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**AGENDA ITEM NO. 4**

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**Report To:** Community Health & Care Partnership Sub-Committee      **Date:** 28 April 2011

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Inverclyde Community Health & Care Partnership      **Report No:** CHCP/25/2011/AF

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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 Sub-Committee is kept up-to-date on workforce issues and developments 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.

**3.0 RECOMMENDATION**

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

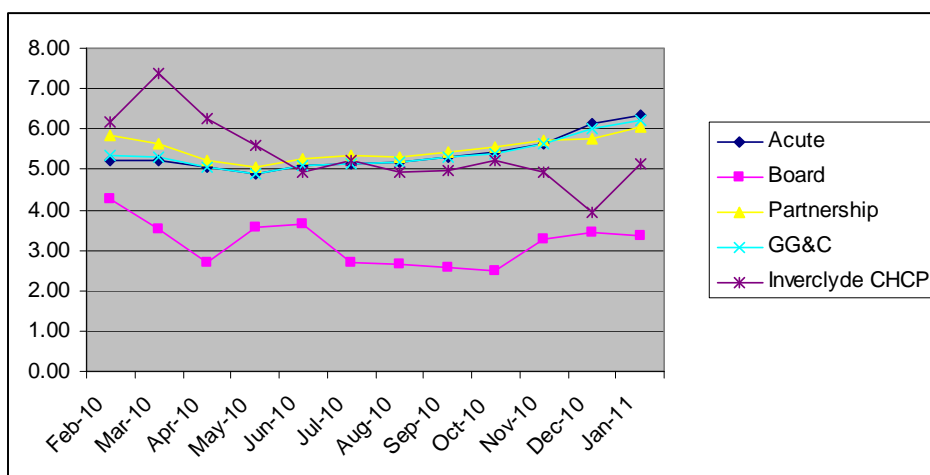
**Robert Murphy**  
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Partnership

## 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 sickness absence data provided is based on 31 January 2011 for NHS staff and up to 31 December 2010 for Inverclyde Council staff.

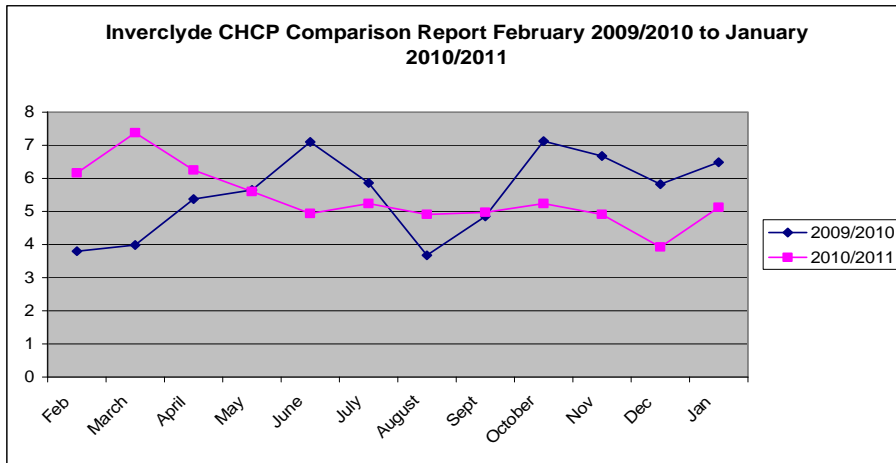
## 5.0 Attendance Management

- 5.1 As indicated in previous workforce reports, 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%.
- 5.2 Since the last workforce report, sickness absence levels in respect of NHS staff fell to 3.92% in December 2010 from the November 2010 figure of 4.91%, which was well within the HEAT standard level. However in January 2011 the level rose again to 5.13% as shown in the chart below alongside comparator data:

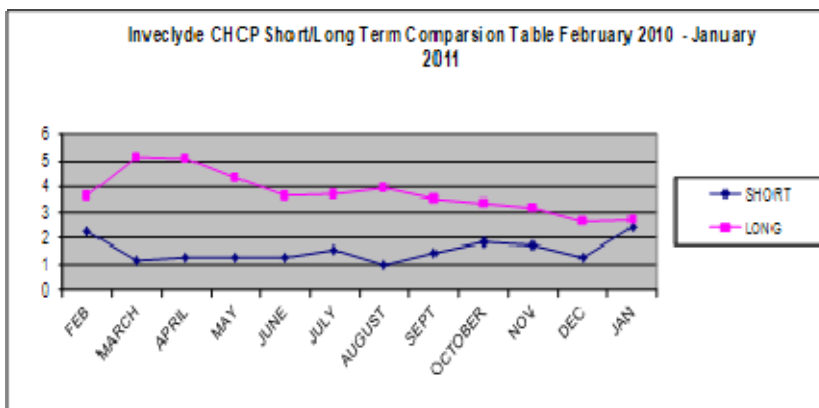


For benchmarking purposes, the NHS GG&C average has risen to 6.22% as at 31 January 2010 and the Partnerships average is also higher at 6.04%. Inverclyde CHCP remains below both of these averages. None of the group of 10 CH(C) P's was successful in achieving the 4% standard in November 2010. Inverclyde CHP was ranked fifth highest in this group.

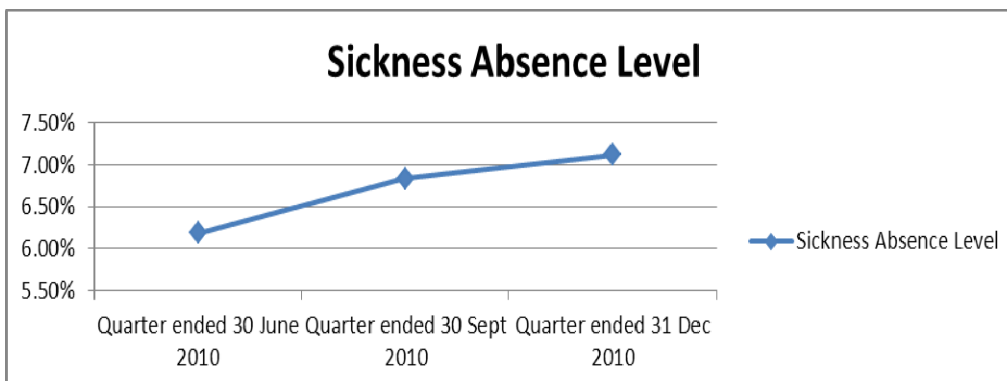
- 5.3 The second chart below provides a month by month comparison of absence levels for the 12 months from February 2009 to January 2010 and February 2010 to January 2011. The good news is that overall sickness absence levels in 2010-11 are now below the levels experienced in 2009-2010 – the 2009-10 average was 5.53%, falling to 5.39% in 2010-11. The chart demonstrates this improvement and highlights the markedly similar absence pattern over the past 4 months with the 2010-11 levels significantly lower – a trend it is hoped continues. The January 2009 absence level was 6.49%, 1.36% above the 2010 level of 5.13%.



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 under 3%. The short-term absence pattern has been more erratic, reaching 2.44%. Indeed short-term sickness absence accounts substantially for the increase in January and is attributed to seasonal illness.



5.5 The following chart depicts absence levels within social care for the three quarters from 01 April to 31 December 2010. As indicated there has been an increase over the 9 month period with the increase in the last quarter linked to seasonal illnesses.



- 5.6 One of the first pieces of work commissioned as part of the Staff Partnership Forum work plan is to develop an appropriate protocol taking account of attendance management policies in both NHS GGC and Inverclyde Council, and scoping the opportunity for agreeing CHCP paperwork. It is hoped that this will support managers to successfully deal with sickness absence cases as per the two Policies. Progress will continue to be monitored to ensure effective application of these Policies and achievement of the respective sickness absence targets.

## **6.0 STAFF PARTNERSHIP FORUM**

- 6.1 The Staff Partnership Forum (SPF) had its most recent meeting on 18 March 2011. Key topics included financial planning with the CHCP Director providing members with an overview of financial issues in both Inverclyde Council and NHS GGC. It was agreed that a small sub-group of SPF would be established to have input to financial savings plans and have an input to monitoring progress of these.

There was also a detailed discussion focused on the results from the 2010 NHS Staff Survey in which Inverclyde CHCP staff performed very well with almost 85% of staff participating. In addition responses to 17 of the questions placed Inverclyde CHCP in the highest performing clusters. Members agreed that they would revisit the survey outcomes once the results of the 2010-11 Staff Governance monitoring exercise had been completed.

## **7.0 STAFF GOVERNANCE**

- 7.1 Reference was made in previous workforce reports to the NHS Staff Governance Standard which have been adopted across the CHCP. The Staff Partnership Forum agreed arrangements for monitoring the 2010-11 Staff Governance Action Plan and reporting on this to SPF. Following this the 2011-12 Staff Governance Action Plan will be agreed. The Sub-Committee will be advised of the outcome of this in due course.

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

- 8.1 As indicated in the last report the CHCP is working to achieve the KSF HEAT, ie 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. The latest data indicated that the CHCP had completed 64.3% of reviews on eKSF by 21 March. Work has been continuing to complete as many reviews as possible before the end of March.

## **9.0 HEALTHY WORKING LIVES**

- 9.1 The CHCP's Healthy Working Lives group, which is a sub-group of the Staff Partnership Forum, launched its programme to achieve the Silver award on Monday 21 February 2011. This was a successful event with a number of staff attending and offering ideas to the HWL team. Work is progressing to complete the portfolio for the Silver Award and will take account of the following activities organised by the group and supported by staff across the CHCP since achievement of the Bronze Award:

- Sun awareness stands were set up providing information to staff on how to protect their skin in the sun
- Relaxation classes were provided to staff (cost of classes £2 donation) in order to help staff to manage their stress levels
- A gardening group was set up to maintain garden areas around Port Glasgow Health Centre and to encourage staff member to sit outside in better weather.

Domestic staff within the health centre raised money in order to cover the cost of gardening supplies

- Massage sessions for staff
- Over the Christmas period alcohol awareness posters were displayed at various sites and healthy eating posters and tips were sent to staff via email
- Zumba classes
- Healthy eating – Catering provision is being looked at as well as vending facilities.

## **8.0 LIST OF BACKGROUND PAPERS**