

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

**Date:** 18<sup>th</sup> October 2012

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**Report No:**  
CHCP/44/2012/BM

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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 Partnership working 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.

**Brian Moore**  
Corporate Director  
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Partnership

## 4.0 BACKGROUND

4.1 This monitoring report provides an update on sickness absence levels, the CHCP staffing profile, the Staff Partnership Forum and Healthy Working Lives.

## 5.0 ATTENDANCE MANAGEMENT

5.1 The charts below illustrate the absence levels in Inverclyde in comparison to other areas within NHS Greater Glasgow and Clyde. Chart 1 describes Inverclyde against the GGC average (s); Chart 2 illustrates the year to date trends 2011 / 2012.

Chart 1

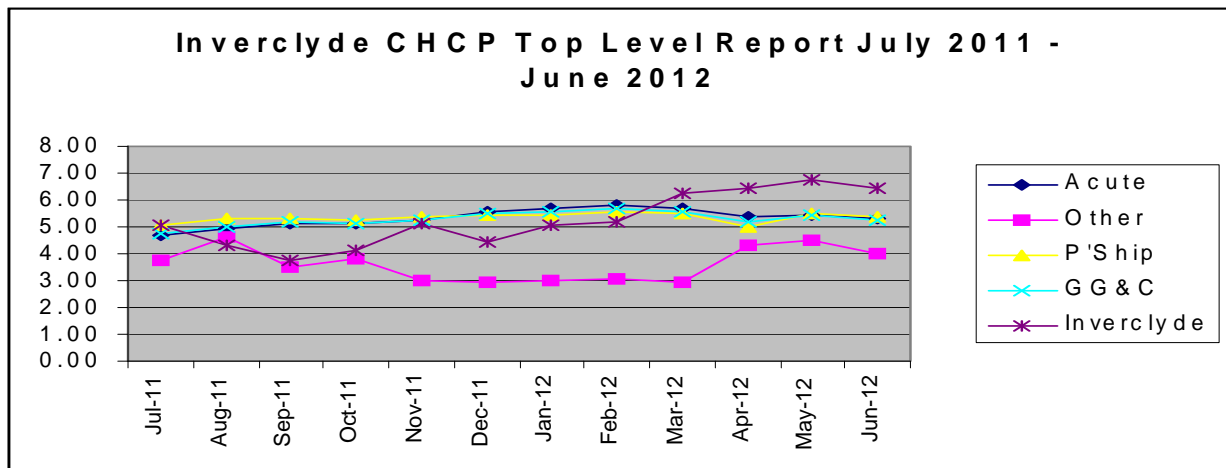
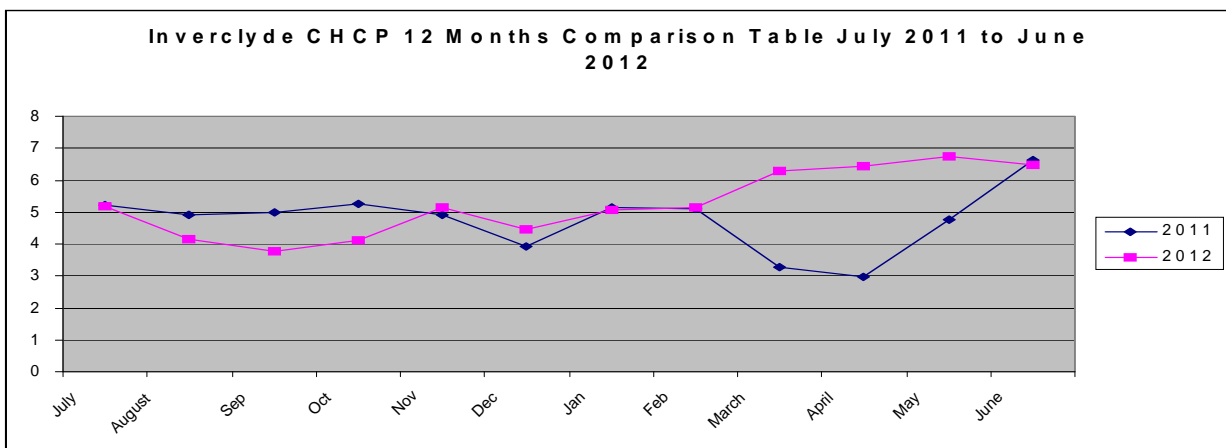


Table 2



5.2 In response to current level of absence the following initiatives are taking place:-

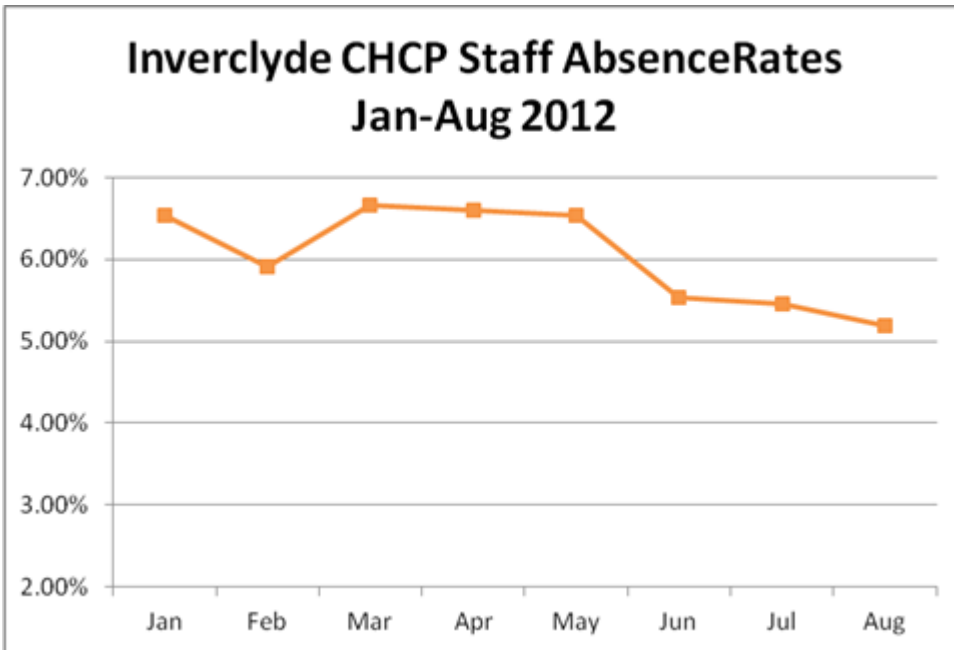
- An audit within Admin services will commence during October. Dedicated HR support has been identified to support the Head of Admin review all absence cases (NHS) to provide reassurance that managers are complying with the policy and that staff are being given every support to assist them sustain regular attendance or return to work. The principles of this audit are applicable across the CHCP and a similar exercise will be completed with social care administrative support staff.
- A Service Manager seconded within MH services has agreed to include Mental Health In patient Nurses as part of a case management pilot that he is running within GGC. This pilot is

in its early stages and will be reported on and evaluated in due course.

- Given the concerns about absence it is felt appropriate to put some resource in to raising awareness of the policy amongst managers who have a responsibility to manage this area of work. A draft proposal for a training programme using case studies is being assessed by the Head of HR to test its appropriateness. The option of joint training in absence management for local authority CHCP staff and GG&C CHCP staff is also being explored.

5.3 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 31<sup>st</sup> August 2012.

As at 1<sup>st</sup> August 2012 sickness absence levels within social care across the CHCP were 5.19%. Overall sickness absence levels have continued to decrease since March 2012. The CHCP has identified an absence champion who will work with both Health and Council HR leads and raise awareness of absence management information throughout the CHCP. This new system will enable more robust monitoring, management and consistency across the CHCP.



## 6.0 THE CHCP WORKFORCE PROFILE

6.1 Chart 3 provide an indicative overview of the staffing profile within the CHCP based on the number of individual members of staff in post in July 2012 (NHS) and February 2012 (Inverclyde Council), showing a headcount (hc) of 2050 and a whole-time equivalent (wte) of 1396.5. The first chart provides the breakdown of all CHCP staff by service area, regardless of employer, illustrated by both hc and wte. The staffing figures are provided in Table 1.

Chart 3

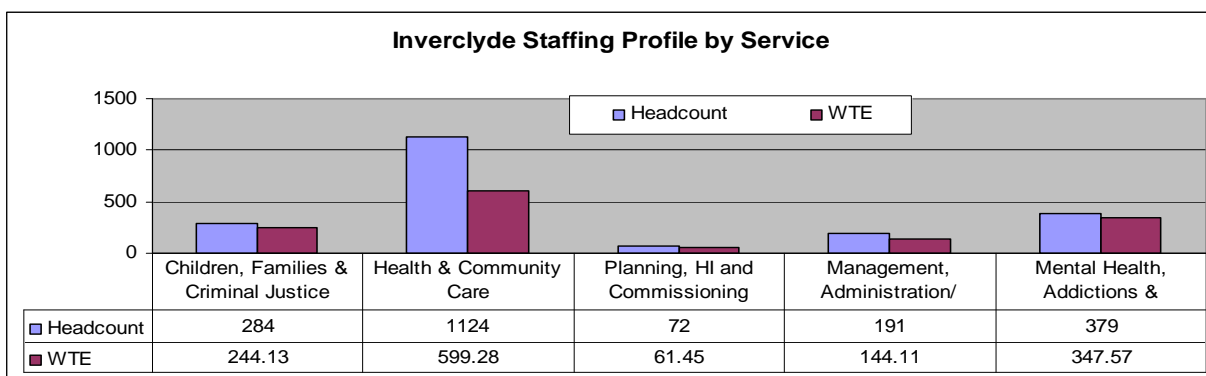


Table 1

| <i>Service Area</i>  | <i>Headcount</i> | <i>WTE</i>      |
|--|------------------|-----------------|
| <b>Inverclyde Council</b>  | 183              | 168.7           |
| <b>NHS GGC</b>   | 101              | 75.43           |
| <b>Children, Families &amp; Criminal Justice</b>                   | 284              | 244.13          |
| <b>Inverclyde Council</b>  | 1001             | 502.23          |
| <b>NHS GGC</b>   | 123              | 97.05           |
| <b>Health &amp; Community Care</b>                                 | 1124             | 599.28          |
| <b>Inverclyde Council</b>  | 44               | 37.9            |
| <b>NHS GGC</b>   | 28               | 23.55           |
| <b>Planning, HI and Commissioning</b>                              | 72               | 61.45           |
| <b>Inverclyde Council</b>  | 137              | 103.4           |
| <b>NHS GGC</b>   | 54               | 40.71           |
| <b>Management, Administration/ Business Support</b>                | 191              | 144.11          |
| <b>Inverclyde Council</b>  | 76               | 74.35           |
| <b>NHS GGC</b>   | 303              | 273.22          |
| <b>Mental Health, Addictions &amp; Homeless &amp; Homelessness</b> | 379              | 347.57          |
| <b>Inverclyde Council Sub Total</b>                                | 1441             | 886.58          |
| <b>NHS GGC Sub Total</b>   | 609              | 509.96          |
| <b>CHCP TOTAL</b>  | <b>2,050</b>     | <b>1,396.50</b> |

\* NHS GGC Figures July 2012 / Inverclyde Council Figures February 2012.

## 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.

Updates continue to be provided on ongoing redesign projects including, Mental Health Services, the District Nursing Review, AHP Reviews and CHCP Accommodation Strategy. The Staff Partnership Forum also submitted a response to the Scottish Government Health and Social Care Integration consultation.

## 8.0 HEALTHY WORKING LIVES

8.1 Inverclyde CHCP is committed to improving staff health and wellbeing and has now successfully achieved the Healthy Working Lives Gold Award in September 2012.

8.2 Over the past year the Healthy Working Lives Steering Group has aimed to provide information, campaigns and activities such as Salt Awareness, Contrary Mary's Garden Project and Stress Awareness that have been requested by staff through the Health Needs Assessment carried out in November.

8.3 The Virtual Walking Challenge to the Olympic Stadium saw 128 staff participate and walking just shy of 2 million steps. It has been encouraging listening to feedback that some of the walking groups are still continuing.

8.4 Now that the CHCP has achieved the Gold Award, it has to be maintained and a target for future meetings is making arrangements for staff to access lifestyle checks.