

**Report To:** Community Health & Care  
Partnership Sub-Committee

**Date:** 3 March 2011

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**Report No:**  
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**Subject:** Workforce Monitoring Report

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## 1.0 PURPOSE

- 1.1 The Workforce Monitoring Report is to ensure that the CHCP is kept up-to-date on workforce issues and development including progress in terms of workforce targets.

## 2.0 SUMMARY

- 2.1 The workforce and human resources monitoring report provides an update on attendance management, progress on Healthy Working Lives, Staff Governance, Staff Partnership arrangements and staff reviews and development. The intention of the CHCP Management Team is to provide an integrated report though work is still required to articulate the separate systems for reporting.

## 3.0 RECOMMENDATION

- 3.1 The Sub-Committee is asked to note the content of this report and progress in meeting workforce targets.

**Robert Murphy**  
Corporate Director  
Inverclyde Community Health & Care Partnership

## 4.0 BACKGROUND

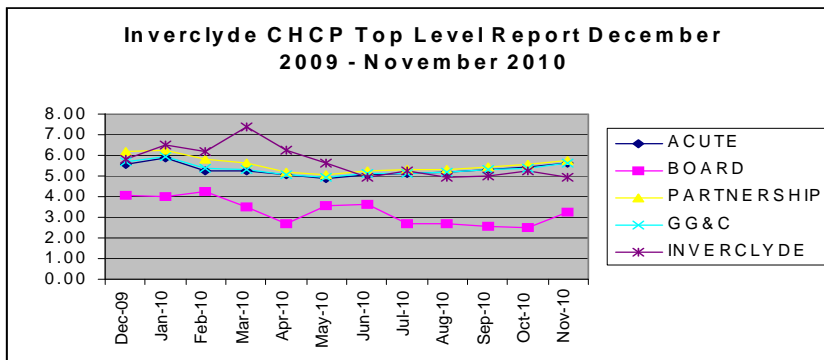
4.1 This monitoring report provides an update on a range of workforce issues sickness absence levels, the CHCP Staff Partnership Forum, the Staff Governance Standard, and Healthy Working Lives.

4.2 The data provided is based on staffing data as at 31 January 2011, apart from sickness absence which relates to the period ended 30 November 2010.

## 5.0 Attendance Management

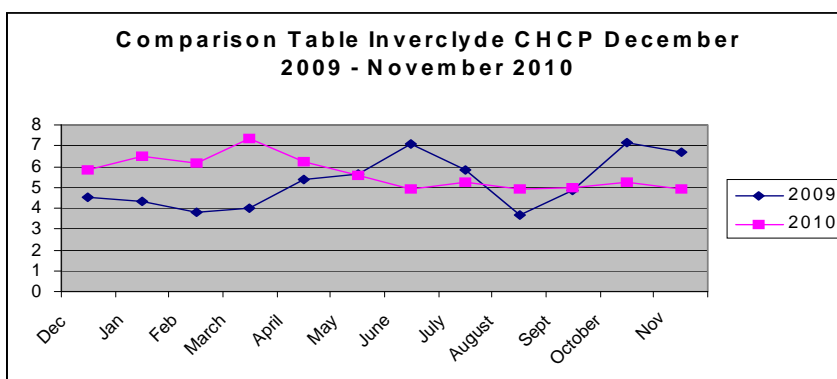
5.1 As indicated in the previous workforce report, there are different targets applying to sickness absence levels within the NHS and local authorities. The NHS has a HEAT standard which is set at 4% whereas Inverclyde Council is working to achieve a target of 5%. The following relates to the NHS position only.

5.2 Sickness absence levels in respect of NHS staff are at 4.91% as shown in the chart below alongside comparator data:



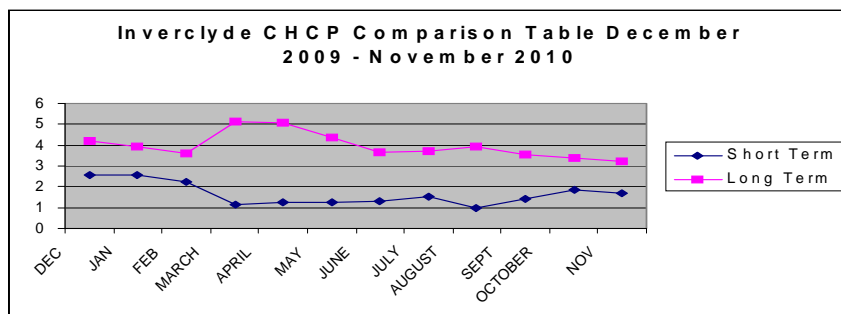
For benchmarking purposes, the NHS GG&C average is 5.64% as at 30 November 2010 and the Partnerships average is 5.74%. None of the group of 10 CH(C) P's was successful in achieving the 4% standard in November 2010, and only three of the group achieved sickness absence levels below 5%. Inverclyde CHP was ranked third lowest in this group.

## 5.3



The second chart below provides a month by month comparison of absence levels for the 12 months from December 2008 to November 2009 and December 2009 to November 2010. Overall sickness absence levels in 2009-10 remain a little higher than the levels achieved in 2008-2009 – the 2008-09 average is 5.25%, rising to 5.66% in 2009-10. The trend has clearly improved over the last 8 months, and interestingly, the November 2009 absence level was 6.68%, 1.77% above the 2010 level of 4.91%.

- 5.4 The final chart in this section of the report below provides an overview of both long-term and short-term absences over the past 12 months. Detailed analysis of the statistical position indicates a welcome trend of falling long-term absence levels to 3.2% in November. The short-term absence pattern has been more erratic, at 1.71%.



- 5.5 Management plans are in place to deal with sickness absence cases and progress will continue to be monitored to ensure effective application of the Attendance Management Policy.

### 5.6 Council Staff Position

- 5.7 As stated in the introduction to this report the target for Council staff is in the range of 5%. However In the context of the Social work staff position it is acknowledged that the significant staff and accommodation changes have impacted on the level of information available at this stage. There will be a more detailed reporting mechanism in place for future Meetings to allow greater scrutiny and monitoring.

- 5.8 The following table outlines the absence statistics for the year till the end of December, 2010. This will give members a sense of the trends.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Absence Type</b>				
Self Certified	1.43%	0.94%	1.49%	1.35%
Medical Cert.	5.46%	5.57%	5.33%	5.77%
Indust Injury	0	0	0	0
Unauthorised	0	0	0.01%	0.01%
<b>Total</b>	<b>6.89%</b>	<b>6.51%</b>	<b>6.83%</b>	<b>7.13%</b>
<b>Absence length</b>				
0-7 days	304	196	198	268
8-28 days	71	44	35	54
28 days – 6mths	155	31	30	27
6mths – 12mths	2	0	4	3
Over 12mths	1	0	0	0

- 5.9 It can be seen that over the year the service has not managed to meet the target set of 5% though management and staff have made significant efforts to secure an improvement. The service is particularly concerned over the increased level of absence in the last Quarter. There was an expectation that this may happen due to the level of change which has been taking place within the service and we hope to secure an improvement on this over the next two Quarters when service redesign and staff movement will stabilise.

- 5.10 It is important to note that the majority of absence has been medically verified through certification. A particular concern is the number of staff in the 28days -6 month category.
- 5.11 It is the intention of management to target this performance measure to ensure that we are supporting staff to attend work and also to minimise any particularly high stress factors.

## **6.0 STAFF PARTNERSHIP FORUM**

- 6.1 The Staff Partnership Forum (SPF) had its third meeting on 21 January 2011. The SPF continues to progress its work plan. Specific actions include:
- An agreed Communication and Engagement Plan for the SPF which aims to ensure a high profile for the SPF across all staff groups in the CHCP and which includes provision to include key messages from SPF meetings in monthly Director's Team Briefs.
  - Membership of a sub-group to develop joint protocols in relation to terms and conditions, recruitment, policies and procedures agreed.
  - Training arrangements approved for managers and team leaders to ensure health managers can support Inverclyde Council's new performance appraisal schemes and social care managers can support the NHS Knowledge and Skills Framework including annual reviews and personal development plans for all staff.
  - An agreed Staff Governance Action Plan for the CHCP – referred to at paragraph 7 below.

## **7.0 STAFF GOVERNANCE**

- 7.1 Reference was made in the last report to the NHS Staff Governance Standard which has been adopted across the CHCP. The Staff Partnership Forum and the SMT have discussed and agreed a Staff Governance Action Plan and monitoring framework for 2010-11, a copy of which is attached as an appendix to this report. The Action Plan will be monitored early in 2011-12 to assess effectiveness of actions, identify any gaps and seek suggestions for improvements from staff. This exercise will then be reported to the Staff Partnership Forum and the 2011-12 Action Plan agreed for implementation. The Committee will be kept up-to-date on progress with this.
- 7.2 Members will recall that the five elements of the Staff Governance Standard, which is a statutory requirement within the NHS, are that staff are:
- Well informed
  - Appropriately trained
  - Involved in decisions which affect them
  - Treated fairly and consistently, and
  - Provided with an improved and safe working environment.

## **8.0 THE NHS KNOWLEDGE AND SKILLS FRAMEWORK – HEAT TARGET**

- 8.1 The Knowledge and Skills Framework (KSF) was introduced in the NHS as part of a package of harmonised terms and conditions, job evaluation arrangements and development arrangements for staff across the UK. One of the NHS HEAT targets is that by 31 March 2011 80% of all staff covered by Agenda for Change have their annual reviews completed and recorded on the electronic eKSF system. KSF is competency-based and includes annual reviews for staff and agreed personal development plans.
- 8.2 A programme of work has been rolled out to support meeting the target and the latest data as at 31 January 2011 indicates significant progress in Inverclyde with 57.1% of

reviews completed on-line. For comparative purposes the NHS Greater Glasgow & Clyde figure is 48.21%. Progress continues to be monitored and managers and staff provided with support to achieve implementation.

## **9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE**

9.1 Inverclyde Council is currently rolling out a competency-based approach to staff appraisals, Appraisals at Inverclyde. This will apply to social care staff within the CHCP, with CHCP managers and team leaders already covered by the scheme since June 2010. All remaining staff will be covered by the scheme from April 2011. The appraisal arrangements include an annual performance appraisal and the development of personal development plans or performance improvement plans. As the scheme is in its infancy, progress will be monitored.

## **10.0 HEALTHY WORKING LIVES**

10.1 The CHCP's Healthy Working Lives group, which is a sub-group of the Staff Partnership Forum, is launching its programme to achieve the Silver award on Monday 21 February 2011. The aim of the launch is to engage with staff across the CHCP, ensuring understanding of the aims of the HWL programme to improve the health and wellbeing of CHCP staff, including mental wellbeing. In particular the views of staff will be sought to influence the content of the Silver programme. A report from the launch event and plans to achieve the Silver award will be reported to the Sub-Committee in due course.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 Staff Governance Monitoring Plan 2010-11
- 8.2 Appraisal at Inverclyde

## INVERCLYDE CHCP STAFF GOVERNANCE MONITORING PLAN 2010/2011

Key Performance Indicators	Target Areas	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>1. Well Informed</b>					
All staff regularly receive accessible information about their organisation	CHCP Newsletter to be delivered and brought to the attention of all staff via NHS intranet and ICON.	Communications Group			
	Membership of Communications Group to be extended to include representation from health care staff and membership list brought to the attention of all staff	Communications Group			
	Continue with the Bright Ideas Scheme, publicising funded projects to highlight good ideas, service change and best practice across the CHCP via Team Brief/Newsletter, providing contact names to enable discussion across services	Development Group			
	Raise awareness of SPF through reports in both Team Brief and the CHCP Newsletter and any other identified processes including posting on ICON	SPF Co-Chairs/SPF			

	Member of staff nominated in each of the CHP premises to ensure notice boards are kept up-to-date, ensuring key documents such as Core Briefs, Team Briefs and notes of staff meetings are posted on these.	Service Managers			
	Name of person responsible for notice board to be posted on the notice board with their contact number.	Service/ premises Managers and Administrators			
All staff have access to communication channels which offer the opportunity to give and receive feedback on organisational issues at all levels	Effective team briefing structures in place to cascade to all staff throughout the CHCP including effective mechanisms for staff to give and receive feedback.	Director, Heads of Service, Service Managers and Team Leads			
	Raise Awareness of Staff Governance through Team Brief and CHCP Newsletter and with the CHCP Committee	SPF Co-Chairs			
	Staff and staff representatives well informed and involved in discussions about proposed service change at an early stage.	Heads of Service, Service Managers and Team Leads			
	Effective systems in place to ensure all staff can and do access NHS Core Briefs	Director/ Service Managers			
All staff have access to communication systems. This will include IT systems, and staff will be provided with appropriate training (and adaptation if appropriate) to use them.	Review of processes to ensure staff can access policies, procedures, and key CHCP documents electronically	Administration Manager/ HR Leads			

Key Performance Indicators	Target Areas	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>2. Appropriately Trained</b>					
The Knowledge and Skills Framework has been fully implemented and training in Inverclyde Council's Performance Appraisal system completed	KSF fully mainstreamed for all NHS staff, ensuring that members of this group have a development review cycle agreed, including annual review and PDP.	Heads of Service/ Service Managers/ Development Group			
	HEAT target met with 80% of NHS staff having their annual review completed on eKSF by 31 March 2011.	Heads of Service/ Service Managers/ Reviewers			
	All appropriate managers trained in Appraisals at Inverclyde Policy	Service Managers/ HR Leads			
National education, learning and development strategies are fully implemented	Activity report to SPF indicating L&E and OD activity and progress, issues and initiatives	Senior L&E/OD Staff			
	Gaps in training needs identified and actions planned, including mandatory training, and training associated with HEAT and other targets including SSSC Registration.	Senior L&E Staff/ Development Group			
Those staff not covered by KSF have rigorous development plans	Senior managers participate in the Online Performance Management system where appropriate	Director/ Heads of Service			
	Directly employed medical staff have performance plans agreed and evaluated	Heads of Service			
All staff have equity of access to training, irrespective of working arrangements or profession	Ensure all staff with identified training needs in their PDPs/ CPD plans can access training regardless of their work pattern.	Service Managers/ Senior L&E Advisors			



Resources, including time and funding, are appropriately allocated to meet local training and development needs	SPF to identify issues/topics to address development needs for the SPF	SPF Co-Chairs			
All staff have access to appropriate induction that covers, as a minimum, partnership; staff governance; health and safety; and equality legislation	Induction training arrangements are reviewed to ensure fit for purpose within the CHCP, including CHCP-specific elements	L&E Advisor/ Development Group			

Key Performance Indicators	Target Areas	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>3. Involved in decisions that affect them</b>					
Partnership working is embedded and mainstreamed within the CHCP	SPF is recognised as part of CHCP formal governance structure	Director			
Each NHS Board has in place Partnership Forums as appropriate to reflect local structures. These should include an APF and each CH(C)P must have an SPF in accordance with local structures.	CHCP SPF established formally and meets regularly and effectively	SPF Co-Chairs			
Service Development and organisational changes are planned and implemented in partnership.	Ensure staff representatives are well informed and involved in discussions about proposed service changes at an early stage	HR/Service Managers			
	Service redesign is undertaken on a partnership basis and regular reports/ feedback provided to SPF, managers and staff	HOHRs/ SPF Co-Chairs			
A comprehensive workforce plan is developed in partnership and integrated into service planning and organisational change and development in line with national workforce framework.	Commence work on a CHCP Workforce Plan, identifying and discussing with SPF in due course any impact on the CHCP workforce	HOHRs			
Employers must engage with staff to ensure that they are involved in all decisions that affect	Staff representatives invited to staff engagement events	SPF Co-Chairs			
	Staff are encouraged to attend engagement events as appropriate	Service Managers/ Team Leads			

them.	Feedback from staff engagement events cascaded to all staff	Service Managers/ Team Leads			
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Key Performance Indicators	Target Areas	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>4. Treated fairly and consistently</b>					
Best practice HR policies are in place and communicated to staff.	Support the implementation of new and updated HR Policies & Procedures as these are agreed	HR Leads/ Service Managers			
	Roll-out of awareness sessions to CHCP staff on new Policies	HR Leads			
PIN Policy and Practice publications and other centrally produced guidance is met or exceeded.	Support NHS GGC initiatives to implement PIN policy and guidelines and recommendations and guidance issued to Councils	HR Leads/ Service Managers			
NHS staff have security of employment and no detriment through the organisational change policy, and Council staff have access to redeployment/ phased protection policy.	Redesign and change projects include appropriate arrangements for staff, e.g. migration plans	HOHRs			
Respective pay and terms and conditions for all NHS and Council Staff are applied fairly and equitably.	Ensure the consistent application of terms and conditions in place for Council and NHS staff respectively	HR Advisors/Service Managers			

Key Performance Indicators	Targets	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>5. Provided with an improved and safe working environment</b>					
Appropriate occupational health and safety arrangements are in place as a means of improving the health and wellbeing of staff and minimising sickness absence.	Staff able to access guidance to help them cope with stress	HOHRs/ Healthy Working Lives Group			
	CHCP registered for Healthy Working Lives – aim for Silver mid 2011	SPF/Healthy Working Lives Sub-Group			
	Staff Training activity recorded effectively	L&E Advisors			
Resources, including time and funding, allocated appropriately to meet the health and safety strategy	Effective implementation of Health and Safety Policies as these are reviewed and issued	Service Managers/ CHCP Health & Safety Forum			
NHS and Council workplaces should ensure that the personal health and safety of service users, patients and staff is paramount.	Risk assessments reviewed and actions identified and implemented	Service Managers/ Team Leads/ Staff			
	List of nominated fire officers available for each area	Administration Manager			
	Number of Health & Safety incidents and RIDDOR reports made available annually	CHCP Health & Safety Forum			
The personal health and safety of patients, clients and staff should be paramount in the design and operation of services	Incorporated into all service and staffing redesign projects	Service Managers			
	Incorporated into all CHCP estates projects	Service Managers			
National and local occupational health and safety strategies are implemented.	See above	CHCP Health & Safety Forum/ Administration Manager			

Key Performance Indicators	Targets	Lead Responsibility	Monitoring Report (Annually unless specified differently below)	Future Actions – based on gaps, quality & effectiveness	Progress
<b>6. Other Key Performance Indicators</b>					
Staff turnover	Report available annually	HR Leads			
Number of disciplinary, grievance and dignity at work cases	Report available annually	HR Leads			
Sickness absence levels and reasons	Reports produced for the CHCP regularly for sharing with all staff as part of actions to achieve and sustain absence level targets	HR Leads/ Service Managers			
Analysis of absences including reasons for sickness absence, Work Life Balance and maternity leave (excl annual leave and PH's)	Report available annually	HR Leads/Service Managers			
Patient/client complaints	Report available annually	Administration Manager			