

Report To: Community Health & Care
Partnership Sub- Committee

Date: 25 August 2011

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Care Partnership

Report No: CHCP/36/2011/AF

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Subject: Workforce Monitoring Report

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 an overview of the CHCP staff profile.

3.0 RECOMMENDATION

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

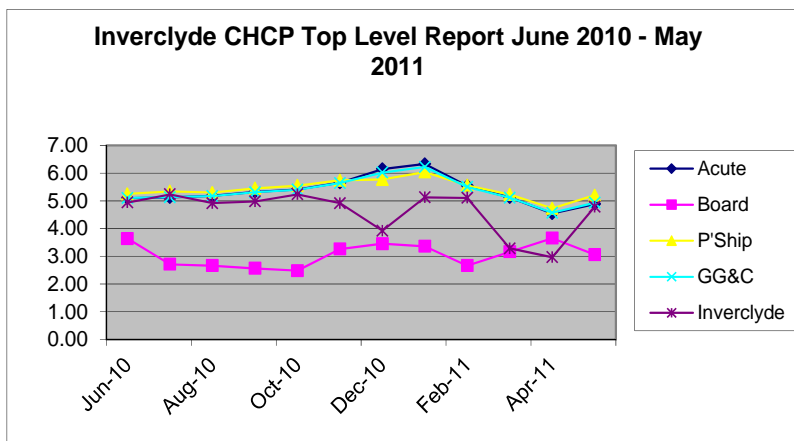
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4.0 BACKGROUND

- 4.1 This monitoring report provides an update on sickness absence levels, the CHCP staffing profile, the Staff Partnership Forum, the Staff Governance Standard, and Healthy Working Lives. An indicative staffing profile overview is also included for information.
- 4.2 The sickness absence data provided is based on 31 May 2011 for NHS staff and up to 30 June 2011 for Inverclyde Council staff. The workforce profile is based on staff in post as at 30 June 2011.

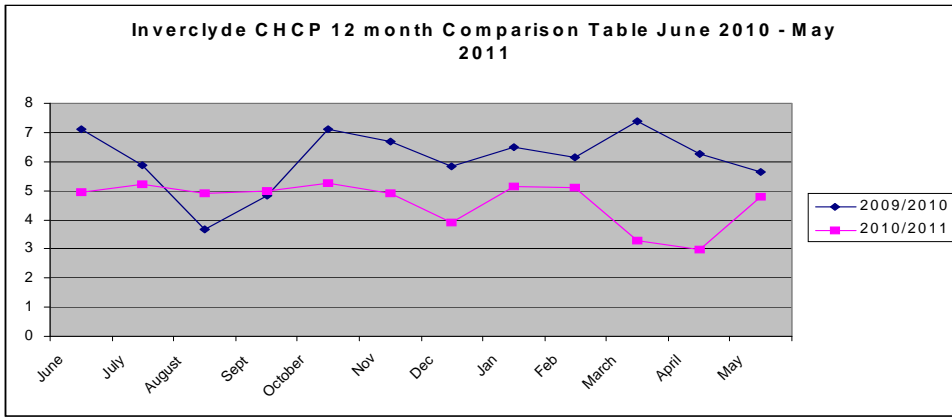
5.0 Attendance Management

- 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, the CHCP has achieved the HEAT Standard for the second time in the last 6 months, with the lowest recorded level of 2.97% sickness absence in April 2011. However in May 2011 the level rose again to 4.78% as shown in the chart below alongside comparator data:

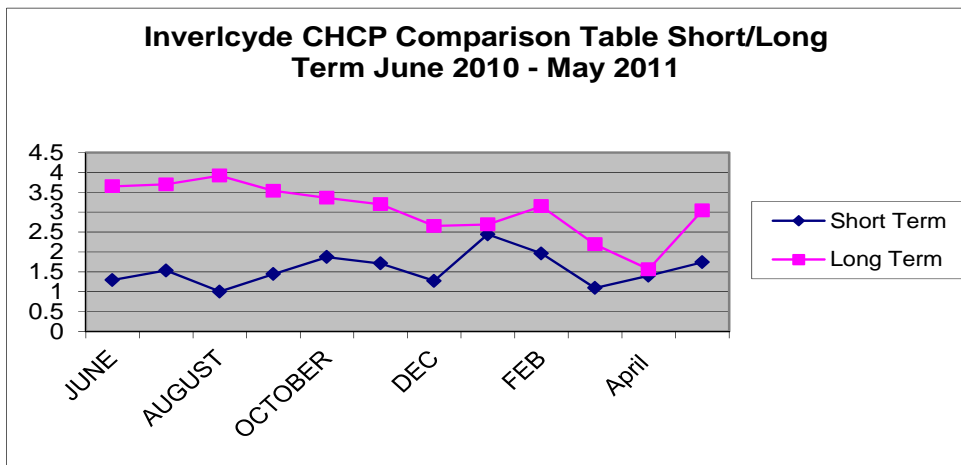


For benchmarking purposes, the NHS GG&C and Partnership's averages have also increased in May, rising from 4.57% in April to 4.93% and the Partnerships average from 4.73% in April to 5.2%. Inverclyde CHCP remains below both of these averages. None of the group of 6 CH(C)P's achieved the 4% HEAT standard in May. Five of the group had increased sickness absence levels since last month, with 2 CH(C)P's showing absence levels above 5%.

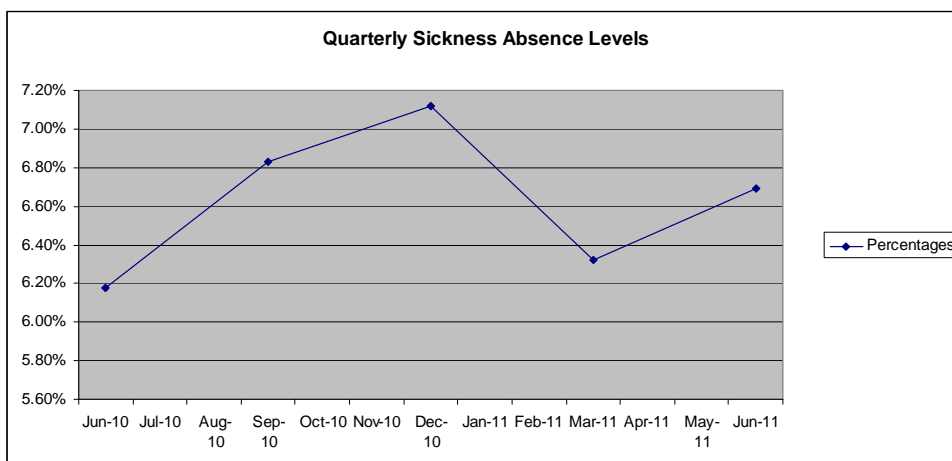
- 5.3 The second chart below provides a month by month comparison of absence levels for the 12 months from June 2009 to May 2010 and June 2010 to May 2011. The good news is that overall sickness absence levels in 2010-11 are now significantly below the levels experienced in 2009-2010 – the 2009-10 average was 6.08%, falling to 4.62% in 2010-11. The chart demonstrates the significantly lower sickness absence levels in 2010-11 – a trend which requires to be sustained. The May 2010 absence level was 5.6%, 0.82% above the current level.



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 achieving a record low of 1.56% in April 2011. Unfortunately this rose to 3.04% in May. The short-term absence pattern has remained more erratic, and is currently at 1.74%.



5.5 Sickness absence within Inverclyde Council has been collected and reported on a quarterly basis and the following chart depicts absence levels within social care for the last five quarters from 01 April 2010 to 30 June 2011. The intention is to move to monthly reporting which will enable more robust monitoring and management of attendance management.



5.6 Progress continues to be monitored to ensure effective application of attendance management policies and progress towards achieving and sustaining the respective

sickness absence targets.

6.0 The CHCP Workforce Profile

6.1 The following charts provide an indicative overview of the staffing profile within the CHCP based on the number of individual members of staff in post in June 2011, showing a headcount total of 1,836 and a whole-time equivalent (WTE) total of 1,391.28. The first chart provides the breakdown by headcount of staff employed by Inverclyde Council and NHS Greater Glasgow and Clyde respectively by service area, and the second chart provides the same breakdown by WTE. The actual staffing figures are provided in Chart 3. Members are asked to note that work is ongoing to refine the staffing profile, ensuring that staff are allocated to the correct service areas.

Chart 1

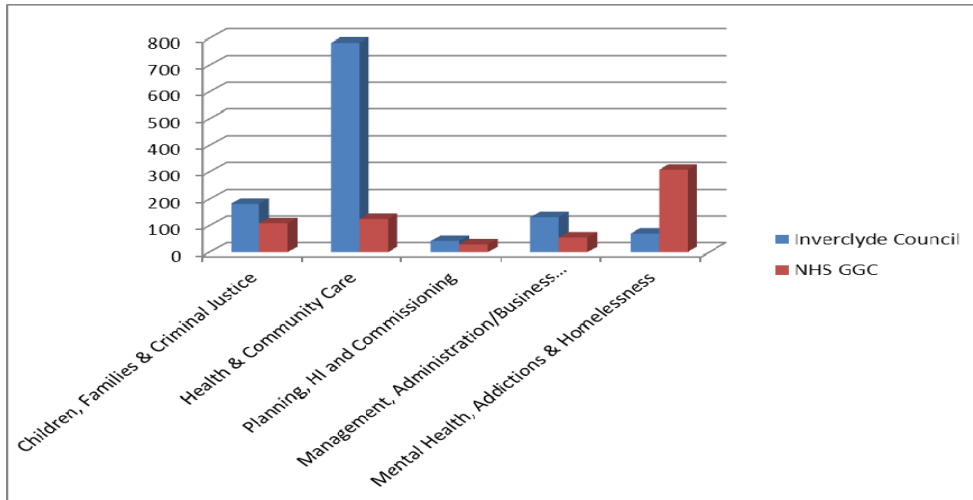


Chart 2

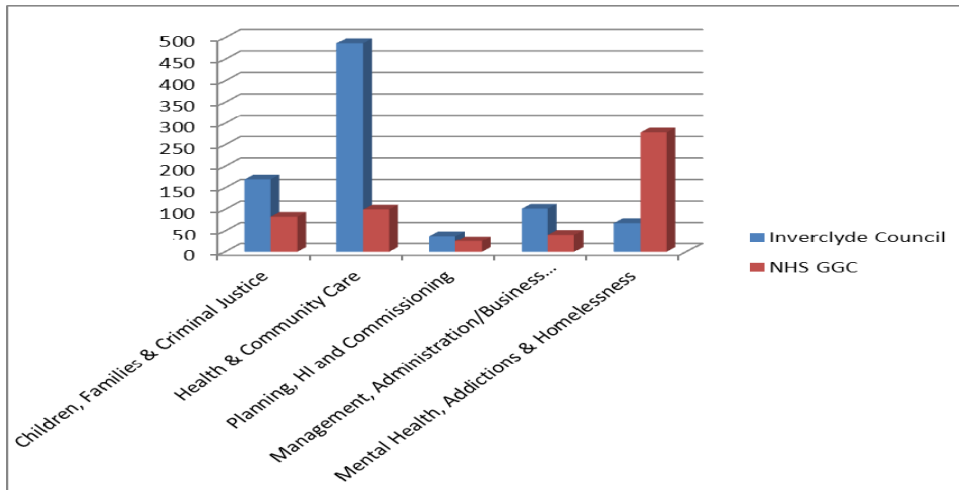


Chart 3

<i>Service Area</i>	<i>Headcount</i>	<i>WTE</i>
Children, Families & Criminal Justice	291	252.58
Inverclyde Council	182	169.53
NHS GGC	109	83.05
Health & Community Care	909	587.22
Inverclyde Council	784	487.38
NHS GGC	125	99.84
Planning, HI and Commissioning	71	62.53
Inverclyde Council	42	37.36
NHS GGC	29	25.17
Management, Administration/Business Support	187	142.26
Inverclyde Council	132	101.73
NHS GGC	55	40.53
Mental Health, Addictions & Homelessness	378	346.69
Inverclyde Council	70	67.89
NHS GGC	308	278.8
CHCP TOTAL	1,836	1391.28

6.0 STAFF PARTNERSHIP FORUM

- 6.1 The Staff Partnership Forum (SPF) continues to meet every two months. At the meeting on 24 June 2011 members received update reports on a number of ongoing redesign projects including the Change Fund which is supporting the employment of approximately 12 additional staff to deliver a new model of integrated services for Older People in line with the emerging Reshaping Older Peoples Services agenda and locally agreed priorities. This will focus on the integration of acute, community health and social care services to improve the experience and pathway of care for service users.

Other topics included an update on the CHCP's cost savings plans and a discussion on the NHS GGC Corporate Change Programme proposals. This programme aims to ensure that NHS GGC and its staff are equipped to change to face a different future and to deliver improved services to patients with a focus on staff, leaders, partnerships, service quality, resources and culture.

In addition staff have attended focus groups to allow engagement and discussion in relation to the proposals and it is expected that an action plan will follow in late August/early September.

7.0 STAFF GOVERNANCE

- 7.1 The CHCP Director was invited to make a short presentation to the NHS GGC Staff Governance Sub-Committee in early July. This was well received, outlining the various initiatives put in place to develop effective two-way communication with staff, training and development opportunities and health and safety, including the work of the Staff Partnership Forum.

Feedback on the 2010-11 Staff Governance Monitoring Plan has now been received from a number of teams across the CHCP and will be discussed at the Staff Partnership Forum meeting planned for 12 August 2011. The aim is to develop the 2011-12 Staff Governance Action Plan reflecting this feedback and suggestions from staff, along with the results of the 2010 NHS Staff Survey. The Sub-Committee will be

advised of the outcome of this in due course.

8.0 HEALTHY WORKING LIVES

- 8.1 The CHCP is delighted to have achieved the Healthy Working Lives Silver Award. The programme to achieve the Gold Award is now being developed – this will include a significant focus on staff mental wellbeing and it is hoped to deliver a training programme to enable managers to work more effectively with staff who are experiencing stress or have a mental health problem. At the same time all the other strands to support health at work, including exercise and fitness, diet, smoking and alcohol, will continue to be developed.

The Sub- Committee will continue to be informed of progress towards the Gold Award.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Nil