Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 4

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 23 October 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/51/2014/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 a decline in attendance management performance During the current reporting period from April to July 2014, with the NHS absence figure currently 5.59% and Local Authority staff 5.9%. The target for NHS is 4% and Council target has now changed to 9 days.

2.2 Staff appraisals are below the NHS 80% and Local Authority 90% targets. However, Senior Management and HR teams are working together with managers to address this.

3.0 RECOMMENDATION

3.1 The Sub-Committee is asked to note the content of this report.

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 activity and eKSF/PDP and Appraisal information.

5.0 WORKFORCE INFORMATION

As of 1st August 2014, the CHCP employed 1,330 full time equivalent posts, which represents a combination of part time and full time responsibilities for a total of 1,626 individuals. It is important that the whole workforce is consistently supported and managed so that we deliver the best possible services within the staffing resource available.

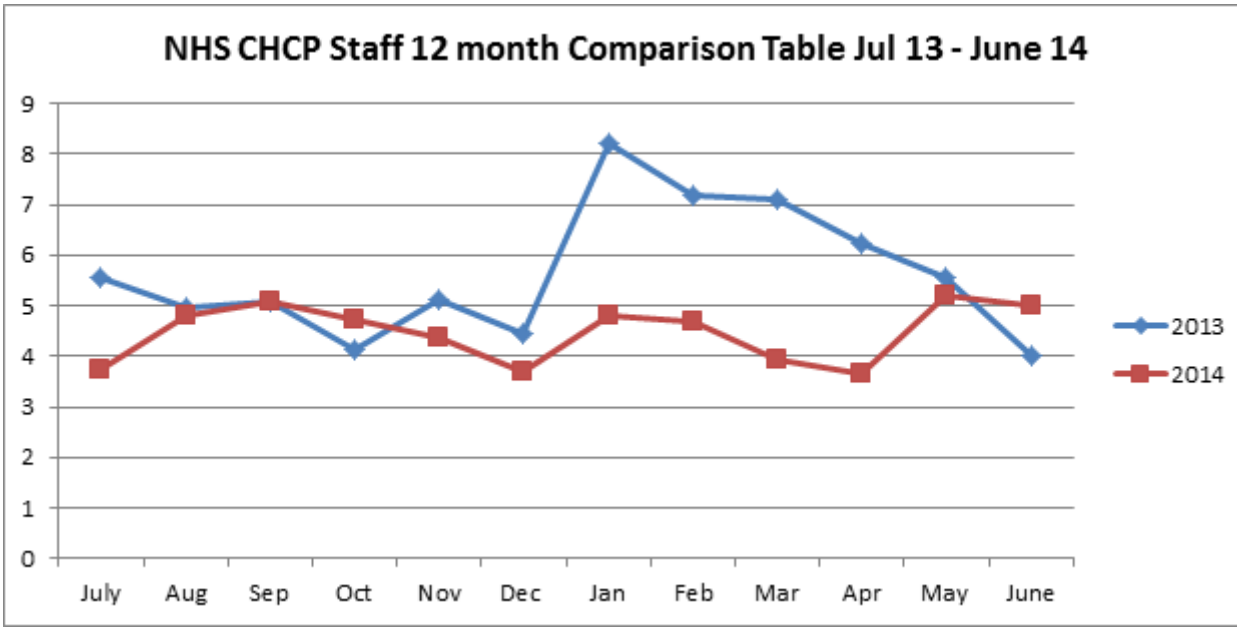
6.0 ATTENDANCE MANAGEMENT

6.1 Targets applying to sickness absence levels within the NHS and Local Authority are framed differently. The NHS target is 4% and the Local Authority target is 9 days over the year, however that target also equates to 4%. This recent change is an important step towards harmonisation.

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 August 2013 – July 2014. This comparison shows there has been an increase in absence levels between April and July increasing from 3.9% to 5.59%. However, the overall out turn for 2013/14 is lower than the previous year (2012/13 average = 5.62%; 2013/14 average = 4.46%).

CHART 1



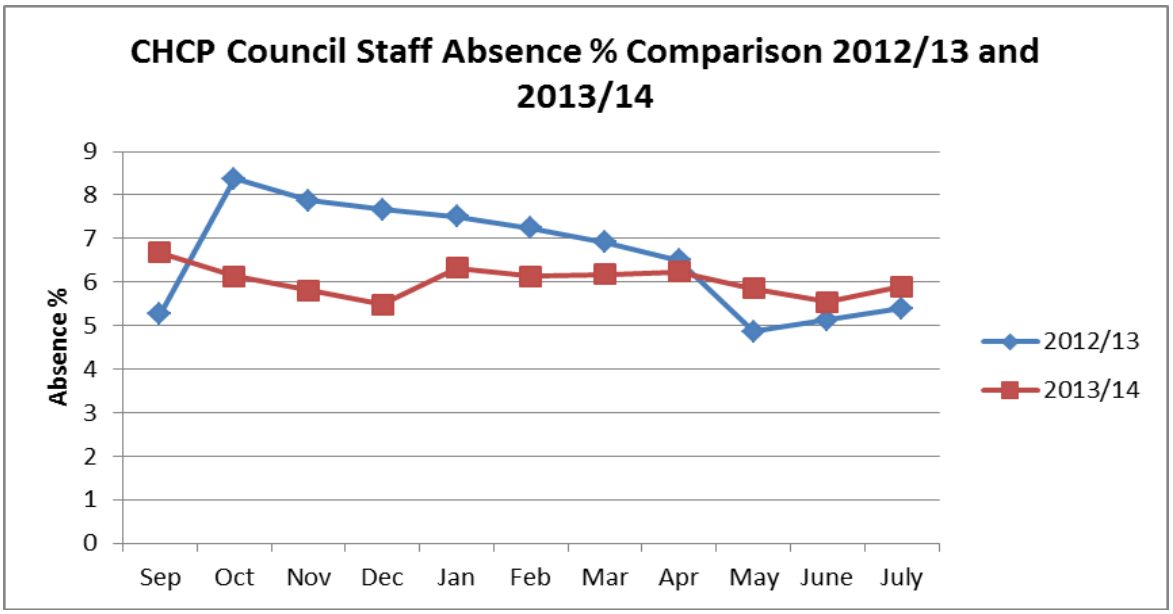
6.3 **COUNCIL EMPLOYED STAFF ABSENCE**

Sickness absence levels for Council-employed staff decreased slightly, from 6.1% to 5.9% over April 2014 to July 2014.

6.3.1 Chart 2 shows a gradual improvement and should be used to encourage further improvements. Managers and others responsible for attendance management are perhaps more confident about applying the attendance management procedures. However, there remains much to do and the overall position reads that we could do better. The target is now expressed in days and not as a % - the target is less than 9 days per year, and the current 5.9% translates to approximately 13 days per employee.

6.3.2 The Council's Corporate HR are revising attendance management procedures and starting to audit sections where improvement is most needed. This approach will highlight employees whose attendance record is not good with a view to challenging them to improve by use of appropriate measures. Managers require to follow procedures rigorously and particularly with a mind to reduce the number of short term absences and where possible to reduce the length of long term absences by using a range of interventions. Training for managers remains important to improve confidence and encourage action as appropriate.

CHART 2

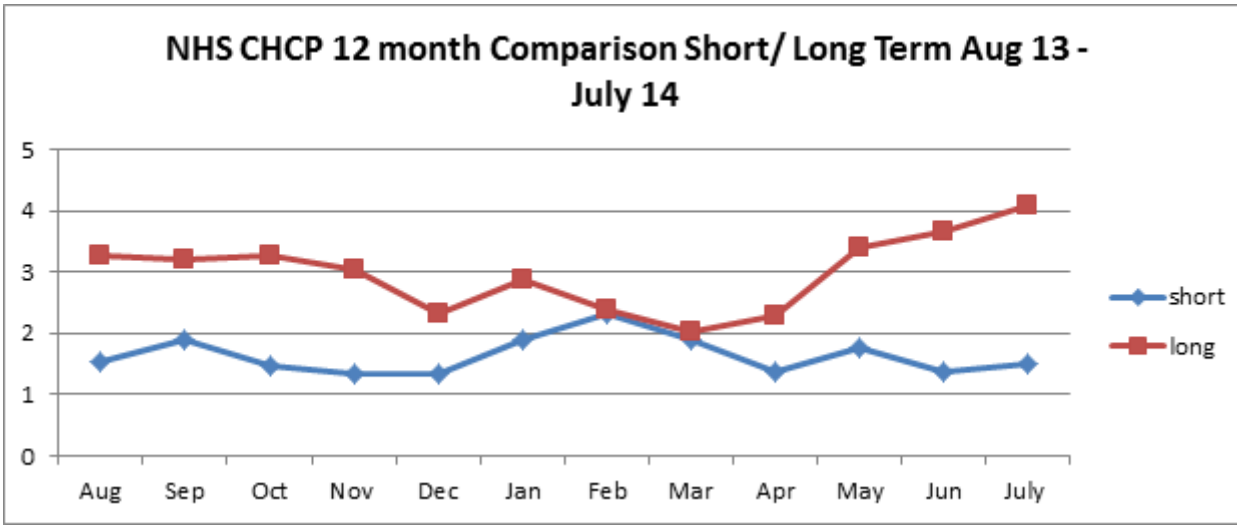


6.4 Types of Absence

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 This makes direct comparison difficult; however chart 3 highlights that for NHS-employed staff long term absence remains the greater contributing element peaking at 4.1% for July 2014 which has increased by 0.8% from the same period last year. Short term absence has fallen from 2.4% in February 2014 to 1.5% in July 2014.

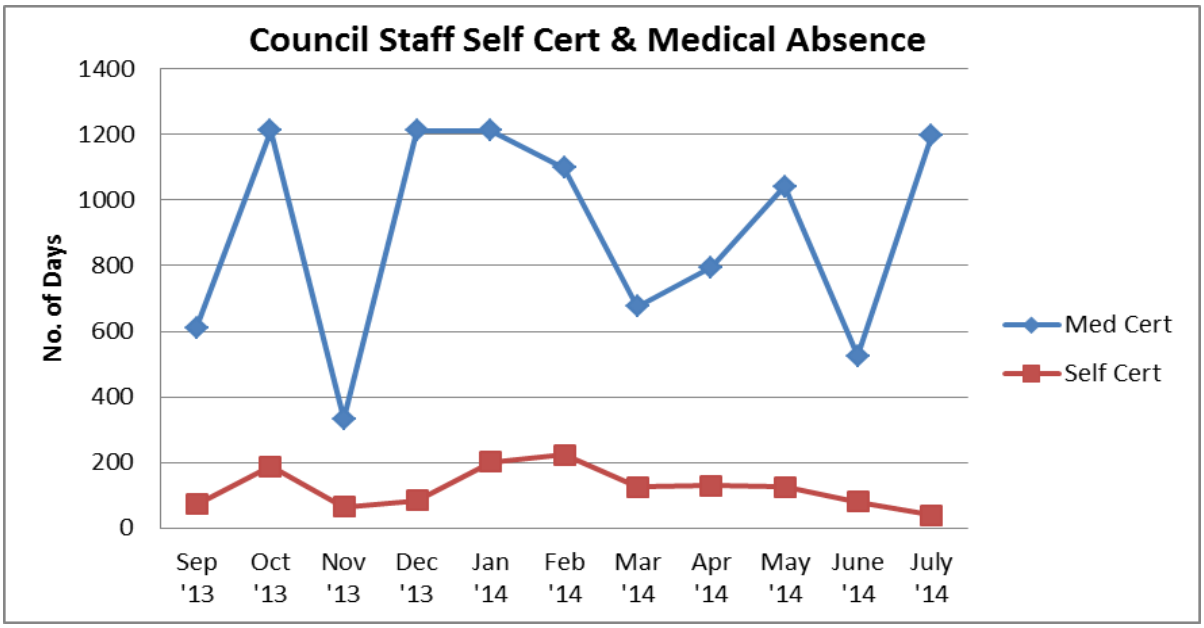
CHART 3



6.4.3 Chart 4 illustrates that with regard to council employed staff, 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 number of days peaked at 1213 days in October 2013 and then reduced to 333 days lost in November 2013, 525 days lost in June 2014 with the latest data showing 1199 days lost for July 2014. Further analysis is required to help us understand the fluctuations observed on this indicator.

6.4.4 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.

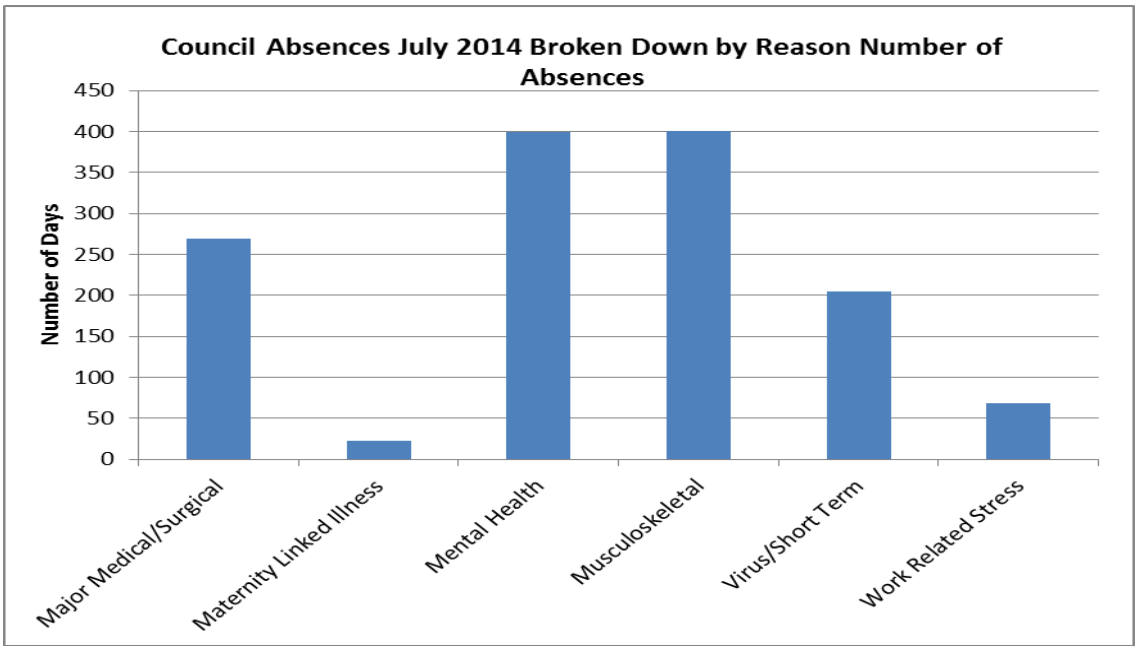
CHART 4



6.5 Reasons for Absence

Chart 5 illustrates the most common reasons for Council-employed staff being absent during July 2014. The information displayed in the chart shows the numbers of days lost. The most common reasons are reported as "musculoskeletal", "mental health" and "major medical/surgical".

CHART 5



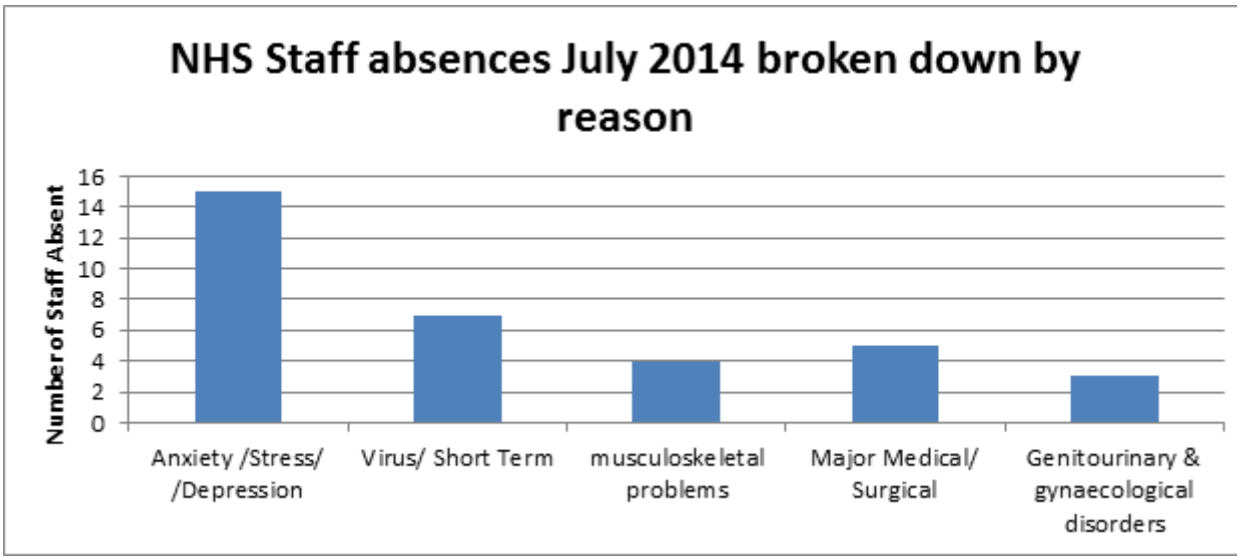
6.6 **NHS EMPLOYED STAFF**

6.6.1 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, and the data have been grouped to try to match the Council reporting, to help support comparison. The Council data at Chart 5 show mental health as a common reason for absence. Chart 6 relating to NHS staff shows the highest number of absences being related to anxiety or stress. This is a priority for Senior Management to look at the cause of these absences across the whole CHCP, working with the Healthy Working Lives task group ensuring all staff have access to information around a healthy working environment, and how to support their own good health. Health checks are available for staff and informing staff of events and bulletins. The numbers below indicate the number of staff absent.

6.6.2 Chart 6 shows that musculoskeletal and major medical/ surgical issues are also common reasons for sickness absence amongst NHS-employed staff, and virus and short-term illness also feature prominently. From this we can ascertain that there are clear similarities in absence patterns regardless of employer.

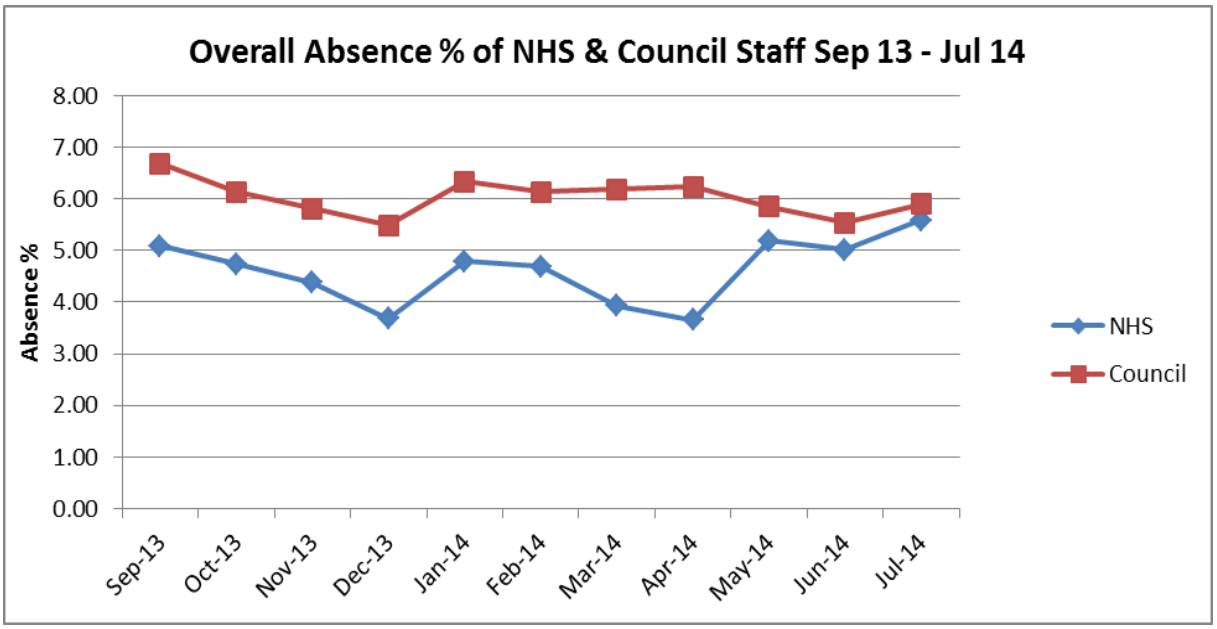
6.6.3 It is important to support staff through illness and help them to understand their own responsibilities to look after their health, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully 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. We are currently analysing the age profile of staff and reason for absence. Staff will continue to be supported through the absence management policies and advice given regarding prevention, highlighting, where appropriate, the number of groups and support available throughout the CHCP.

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 slight increase in overall sickness absence levels, and that we are still some way away from our target performance level. We note that while in the past NHS staff absence levels were usually lower, there appears to be an upwards convergence of the two rates. Further analysis will be undertaken to help us to understand the reasons for this.

CHART 7



6.8 <u>Management Focus</u>

As stated, attendance management is a central focus for the CHCP management teams. The CHCP Absence Champion continues to work with both HR services to identify further actions that will improve attendance levels, and there are plans to reinforce the message regarding absence management and concentrate on high absence rate areas looking to assist managers and support staff returning to work.

7.0 HEALTHY WORKING LIVES (HWL)

7.1 Positive changes to Healthy Working Lives (HWL) have taken place with an interim structure formed prior to integration in 2016. The Heads of Service are instrumental in steering the HWL group in the organisation ensuring strategic direction and impetus. This has been consolidated by the CHCP Director (Brian Moore) taking on the role as Chair of HWL in the CHCP and the Head of Mental Health and Homelessness providing the link between the Strategic Group and the Task Group which supports the implementation of the Strategy through the Action Plan. This new Task Group elects a Coordinator who provides the staff link to the Health and Safety Group and the Communications group ensuring these key structures are utilised to best effect. The role of the task group is therefore to organise and communicate events and facilities that provide our workforce with a strong basis for a safe and healthy working environment while also addressing the health outcomes of our workforce.

7.2 Directing attention to staff absences and health needs the HWL group to have made conscious efforts to ensure that each workplace centre has a HWL notice board for informing staff of events, minutes and bulletins

- The establishment of HWL Champions in each workplace who sign up to promotion of events (although they may not have the capacity to commit to being on the task group).
- Regular (twice yearly) health checks for staff on a drop-in basis at varying sites across the CHCP.
- Continuation of successful campaigns in cancer, healthy eating, weight management and alcohol.
- Continuation of exercise based campaigns such as cycle to work, the walk round Cumbrae and cycle round Cumbrae as well as the annual golfing event led by Inverclyde Council HWL.

7.3 The next step is to continue with the Gold award status under our Health and Social Care Partnership arrangements once they are in place. Discussions are underway with GGC Healthy Working Lives Assessors to ensure achievements thus far are not lost and that the integrated partnership healthy working lives maintains a joint gold award with a fully assimilated action plan.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

8.1 There is a continuing trend of a reduction in overall completion of the KSF performance target across the CHCP from September 2013 to July 2014. Overall compliance was 50% against a target of 80% at the end of July. Health and Community Care services have achieved the target performance and Children and Families Services are at 59%. Other service areas are striving to improve their performance to achieve the target set. We are committed to achieving the 80% target by the end of the current financial year.

8.2 As the second half of the financial year is normally the period where most staff will have a review timetabled, activity should increase across all service areas to improve performance and compliance. Service analysis reports will continue to be circulated and support provided on a one-to-one basis or in groups where this is required.

9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

9.1 Similar to KSF, completion of Appraisals continues to be a challenging area. Performance improved at the end of March is a result of the influx of performance appraisals undertaken

between the January and March period, reflecting the dates of annual appraisals. We do expect to see an increase in the number of appraisals being carried out between January and March 2015.

9.2 The purpose of having an appraisal each year allows employees to discuss their role with their manager and any performance related issues can be highlighted by both the member of staff and manager. It is also an opportunity to look at any training and development needs for the member of staff and highlights key skills of individuals, which in turn supports the organisation with its succession planning. Appraisals can improve staff motivation and can lead to staff feeling valued.

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

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					

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