Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 5

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 9th January 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/02/2014/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. The report provides an update on attendance management, staff appraisals, progress on Healthy Working Lives and an overview of the CHCP staff profile

2.0 SUMMARY

2.1 There has been significant improvement with attendance management since the last Committee report in August albeit we are still above the NHS 4% and Local Authority 4.75% targets.

2.2 Staff appraisals are below the NHS 80% and Local Authority 75% targets, Senior Management and HR teams are working with managers to address this.

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 AS AT 1.11.13

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
HEAD COUNT	22	166	122	631	282	87	106	177
FTE	18.17	138.47	97.96	472.47	255.11	83.21	78.10	164.37
TOTAL CHCP	POSTS 188 WTE 156.64		POSTS 753 WTE 570.43		POSTS 369 WTE 338.32		POSTS 283 WTE 242.74	

Additional temporary posts information

Inv Change Fund	Sum of WTE	4.30
	Headcount	5
Inverclyde CHCP: Management & Admin	Sum of WTE	41.89
	Headcount	57

Total CHCP Staff	1655
Total WTE	1354.32

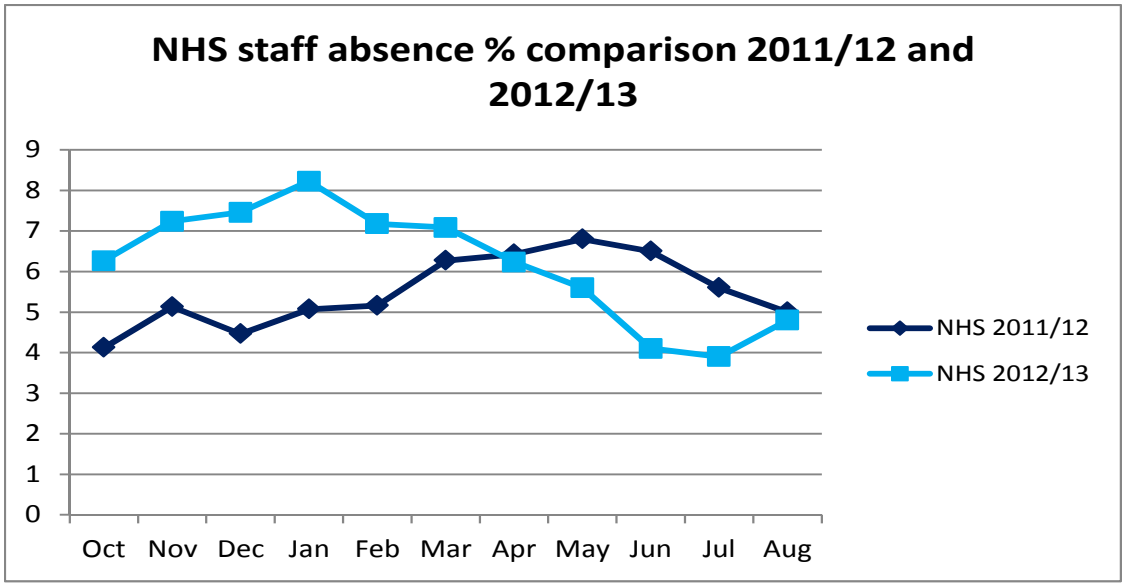
6.0 ATTENDANCE MANAGEMENT

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 **NHS EMPLOYED STAFF ABSENCE**

Chart 1 below shows absence levels of NHS employed staff in Inverclyde CHCP during the period September 2012 – August 2013. This shows a comparison against last year depicting that although there has been an increase in absence levels this month, the overall out turn is level with this time last year. Of significant note this month, all service areas reported an increase in absence levels with the exception of Business Support Services where there has been a decrease of 5% since last month. Short term and long terms absence rates in Mental Health Addictions and Homelessness Services have unfortunately increased respectively impacting on the overall CHCP rates. Please refer to Chart 1.

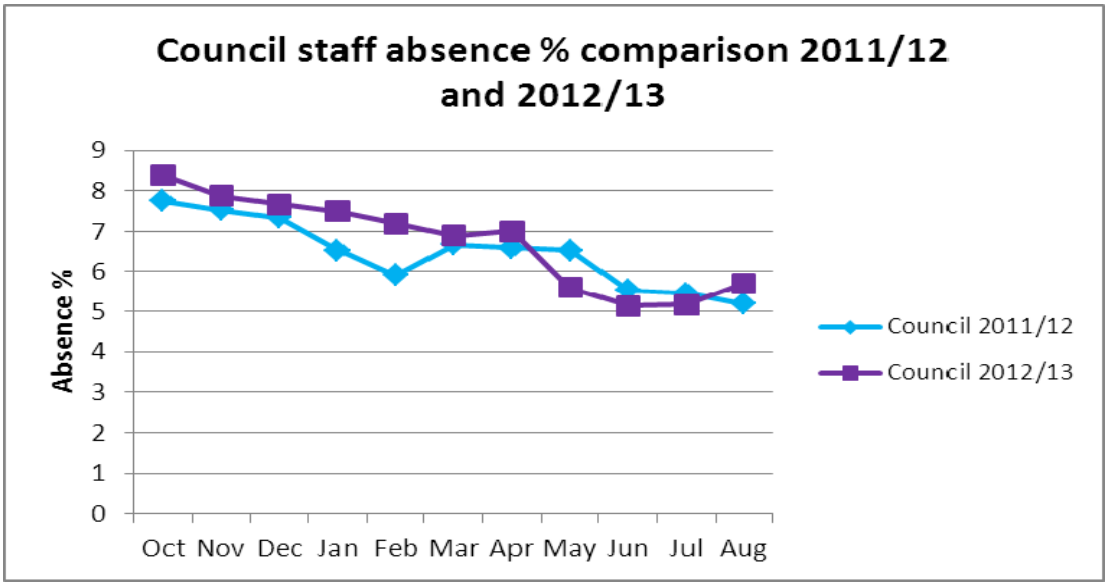
CHART 1



6.3 COUNCIL EMPLOYED STAFF ABSENCE

Sickness absence levels for Council-employed staff have remained relatively consistent over the two comparison years, with the start of 2013 being slightly higher than the previous year. During the period October 2012 – June 2013 there has been a downward trend in absence levels with a slight increase in July and August which is still above the target of 4.75%. Please refer to Chart 2.

CHART 2



6.4 Types of Absence

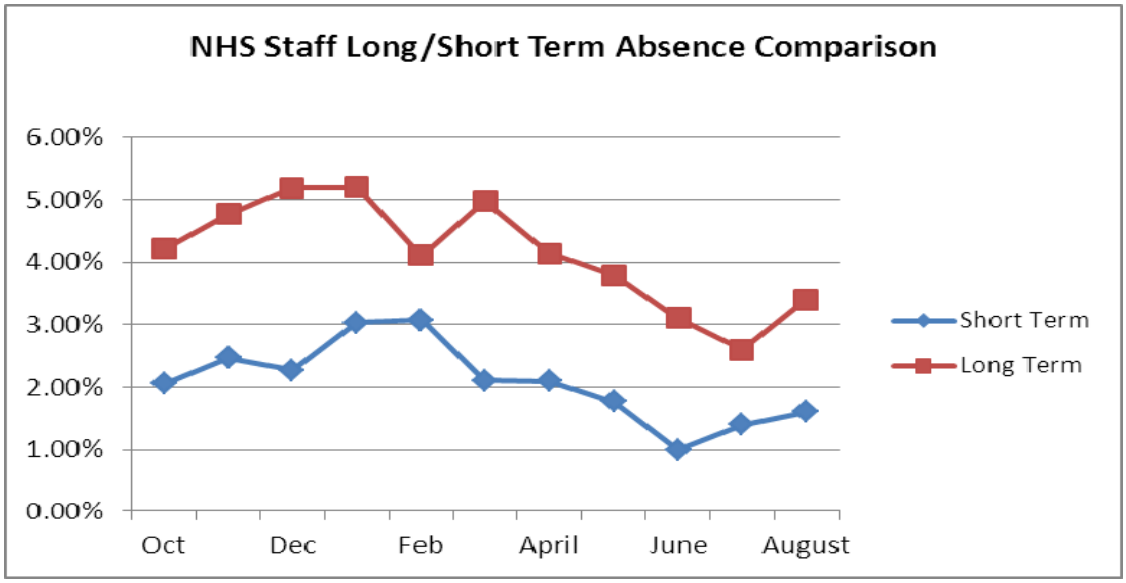
Due to differences in national reporting requirements, Inverclyde Council considers sickness absence in terms of either self-certified or medically certified, whilst the NHS requires absence to be considered in terms of short and long term absence (up to 28 days; over 28 days respectively).

NHS EMPLOYED STAFF

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 and further reducing below 3% in July 2013. Short term absence peaked above 3% in January and February 2013 again reducing below 2% in August 2013.

It is recognised that short term absence is generally more manageable than 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 3

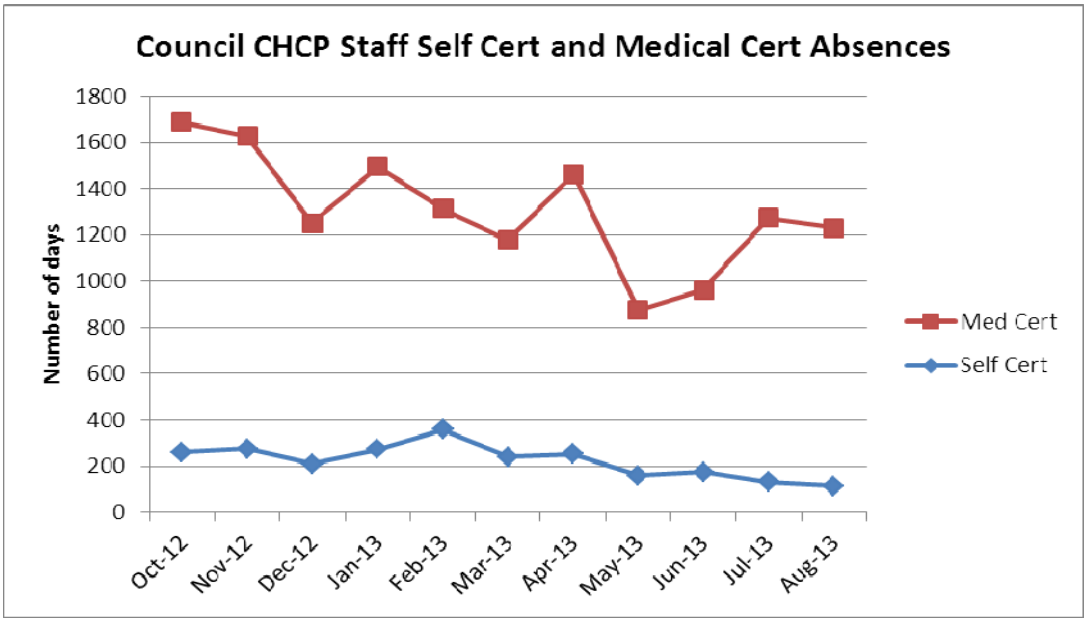


COUNCIL EMPLOYED STAFF

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 1200 days in August 2013. This represents an 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.

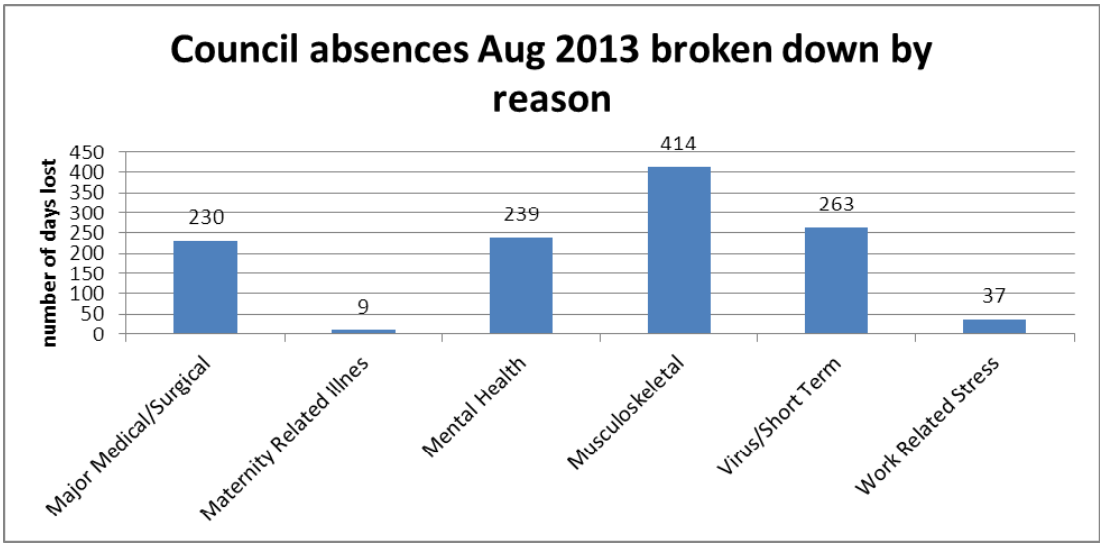
CHART 4



6.5 Reasons for Absence

Chart 5 illustrates that the most common reason for Council-employed staff being absent through sickness is musculoskeletal. The information displayed in the chart shows the numbers of days lost. The second most common reason is reported as "virus or short term illness".

CHART 5

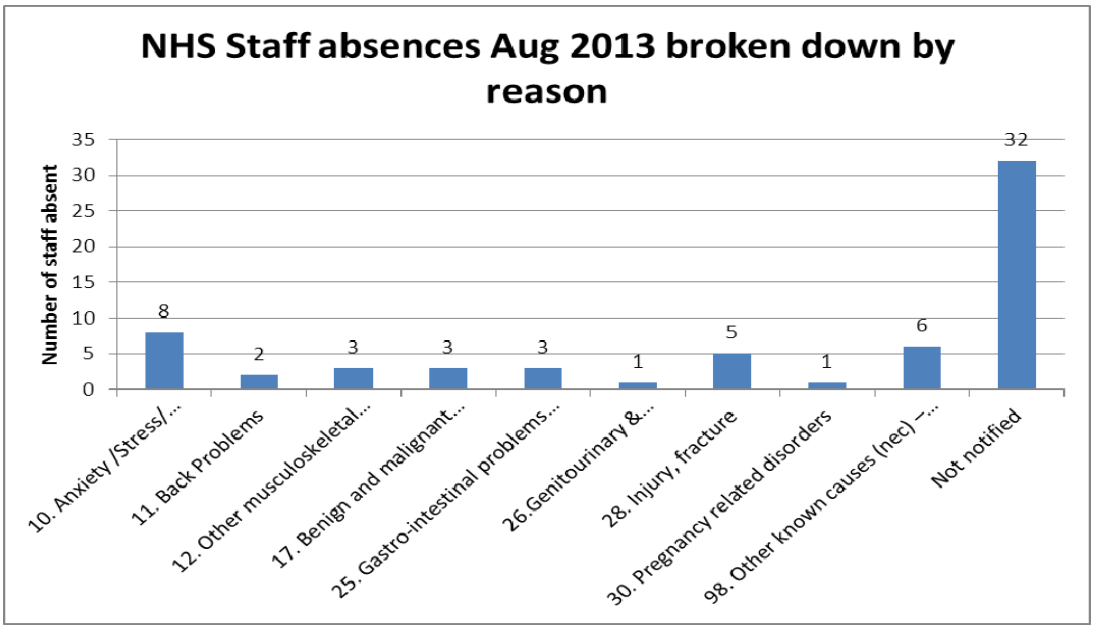


6.6 **NHS EMPLOYED STAFF**

Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, with the highest number being in the "not notified" category. This is a priority for Senior Management to look at the system to have a clearer understanding on all absence types. The numbers below indicate the number of staff absent.

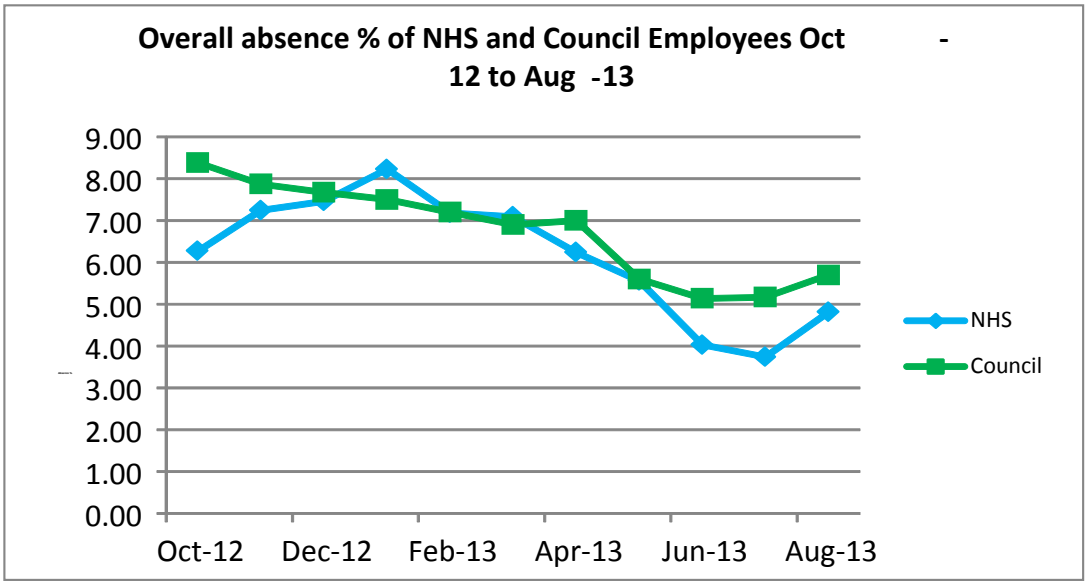
It is important to support staff through illness, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully fit, but able to take on some tasks. This has been shown to promote recovery and help staff to remain feeling connected to their teams and jobs.

CHART 6



6.7 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 we are still some way aware from our target performance level.

CHART 7



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 improve attendance levels.

7.0 HEALTHY WORKING LIVES (HWL)

7.1 Following the successes of the Healthy Working Lives (HWL) working group in achieving bronze, silver and gold awards on behalf of the CHCP, they have continued to push the boundaries of achievement by attaining the Mental Health Commendation Award.

7.2 It is important to acknowledge that these awards are not easily attained. Apart from the activities the group encourages us to participate in and the administration required for recording and evaluating the process, there are strict criteria to adhere to and, in the case of the Mental Health Commendation Award, the staff stress survey was a key component.

7.3 In addition, attendance at the Stress in the Workplace Training for Managers was integral to the award. This training is being run again for those who were unable to attend

7.4 The Award ceremony for the Mental Health Commendation Award took place at the Sir Chris Hoy Velodrome on 10th October 2013. The award is not an end in itself however and a CHCP wide subgroup has been established to implement any changes based on the findings from the stress survey and this will be recorded for maintenance of awards.

7.5 <u>Gold Award Review and Assessment.</u>

Once awards have been achieved they have to be maintained. This is a pivotal part of the process. It is therefore a welcome announcement that the CHCP has passed its first review for the maintenance of the gold award.

7.6 <u>Healthy Working Lives; a fit for work, fit for purpose structure</u>

Changes to the way the HWL group is structured need to take place in order to reach more people in the organisation and have a greater impact on the health of our workforce. It is necessary to remind ourselves that Inverclyde CHCP operates as a single organisation with a workforce contracted to both the NHS and the Local Authority. The CHCP currently has 2 HWL strategies operating for both organisational groups. The CHCP now needs to bring together these two disparate HWL strategies and structures into a single strategic approach.

7.7 A workshop was arranged by the Director to facilitate this process and was planned for 29th October 2013. However due to unforeseen circumstances this has had to be postponed until later in the year.

The outcomes anticipated from the workshop are that:

- By achieving a joint strategy and action plan the CHCP workforce are safer and healthier.
- More people are engaged in securing this from the Director through the Heads of Service to every level and service in the organisation.
- The organisation continues to thrive with consistent strategies across the CHCP .

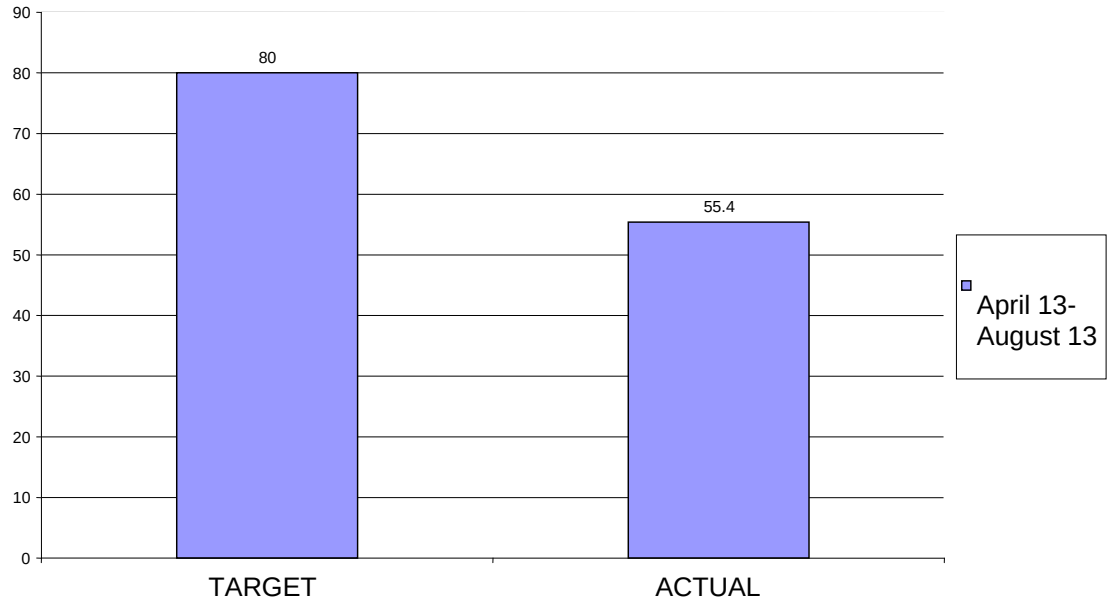
7.8 <u>The HWL Walking Challenge</u>

Between 19th August and 29th September the HWL GG&C group put out a walking challenge to all areas. Again our local stalwarts rallied 11 teams with 5 people in each team with the objective to gain as many steps collectively within the 6 week timescale. This mainly included walking to work or walking at work. The 55 people involved gained a staggering 14,146811 steps with our lead team locally coming in the first 20 places with 4,355,188 steps.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 KSF compliance continues to be a challenging area. Performance at the end of August was 55.4%, reflecting a downward trend over the summer months. Support for managers and staff to update personal development plans and reviews will continue to be provided, with more emphasis placed on one-to-one support where this is required to supplement the range of online support and training available via the KSF team corporately. Activity in this area usually peaks in the January to March period, reflecting the dates of annual reviews. KSF progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

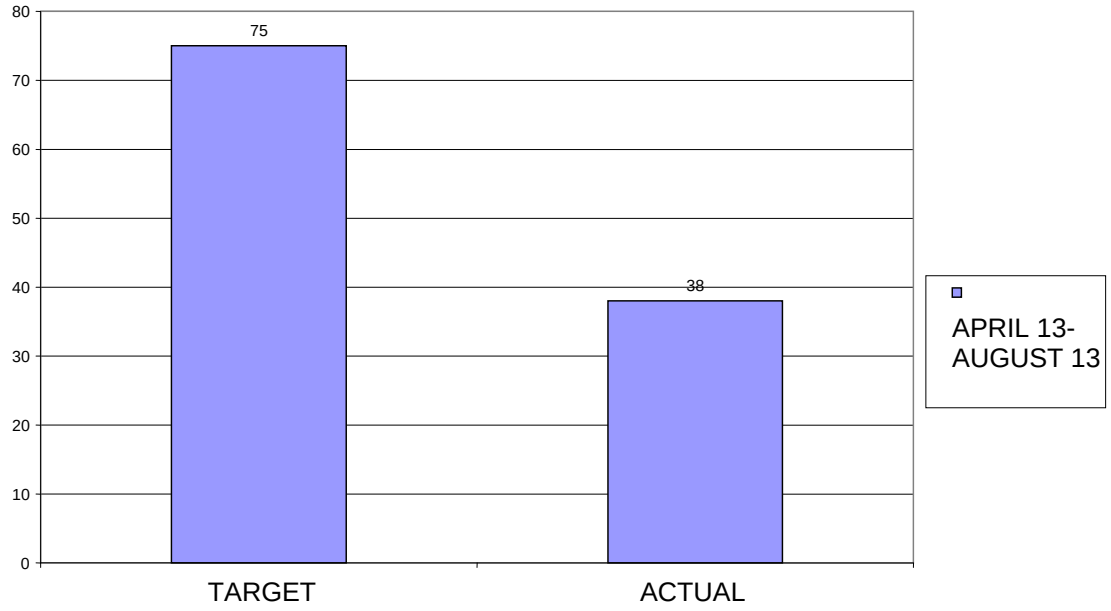
NHS STAFF EKSF COMPLIANCE Period April 13-August 13



9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

Similar to KSF Appraisals continues to be a challenging area. Performance at the end of August was 38%. There is usually an influx between the January to March period, reflecting the dates of annual appraisals. Progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

COUNCIL STAFF APPRAISALS PERIOD APRIL 13-AUGUST 13



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.

11.4 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