Inverclyde
council

Report To:	Community Health & Care Partnership Sub-Committee	Date: 31 May 2012
Report By:	Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership	Report No: CHCP/31/2012/CC
Contact Officer:	Catriona M Chambers Head of Human Resources Mental Health and Non City Partnerships	Contact No: 01475 504924

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 Partnership working, Staff Governance, Facing the Future Together, the Knowledge and Skills Framework, Appraisals in Inverclyde, 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.

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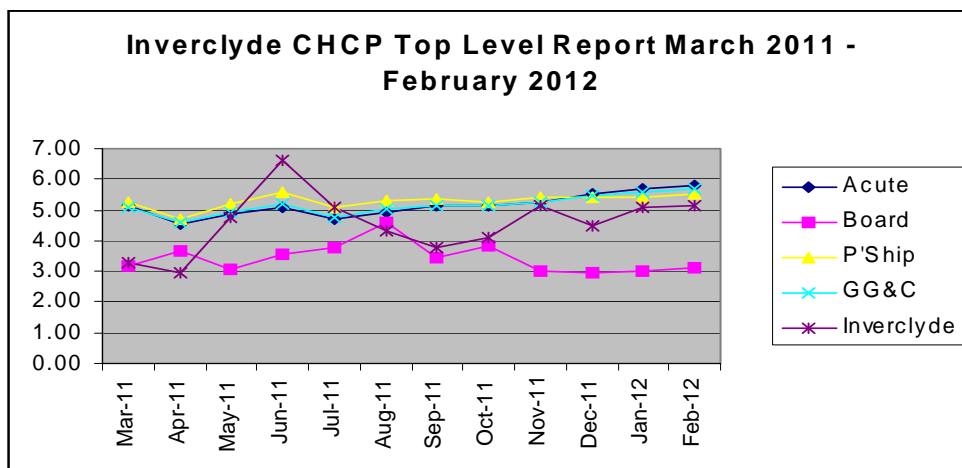**Partnership**

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 29 February 2012 for NHS and 25th March 2012 Inverclyde Council staff. The workforce profile is based on staff in post as at 31 March 2012

5.0 ATTENDANCE MANAGEMENT

5.1 As agreed the CHCP has adopted the NHS HEAT standard of 4% sickness absence and is working towards achieving this across all staff groups and service areas. Sickness absence continues to be recorded and reported separately for NHS and Inverclyde Council staff as indicated in the report below.

5.2 In terms of NHS staff, sickness absence levels at 29 February 2012 were 5.16% which is an increase on the previous month's outturn of 5.07%.It should be noted that Inverclyde CHCP achieved the HEAT Standard on four occasions since March 2011. The chart below provides the overall report showing Inverclyde CHCP alongside comparator data:
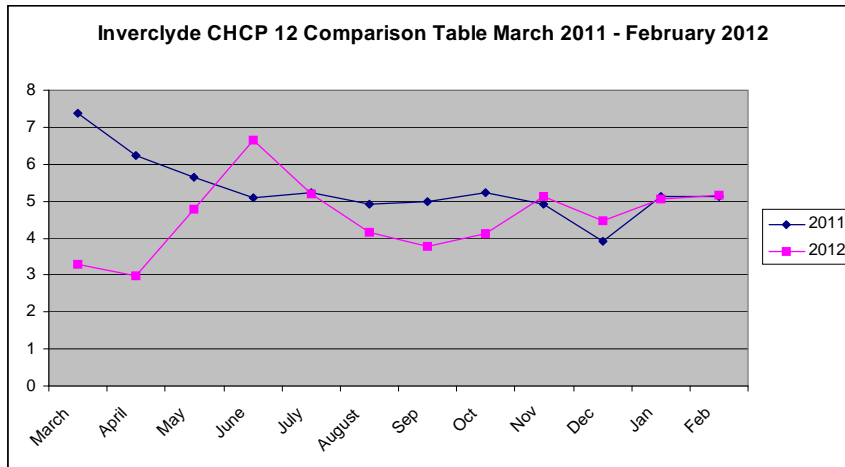
CHART 1

For benchmarking purposes, the NHS GG&C and Partnership's averages at 29 February 2012 are 5.69% and 5.55% respectively. None of the group of 6 CH(C) P's achieved the 4% HEAT standard in February. Inverclyde did however slip from its position as best performing CH(C)P in the group, behind only one of the group, it was however 2.22% ahead of the worst performing

CH (C) P. Including Inverclyde 3 of the group had an increase in absence levels during February with the remaining 3 able to record a decrease on the previous month's figures,

5.3 CHART 2 provides a month by month comparison of absence levels for the 12 months from March 2011 to February 2012 and March 2010 to February 2011. Overall sickness absence levels in 2011/12 remain significantly below the levels experienced in 2010. The 2010 average was 5.5%, falling to 4.56% in 2011. The February 2011 absence level was 5.11%, 0.05% below the current level.

The challenge remains for the CHCP to sustain sickness absence levels at the HEAT standard level.

CHART 2

Inverclyde CHCP 12 Comparison Table March 2011 - February 2012

5.4 CHART 3 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 indicated a welcome trend of falling long-term absence levels during the summer months from the spike between May and July of 2011. The patterns do differ but share peaks over the months detailed above. Short term absence has been successfully contained below the 4% target if looked at in isolation throughout the year. Long terms absence again in isolation gave concerns in June 2011
CHART 3

Inverclyde CHCP 12 Comparison Table Short Term - Long Term March 2011 - February 2012
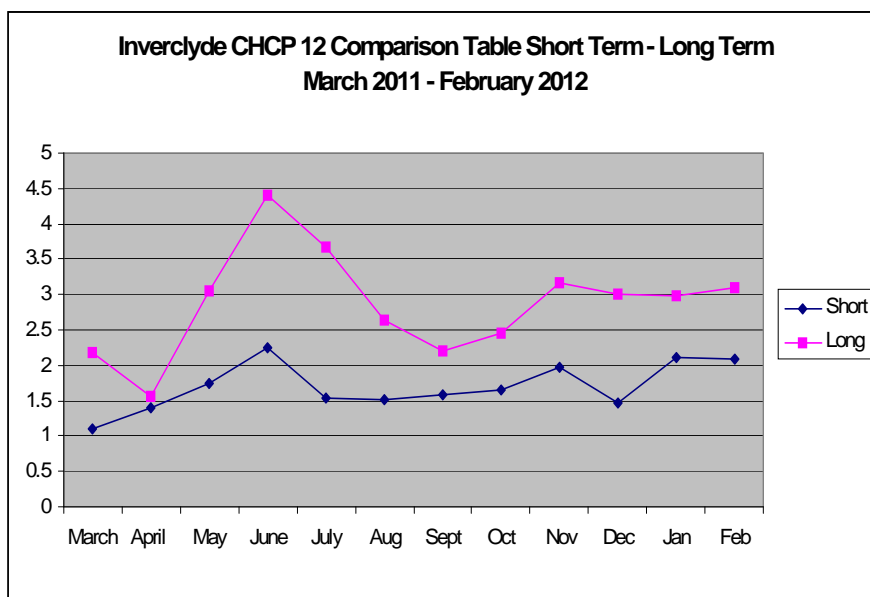
5.5 Sickness absence in respect of Inverclyde Council staff within the CHCP is now collected and reported on a monthly basis effective from July 2011. The chart below indicates sickness absence levels on a month by month basis up to 25th March 2012. As at 1st April 2012 sickness absence levels within social care across the CHCP were 6.36%. Overall sickness absence levels have continued to decrease since October 2011. As indicated before this new system will enable more robust monitoring and management of attendance management.

CHART 4:

Inverclyde CHCP Council Employee Absence Figures 2011/12
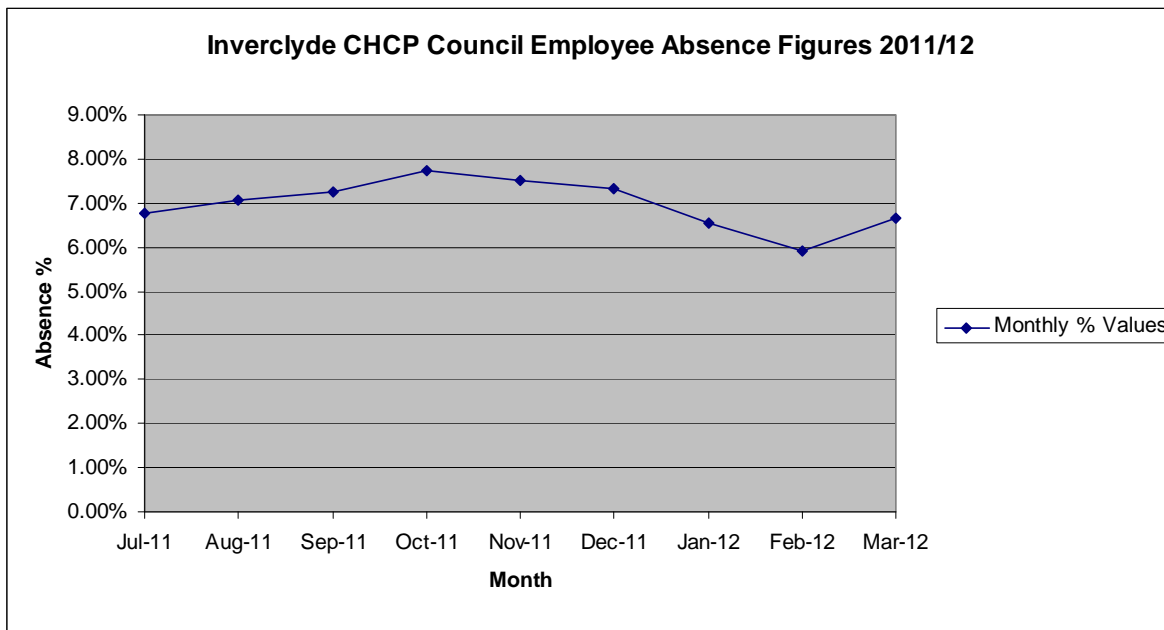
5.6 Progress continues to be monitored to ensure effective application of attendance management policies and actions taken towards achieving and sustaining the respective sickness absence targets throughout the CHCP.

6.0 THE CHCP WORKFORCE PROFILE

6.1 CHART 5 and Table 1 provide an indicative overview of the staffing profile within the CHCP based on the number of individual members of staff in post in March 2012 (NHS) and December 2011 (Inverclyde Council), showing a headcount total of 2,061 and a whole-time equivalent (WTE) total of 1,435.38. The first chart provides the breakdown of all staff employed in the CHCP by service area, regardless of employer, showing both headcount and whole-time equivalent (WTE).
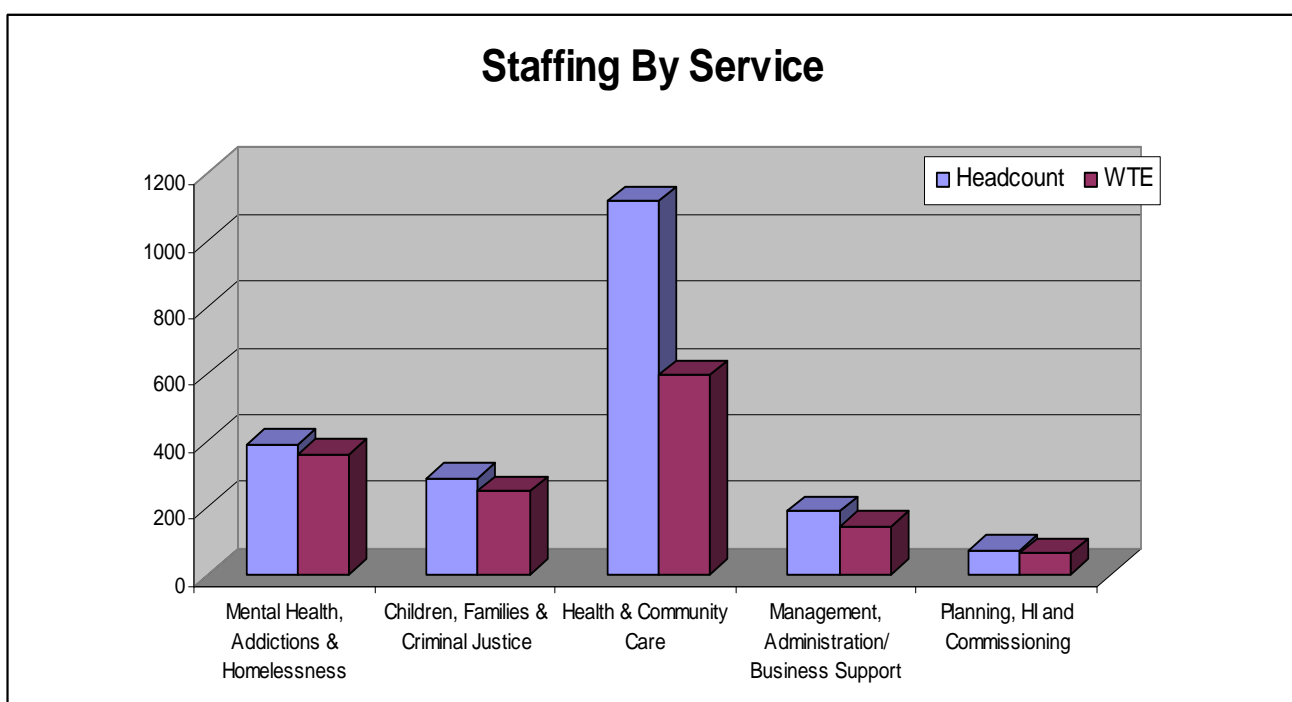
CHART 5

Staffing By Service

TABLE 1

Service Area	Headcount	WTE
Mental Health, Addictions & Homelessness	390	358.92
Inverclyde Council	76	74.35
NHS GGC	314	284.57
Children, Families & Criminal Justice	287	248.44
Inverclyde Council	183	168.70
NHS GGC	104	79.74
Health & Community Care	1121	597.6
Inverclyde Council	1001	502.23
NHS GGC	120	95.37
Management, Administration/ Business Support	190	143.42
Inverclyde Council	137	103.40
NHS GGC	53	40.02
Planning, HI and Commissioning	73	62.45
Inverclyde Council	44	37.90
NHS GGC	29	24.55
CHP TOTAL	2061	1,435.38

*Inverclyde council figures @ December 2011

7.0 STAFF PARTNERSHIP FORUM

7.1 The Staff Partnership Forum (SPF) continues to meet every two months. The SPF have been given the opportunity to focus on and receive an update on the CHCP's financial position along with an overview of savings plans across both Inverclyde Council and NHS Greater Glasgow & Clyde.

Update reports were given on a number of ongoing redesign projects including the Change Fund, the District Nursing Review, AHP Reviews and the Administration Review. The other key topic discussed was Facing the Future Together which is referred to at paragraph 9 below. The Director specifically invited staff representatives to encourage staff to access the 'Ask the Boss' facility on the web-site if they have any questions, as well as putting forward any ideas and suggestions for how we can do things better.

8.0 STAFF GOVERNANCE

8.1 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 was received from a number of teams across the CHCP and this information was discussed at the Staff Partnership Forum meeting in August 2011. The 2012 Staff Governance Monitoring Plan was developed following this meeting, reflecting both the feedback from staff in the CHCP and the results of the 2010 NHS Staff Survey. A copy of the Staff Governance Monitoring Plan is attached as an appendix to this paper. It is intended that this will be monitored on a quarterly basis by a newly established sub-group of the Staff Partnerships Forum, commencing with the quarter ended 31 March 2012.

9.0 FACING THE FUTURE TOGETHER

9.1 Facing the Future Together is the NHS Greater Glasgow and Clyde corporate change programme which has been adopted as being relevant across the CHCP particularly with its focus on effective engagement with staff and service users, seeking ways to improve the delivery of services.

9.2   Facing the Future Together was officially launched across the CHCP at two engagement events on 25 November 2011, giving staff the opportunity to be informed about developments in the CHCP over the past 12 months, showcase some of the Services provided to patients and clients, and to enable staff to provide feedback on the Vision and Value Statements which were introduced a year ago as well as participate in discussions about where we do well and what we can improve.

9.3   120 staff attended the engagement events. Feedback has been collated along with the results from an evaluation survey of attendees and this information will be considered by the SMT and the Development Group to inform actions over the next 12 months.

10.0   HEALTHY WORKING LIVES

10.1   The CHCP is delighted to have achieved the Healthy Working Lives Silver Award. The programme to achieve the Gold Award is well developed and will include a significant focus on staff mental wellbeing. This will link well to our sickness absence monitoring as psychological illnesses feature as the highest category of reasons given by staff that are unable to attend work. A programme of training will be delivered to enable managers to work more effectively with staff who are experiencing stress impacting on their roles, or who 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.

10.2   Over the next few months the healthy Working Lives Group will be running campaigns and promoting the following activities for staff:

Walk leader training and establishing walking groups at various locations
Continuing with the gardening groups
Encouraging 'green gym' activities
Promoting a Stress DVD to raise awareness and help staff cope with stress
Information on Money Matters.

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

11.0   KSF AND APPRAISALS IN INVERCLYDE

11.1   The Knowledge and Skills Framework (KSF) continues to be embedded across GGC. Progress is monitored quarterly within the CHCP given that KSF is now a HEAT standard and the expectation is that 80% of all staff reviews will be completed and recorded as completed on the electronic KSF system, known as eKSF. As at 31 December 2011, 52.93% reviews were completed and managers have been asked to ensure a strong focus on completing outstanding reviews before 31 March 2012.

11.2   Performance appraisals for all social care staff are also due to be completed by 31 March 2012 and significant work is being carried out to support managers and staff to achieve this target. Progress will be monitored on a quarterly basis during the next financial year to ensure the system is fully embedded.

12.0   LIST OF BACKGROUND PAPERS

(1) Staff Governance Action Plan 2012 – see Appendix 1

INVERCLYDE CHCP STAFF GOVERNANCE MONITORING PLAN 2012

Key Performance Indicators	Target Actions	Lead Responsibility	Target Date
2. Well Informed			
All staff regularly receive accessible information about their organisation	CHCP Newsletter to be brought to the attention of all staff via Staffnet/ICON and staff encouraged to contribute to this	Communications Group Managers/Team Leads/Staff	Ongoing
	Relaunch the CHCP Bright Ideas Scheme, publicising funded projects to highlight good ideas, service change and best practice across the CHCP via Team Brief/Newsletter/FTFT web page	Development Group	December 2012
	Improve awareness of SPF through reports in both Team Brief and the CHCP Newsletter and any other identified processes including posting on ICON/Staffnet	SPF Co-Chairs/SPF	Ongoing
	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	December 2012
	Name of person responsible for notice board to be posted on the notice board with their contact number.	Service Managers and Administrators	December 2012
All staff have access to communication channels which offer the opportunity to give and receive feedback on organisational issues at all levels	Maintain and develop Team Brief with managers and team leads encouraging discussion and questions with a focus on effective two-way communication, utilising the feedback mechanism as appropriate.	Director/Heads of Service/ Service Managers/Team Leads/Staff	Ongoing
	Raise Awareness of Staff Governance through Team Brief and CHCP Newsletter and with the CHCP Committee	SPF Co-Chairs	December 2012
	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	Ongoing
	Effective systems in place to ensure all staff can and do access key information including NHS Core Briefs, news releases, etc	Director/ Service Managers	Ongoing
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.	All staff can access policies, procedures, and key CHCP documents electronically via ICON/Staffnet and FTFT web page	Administration Manager/ HR Leads	December 2012

Key Performance Indicators	Target Actions	Lead Responsibility	Target Date
2. Appropriately Trained			
The Knowledge and Skills Framework has been fully implemented and training in Inverclyde Council's Performance Appraisal system completed	Both KSF and Appraisals at Inverclyde Policy fully embedded: every CHCP employee has a development review cycle agreed which includes an annual review and PDP/CPD, and all managers, team leads and staff trained in the respective systems	Heads of Service/ Service Managers/ Development Group	December 2012
	HEAT standard sustained, ie all NHS staff have their annual review and PDP recorded and updated on eKSF	Heads of Service/ Service Managers/ Reviewers	Ongoing
National education, learning and development strategies are fully implemented	Annual activity report to SPF indicating CHCP L&E and OD activity and progress, issues and initiatives	L&E/OD Staff	December 2012
	Gaps in training needs identified and actions to address these planned and implemented, including mandatory training, and training associated with HEAT and other targets including SSSC Registration.	Development Group/L&E Staff /Training Team Leaders	Ongoing
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	Annually
	Directly employed medical staff have performance plans agreed and evaluated	Heads of Service	Annually
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 learning opportunities regardless of their work pattern.	Service Managers/ Senior L&E Advisors/Training Team Leaders	Ongoing
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	December 2012
All staff have access to appropriate induction that covers, as a minimum, partnership; staff governance; health and safety; and equality legislation	CHCP Induction Welcome Pack reviewed and updated, and made available for staff to access on ICON/Staffnet.	Development Group	June 2012
	Induction training arrangements are reviewed to ensure fit for purpose within the CHCP, including CHCP-specific elements	L&E Advisors/Training Team Leaders/Development Group	June 2012

Key Performance Indicators	Target Actions	Lead Responsibility	Target Date
3. Involved in Decisions that Affect them			
Partnership working is embedded and mainstreamed within the CHCP	SPF contribution to CHP Committee is effective and is valued and recognised	Director	Ongoing
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 meets regularly and effectively	SPF Co-Chairs	Ongoing
	Links with NHS GGC Area Partnership Forum and Inverclyde Council partnership groups explored to determine effective two-way communication process	December 2012	December 2012
Service Development and organisational changes are planned and implemented in partnership.	SPF members, including staff representatives are well informed and involved in discussions about proposed service change and financial savings plans at an early stage.	SPF Members/ Heads of Service	Ongoing
	Service redesign is undertaken on a partnership basis and regular reports/ feedback provided to SPF, managers and staff	SPF/Heads of HR/Service Managers	Ongoing
A comprehensive workforce plan is developed in partnership and integrated into service planning and organisational change and development in line with national workforce framework.	Service redesign plans identify workforce changes, which are incorporated in workforce plans and fed into NHSGGC and Inverclyde Council workforce plans respectively	Heads of HR/ Heads of Service	Ongoing
Employers must engage with staff to ensure that they are involved in all decisions that affect them.	All staff and staff representatives have the opportunity to attend staff engagement events, and feedback from these events is made available to all staff	SPF Co-Chairs/ Heads of Service/ Managers	Ongoing

Key Performance Indicators	Target Actions	Lead Responsibility	Target Date
4. Treated Fairly and Consistently			
Best practice HR policies are in place and communicated to staff.	Ensure effective implementation of new and updated HR Policies & Procedures as these are agreed	HR Leads/ Service Managers	Ongoing
	Staff encouraged to attend roll-out of awareness sessions to CHCP staff on new Policies	Service Managers/ HR Leads	Ongoing
	No staff feel discriminated against by managers or colleagues and are provided with a clear rationale for decisions that affect them.	All staff	Ongoing
	Staff feel empowered to report any incident, which they feel resulted in them being treated in a discriminatory way, to their Team Lead or to a more senior manager as per the NHS GGC Dignity at Work Policy/Inverclyde Council good practice.	All staff , Staff Representatives and Managers	Ongoing
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	Ongoing
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, eg migration plans	Heads of HR	Ongoing
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	Ongoing

Key Performance Indicators	Targets Actions	Lead Responsibility	Target Date
5. Provided with an Improved and Safe Working Environment			
Appropriate occupational health and safety arrangements are in place as a means of improving the health and wellbeing of staff and minimising sickness absence.	CHCP Staff Health Action Plan implemented to support staff health and wellbeing, including mental wellbeing, with reports to SMT, ESMT and SPF.	Heads of HR/ Healthy Working Lives Sub-Group	December 2012
	CHCP registered for Healthy Working Lives and encouraged and supported to achieve Gold Award in 2012	SPF/Healthy Working Lives Sub-Group	December 2012
	Staff feel empowered to report any incident which they felt resulted in them being treated in a bullying or harassing way to their Team Lead or to a more senior manager	All staff	December 2012
	Reports of bullying and harassment are dealt with sensitively, and where possible resolved informally, including the option for mediation	All Managers and staff	December 2012
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	Ongoing
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 and CHCP Health & Safety Forum	Ongoing
	List of nominated fire officers available for each area	CHCP Health & Safety Forum	December 2012
	Number of Health & Safety incidents and RIDDOR reports made available annually	CHCP Health & Safety Forum	Annually
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	Ongoing
	Incorporated into all CHCP estates projects	Service Managers /Accommodation Group	Ongoing
National and local occupational health and safety strategies are implemented.	All staff are aware of policies as they are agreed and implemented.	CHCP Health & Safety Forum/ Administration Manager	Ongoing
	Zero Tolerance to bullying and harassment is adopted across the CHP via Team Brief and Managers and Team Leads are asked to discuss 'Give Respect, Get Respect' with their teams, using the discussion tool.	All Managers and Team Leads	December 2012

Key Performance Indicators	Target Actions	Lead Responsibility	Target Date
6. Other Key Performance Indicators			
Staff turnover	Report available annually	Heads of HR	Annually
Number of disciplinary, grievance and dignity at work cases	Report available annually	Heads of HR	Annually
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	Heads of HR/ Service Managers	Annually
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	Annually
Patient/client complaints	Report available annually	Head of Planning/ Administration Manager	Annually

NOTE: Monitoring reports will be produced on a quarterly by the Staff Governance Sub-Group of the Staff Partnership Forum. Managers and staff will be involved in all monitoring activities.