



HR & OD Monthly Trust Report (September 2016)

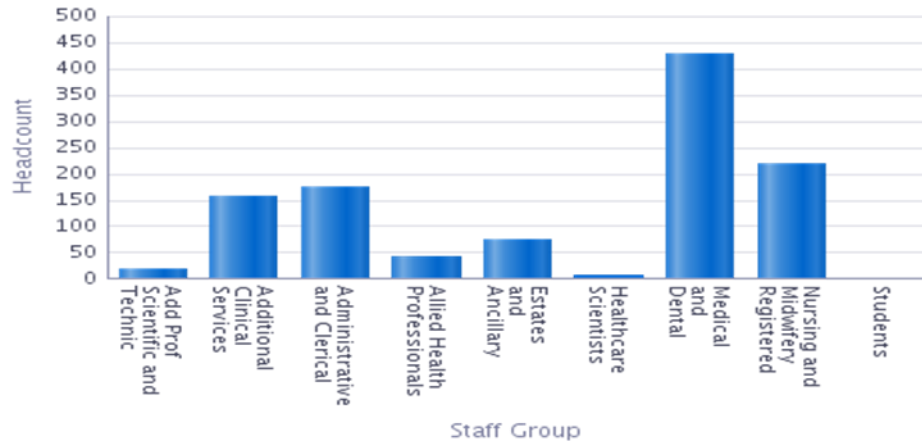
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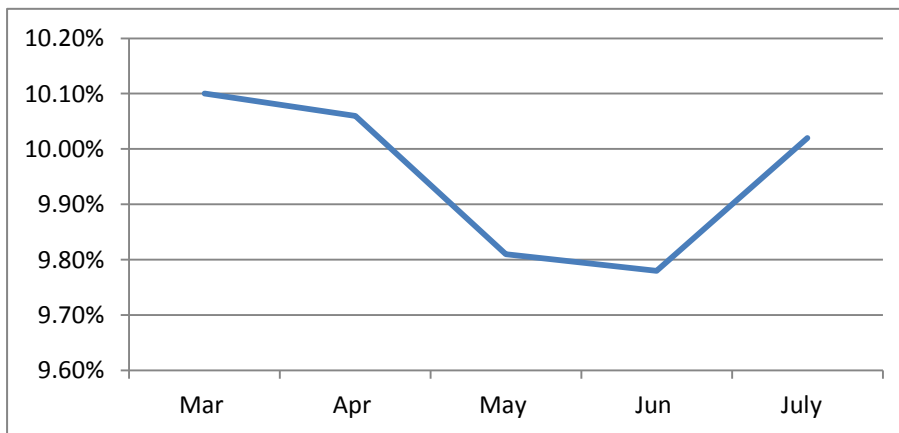
| KPI | Target | Sept 16 |
|--|-------------------------------------|---------|
| Staff Turnover Trust Wide | Under Mean of Acute Hospitals 10.9% | 10.02% |
| Vacancy Rate N&M | 8% | 9.8% |
| Vacancy Rate medical | 7.5% | 7.74% * |
| Agency & Bank Rate | <2% | 7.87% |
| Absence Rate | 4% | 4.52% |
| Employee relations - open cases (Ex Medic) | <1% | 0.99% |
| Appraisals | 95% | 65% |
| Core learning | 95% | 86% |

* Vacancy rate at the end of July shows a reduction due to new intake of Foundation Year 1 doctors starting last week of July whilst existing Foundation Year 1 doctors not leaving until first week of August (one week crossover).

Staff Turnover



Starters by Staff Group



Staff Turnover

Trustwide

As at Q1 2016 2.06% (as at Q1 2015 2.49%)

Headlines:

The Staff turnover rate for July is 10.02% which is an increase of 0.24% on June

Mar 16: 10.10%

Apr 16: 10.06%

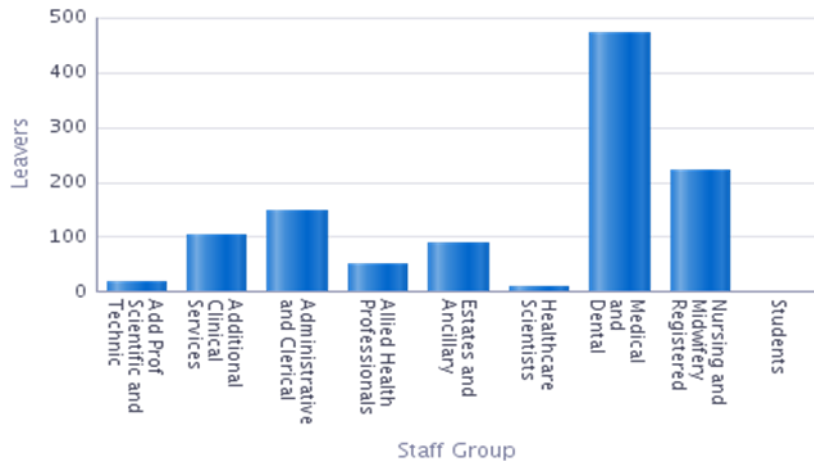
May 16: 9.81%

Jun 16: 9.78%

July 16 10.02%

- Nursing & Midwifery turnover rate has slightly increased in month to 9.99%. This is up from 9.77% in the preceding month.
- Turnover comparison rates with other Large Acute Hospitals and hospital in the Region to look at the turnover rates for Nursing/Midwifery/AHP Workforce. The data was obtained form HSCIC for the last 12 months (ending April 2016)
- For Nursing & Midwifery (Registered), ULHT ranks in the lower percentile with 10.74% (13 out of 39). This is below the mean and average of comparative Trusts. The mean is 11.64% and average of 12.23%
- For other non medical Clinical Services (usually unregistered), ULHT ranks 7 out of 39 Trusts with 10.83%. This is below the mean and average of comparative Trusts. The mean is 13.77% and average of 14.82%
- For AHP's, ULTH ranks 11 out of 39 Trusts with 12.20%. The Trust is below the mean and average of comparative Trusts. The mean is 13.87% and average 15.05%

| Staff Group | Est as at 31.7.16 | SIP as at 1.8.15 | SIP as at 31.7.16 | Ave SIP | Leavers 1.08.15 - 31.7.16 | LTO SIP | Turnover Leavers against est |
|-----------------|-------------------|------------------|-------------------|---------|---------------------------|---------|------------------------------|
| N & M | 2213.47 | 1898.10 | 1913.20 | 1905.65 | 190.44 | 9.99% | 8.60% |
| All Med | 928.87 | 890.41 | 856.94 | 873.68 | 466.71 | 53.42% | 50.24% |
| Medical excl JD | 549.87 | 468.91 | 470.49 | 469.70 | 70.75 | 15.06% | 12.87% |



Leavers by Staff Group

Recruitment & Retention

- Net increase of 34 headcount Band 5 Nursing staff over the last 12 months
- Net decrease of 28 Medical staff over the last 12 months.
- 81.59% of leavers received a link to the Survey and by the 7th July the response rate was 25% (69 responses)
- The Exit Questionnaire Report was shared at ET, during July 2016.

Actions Underway

- Notice periods for all Band 5 to 7 Staff increases from 4 weeks to 8 weeks (band 5 & 6) and 8 weeks to 12 weeks (band 7) from 1 September 2016
- Sites are developing, through Occupational Health strategies, Health & Wellbeing groups focusing on Psychological, Physical and Social Wellbeing. This will plan to enhance staff health and wellbeing and promote work-life balance. Yoga classes for staff will commence at Pilgrim on 1st Sept, over 40 staff have signed up. HR are working with the Restaurant Manager to provide more healthy meals options.
- Following the Staff survey and pulse surveys the trust continues the theme of 'you said' 'we did'.

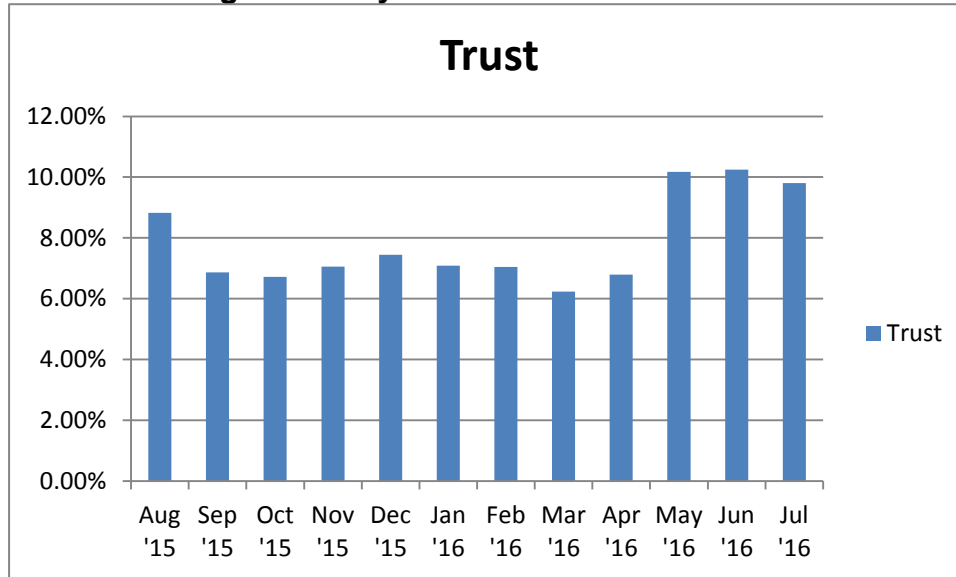
Trustwide:

- There is currently a vacancy rate of 9.80% across the trust, this is an decrease on last month, by 0.45%, however this affected by the junior Doctors commencing.

Medical 7.74%

- Vacancy rate at the end of July shows a reduction due to new intake of Foundation Year

ULH Percentage Vacancy Rate



1 doctors starting last week of July whilst existing Foundation Year 1 doctors not leaving until first week of August (one week crossover).

- Number of staff in post 31.07.16 = 856.94 FTEs and 890 Headcount
- Vacancy rate has decreased by 6.93% from the previous month
- Net decrease of 28 Medical staff over the last 12 months.

Nursing 13.97%

- Number of Band 5 N&M staff in-post at 01.08.15 = 1056.22 FTEs and 1262 Headcount
- Number of Band 5 N&M staff in-post at 30.07.16 = 1054.05 FTEs and 1262 Headcount
- Vacancy rate has increased by 0.98% from the previous month.
- Net increase of 34 headcount Band 5 Nursing staff over the last 12 months

Actions Underway

- International Nurse Recruitment and Newly qualified recruitment drives
- Circa 104 wte newly-qualified Band 5 nurses in September and additional 10 wte Filipino nurses, and a potential further 185 wte Filipino nurses between October 2016 and June 2017
- Staff attraction packages being reviewed

Agency & Bank Usage (FTE used as a % of current Establishment FTE)

ULH Agency Costs by Staff Group

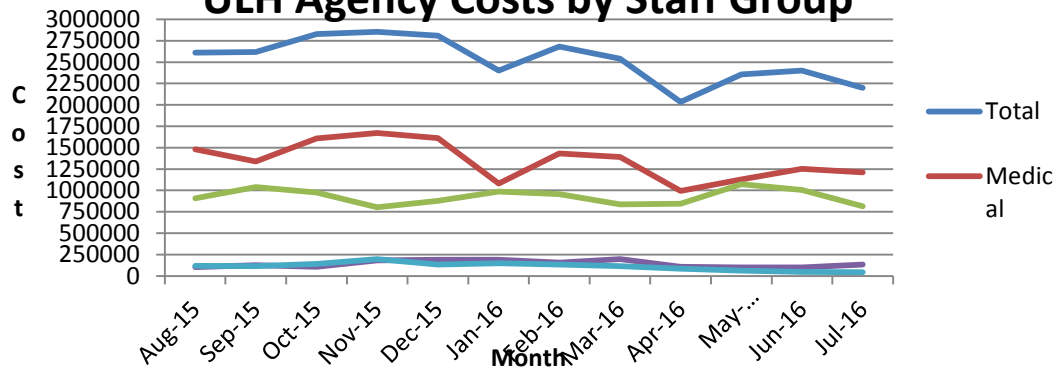
Trustwide:

- July 2016 7.87% (4.06% Agency + 3.81% Bank)
- Previous comparable data June 2015 8.39% (4.63% Agency + 3.76% Bank)

Headlines:

- 0.26% decrease in the figure from June (8.13%)

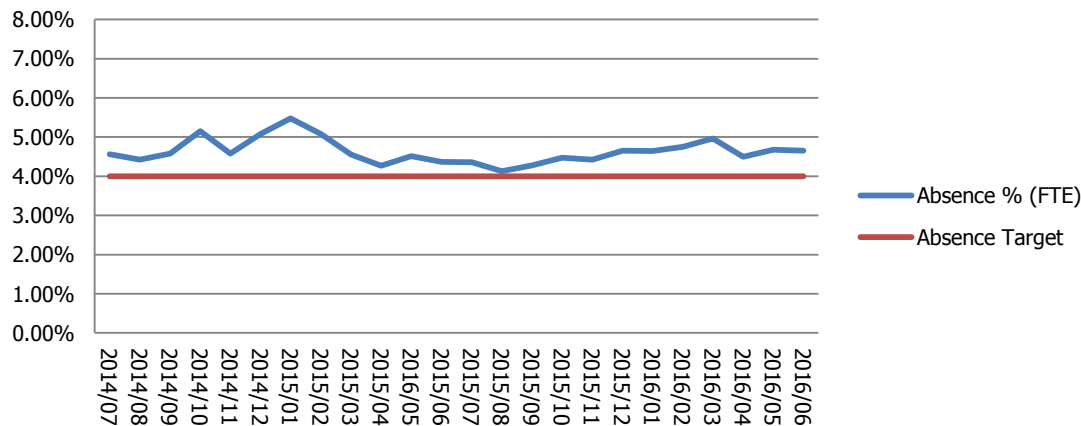
ULH Agency Costs by Staff Group



- to 7.87%)
- Total cost for Agency in July 2016 was £2,200,311 which is a decrease of £202,625 from the previous month.
- Total cost for Bank (including Medical Extra Duty) in July 2016 was £1,370,064 which is a decrease of £4,375 from the previous month.
- The Directorates with the highest Agency spend in July are Integrated Medicine Boston £620,360 and Integrated Medicine Lincoln £535,101

Employee Wellbeing

Absence Timeline 2 Years Data



Absence Reason

FTE Lost

%

Work Related

Trustwide

Annual Sickness rate as at 30th June 2016 (for previous 12 month period) is 4.52%
As at June 2015 (for previous 12 month period) was 4.85%
Target 4%

Headlines

- Annual sickness rate has decreased by 0.33% in comparison to June 2015 figures.
- The annual cost of sickness (excluding any backfill costs) has decreased by £508,367 compared to 12 months ago.
- Monthly sickness rate for June 2016 is 4.65%. The May 2016 monthly sickness rate has now decreased from 4.68% to 4.42%, this decrease is due to late reporting so it is possible that there will be a similar fluctuation with the June figure.
- During the 12 months ending June '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time

| | | | |
|---|-----------|--------|-----|
| Anxiety/stress/depression/other psychiatric illnesses | 19,727.06 | 18.83% | No |
| Anxiety/stress/depression/other psychiatric illnesses | 2,021.76 | 1.93% | Yes |
| Other musculoskeletal problems | 11,973.27 | 11.43% | No |
| Other musculoskeletal problems | 174.60 | 0.17% | Yes |
| Other known causes - not elsewhere classified | 12,032.96 | 11.49% | No |
| Other known causes - not elsewhere classified | 2.00 | 0.00% | Yes |
| Back Problems | 8,851.02 | 8.45% | No |
| Back Problems | 501.95 | 0.48% | Yes |
| Gastrointestinal problems | 9,306.07 | 8.88% | No |
| Gastrointestinal problems | 15.60 | 0.01% | Yes |

lost due to sickness at 20.76% of all absence. Of this figure 1.93% was work related and 18.83% non-work related.

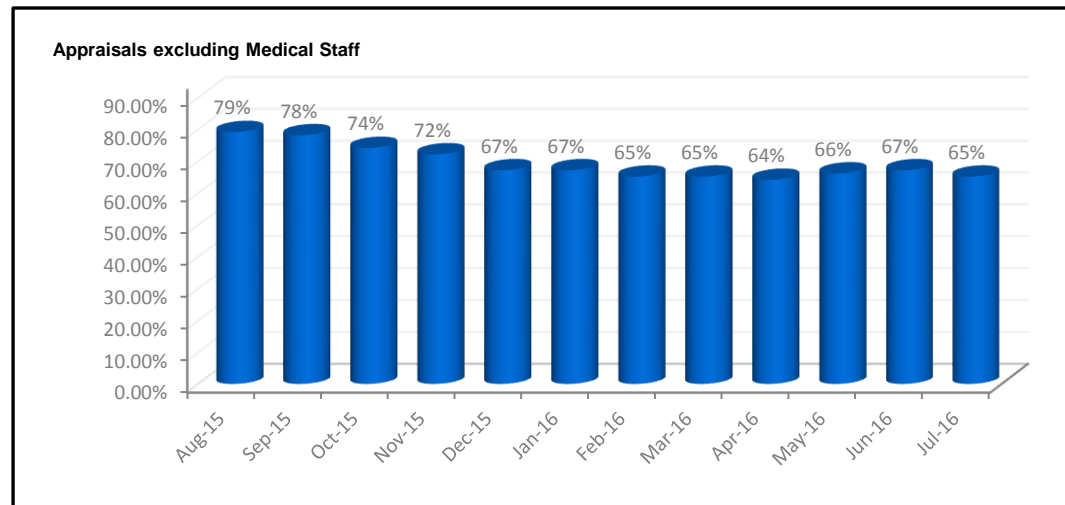
- Additional Clinical Services had the highest sickness rate during the 12 months at 6.30% (Unregistered Nurses 6.89%), followed by Estates & Ancillary at 6.25% and Nursing & Midwifery Registered at 5.03%.

Actions Underway:

- Confirm & Challenge meetings re-commence 22nd September for 9 Wards. Discussions will include long and short term action plans.
- 357 OH appointments missed, HR to liaise with managers to hold staff to account
- **Mental Health First Aid (MFHA)** It is anticipated that we will commence MHFA training week beginning 5th September 2016 This will be a MHFA two-day course with external trainer support, for up to 18 minimum (aim for 12)
- **Mindfulness for Wellbeing** It is anticipated that we will commence a rolling programme from October 2016. Six weeks of 2 hours formal training/ experience in closed groups for up to 12 staff – generic approach with view to developing more specialist bespoke courses for departments /services at a later date. Venue Lincoln/Boston/Lincoln to ensure delivery to areas of most need.
- **Influenza Vaccine** The flu plan is now in place and in the process of been implemented, with the agreed actions. Please see attached poster and information for peer to peer vaccinations.
- Occupational health have a meeting with communications on the 14th of July to look at

| | | | | | | | <p>options for improving communication for this year's flu campaign</p> <ul style="list-style-type: none"> • Health and Wellbeing The 196 ULHT staff, in 28 teams of seven, who started the Global Corporate Challenge, a 100 day virtual walking journey around the world are progressing well and meeting the challenges. • | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|----------|----------|----------|--------------|--------------|---|----------|----------|----------|----------|--------------|--------------|---------------------------|----|---|---|---|---|---|-------------------------------|----|----|---|---|---|---|---------------------|---|---|---|---|---|---|--|
| <p>Employee Relations July 2016 ER Cases Non-Medical Workforce</p> <table border="1"> <thead> <tr> <th></th> <th>LCH Open</th> <th>PHB Open</th> <th>GDH Open</th> <th>W/C Open</th> <th>Diagnos Open</th> <th>Therapy Open</th> </tr> </thead> <tbody> <tr> <td>Disciplinary Cases</td> <td>18</td> <td>7</td> <td>4</td> <td>5</td> <td>2</td> <td>0</td> </tr> <tr> <td>Formal Grievance Cases</td> <td>12</td> <td>11</td> <td>1</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Appeal Panel</td> <td>1</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> </tbody> </table> | | | | | | | | LCH Open | PHB Open | GDH Open | W/C Open | Diagnos Open | Therapy Open | Disciplinary Cases | 18 | 7 | 4 | 5 | 2 | 0 | Formal Grievance Cases | 12 | 11 | 1 | 2 | 0 | 0 | Appeal Panel | 1 | 2 | 0 | 0 | 1 | 0 | <p>Headlines:</p> <ul style="list-style-type: none"> • The Employee Relations Team now has access to E-Roster which enables the team to chase absence more effectively. • Payment for regular overtime whilst on annual leave principles have been wrote. <p>Actions Underway:</p> <ul style="list-style-type: none"> • Pharmacy 1:1 Meetings being held in connection to the 7 Day Working consultation. |
| | LCH Open | PHB Open | GDH Open | W/C Open | Diagnos Open | Therapy Open | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disciplinary Cases | 18 | 7 | 4 | 5 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formal Grievance Cases | 12 | 11 | 1 | 2 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appeal Panel | 1 | 2 | 0 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | <p>Nursing & Other Staff</p> <ul style="list-style-type: none"> • As at 31st July 2016 (for rolling 12 month period) is 65% • As at July 2015 (for previous 12 month period) is 78.8% <p>Highlights</p> <ul style="list-style-type: none"> • The overall percentage for appraisals has decreased by 1.83% from the previous month. • The Directorate with the highest appraisal rate is the Chief Executives with 90.00% followed by the HR & Organisational Development at 84.62%. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Appraisals excluding medical staff



Medical Appraisals

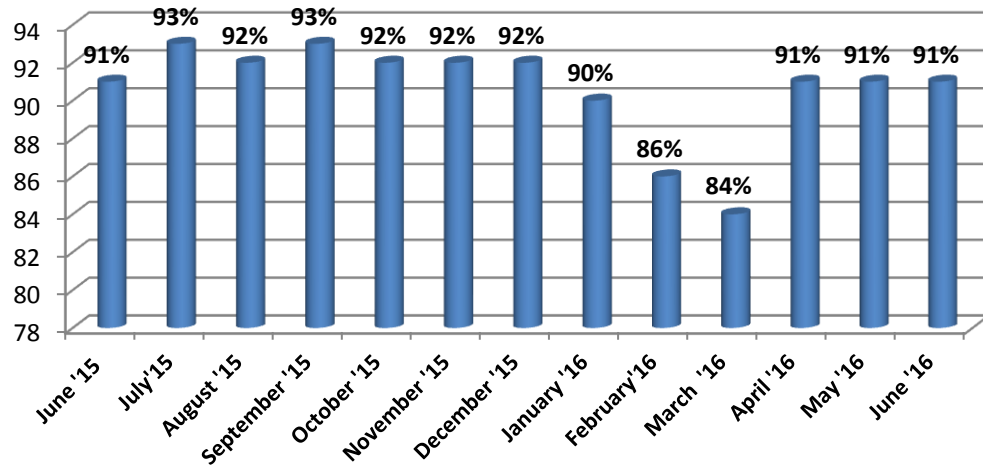
- The site with the highest appraisal rate is Grantham at 73.54%, however this is a decrease of 1.56% from the previous month.
- A reduction in appraisal rates on all sites compared to the previous month.

The reason appraisal target of 95% has not been achieved is given as:

- At the end of June 2016 the appraisal rate is **91%** having fallen to 84% in April as a consequence of staffing turnover in the Revalidation office.
- 29% of doctors (128) have completed their appraisals on the new system.
- A small number of clinicians find it difficult to meet their appraisal responsibilities and arrange their appraisals in their allocated appraisal month. Formal notification 3 months prior to appraisal due date, regular subsequent reminders in accordance with the Medical Appraisal Policy 'Escalation Process and the e-appraisal messaging alert system support the chasing of outstanding appraisals.

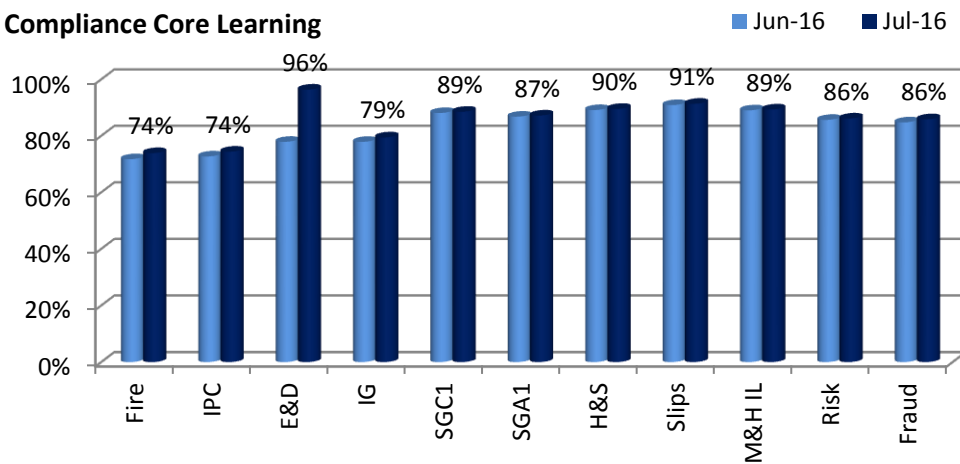
Actions:

- Hr to work with managers to review the data and enter any outstanding on ESR
- Accountability for managers and staff that are not engaging in the process
- Performance meetings and Confirm & Challenge meetings re-commence for BU and Wards. Discussions will include appraisal action plans.



Core Learning

Compliance Core Learning

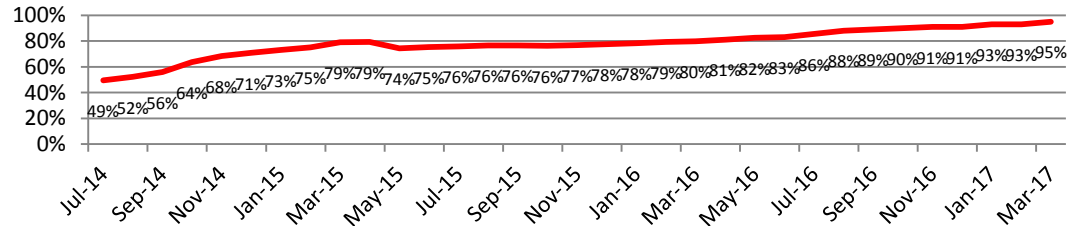


Trustwide

As at July 2016 86%
As at July 2015 76%

- The Trusts performance continues to grow month on month
- Basic life support is low at 44% due to this being a later requirement
- A further increase of 3% on overall compliance rate.
- Equality & Diversity is now a 3 yearly rather than a 1 yearly requirement in line with the East Midlands Streamlining Project taking compliance from 78% to 96% and contributing to the 3% overall compliance increase.
- All annual topics show another increase with Infection Prevention and Information

Core Training Trajectory



- Governance up 1% and Fire up 2%.
- Both Fire and IG are higher than this time last year. 3 yearly topics either remain the same or show another increase of 1%. Rates are much higher than this time last year.

Employee Engagement

Headlines:

- The results for June's Pulse Check show an improvement in staff FFT scores and levels of dedication. There are consistent, positive levels of discretionary effort and persistence being reported. (please note response rate did not achieve the 30% recommended level).
- We are collaborating with EMLA to design and deliver an in-house 2 day coaching course, commencing in October 2016.
- The customer care training package is being revised by the Patient Experience team with support from Organisational Development.
- Staff Engagement support is being provided to the CQC Hub team in preparation for the October inspection.
- ULHT Learners' week planned in partnership with staff-side w/c 26.9.16 to promote learning opportunities for all.

Actions Underway:

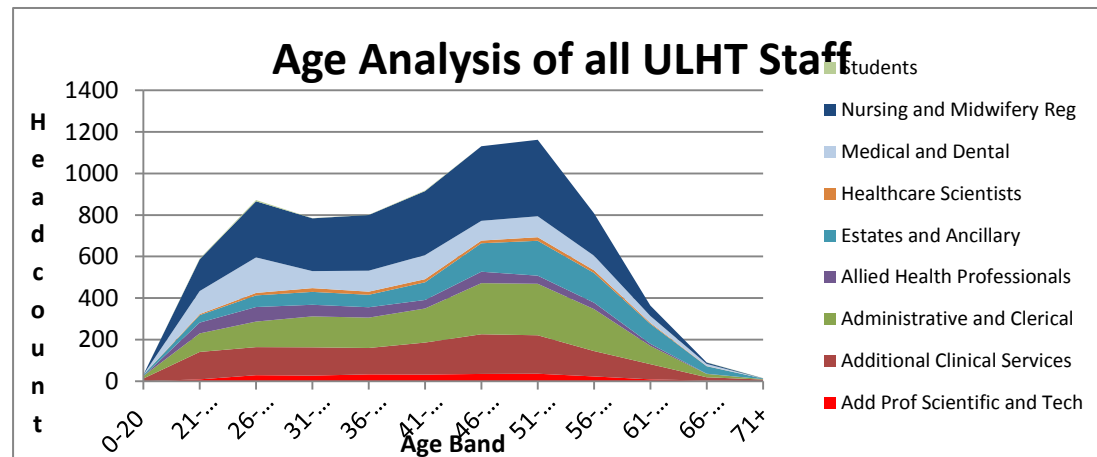
- Staff engagement events being planned across the Trust in September/October 2016.
- Yoga classes for staff commence at Pilgrim on 1 September 2016.
- Facilities and Estates Directorate are arranging feedback back events for 'you said, we did'.
- Sharing success and good news stories from the first cohort of Staff Engagement Teams through a variety of communication routes.
- A Frontier Improvement Team to be set up to include representation from patient experience, staff engagement, finance, IT, governance and staff side. This group, together with staff, patients and a manager from the service area/s piloted will shape the work programme and lead the Frontier Framework project (exploring the connection between patient experience, staff experience and performance targets).
- An on line improvement portal being designed to share good practice, positive stories, ideas and guidance on effective engagement. Due to be available to users in September 2016.
- Staff engagement teams second cohort being finalised and the results from the first cohort to be obtained, analysed and shared.

- Continue to share 'you said, we did' messages.
- Next Pulse Check survey due out in September 2016.

Risks:

- Low response rate for the September Pulse Check.

E&D



Actions

- 9th August 2016 – The revised Equality Analysis paperwork has been produced and approved by the HR & OD Programme Board.
- Piloting of the new paperwork has commenced in a number of key areas and evaluation thereof will follow.
- The first meeting of the Equality, Diversity and Inclusion Committee will take place on the 9th September 2016. Further meetings will be arranged on a bi-monthly basis.

Ongoing actions

- Develop and publish a 2-year Equality, Diversity and Inclusion Strategy. This document will articulate the Trust's ambitions in relation to Equality, Diversity and Inclusion.
- Develop and publish statements of commitment, in line with the NHS Constitution, to articulate the importance of, the organisation's commitment to, Equality, Diversity and Inclusion for patients, service users and staff.

