Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 7

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 29th August 2013**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/44/2013/HW**
Contact Officer:	**Helen Watson Head of Service 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, progress on Healthy Working Lives 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
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

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

5.0 WORKFORCE INFORMATION

WORKFORCE STAFFING NUMBERS

SERVICE AREA	PLANNING HEALTH IMPROVEMENT & COMMISSIONING		HEALTH & COMMUNITY CARE		MENTAL HEALTH ADDICTIONS & HOMLESSNESS		CHILDREN, FAMILIES & CRIMINAL JUSTICE	
	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL
HEADCOUNT	22	167	104	645	293	85	108	181
WTE	18	141.92	84	491.81	266	81.72	80	167.06
TOTAL CHCP	189 WTE 159.92		749 WTE 575.81		378 WTE 347.72		289 WTE 247.06	

Additional temporary posts information

Inv Change Fund	Sum of WTE	1.8
	Headcount	2
Inverclyde CHCP: Management & Admin	Sum of WTE	43.48
	Headcount	59

Total CHCP Staff	1666
Total WTE	1375.79

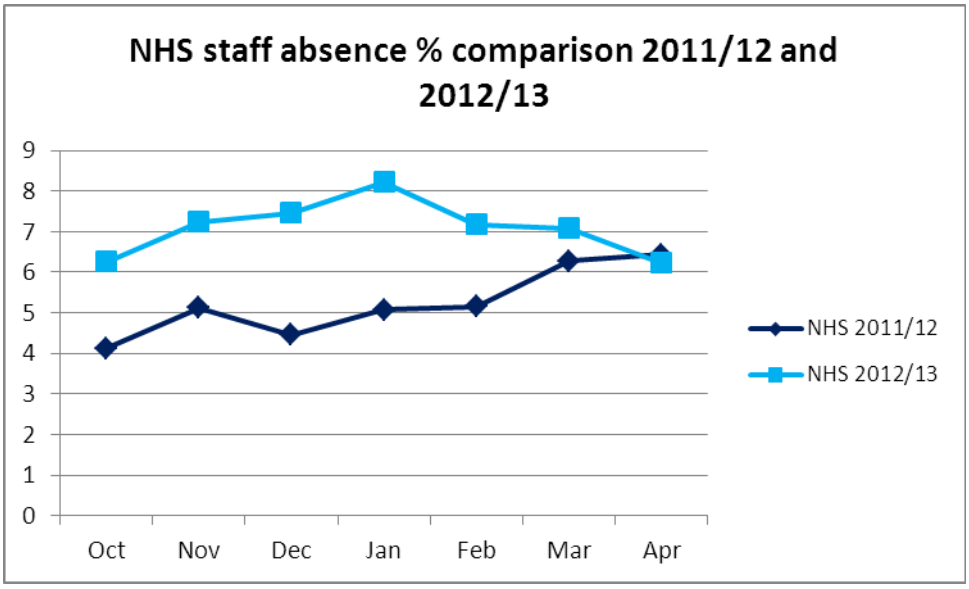
6.0 ATTENDANCE MANAGEMENT

6.1 As indicated in previous workforce reports there are different targets applying to sickness absence levels within the NHS and Local Authority. The NHS target is 4% and the Local Authority target is 4.75%.

6.2 The absence levels of NHS-employed staff in Inverclyde CHCP during the period October 2012 – March 2013 were particularly high, and notably higher than the corresponding period for the previous year. By April 2013, the levels had reduced to similar levels compared to the previous year, and there was a further reduction by May 2013. Absence levels peaked January 2013 with an absence level of 8.23%, more than double the target of 4%, and over 3% above the corresponding month in January 2012. There has been slow improvement since February 2013 and the May 2013 figure is currently 5.56%, which is still above the 4% target.

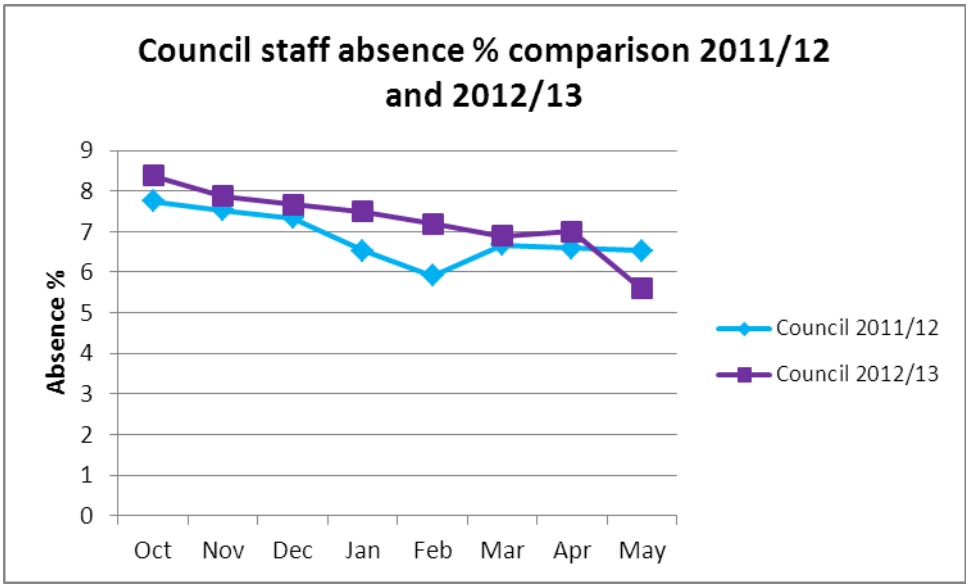
Please refer to Chart 1.

CHART 1



6.3 Sickness absence levels for Council-employed staff have remained relatively consistent over the two comparison years, with 2012/13 being slightly higher than the previous year up to April 2013. A reduction in May brings the Council-employed sickness absence rate to 5.5%, which is very close to the NHS-employed rate for the same month but still above the target of 4.75%. Please refer to Chart 2.

CHART 2



6.4 Types of Absence

Due to differences in national reporting requirements, Inverclyde Council considers sickness absence in terms of either self-certified or medically certified, whilst the NHS requires absence to be considered in terms of short and long term absence (up to 28 days; over 28 days respectively).

This makes direct comparison difficult, however chart 3 highlights that for NHS-employed staff, long term absence remains the greater contributing element, peaking at over 5% in December 2012 and January 2013, and not going below 4% until May 2013. Short term absence peaked above 3% in January and February 2013.

Whilst short term absence was below 2% in 4 of the 7 reference months in 2011/12, at no point has the short term absence level been below 2%. It is recognised that short term absence is generally more manageable that long term absence, so the data indicate that reducing absence levels requires a more robust approach by management. Over the past 6 months managing attendance has become a core priority for the Senior Management Team.

Chart 4 illustrates that over the reporting period more days were lost to medically certified absence than to self certified absence. With regard to medically certified absence the rate of 1,700 days in October 2012 reduced to 900 days in May 2013. This represents a significant improvement but also that much remains to be done. In similar vein to the NHS position with long and short term absence, it is recognised that more can be done to manage self certified versus medically certified absence. Chart 4 also highlights that while self certified absence remains relatively constant, there is clearly room for improvement.

Despite working with two systems, it is clear that the actions to improve attendance management – either short-term or self-certified – will be similar across the whole CHCP staffing.

CHART 3

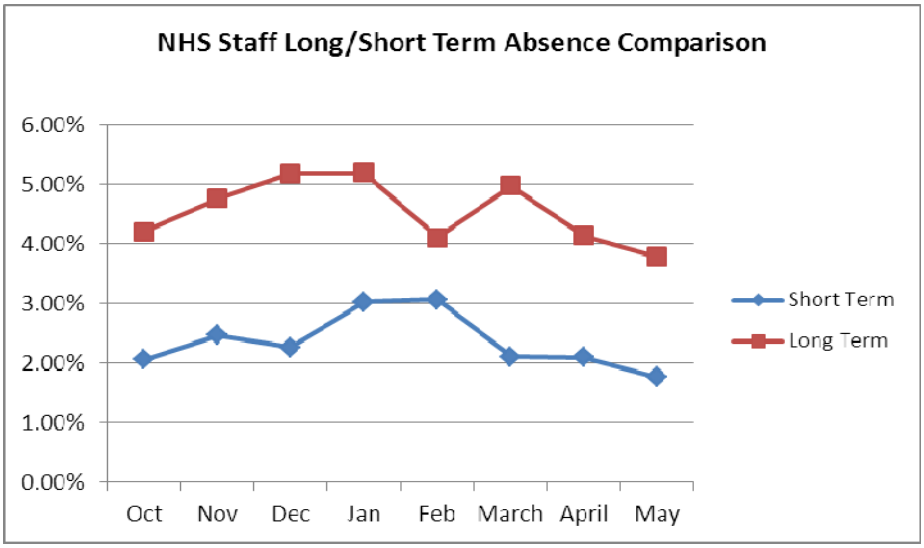
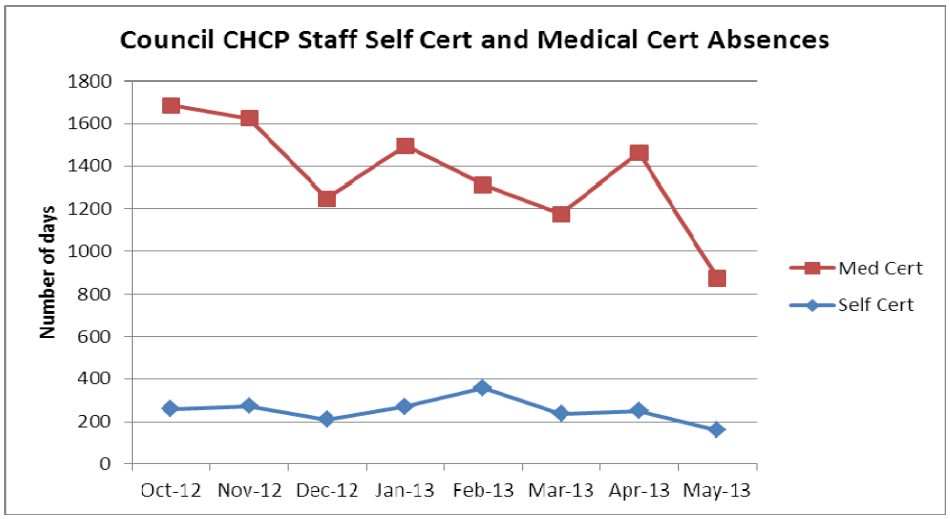


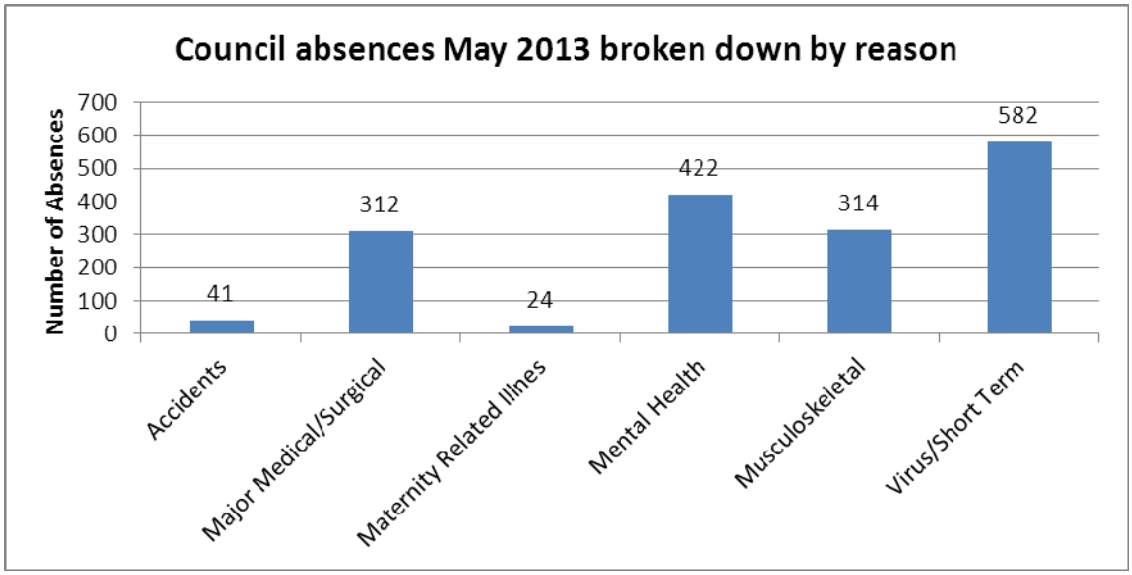
CHART 4



6.5 Reasons for Absence

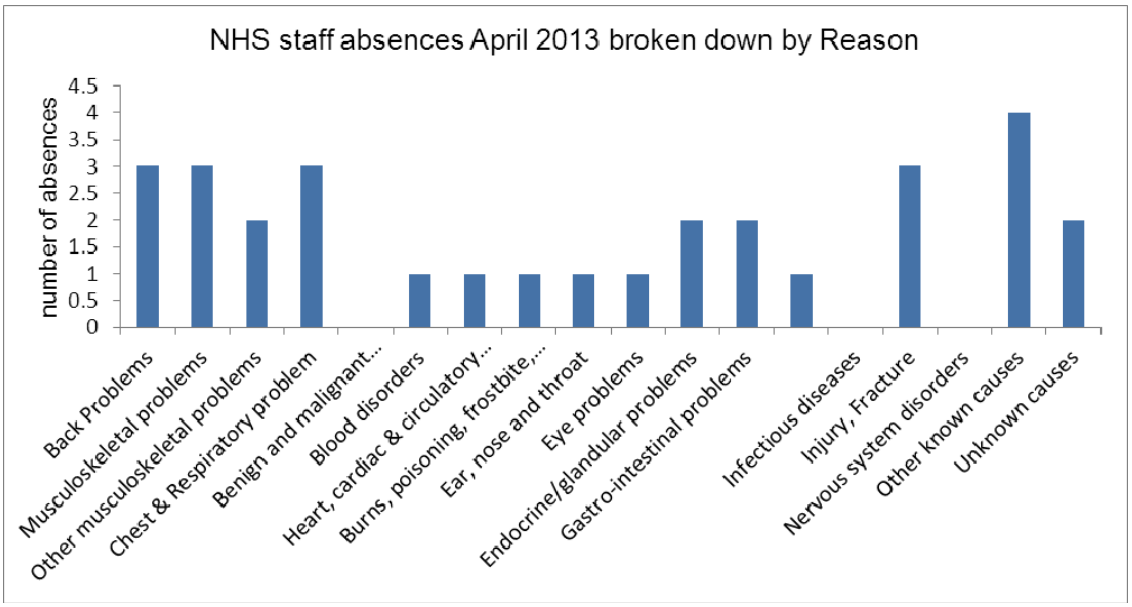
Chart 5 illustrates that the most common reason for Council-employed staff being absent through sickness is virus or short-term illness. The second most common reason is reported as “mental health” which includes anxiety, stress, depression and other psychiatric illness.

CHART 5



6.6 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, with the highest number being in the “other” category, followed by back problems, musculoskeletal issues, chest or respiratory problems and injury or fractures. It is important to support staff through illness, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully fit, but able to take on some tasks. This has been shown to promote recovery and help staff to remain feeling connected to their teams and jobs.

CHART 6



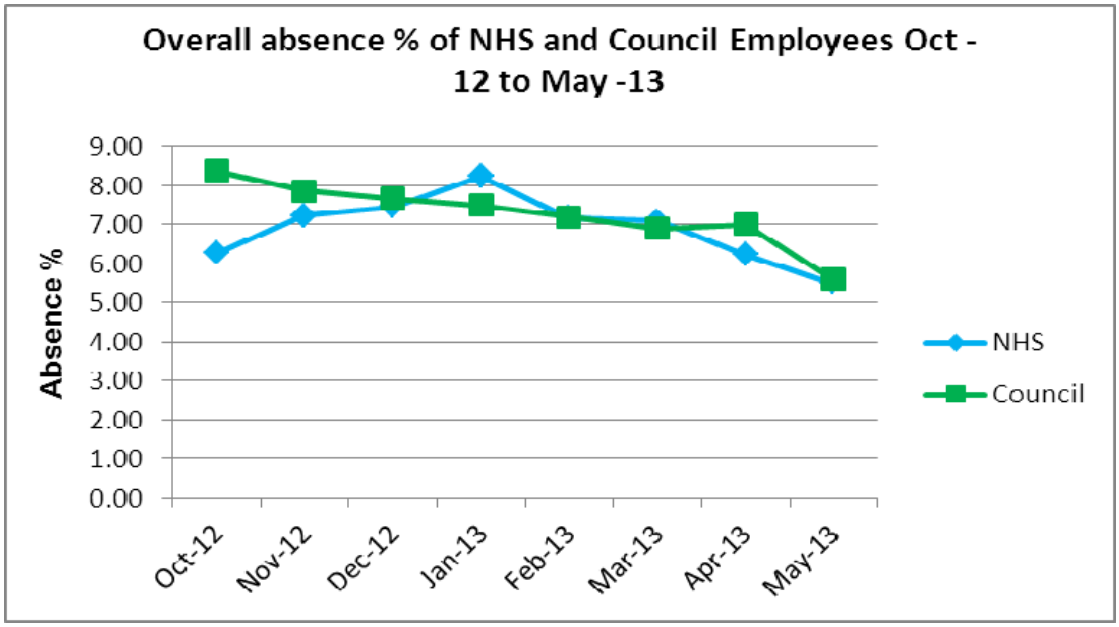
6.7 Overview

Whilst workforce information continues to come from two separate streams and uses two sets of parameters, it is still possible to take an overview of sickness absence across the CHCP. Chart 7 shows a welcome downward trend in overall sickness absence levels, albeit that we are still some way away from our target performance level.

6.8 Management Focus

As stated, attendance management is a central focus for the CHCP management teams, and we have rolled out five Attendance Management Information Sessions with almost 200 CHCP managers, focusing on our policies and their robust and consistent implementation. The Corporate Director attended all the sessions. At the sessions examples of complex cases were discussed and we revisited the attendance management policies to reinforce the message. The CHCP Absence Champion continues to work with both HR services to identify further actions that will imporve attendance levels.

CHART 7



7.0 HEALTHY WORKING LIVES (HWL)

7.1 One of the best ways to reduce sickness absence is to pro-actively support good health amongst our staff. Within the CHCP, the Healthy Working Lives group has a number of initiatives underway to support improved health amongst staff.

7.2 **Weigh-in at Work**

The Weigh-in at Work programme aims to support staff to achieve and maintain healthy weight. The course is delivered in two staff settings – Port Glasgow Health Centre and Dalrymple House in Greenock. So far, 15 people have registered for the Port Glasgow group and 6 people for the Greenock group. In Port Glasgow, attendees range from health care support workers to team leaders. Nine participants have completed evaluations which were all very positive about the intervention and its effects on their eating behaviour. An impressive total of 29kgs (64.5 lbs) of excess weight has been shed by staff attending to date.

7.3 **Mental Health Commendation**

Having achieved the HWL Gold Award in October 2012, we are keen to achieve the Mental Health Commendation Award (MHCA) by the end of September 2013.

A training course for managers to foster a mentally healthy workplace has been added to the training calendar, and line managers are requested to attend to ensure awareness of the 6 key stressors in the workplace.

A Stress Risk Assessment is currently underway jointly with the Healthy Working Lives steering group, Health and Safety Officers and various managers across the CHCP. This is in the form of a Survey Monkey, and all CHCP staff are actively encouraged to complete it. Staff without regular access to computers will be sent a paper version ensuring anonymity.

Finally when completed the results will be analysed by the Clinical Effectiveness Team. Following the outcomes from the analysis the implementation groups and senior managers will develop and implement an action plan which will be reviewed annually.

7.4 **Bowel Screening Campaign**

The Healthy Working Lives group ran an event for staff to mark Bowel Cancer Awareness Month and raise awareness of the link between what we eat and bowel cancer. This took place on 25th April and was called the Great Start Breakfast - the Director was among the 45 people who attended, the majority of whom rated their breakfast as excellent, healthy and an opportunity to try new food and learn about the risks of bowel cancer. In addition two bowel cancer awareness-raising sessions were conducted at the Staff Engagement Events in February 2013. These sessions were interactive with foods which promote a healthy bowel available to try. Again, appreciative comments were received from staff.

7.5 **Sun Awareness**

A poster campaign in each of the workplaces has been conducted as a timely reminder of skin cancer and the need to be sun-aware during the holiday periods, even in Scotland.

7.6 **No Smoking Day**

This year No Smoking Day was launched by Health at Work for the first time in Inverclyde and was a joint event with the Community Development Trust. It promoted increased engagement by employers and workplaces and evaluation comments were very positive. This was very timely with the campaign to actively enforce the smoking ban in the grounds of hospitals from June 2013. The health improvement team continue to offer support to staff to stop smoking.

7.7 **Future Work**

The mental health commendation award is being assessed in July 2013 and the Gold maintenance award in September 2013.

In order to ensure leadership, commitment and progress in creating and maintaining a safe and healthy working environment, the staff health strategy is being reviewed and the action plan drafted in such a way that commitment and engagement are key components. A workshop is planned for 1st August where the strategy and action plan will be revisited and terms of reference drawn up for the future work of the healthy working lives group.

As an excellent start to this process, the Director Brian Moore has agreed to chair HWL Inverclyde from now on.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 The Knowledge and Skills Framework (KSF) is used 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.

8.2 A programme of work has been rolled out to support meeting the target and the latest data as at 31st May 2013 indicate that 59% of reviews have been completed on-line. Progress continues to be monitored and managers and staff provided with support to achieve the compliance target.

9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

9.1 Inverclyde Council has rolled out a competency-based approach to staff appraisals, "Appraisals at Inverclyde". This applies 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 31st March 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.

10.0 PROPOSALS

10.1 It is proposed that the CHCP Sub-Committee agrees to receive further workforce monitoring reports.

11.0 IMPLICATIONS

11.1 Legal: None at the time of this report

11.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Vehement From	Other Comments

11.3 Personnel: None at this time of this report.

11.5 Repopulation: None at this time of this report.

12.0 CONSULTATION

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

13.0 LIST OF BACKGROUND PAPERS

13.1 None