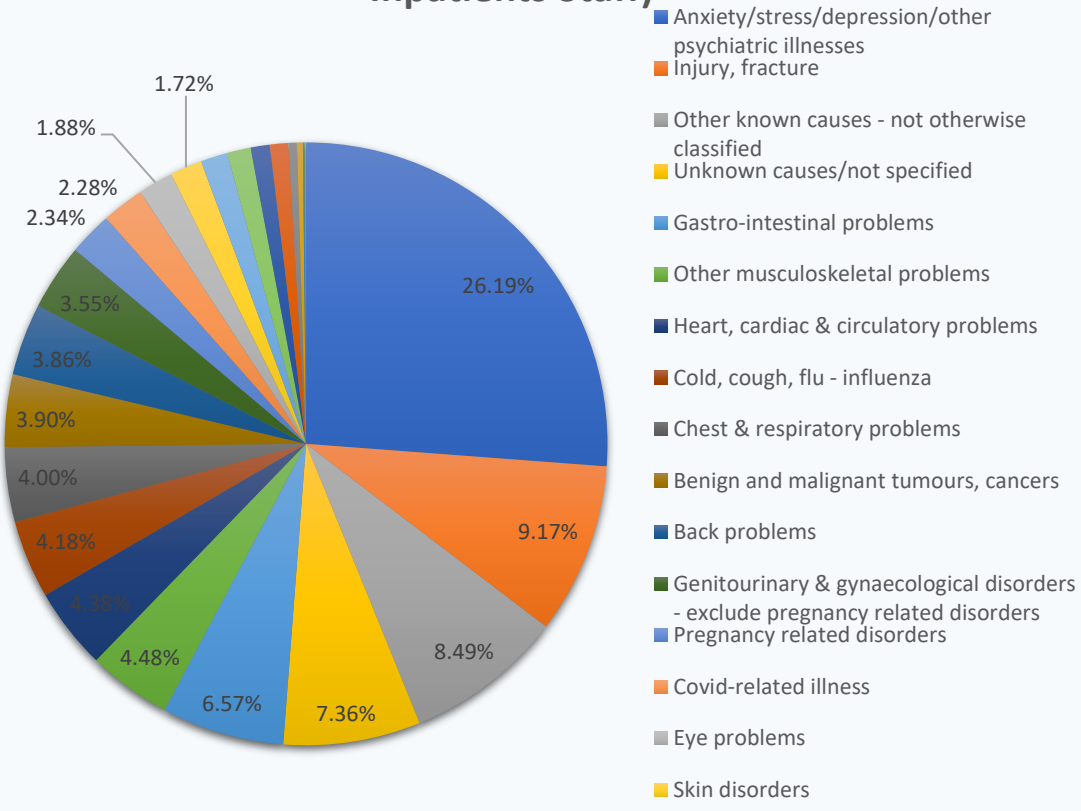


Fig. 8.2e: Reasons for Absence (Mental Health Inpatients Staff)



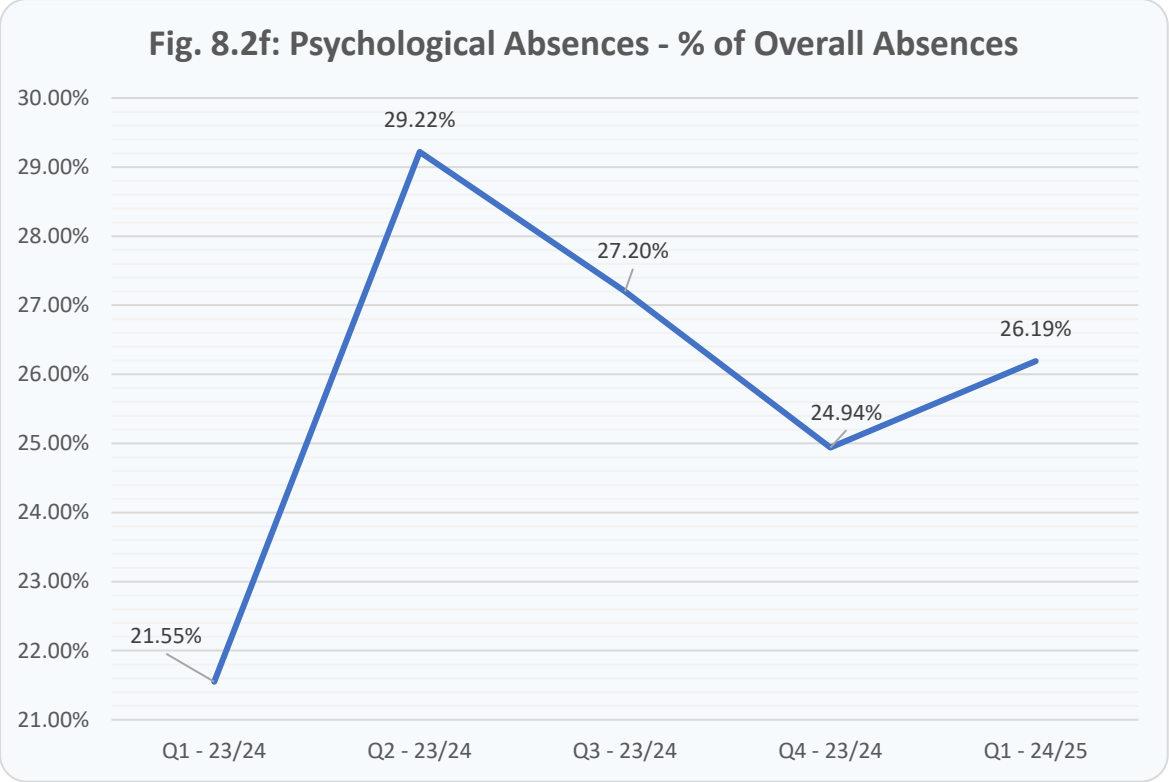


Fig. 8.2f: Psychological Absences - % of Overall Absences
30.00%
29.00%
28.00%
27.00%
26.00%
25.00%
24.00%
23.00%
22.00%
21.00%
29.22%
27.20%
26.19%
24.94%
21.55%
Q1 - 23/24
Q2 - 23/24
Q3 - 23/24
Q4 - 23/24
Q1 - 24/25

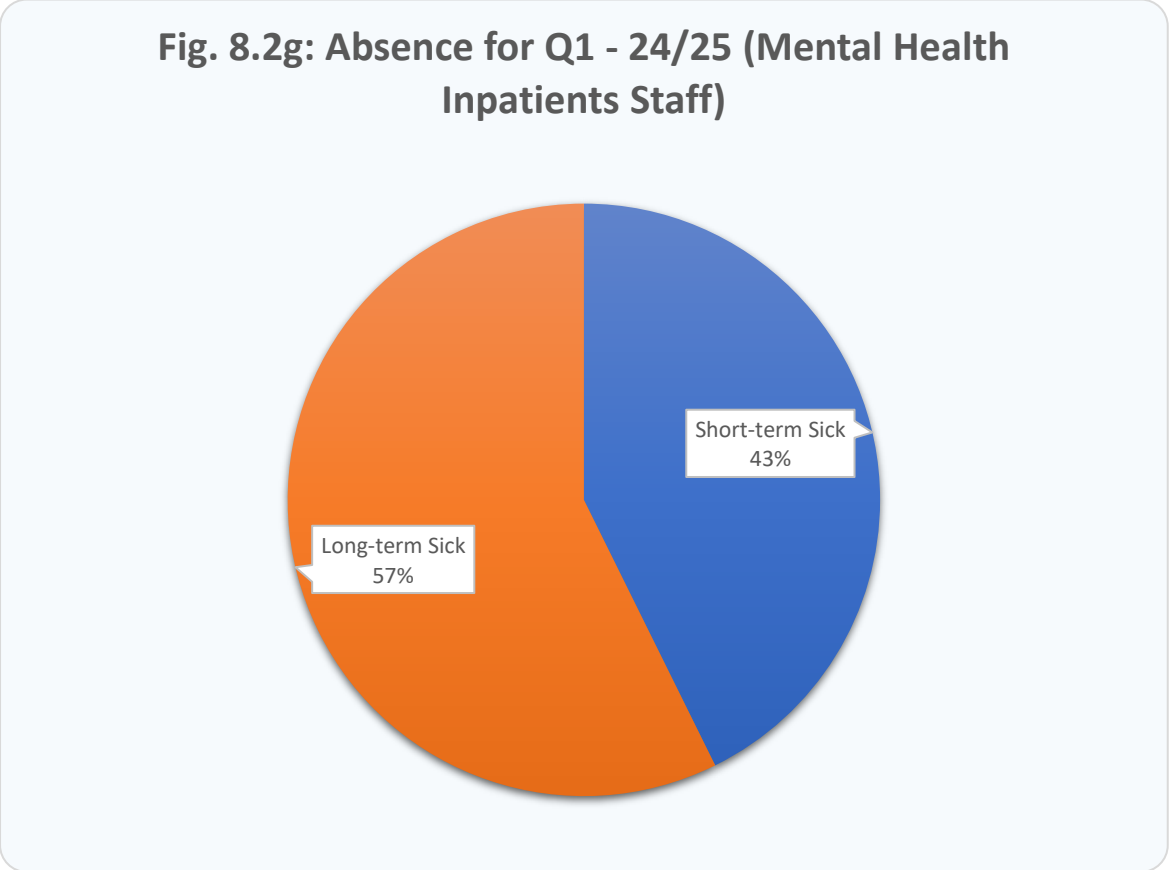
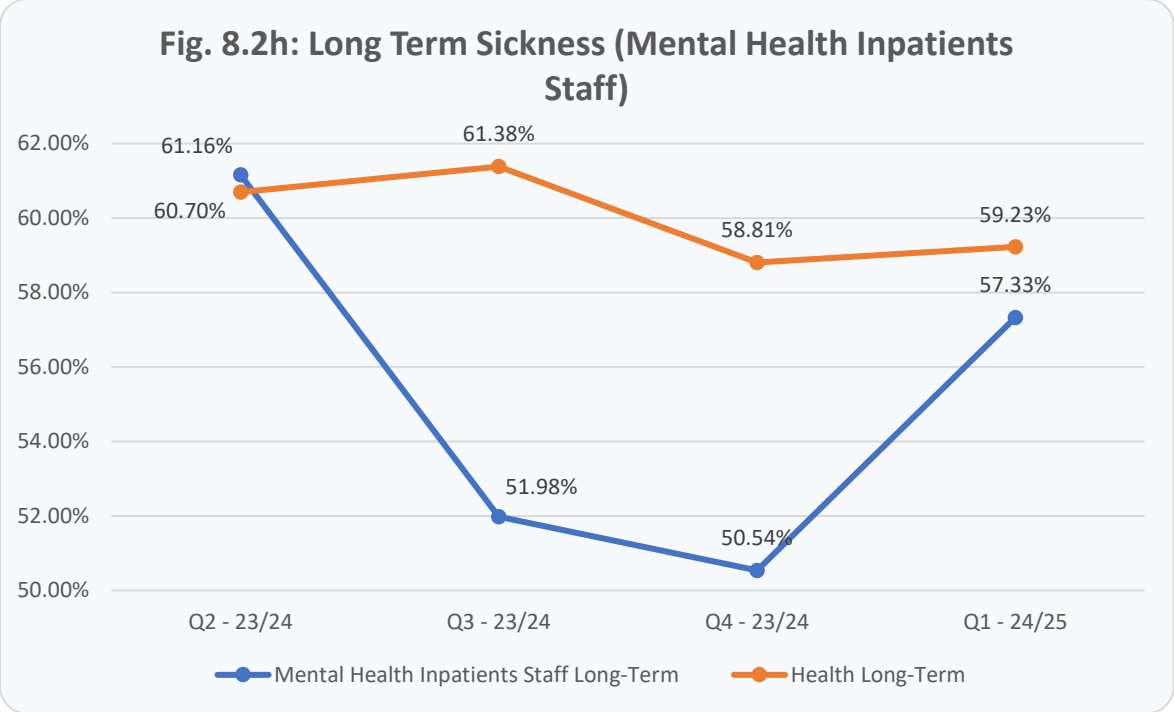


Fig. 8.2g: Absence for Q1 - 24/25 (Mental Health Inpatients Staff)
Short-term Sick 43%
Long-term Sick 57%



The visuals above relate to Mental Health Inpatients Staff with GCHSCP which incorporates nursing, AHP staff, Health Care Support Workers and some Clerical/Administrative Staff. These staff groups are required to be on site due to the nature of the work undertaken. The 3 main hospital inpatient sites are Gartnavel, Leverndale, and Stobhill hospitals.

The age profile of the staff group shows an even spread with most staff being reported within 25-59 years age bracket, with 8% of staff in the 60 plus age bracket (**Fig 8.2b**).
Band 3 and Band 5 staff make up almost three quarters of this staff group (73.59%) with this reflecting the qualified nursing role, Health Care Support Workers and administration roles within the service (**Fig 8.2c**).

Absence levels have fluctuated during the period, however, have remained consistently high with the lowest level being 8.68% recorded in Q2 23/24. Such fluctuations in the main mirror those of the health levels although at a higher level. Except for Q1 23/24 long term absence in Mental Health Inpatients Staff has been lower than Health levels of long-term absence in the last 12 months (**Fig 8.2d**).

The reasons for absence are consistent with GCHSCP and NHSGGC with Anxiety/Stress/Depression being the predominant reason for absence (**Fig 8.2e**).
Long-term absence accounts for a larger proportion of absence within this staff group reporting 57% in Q1 24/25, with short term absence being 43% of the overall absence figure. Due to the levels of absence within this service dedicated HR support has been provided to support managers to manage these levels of absence in conjunction with other support areas such as OH and wellbeing initiatives. In addition, due to absence levels being an issue within similar areas of the other HSCP's the HR managers from each respective area have formed a short life working group to determine if any other actions can be taken collectively by this group to assist with the absence levels in these areas. Such discussions are at an early stage and more information regarding specifics will be provided in due course.

9. Action Planning

The following Action Plan supports the delivery of the Glasgow City HSCP Workforce Plan 2022-2025, with aligned actions covering 1 year and will be implemented with HR and the Senior Management using a partnership approach to deliver the actions. The actions in this plan will be reviewed and updated dependent on feedback and priorities throughout the year.

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
1.	**HR Support and Action**							
1.1	HR (SW) team realignment and contact	Health HRSAU and a SW HR team restructure will provide a clear point of contact and focused support for Long-term, Short-term, Psychological/Stress and Musculoskeletal absences. There will be particular focus on Care Services.	HR HoS/ HR Mgr/	Increase in early intervention actions by managers when a policy trigger is met. Mangers/employees better informed on OH resources with quicker referrals.	Tracking management actions. Less employees off sick. Reduction in days lost. Increase in OH referrals.	August 2024	SW HR Team has been restructured into 3 smaller sub-teams: - Psychological / Musculoskeletal - Short Term Absence - Long Term Absence (Non Psychological / Musculoskeletal reasons) - Admin systems to support new structure being finalised - HR Briefings set up with Service Managers in August 24 to outline the new approach.	On target
1.2	Focus on concerning absence and hotspots	Identify and target concerning absence, hotspot areas and implement focused support and action where required	HR HoS/ HR Mgr/ Service HoS	Sustained attendance Better training for managers Quicker manager actions with possible dismissal if no sustained improvement.	Monitoring Report highlighting employees. Increase manager activity to achieve the best outcome, ie. RTW, IHR, ARM	August 2024	SW New report developed in conjunction with CGI to assist in identifying cases for concern to allow focus prompt action. First test run of the report is 01/08/24	On target
1.3	Unauthorised absence	Manage AWOL cases via the Council Disciplinary and Appeals Procedure or Health 3 Stage Attendance Management Policy	HR HoS/ HR Mgr/ Service HoS	Consistent application of policy/approach at earliest opportunity and conclude quickly.	Reporting on conduct dismissals for all unauthorised absence	June 2024	SW HR Team briefed to ensure consistent approach city-wide.	Complete
1.4	Failure to follow reporting procedure	HR to better support managers through reports and monitoring to act quickly on a failure to follow reporting and certification processes. HR Comms to staff to reaffirm expectations.	HR HoS/ HR Mgr/ Service HoS	Compliance with terms and conditions and absence reporting requirements.	Reduce HR/Management time and potential impact on employees OSP.	August 2024	SW Absence Reporting Procedures and Manager Guide in the process of being refreshed. Coms to be issued to managers.	On target
1.5	Stress absence	Start second Stress Risk Assessment Pilot in a service with high stress absence, before rollout across GCHSCP (Home Care outcome/evaluation to inform 2nd Pilot). Health HR/H&S will provide coaching to managers on new stress management toolkit.	HR HoS/ HR Mgr/ Service HoS	Early supportive conversations between managers/employee where perceived work stressors are identified.	Evaluation/survey staff	July 2024	Steering Group has been established to take forward, consisting of Health & Safety, HR, Trade Unions, and Service Lead	Complete

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
2.	**Occupational Health and Long-Term Absence**							
2.1	OH Referrals – by Managers	SW Managers to refer using the OH online system – rather than HR doing this. Health Mangers will refer complex cases and input recommendations.	HR HoS/ HR Mgr/ Service HoS	Quicker referrals and increased support to employees via earlier intervention.	Quarterly reporting – increase in OH referrals.	August 2024	SW - OHS have set up new structure for Home Care Managers to make OH referrals. OH transferring all existing employee records into the new area.	On target
2.2	Onsite OH clinicians/ physios	Pilot onsite OH Clinical service in Care Services and explore OH options for onsite Physio service (HR will explore in Health)	HR HoS/ HR Mgr/ Service HoS	Easier and faster access to OH support/advice for front line staff	Quarterly reporting - staff attendance data and outcomes.	August 2024	SW - OHS have set up new structure for Home Care Managers to make OH referrals. OH transferring all existing employee records into the new area.	On target
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/ HR Mgr/ Service HoS	Managers take immediate supportive early intervention. Employees have the opportunity for a referral on ill health retirement at an earlier point	Earlier return to work. Reduction in days lost and long-term absence. Ill health retirement data.	August 2024	SW - Absence Reporting Procedures and Manager Guide in the process of being refreshed to include guidance for managers/employees. HR will review cases 4 weekly to give guidance.	On target
2.4	Phased returns	Review approach to phased returns, ensuring all possibilities are considered to accommodate a short-term solution.	HR HoS/ HR Mgr/ Service HoS	Services are open to reasonable flexible options to accommodate phased returns in the short term.	Earlier return to work. Reduction in days lost and long-term absence.	September 2024	Purpose and flexibility of phased returns to be incorporated into HR Manager Briefings	On target
2.5	Return to work plan – disagreement (SW)	Escalation to Absence Review Meeting – where OH are supportive of a return to work, but a plan with reasonable adjustments is not accepted.	HR HoS/ HR Mgr/ Service HoS	Earlier supported return to work for staff.	Reducing days lost/duration of absence.	June 2024	SW HR Process developed and HR Team briefed on process.	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/ HR Mgr/	Quicker timescales for decisions made on an employee's eligibility for IHR and compliance with pension guidelines. Support best outcomes for staff with significant health issues.	Quarterly reporting	August 2024	SW Meeting arranged with OH Clinical Lead to highlight the change in practice	On target
2.7	Pension promotion - SW (Ill health retirement)	Promotion of the benefits of joining the occupational pension scheme to staff, including access to ill health retirement, particularly front line.	HR HoS/ HR Mgr/	Reduced long term absence. Better outcomes for staff with a long-term illness.	Increase in ill health retirement approvals.	September 2024	SW Coms being drafted to highlight the benefits of the service, and how to join.	On target

No.	Focus	Action	Action Lead	Desired Outcome	Measurable Targets	Target Completion Date	Progress Update	Status
3.	**Redeployment – Capability**							
3.1	Redeployment – ill heath	Implement an improved approach to ill health redeployment for staff to undertake meaningful work in suitable alternative employment – with appropriate risk assessment. SW Working Group to be established. Health HRSAU – process in place	HR HoS/ HR Mgr/ Service HoS	Staff are either temporarily redeployed e.g. awaiting treatment or post op recovery; or permanently redeployed to remain in employment **– even if supernumerary**	Reduced absence and psychological impact of prolonged absence. Increased retention of employees	September 2024	Existing redeployment process currently under review	On target
3.2	Redeployment – learning pathway	Develop a pre-emptive Learning Pathway programme to support employees seeking job opportunities via redeployment.	HR HoS/ HR Mgr/ Service HoS	Staff are supported to develop skills which enable transition into suitable alternative roles before the need for absence.	Reduced timescales in redeployment process. Reduce 'in absence' redeployment	October 2024	SW HR working collaboratively with Learning & Development colleagues to develop a programme.	On target
4.	**Governance and Reporting**							
4.1	Hot spot - management information	Employees Currently Absent Report – SW weekly system generated report that will automatically be sent to service managers and below with HR guidance on manager actions	HR HoS/ HR Mgr/	Quicker manager intervention and action	Reduced absence and quicker supported return to work	September 2024	SW HR working with CGI to finalise an automated report which will be sent by email to managers weekly, which will include advice and signpost to relevant supports/resources.	On target
4.2	Escalation reporting	Extract Absence Reports to Senior Management of status of long-term absence cases, action plan timescales, escalated cases with HR guidance	HR HoS/ HR Mgr/ Service HoS	Improved manager information and accountability. Escalation reports prompt senior manager action	Increase in manager activity. Reduction in days lost by earlier action	September 2024	Established for Care Services / Older People Residential / Childrens Residential / Business Admin / Technical Services. Further roll out to all HoS planned	On target
4.3	Absence surgeries – hot spots	HR surgeries introduced - identification of managers with high levels of employee absence, to provide targeted support in hot spot areas	HR HoS/ HR Mgr/ Service HoS	Managers supported and concerning trends highlighted for prompt manager action	Data - increased manager activity Reverse in absence trend for manager's staff group	October 2024	HR process to support this activity to be finalised to support implementation in hot spot areas	On target
4.4	Absence Management Board	Explore the establishment of an Absence Management Board, chaired by HR with senior management representation	HR HoS/ HR Mgr/ Service HoS	Better governance, reporting and support for the most long-term cases. Actions agreed and implemented	Reduced length and number of long-term absence cases	December 2024	Early stages, further discussions regarding implementation planned.	Ongoing

5.	**Training for Managers**							
5.1	Mandatory manager training	Mandatory training introduced - reports highlighting completion of mandatory training and other relevant training to senior management.	HR HoS/ HR Mgr/ Service HoS	Managers have completed all mandatory training. An increase in confidence, knowledge and skills of managers	Training completion statistics provided to Heads of Service – complete / outstanding	September 2024	Coms to be issued to Managers to complete the mandatory training by 30/09/24. Managers who have not completed the training will be highlighted to HoS for each area.	On target
No.	**Focus**	**Action**	**Action Lead**	**Desired Outcome**	**Measurable Targets**	**Target Completion Date**	**Progress Update**	**Status**
5.2	Manager Induction - training	Deliver policy, OH and systems training for newly appointed managers to manage and record absence effectively.	HR HoS/ HR Mgr/ Service HoS	Improved recording of absences and earlier management actions.	Quarterly reporting to senior management	September 2024	Programme of Learning created by HR, Health & Safety, Learning & Development to be finalised.	On target
5.3	Manager/TU briefings	SW-Deliver HR briefings to managers and TU/Staff Side representatives on absence related policies and expectations. Health - Work in Partnership with Staff Side on application of policy and interventions/initiatives	HR HoS/ HR Mgr/	Managers more confident in their role and interventions. Increased TU/Staff Side awareness of policy and GCHSCP expectations.	Quarterly reporting to senior management.	September 2024	HR Briefings to be scheduled for TU's	On target
6.	**Staff Wellbeing**							
6.1	Staff wellbeing communication	Develop specific employee communications on Staff Mental Health and Wellbeing and develop a calendar of wellbeing events, including a focus on women's health.	HR HoS/ HR Mgr/	Increased understanding of supports and guidance available. Improved conversations at 1-1s. Increased opportunity to participate in events and access resources.	Engagement figures/data. Staff feedback. Survey results	September 2024	Meeting to be scheduled with HR and Coms Team to develop a collaborative communication plan for the year ahead.	On target
6.2	Staff wellbeing engagement	Support GCHSCP's Wellbeing Framework and Action Plan and campaign across all service areas to create a network of GCHSCP wellbeing champions.	HR HoS/ HR Mgr/ Service HoS	Improved accessibility of resources to all managers/employees. Improved culture of wellbeing across GCHSCP with improved employee engagement.	Framework progress update. Network data/ staff feedback. Survey results	September 2024	SW HR Wellbeing Champions identified to lead and connect with service areas	On target

10. Recommendations

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

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