

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

**Date:** 28<sup>th</sup> February 2013

**Report By:** Brian Moore  
Corporate Director  
Inverclyde Community Health &  
Care Partnership

**Report No:**  
CHCP/16/2013/HW

**Contact Officer:** Helen Watson  
Head of Planning, Health  
Improvement and Commissioning

**Contact No:** 01475 715369

**Subject:** Workforce Monitoring Report

---

## 1.0 PURPOSE

- 1.1 The purpose of 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, staff appraisals and progress on Healthy Working Lives.

## 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  
Inverclyde Community Health & Care  
Partnership

## 4.0 BACKGROUND

4.1 This monitoring report provides an update on sickness absence levels, Healthy Working Lives and eKSF/PDP and Appraisal information.

## 5.0 ATTENDANCE MANAGEMENT

5.1 Chart 1 below illustrates the absence levels of NHS-employed staff in Inverclyde against the GGC averages. As can be seen, Inverclyde CHCP is close to the NHSGGC average at September 2012, with the Inverclyde rate at 5.09% compared to the NHSGGC rate of 5.14%. This is following a period between March and July 2012 where we were above average. We still remain above our target performance of 4%, and planned and current work to support the achievement is outlined within this report.

CHART 1

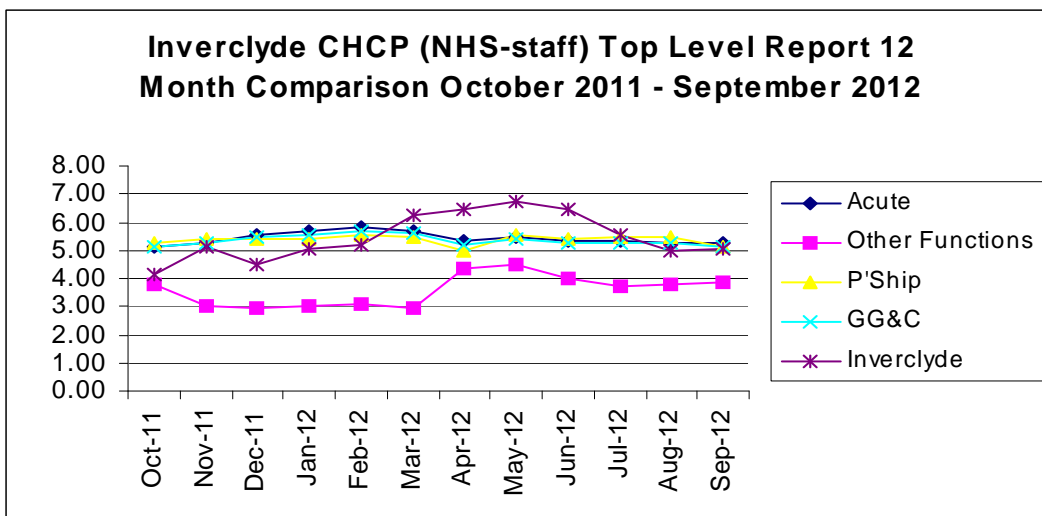


Chart 2 illustrates the year to date trends 2011 / 2012. This chart illustrates that between October and February, in both years we followed a similar trajectory. In March 2011 we saw a marked drop in sickness absence levels taking us significantly below the 4% target for both March and April 2011. This is mirrored by a rise during March 2012, which continued to May 2012 as noted earlier, before rates began to gradually reduce. From June to September, both years have shown a similar trajectory. We have asked our HR colleagues to provide further analysis of the reasons for the increases shown in 2012.

CHART 2

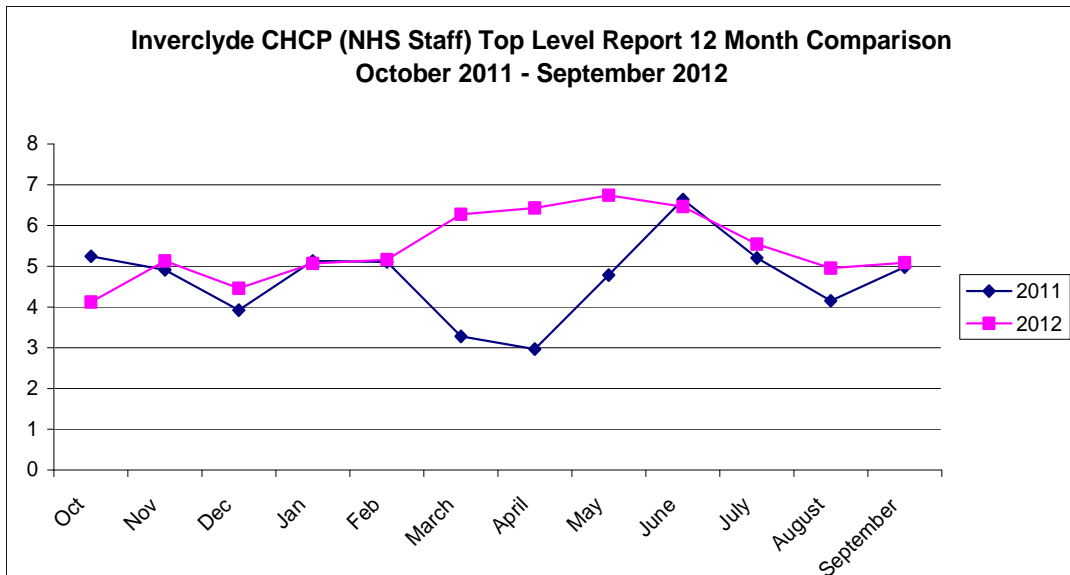


Chart 3 below shows the trends for both long and short-term absences of NHS-employed staff over the past 12 months, highlighting that long term absence continues to impact adversely on performance and illustrating a significant increase in long-term absence in August. Again, we have asked our HR colleagues to provide further analysis of the reasons for this.

CHART 3

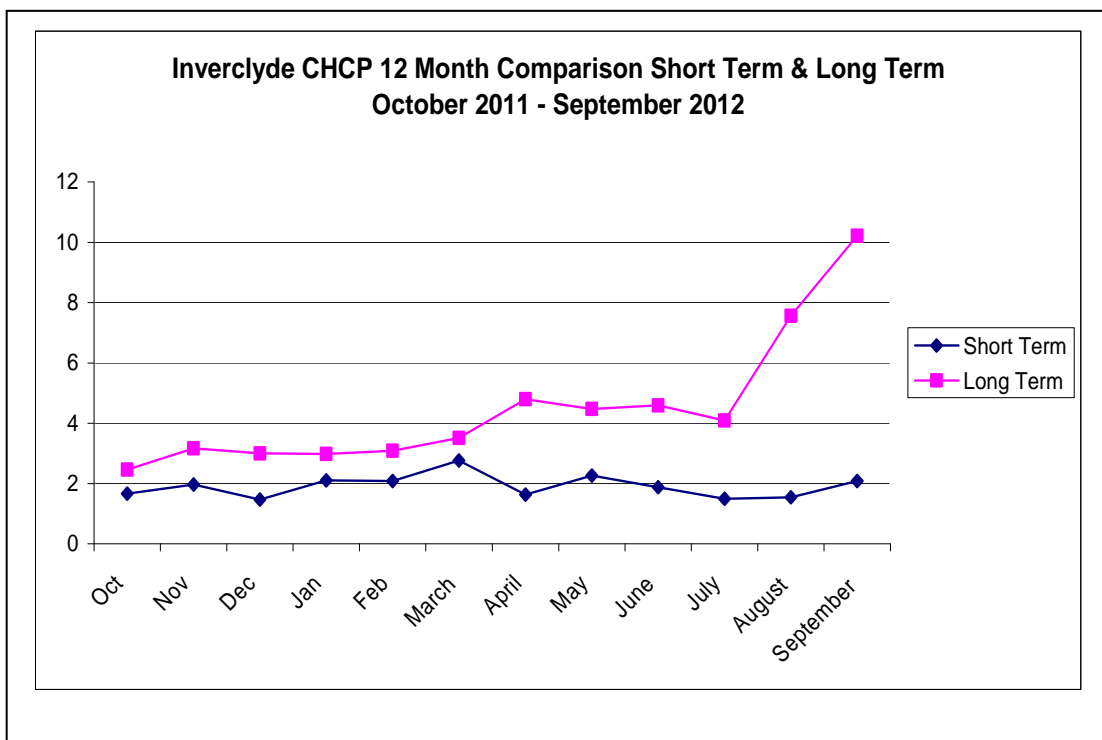


Chart 4 below shows sickness absence in respect of Inverclyde Council-employed staff within the CHCP. The information is now collected and reported on a monthly basis and the chart indicates sickness absence levels on a month by month basis up to 30th September 2012. Overall sickness absence levels continued to decrease from March to August where absence levels within social care across the CHCP fell to 5.19%.

There has been an increase in short term absences due to winter flu towards the end of the year, raising the rate to 7.24% in September. It should be noted that whilst there are differences in the overall rates between Council-employed and NHS-employed staff, the general trends are similar with increased rates during Spring 2012; reductions during Summer, and then an upwards rate for September 2012 (Chart 5). On receipt of further information from HR colleagues we will undertake analysis to identify any specific support actions that can be implemented.

CHART 4

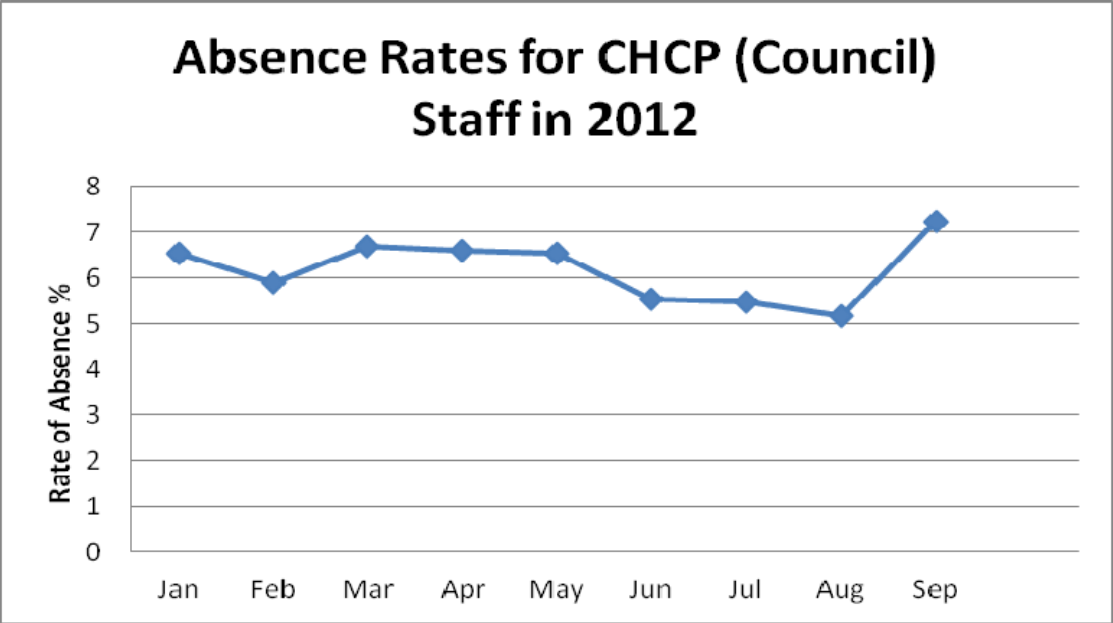
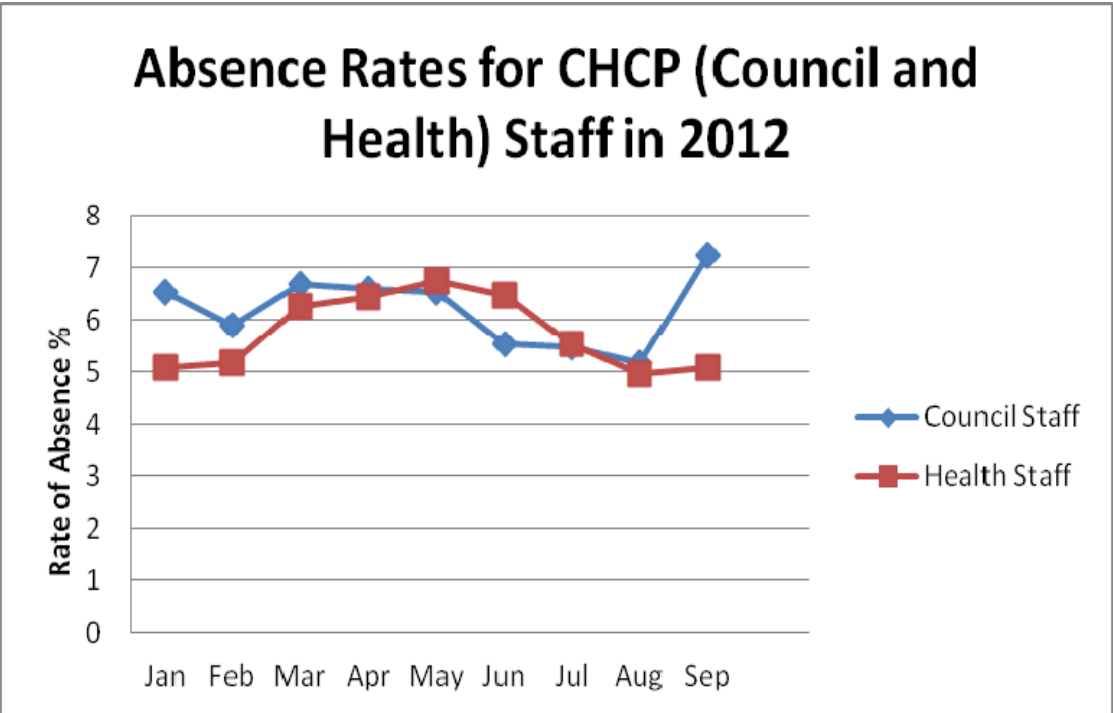


Chart 5 below shows absence rates for all CHCP staff from January – September 2012.

CHART 5



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

5.2.1 An audit within Administration Services was carried out in November with HR support working alongside the Head of Administration to review all absence cases (NHS-employed staff) to provide reassurance that managers are complying with the policy and that staff are being given every support to assist them to 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 by end May 2013. The audit involved looking at all of the following within each file.

- Contact Forms and Sickness Absence Records
- Medical Certificates
- Invite and Outcome Letters
- Evidence that staff were advised of their right to representation
- Evidence of the use or offer of counselling
- Evidence of the use of Human Resources and Occupational Health where appropriate
- Evidence of use of other forms of leave where appropriate

5.2.2 The audit demonstrated that all of the above were completed accurately.

The Absence Champion will take responsibility for the overview of sickness absence within the CHCP and be a point of contact for line managers.

The Council's Attendance Management group continues to meet and Absence Champions will continue to work to raise awareness of absence management information throughout the CHCP. This system will enable more robust monitoring, management and consistency across the CHCP.

Absence monitoring reports for NHS-employed staff are provided to all managers on a monthly basis highlighting any members of staff who have reached trigger points.

## **6.0 HEALTHY WORKING LIVES**

6.1 The Weigh in at Work pilot scheme will contribute to improving physical and mental wellbeing. The sessions started in January with 9 different groups running throughout Inverclyde at various times and locations. The pilot will run for 8 weeks initially, and following evaluation, if it is shown to be successful from then the volunteer facilitators will run the sessions on either a rolling basis or have 8 weeks programmes this is dependent on the evaluation. We currently have 7 volunteers to facilitate and over 60 staff have noted an interest in taking part.

Walk leader and jog leader training sessions are to take place in late February and early March and this will tie in with the Weigh in at Work information sessions to encourage people to be more active.

6.2 The Healthy Working Lives group are planning to run a Bowel Screening campaign in April and hope to tie this in with a staff engagement event to cover as many staff as possible and also involve the wider Council staff through the Council's Healthy Working Lives group.

6.3 The No Smoking Day Briefing is being run locally in partnership with the CHCP, Health at Work and Inverclyde Community Development Trust. This will encourage workplaces to support their staff who smoke to stop and this will contribute to our community criteria evidence to support small to medium business to improve workforce health.

6.4 We support the wider NHCGGC ambition that all partnerships should aim to achieve the Mental Health Commendation Award (MHCA) by the end of March 2013. To achieve this, the CHCP plans to carry out a Stress Risk Assessment and work is currently underway jointly with the Healthy Working Lives steering group, Health and Safety Officers and various managers across the CHCP.

## 7.0 KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

7.1 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. The compliance target is 80% of all staff covered by Agenda for Change to 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.

7.2 A programme of work has been rolled out to support meeting the target and the latest data as at 31 December 2012 indicates that 62% of reviews completed on-line. Progress continues to be monitored and managers and staff provided with support to achieve implementation.

## 8.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

Inverclyde Council is currently rolling out a competency-based approach to staff appraisals, “Appraisals at Inverclyde”. This will apply to Council-employed staff within the CHCP, with CHCP managers and team leaders already covered by the scheme since June 2010. The latest data as at 31<sup>st</sup> December 2012 indicate that 35% of appraisals have been completed. The appraisal arrangements include an annual performance appraisal and the development of personal development plans or performance improvement plans.

	Total to be completed	Received	Percentage received
<u>Criminal Justice &amp; Children &amp; Families</u>	153	79	51.63%
<u>Community Care &amp; Health</u>	596	167	28.02%
<u>Planning, Health Improvement &amp; Commissioning</u>	44	39	88.63%
<u>Mental Health &amp; Addictions</u>	73	55	75.34%
<u>Total</u>	866	340	34.75%

## 9.0 PROPOSALS

9.1 Agree to receive further absence monitoring reports.

## 10.0 IMPLICATIONS

10.1 Legal: There are no legal implications in respect of this report.

10.2 Finance: There are no financial implications in respect of this report.

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Year</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>

10.3 Personnel: There are no personnel implications in respect of this report.

10.4 Equalities: There are no equalities implications in respect of this report, although recognition will be given to the wider and associate equalities agenda.

10.5 Repopulation: There are no repopulation implications in respect of this report.

## **11.0 CONSULTATION**

11.1 The policies that underpin this report have been agreed through the Joint Staff Partnership Forum.

## **12.0 LIST OF BACKGROUND PAPERS**

None