Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 3

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**24th April 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/28/2014/HW**
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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 January albeit we are still above the 4% target.

2.2 At March 2014, staff appraisals are below the NHS 80% and Local Authority 75% targets. However, these figures are improving as Senior Management and HR teams work with managers to address this.

3.0 RECOMMENDATION

3.1 The Sub-Committee is asked to note the content of this report and our progress towards 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 1st November 2013

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	25	161	122	630	279	87	102	182
FTE	20.06	135.47	97.88	473.30	252.72	83.27	77.10	167.95
TOTAL CHCP (WTE)	156		571		336		246	

Additional temporary posts information

Inv Change Fund	Sum of WTE	5.01
	Headcount	6
Inverclyde CHCP: Management & Admin	Sum of WTE	40.28
	Headcount	56

Total CHCP Staff	1588
Total WTE	1308

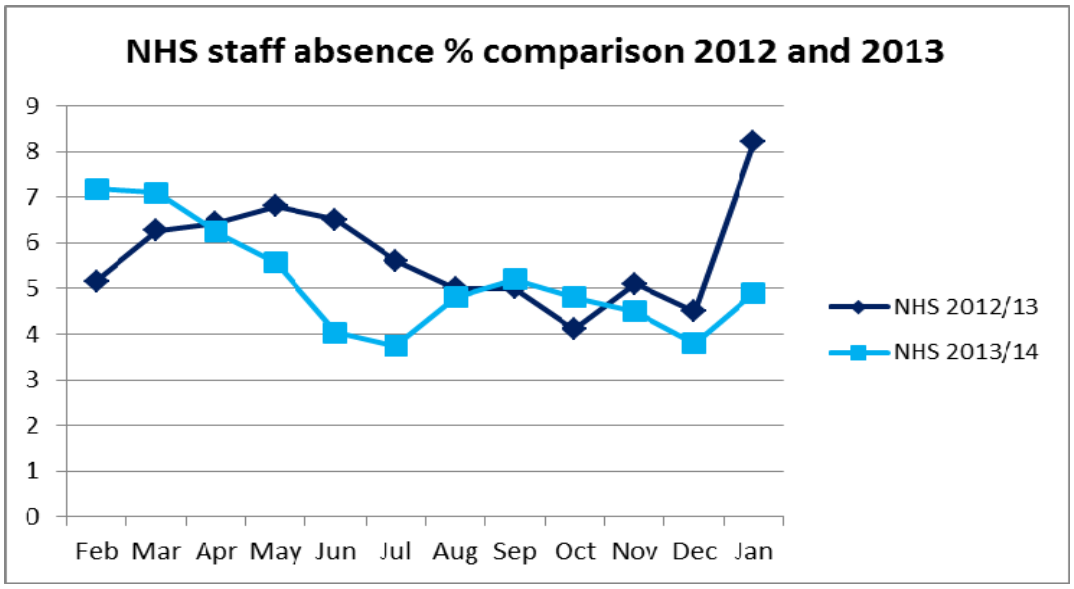
6.0 ATTENDANCE MANAGEMENT

6.1 Attendance management and supporting staff back to work remains a key priority across all CHCP services.

6.2 **NHS EMPLOYED STAFF ABSENCE**

Chart 1 below shows a comparison in absence levels of NHS employed staff in Inverclyde CHCP during the period February 2012 – January 2013 and February 2013 – January 2014. This data show that although there has been a slight decrease in absence levels after September 2013 (when the figure was 3.8%), January figures, at 4.8%, show the level has risen again. However the end of year figure for 2013/14 is significantly lower than the previous year which was 8.2%. Please refer to Chart 1.

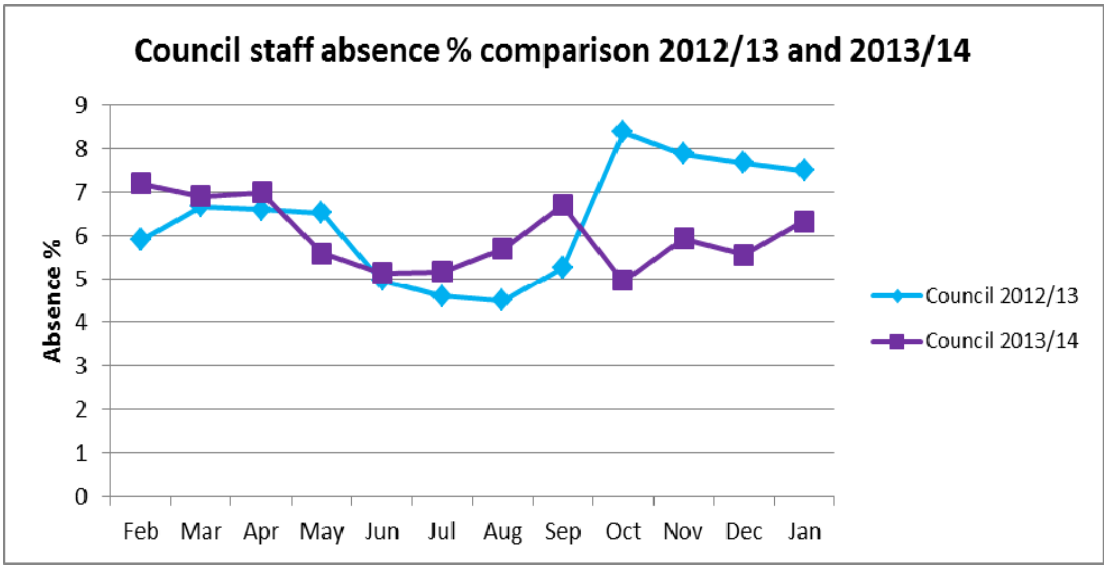
CHART 1



6.3 **COUNCIL EMPLOYED STAFF ABSENCE**

Sickness absence levels for Council-employed staff have also lowered between the two comparison years, from 7.5% in January 2013 to 6.3% in January 2014. Although there has been a slight increase in absence levels during the period October 2013 – January 2014, overall absence levels for the end of 2013 remain lower than in previous years (5.6% in 2013 compared to 7.5% in 2012) and continue to show improvement. As of January 2014, absence levels are still above the target of 4%. Please refer to Chart 2.

CHART 2



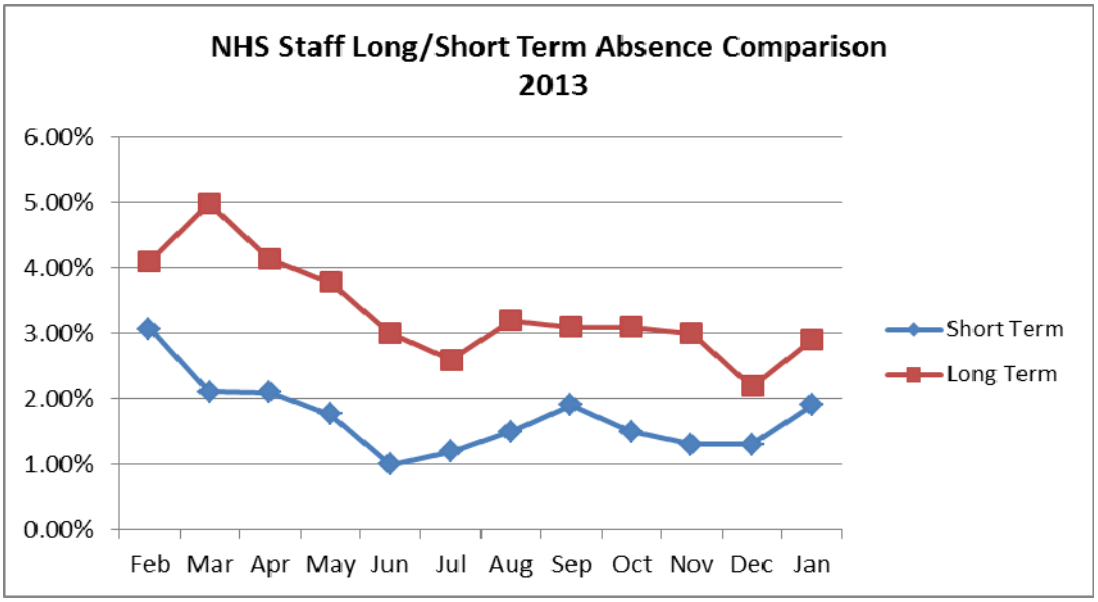
6.4 Types of Absence

6.4.1 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).

6.4.2 **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 5.0% in March 2013, before falling to below 3.8% in May and further reducing to 2.7% in July 2013. Short term absence peaked at 3.1% in February 2013 again reducing to 1.6% in August 2013.

6.4.3 It is recognised that short term absence is generally more manageable than long term absence, so the data indicate that reducing absence levels requires us to sustain a robust approach by management. Over the past 6 months managing attendance has become a core priority for the Senior Management Team.

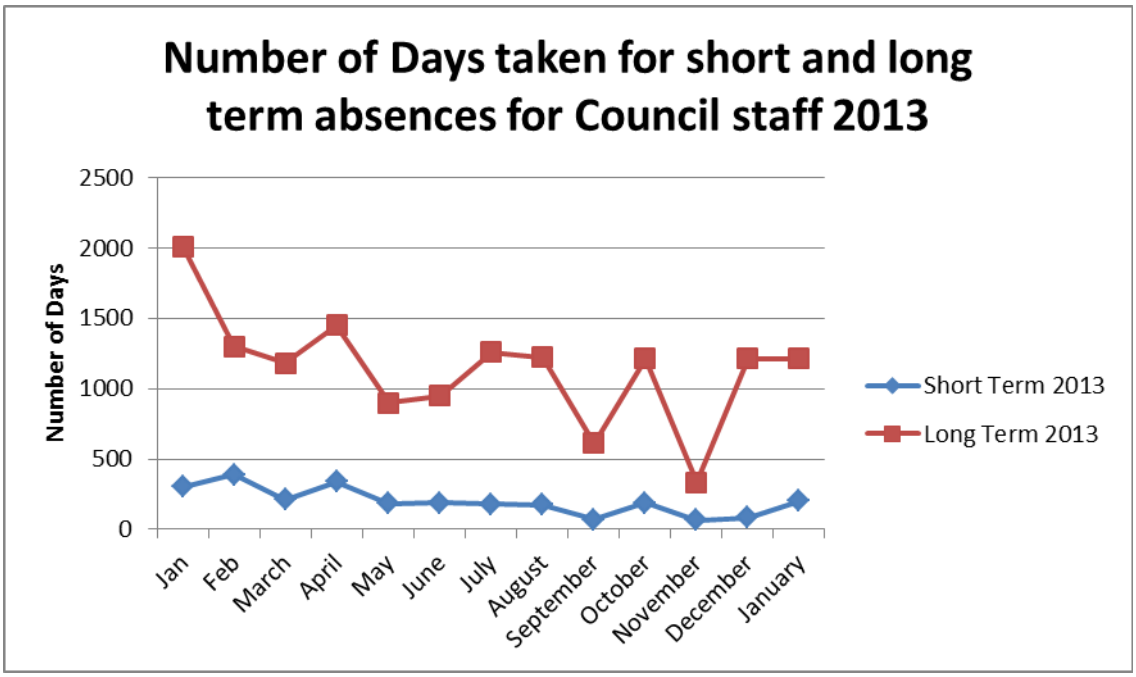
CHART 3



6.4.4 **COUNCIL EMPLOYED STAFF**
Chart 4 illustrates that over the reporting period more days were lost to medically certified long term absence than to self certified short term absence. With regard to medically certified absence the rate of 2000 days in January 2013 reduced to less than 500 days in October 2013. This represents an improvement but also that further work is required to ensure that this trend continues. 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 room for improvement.

6.4.5 Despite working with two systems, it is clear that the actions taken to improve attendance management – both short-term and self-certified – have taken effect but will need to continually be implemented across the whole CHCP to ensure absences remain at the lowest possible level.

CHART 4



6.5 Reasons for Absence

Chart 5 illustrates the most common reasons for Council-employed staff being off on sick leave during January 2014. The information displayed in the chart shows the numbers of days lost. The most common reasons are reported as virus or short term illness; musculoskeletal; mental health, and major medical/surgical.

CHART 5

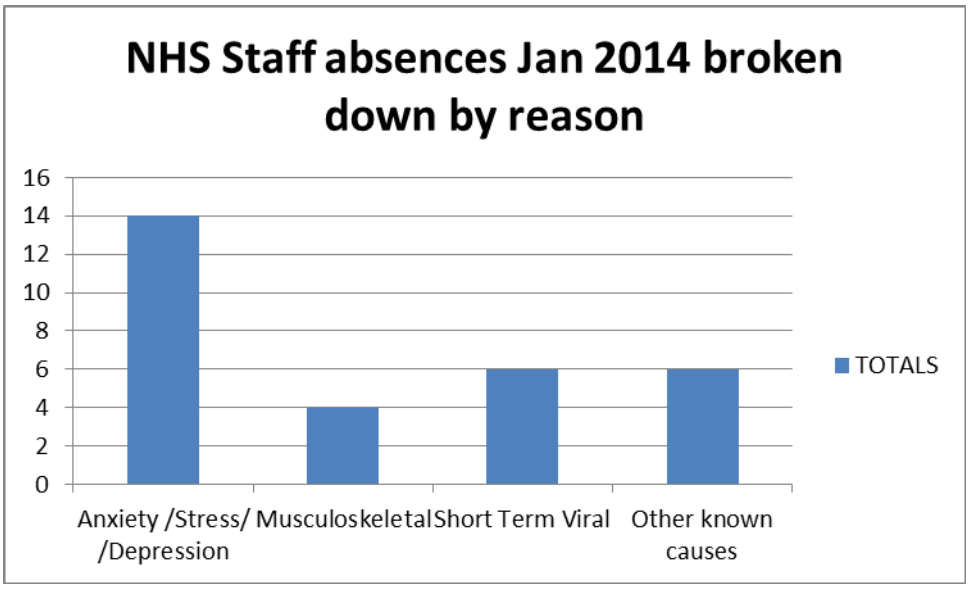
6.6 **NHS EMPLOYED STAFF**

6.6.1 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, with the highest number being related to anxiety or stress. Given that mental health is also a major reason for local authority staff, this is a priority for Senior Management.

6.6.2 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.

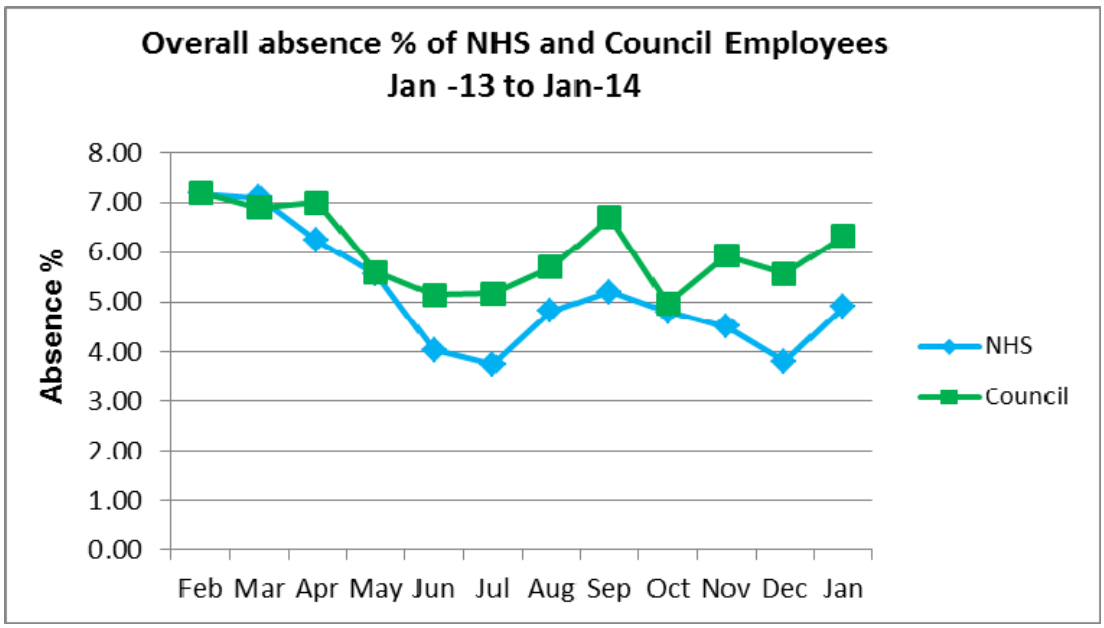
6.6.3 The results of the recent Staff Stress Survey are currently being analysed and will be considered to identify future actions to support staff to remain at work while dealing with stress sympathetically and effectively.

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 away 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 The healthy working lives group is undergoing structural change in order to deliver better support for staff to engage and participate in and to ensure a focused action plan. Much of the work this quarter has been based on the Staff Stress Survey and HWL is now an integral part of communications and health and safety groups.

7.2 The stress survey was issued to all staff. This is part of the mental health aspect of the HWL Gold awards but is also of interest to the health and safety group. Analysis is still underway but initial results show that in both local authority and NHS, many staff members appear to be coping well with the pressures of work. We need to identify the supports that will enable those who are having to take sick leave to remain at work whilst working through stress issues where this is appropriate and in the best interests of the staff member.

A new running group is about to be launched (The Inverclyde Comets) which is an important contribution to ACTION STAFF, the legacy website for the Commonwealth Games. To support improving health further, no Smoking Day with the theme V for Victory on 12th March was opened out to all staff.

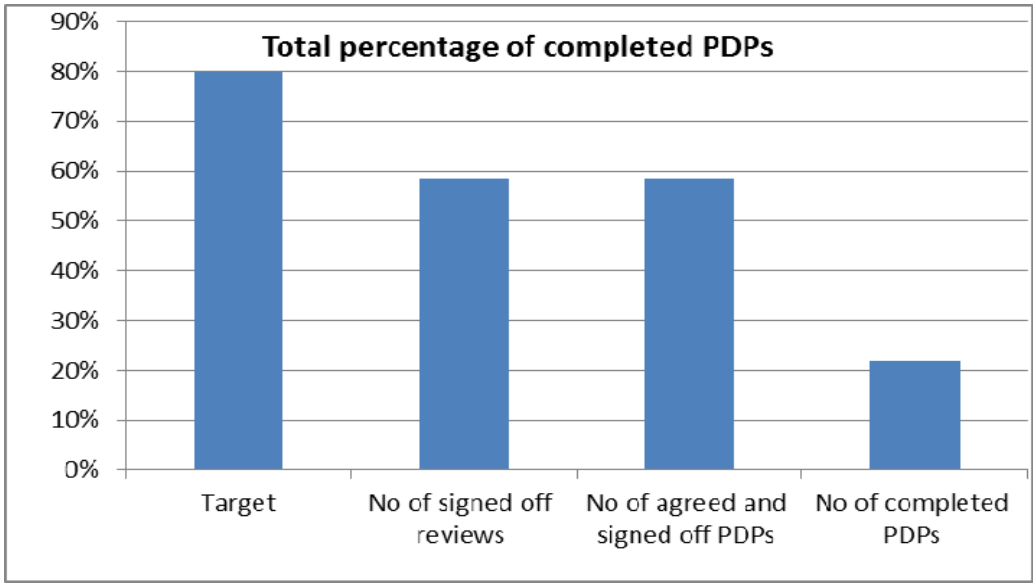
7.3 The Healthy Working Lives group is tying in relevant Cancer information for staff with a Big Breakfast event, which was held at the Wellpark Centre on 1st April 2014. Staff health checks have been planned for Wednesday 9th April ,Tuesday 15th April, Tuesday 22nd April ,Wednesday 30th April.

7.4 These workstreams will all continue to contribute to the requirements that ensure maintenance of the mental health commendation award and the gold award for healthy working lives.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 KSF compliance continues to be a challenging area. Performance at the end of March was 59%. 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. KSF progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

CHART 8

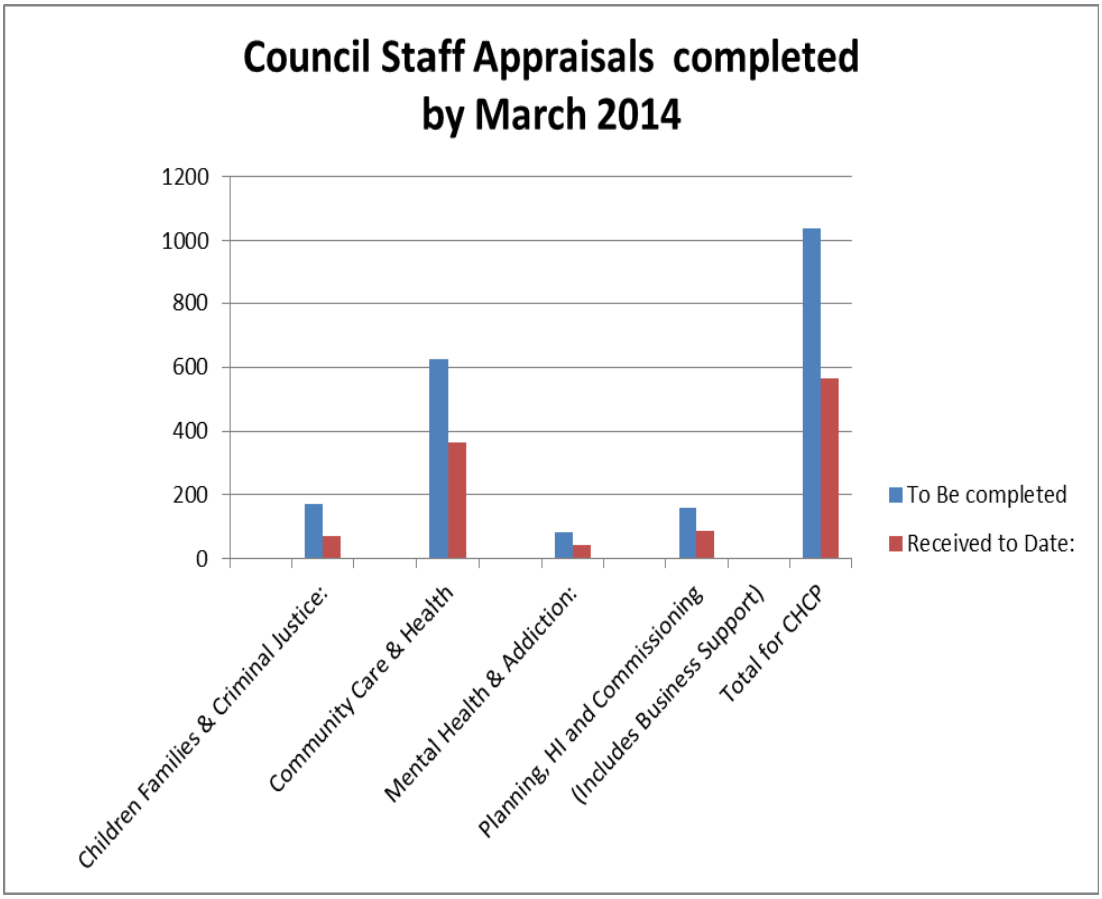


9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

9.1 Similar to KSF Appraisals continues to be a challenging area. Performance at the end of March was 58%, which is also disappointing. Progress reports will be made available to all service areas to identify where improvements in performance are required to comply with organisational targets.

9.2 For both KSF and Council Appraisals, there is now a requirement for each service to have this as a standing item for review in the Quarterly Service Performance Reviews. We anticipate that this level of focus will result in improved performance.

CHART 9



10.0 PROPOSALS

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

11.0 IMPLICATIONS

Finance

11.1 None at the time of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

11.2 None at the time of this report.

Human resources

11.3 None at the time of this report.

Equalities

11.4 None at the time of this report.

Repopulation

11.5 None at the 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