HR & OD Monthly Report (February 2016)

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Workforce Planning

Workforce Planning will take place at business unit and service level, supported at Trust level. It will address short-term plans (annual), mid-term (1-3) and long term (3-5) years.
The workforce plan will involve analysis of the service requirements, availability of workforce supply, training needs and consider any aspects of the service which can be changed, e.g retention strategies.
Business Units are expected to identify the opportunities for adapting the workforce profile, and the skill mix of the workforce to ensure delivery of the Trust's objectives, mindful to reduce premium staffing costs where possible, eg alternative roles rather than repeated medical recruitment

Headlines:

- An Annual Planning Steering Group has been convened to oversee and assure all areas of the process and meets weekly, including Workforce Finance, and Activity plans.
- Outputs from the above will be an integrated Annual and Workforce Plan, with a final draft in late January – Early February.
- Process to achieve this to be included on agenda for Trust Board Development session in mid- January.
- The International Recruitment Campaign continues, but the Board are currently discussing the option of the campaign going outside Europe due to the recent changes to the English language assessment, and how that has made recruitment to the UK more difficult and impacted upon the workforce supply.

Actions Underway:

- Work is ongoing in the Hub to enable the workforce planning exercise to be more simplistic and robust. The Hub is looking to ensure that all establishments are locked down, and reflect the budgeted establishment in Finance.
- Workshops took place, during late Nov/beginning of Dec, to brief key contributors/BU Managers to the level of detail required and to provide clear guidance as to who is responsible for what in the process.
- Joint planning meetings (BU Mgrs / HR / Finance) are scheduled for 14-28th January and currently underway.
- Finance and HR are working closely with the business unit and Nursing leads to ensure the annual planning exercise meets TDA requirements and deadlines, and is a working document that informs future workforce plans.

Risks:

- Immediate – Both Finance and HR continue to have a large number of unfilled vacancies that will make supporting the annual planning exercise challenging. The Annual Planning Steering Group has been sighted on a risk assessment regarding delivery, mitigation of prioritising this work has a knock on effect to other tasks for both departments.
- Whilst a large influx of new registered nurses in September has eased the shortfall in that staff group, especially at LCH and PHB, turnover – and therefore maintenance of this improved position – remains a serious threat. This has begun to materialise in that current levels show a decrease in WTE in post when compared to the year-end figure for 2014/15.

<table>
<tr><th colspan="3">Staff Turnover</th></tr>
<tr><td>As at 31st December 2015 (for Q3)</td><td>2.10%</td><td rowspan="4">Headlines:
• We have seen a slight decrease in overall turnover rate on an annual basis.
• Reported through the Workforce and Staffing Programme, the recruitment project includes a focus on retention, particularly as some site and specialty challenges remain regarding recruitment, a greater emphasis will be placed upon retention.
• The focus on retention of staff and skills within an engaged, positive and supportive culture has been reflected in the HR & OD People Strategy
• Underpinning ‘retention’ there is a focus on key components of Culture, values and behaviour, Staff engagement, Health and Wellbeing, Staff rewards, Education, training and development, Employee relations
• Nursing & Midwifery turnover rate has again decreased in month to 9.68% Down from 10.26% and 9.85% in preceding months.

Actions Underway:
• Difficulties of retention and recruitment alongside age profile and absence are to be considered and incorporated throughout all workforce plans. Data has been shared in advance of planning meetings to assist in this regard.
• We continue to work with the LETC and partner organisations to identify and implement actions to address the findings of research regarding perceptions of the NHS in Lincolnshire.
• Retention plan has been drafted and circulated and will be relaunched as a retention group with revised TOR.
• Trust marketing materials for all recruitment activity continue to be developed and refined.
• Human resources are working alongside managers to ensure that Exit Interviews are completed so that an analysis of the data can be captured and lessons learnt.

Risks:
• Continuing recruitment activity alone cannot be relied upon to increase establishment. Data below indicates over the year a net increase of c25 wte B5 Nursing staff. Mitigation of significant input is required to develop and maintain an active retention strategy embedded across the organisation.</td></tr>
<tr><td>As at December 2014 (for Q3)</td><td>2.44%</td></tr>
<tr><td>Benchmark:</td><td></td></tr>
<tr><td>Target</td><td></td></tr>
<tr><td colspan="3"></td></tr>
</table>

Starters by Staff Group

Leavers by Staff Group

Starters & Leavers by Month January – December 15

Staff Group	Establishment as at 31.12.15	SIP as at 1.01.15	SIP as at 31.12.15	Average SIP	Leavers 1.01.15 - 31.12.15	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2186.55	1979.26	1948.12	1963.69	211.65	10.78%	9.68%
All Medical	912.20	804.08	796.49	800.29	450.93	56.35%	49.43%
Medical excluding juniors	532.05	465.88	461.79	463.84	67.23	14.49%	12.64%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
Jan '15	17.07	20	18.01	21	-0.94	-1
Feb '15	12.91	15	15.36	17	-2.45	-2
Mar '15	9.60	10	17.40	20	-7.80	-10
Apr '15	10.73	13	15.07	17	-4.34	-4
May '15	7.04	9	13.49	17	-6.45	-8
Jun '15	12.01	13	4.84	8	7.17	5
Jul '15	4.80	5	13.25	17	-8.45	-12
Aug '15	3.56	5	9.80	12	-6.24	-7
Sep '15	60.76	64	6.68	8	54.08	56
Oct '15	15.44	19	9.08	10	8.16	11
Nov '15	10.99	14	7.69	9	2.30	4
Dec '15	2.16	4	11.81	15		
Total	**167.07**	**191**	**142.49**	**171**	**21.68**	**18**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
Jan '15	6.00	6	16.00	16	-10.00	-10
Feb '15	49.50	50	39.09	40	10.41	10
Mar '15	12.00	12	35.30	36	-23.30	-24
Apr '15	33.00	33	9.40	10	23.60	23
May '15	9.00	9	5.76	6	3.24	3
Jun '15	8.00	8	5.10	6	2.90	2
Jul '15	84.00	84	7.00	7	77.00	77
Aug '15	183.80	185	269.30	270	-85.50	-85
Sep '15	12.00	12	13.80	14	-1.80	-2
Oct '15	10.92	12	10.18	11	0.74	1
Nov '15	15.80	16	10.00	10	5.80	6
Dec '15	18.25	19	30.00	30	-11.75	-11.00
Total	**442.27**	**446**	**459.93**	**465**	**-17.66**	**-19**

Medical & Dental Monthly Starters & Leavers

Employee Engagement

Staff Survey & Pulse Check – Staff Engagement

The national average score for staff engagement was 3.74 out of a possible 5. The Trust's score was 3.50. The score is based on responses to questions relating to staff feeling that they are able to contribute to improvements at work, staff recommending the Trust as a place to work or receive treatment and the extent to which staff look forward to going to work.

Staff Engagement the ULH Way has been developed to increase staff engagement scores in the organisation and create the conditions for staff to be their best. The Staff Engagement Quarterly Pulse Check survey invited a random sample of 25% of the Trust's employees to complete.

The main aim of the survey is to review levels and trends of staff engagement across the Trust and identify the factors that may be enabling or inhibiting staff engagement.

2014 Staff Survey Score	**3.49**
2013 Staff Survey Score	3.50
National Average:	3.74
Target:	TBC

Headlines:

- Quarterly Pulse check, the response rate on this survey was 33.2%, above the recommended response rate.
- Several areas identified with significantly lower enabler/engagement levels. These included; Lincoln County Hospital site, admin and clerical, estates and ancillary and lower banded staff.
- Recognition was the lowest scoring enabler for the Trust.
- Influence, was the second lowest scoring enabler for the Trust.
- Mind-set, strongest predictor for a number of feelings and behaviours.

Actions Underway:

Work is ongoing in relation to:

- Collaborative working with Staff Side.
- Staff awards / employee of the month / encouraging informal recognition from managers / thank you boards / appreciation card schemes / communicate successes and achievements.
- Listening events / communicating actions and changes following feedback.
- Resilience and mindfulness training / communicating organisation and departmental strengths and successes.

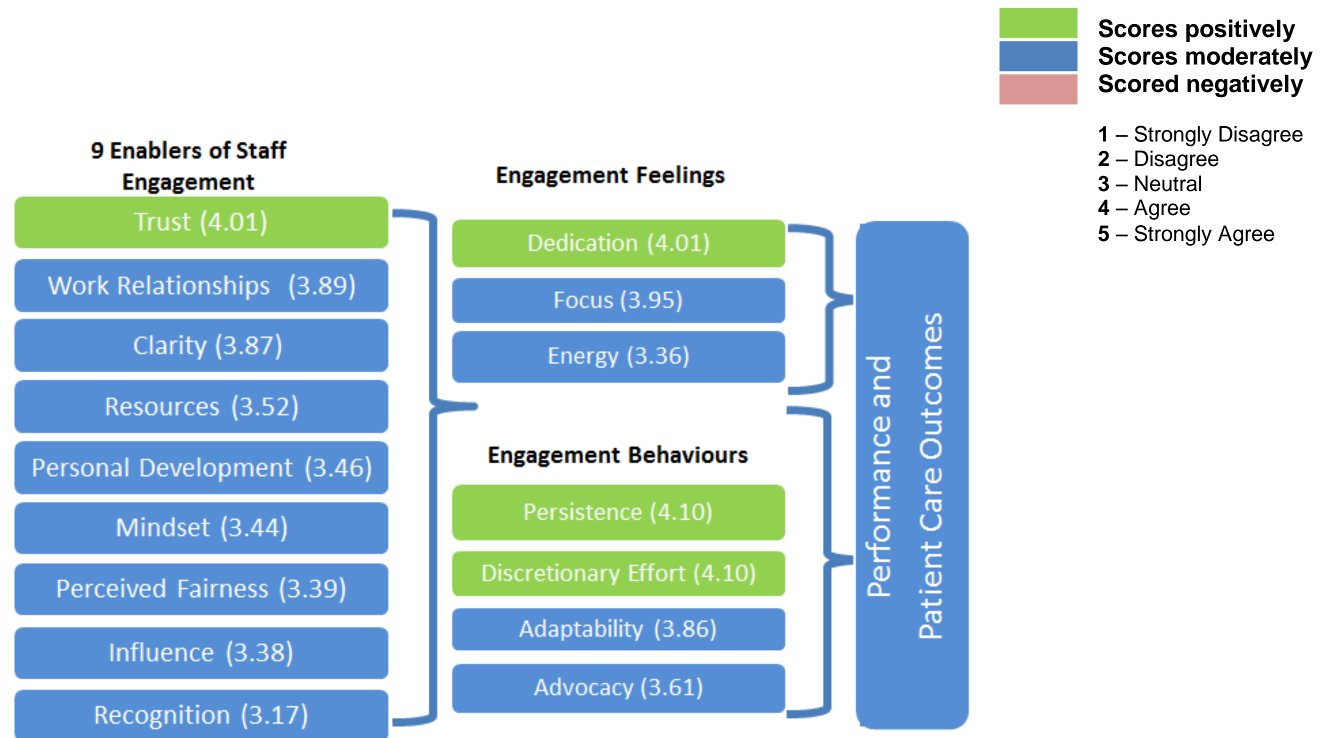
The trust pulse check report has been received and actions underway to address recommendations:

- Eleven teams have been selected as the first cohort of ULH Way staff engagement teams, a pulse check is in the process of completion and workshops commencing in February 2016.
- The staff engagement training manual is being reviewed and adjusted in preparation to train the 11 new staff engagement teams, commencing in February 2016.
- Work is underway to integrate the staff engagement tools/ skills within the trusts leadership development programme.
- The Pulse Check issued to each member of these teams will be analysed.

Risks:

- Despite ongoing encouragement to support engagement across the wider workforce, it remains a risk in relation to attendance, eg. Director's Briefing Sessions, even though CD's and DD' gave their commitment to attend these sessions, to enable them to share key messages with their staff.
- It will not be seen as a priority by staff to engage with (attend) when operational pressures persist.

Nursing Staff



Recruitment & Retention

Medical Staff

Measure	Value
Vacancy Rate as at 31st December 2015	**12.68%**
Previous comparable figure not available	N/A
Benchmark:	
Target	TBC

Headlines:

- Number of Staff in-post 01.01.15 = 804.08 FTE's and 836 Headcount
- Number of staff in-post 31.12.15 = 796.49 FTE's and 827 Headcount
- Slight decrease in number of Medical Staff FTE's in post over past 12 months.
- Increase in vacancy rate by 2.23 % in last month

Actions Underway:

- In addition to the current round of workforce planning, HR at site and Business unit level are supporting immediate recruitment action plans of existing vacancies and ongoing advertisement.
- All Business Units have had review meetings as part of the Medical utilisation workstream and focus on Agency staffing, including identifying plans and actions to recruit or amend roles where necessary. This has identified existing good practice with reviewing medical rotas and job plans, and will continue to be rolled out via CEC.
- Current and future GPVTS and Deanery vacancies are being recruited to by departments as fixed term Trust appointments.

Risks:

- Some hard to fill posts will remain unfilled, business cases previously not pursued, 'Plan for every post' momentum not maintained, mitigated through medical utilisation workforce programme.
- Continuation of perpetual vacancies, not previously challenged through workforce planning and identification of possible alternative solutions, will be mitigated through current planning round.
- Capacity constraints due to team changes, requiring time for retraining of new recruits, alongside loss of specialist medical Knowledge to support the wider team. Mitigated by ongoing recruitment to the team.

Nursing Staff

Measure	Value
Vacancy Rate as at 31st December 2015	**10.90%**
Previous comparable figure	N/A
Benchmark:	
Target	TBC

Headlines:

- Number of Band 5 N&M staff in-post at 01.01.15 = 1159.95 FTE's and 1370 Headcount
- Number of Band 5 N&M staff in-post at 31.12.15 = 1094.90 FTE's and 1302 Headcount
- Total Band 5 Leavers for Dec 14 to Dec 15 was 142.49 'v' number of new starters 167.07.
- Net increase of 25wte in 12 months into the organisation.
- However some offset as a decrease in number of FTE's and headcount attributed to promotion of Band 5 Nurse and Midwifery staff over the past 12 months.

<table>
<tr><td></td><td></td><td>Headlines:
ET signed off plan to recruit up to 100 nurses from the Philippines, end of January
New cohort of 10 overseas nurses to arrive 11-01-15
Romania 15th January and Philippines 22nd January trips planned
Vacancy rate has slightly increased from the previous month by 0.97%
Actions Underway:
Meeting held with Communications team to develop and update Communication and marketing plan.
Recruitment & Retention (R&R) Group meets fortnightly, chaired by Assistant Director of HR to develop plans and monitor implementation, and the Workforce and Planning projects for PIB contain a focus on recruitment.
Band 6 from Clinical Education Team allocated solely to Pilgrim to support new international recruits
2nd trip to Poland took place on 16th December.
The International Recruitment Campaign continues, along with supporting staff commencing and through the process for NMC PIN acquisition.
Interview with Deputy Director of Operations published in the Boston Standard – recruitment focus.
Communications department supporting media recruitment campaigns, eg Boston Standard, Radio.
Risks:
ULHT recruitment brochure and media, this is being addressed via Staffing & Retention Board with input from Communications.
Nursing vacancies provided locally are against current budgeted establishment. However, there continues the debate on the whether we should be recruiting fully into headroom, as current vacancy numbers reflect recruitment into 100% headroom.</td></tr>
<tr><td colspan="3">Other/Non-Clinical Recruitment</td></tr>
<tr><td>Vacancy Rate as at 31st December 2015</td><td>4.14%</td><td rowspan="4">Headlines:
Slight increase in vacancy rate to previous month, however masks a larger number of vacancies within AHP’s
Actions Underway:
Advertising via Peterborough Radio is being utilised with support from the Communications Team to generate generic interest in nursing roles/AHPs.
Risks:
Particularly AHP staff, supply of workforce remains a risk, opportunities to address this via alternative roles has previously been well explored.</td></tr>
<tr><td>Previous comparable figure not available</td><td>N/A</td></tr>
<tr><td>Benchmark:</td><td></td></tr>
<tr><td>Target</td><td>TBC</td></tr>
</table>

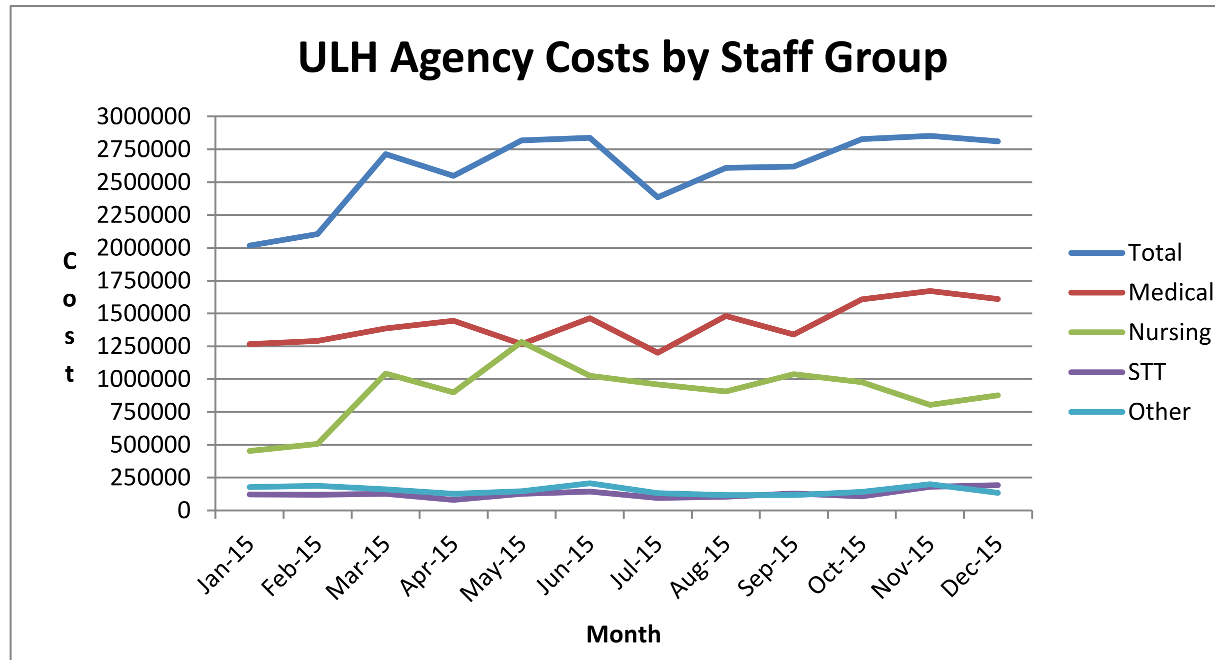
Vacancy Picture Pan Trust

VACANCY POSITION

	Sep-15		Oct-15		Nov-15		Dec-15	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	R	UR	R	UR	R	UR
Lincoln	100.56	36.84	97.40	39.16	102.77	35.84	108.53	36.30
Pilgrim	100.02	20.50	96.84	19.28	96.60	28.89	97.10	20.18
Grantham	19.04	3.21	16.23	3.41	23.06	6.57	25.45	7.77
Louth	2.18	3.00	2.78	3.20	2.93	3.20	2.93	4.05
Paediatrics & Neonatal	24.31	11.87	22.03	12.79	21.60	12.75	22.51	13.79
Obs & Gynae	19.94	3.42	17.49	6.36	15.51	3.86	19.07	4.26
Diagnostics	-1.45	4.31	-0.28	5.47	0.31	4.63	0.99	4.63
Corporate Nursing – All Sites	17.28	5.13	13.99	5.13	14.59	4.13	12.00	4.13
Specialist Nursing – All Sites	0.72	0.19	1.82	0.19	2.02	0.19	2.82	0.19
Nursing & Midwifery Sub-total	**282.60**	**88.47**	**268.30**	**94.99**	**279.39**	**100.06**	**291.40**	**95.30**
Physiotherapy	13.35	2.77	10.58	1.53	11.58	0.53	10.21	0.53
Occupational Therapy	8.61	1.73	7.07	1.73	5.20	1.48	6.45	2.48
Dietetics	2.13	0.00	2.43	0.00	3.28	0.00	3.28	0.00
Total	**306.69**	**92.97**	**288.38**	**98.25**	**299.45**	**102.07**	**311.34**	**98.31**
Nursing & Midwifery Changes			-5.06%	7.37%	4.13%	5.34%	4.30%	-4.76%

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
December 2015	**9.36%** (5.49% Agency + 3.87% Bank)	**Headlines:** • Portfolio Improvement Board continues to have oversight of workforce programmes, including Medical Utilisation and Nursing Utilisation. • Overall down turn in agency costs during December (predominantly medical staff) • Nursing control processes have been reviewed and enhanced by Heads of Nursing with Deputy Chief Nurse. Site pressures during December have impacted on ability to fully measure impact of the controls. • Baseline establishment and vacancy headroom has been approved for all specialities • Financial recovery plan approved, meetings held with Clinical Directors • Pan Trust controls process approved and implemented across all business units • Nurse and agency caps weekly reporting in place • Two nursing utilisation deep dives took place • Further Nursing deep dive 26th January for assurance reporting • All Specialities (except women's and children's) have job planning complete • First two medical deep dive completed, follow up meeting 26th January • KPIs drafted and produced at business unit level. • Risk assessment of vacancy and agency usage complete . • New Electronic Authorisation system to be implemented 14th January **Actions Underway:** • Time out session to take place in January with Director of Nursing, Deputy Director and heads of nursing to approve and implement Pan trust assurance process, KPIs and head room. To also agree plan of action and ownership on recruitment • International recruitment has commenced, and has secured nurses for the Trust. The bank and agency spend on the Pilgrim site has predominantly been linked to covering vacancies, and so a reduction will result with increased recruitment. • Agency and bank use continues to be discussed at confirm and challenge sessions, performance meetings and at Director Led meetings.
Previous comparable data December 2014	6.56% (2.39% Agency + 4.17% Bank)	
Benchmark:		
Target	<2%	

		Risks: • Continued spend on bank/agency will make the financial recovery programme unachievable. • The cessation of some agency spend at service or individual level may have an immediate or delayed impact upon patient care or activity levels. • Continued spend on bank/agency will make provision of some services not viable, initially escalated through current planning round and wider clinical strategy discussion



Employee Wellbeing		
Attendance/Staff Availability		
Annual Sickness rate as at 30th November 2015 (for previous 12 month period)	**4.62%**	**Headlines:** • With a rolling average rate of 4.62% costing £8.66m, the immediate cost to the trust of not achieving a 4% target would be £1,162,634. • Depending on staff group and service there are hidden costs in addition to this figure as backfill / cover is agreed, along with a negative impact upon existing employees potentially undertaking additional workload. • At the end of November '15 the Trust 12 monthly percentage sickness rate stood at 4.62%. The annual cost of sickness (excluding any backfill costs) has increased by £210,765 compared to 12 months ago. • During the 12 months ending November '15, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 19.74% of all absence. Of this figure 3.30% was work related and 16.44% non-work related. • Additional Clinical Services had the highest sickness rate during the 12 months at 6.72% (Unregistered Nurses 7.52%), followed by Estates & Ancillary at 5.87% and Nursing & Midwifery Registered at 5.30%. **Actions Underway:** • Nursing & Medical Staff Utilisation Projects for the Workforce Programme Board contains Milestones and KPI's around reducing sickness. Plans to reduce sickness will result in a reduction in bank/agency spend. • Sickness Absence Policy is under review with the Policy Group. • Ongoing monthly meetings with Occupational Health to discuss complex and long term cases to ensure that plans are in place are continuing. • A review of the absence policy will enable the organisation to ensure that staff are being supported and managed in their RTW and during periods of absence. • A Plan for Every Long Term Sickness employee has been devised to ensure robust management, and a quicker resolution of cases. • The ER Team are currently liaising with managers to produce actions plans to address the high absence rates, and supporting a number of formal meetings with employees. • Aligned to site Business partners, thus with reduced requirement for reporting, the ER team are providing greater assurance to the sites regarding the progression of absence management.
As at November 2014 (for previous 12 month period)	4.58%	
Benchmark:		
Target	4%	

Risks:

- Absence management is not seen as a priority with competing demands by line managers.
- Capacity within ER team to support a number of monthly meetings is limited (60% vacancy) partially mitigated by aligning ER team to Site HR Business Partners.

	Lincoln & Louth	Pilgrim	Grantham	W/C	Diagnostics	Therapies
LT: Formal Support	27	21	3	7	1	0
L2: Formal Support	8	1	1	2	4	0
L3: Formal Caution	1	1	1	0	0	0
L4: Capability Hearing	1	0	N/A	0	0	0

Staff Group	**FTE Lost**	**%**	**Estimated Cost**
Add Prof Scientific & Technic	3,070.38	4.21%	£292,990.08
Additional Clinical Services	25,484.87	6.72%	£1,328,624.79
Administrative & Clerical	17,352.65	3.98%	£1,251,298.13
Allied Health Professionals	3,939.350	0.31%	£388,314.18
Estates & Ancillary	13,996.14	5.87%	£722,688.92
Healthcare Scientists	652.78	1.61%	£77,776.55
Medical & Dental	4,620.90	1.56%	£1,039,579.57
Nursing & Midwifery Registered	37,660.44	5.30%	£3,559.580.77
Students	52.89	0.79%	£2,643.26
Total	**106,830.41**	**4.62%**	**£8,663,496.26**

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9432.94	6.66%	£447,965.96
Band 2	32085.15	6.32%	£1,609,093.37
Band 3	5629.43	4.06%	£335,622.93
Band 4	6632.67	4.24%	£468,096.60
Band 5	28118.76	5.30%	£2,298,058.55
Band 6	13246.39	4.33%	£1,397,526.27
Band 7	4477.76	2.94%	£572,841.67
Band 8A	1292.08	2.87%	£184,102.56
Band 8B	463.41	3.43%	£88,032.38
Band 8C	472.92	3.60%	£98,080.45
Band 8D	123.00	2.89%	£29,590.26
Band 9	2.00	0.45%	£674.34
Non A4C	233.00	3.25%	£94,231.36
Medical	4620.90	1.56%	£1,039,579.57
Total	**106,830.41**	**4.62%**	**£8,663,496.26**

Rolling Yearly Sickness Rates & Estimated Cost by Band

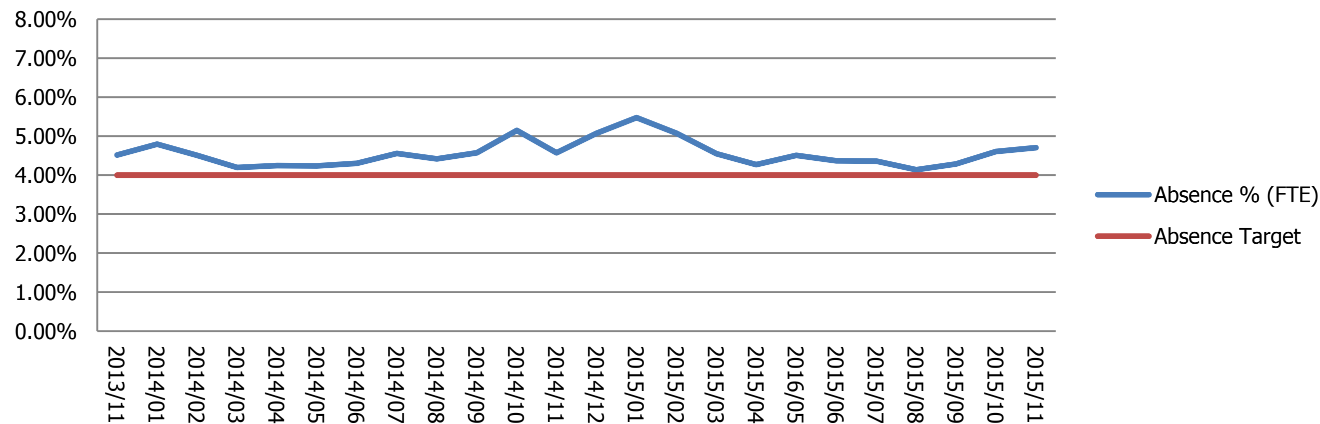
Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 30.11.15	Average Cal Days
Registered Nurses	37,660.44	5.30%	£3,559.580.77	44991	2283	20
Unregistered Nurses	22,006.98	7.52%	£1,131,865.79	26945	968	28
Total	**59,667.42**	**5.95%**	**£4,691,446.56**	**71936**	**3251**	**22**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,242.79	16.44%	No
Anxiety/stress/depression/other psychiatric illnesses	3,459.58	3.30%	Yes
Other musculoskeletal problems	14,616.42	13.94%	No
Other musculoskeletal problems	326.80	0.31%	Yes
Gastrointestinal problems	10,284.84	9.81%	No
Gastrointestinal problems	80.07	0.08%	Yes
Back Problems	8,629.32	8.23%	No
Back Problems	414.63	0.40%	Yes
Other known causes - not elsewhere classified	7,460.00	7.11%	No
Other known causes - not elsewhere classified	113.68	0.11%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data



HR Operations/ER Case Management

Corporate & Nursing Staff

Headlines:

- Review of a number of key HR Policies has commenced.
- ER advisors and Team aligned to Site HR Business Partners for closer supervision and input. Deputy Director of HR & OD retaining oversight.
- Weekly updates on ER activity from the ER Core team to site HR teams has commenced, and allows a greater level of local ownership to engage with managers to address any issues, particularly timeliness of investigation.
- The ER team have produced a process map to communicate to the HR teams and managers the responsibilities of all involved in the process.

Actions Underway:

- Common ER case tracking database put in place of ESR to capture data and will be developed to identify trends in coming months.
- Reviews of current activities have taken place to identify the key areas of focus/deliverables until the vacancy situation has been resolved.
- Senior ER Advisor is reviewing template/guidance notes to ensure the processes we have in place are robust and that managers have information/guidance to refer to when ER team is not available for immediate support/input.

Risks:

- Complaints from Managers/Customers due to level of support being offered at present.
- Impact of reduced resource (recruitment underway) to assist managers with continued progression and timely resolution of cases is being supported by local site HR teams.

December 2015 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	6	4	1	2	0	0
Formal Grievance Cases	2	2	0	0	0	0
Appeal Panel	1	0	0	0	0	0

Medical Staff (Maintaining High Professional Standards)

Headlines:

Current activity

- 2 Conduct cases. Hearing TBC.
- 2 Conduct cases. Investigation underway
- 2 Health cases. Formal meetings underway
- 1 capability case. Initial assessment investigation underway
- 1 grievance case. Dignity at work complaint affecting 3 staff, investigation underway
- 3 cases referred for LDMG discussion/ initial assessment
- 2 exclusions. External cases at request of CPS.

Actions Underway:

- There is a weekly Local Medical Decision Making Group with medical Director and Deputies to discuss ER cases for medics with the purpose of robustly managing such cases, and provide consistency as required under RO regulations.
- The LMDMG is attended by ADs of HR who feed back to the business units in order to bridge some of the previous communication gaps.
- All cases are discussed weekly to unblock any delays.

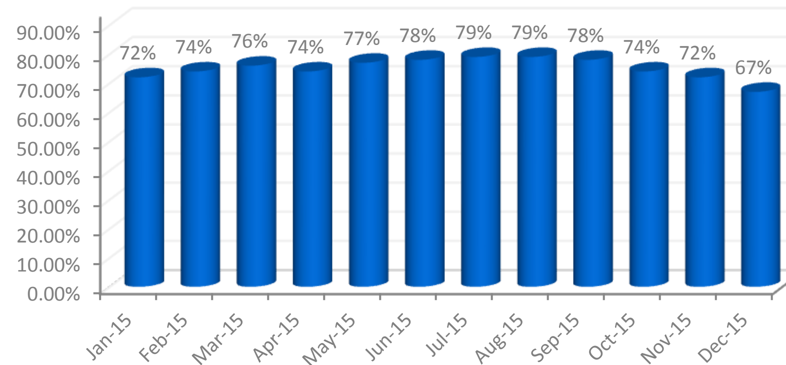
Risks:

- Panels are delayed due to a lack of availability/willingness to take on the role of panel member.
- Cases are delayed due to a lack of availability of trained investigators.
- Lack of resources in ER Team causing delays and lack of support to managers to action absence. Band 2 x1wte, Band 5 x1 unable to recruit due to CIP/Financial pressures. Further pressures anticipated as another Band 5 will commence Maternity leave shortly.

Appraisals

Nursing and Other Staff

<table>
<tr><td>As at 31st December 2015 (for rolling 12 month period)</td><td>67%</td><td rowspan="2">Headlines:
The overall percentage for appraisals was 67% at the end of Decemer against a target of 95%. This is a 5% decrease from the previous month and is the lowest within the year and marginally below the 2014 figure.
There is an increase in the number of hotspots (defined as a consistent appraisal rate of below 70% and excluding areas with relatively small numbers of staff).</td></tr>
<tr><td>As at December 2014 (for previous 12 month period)</td><td>69%</td></tr>
</table>

<table>
<tr><td>Benchmark:</td><td></td><td rowspan="2">Actions Underway:
All hot spot areas have received detailed reports naming those who have or have not yet had an appraisal and many have responded with plans to address the shortfalls.
Appraisal rates continue to discussed with hot spot areas at confirm and challenge meetings with senior management and AD of HR.
All areas not achieving target are required to submit action plans detailing planned appraisal dates.
Business case is being progressed regarding additional resource required to support ESR/Workforce Information Team to enable roll-out of ESR Super Self Service (SSS)
Cross referencing of appraisal plans with online reporting to ensure implementation and data validation is occurring.
Risks:
Under reporting of completed appraisals staffing issues have been identified as the main reasons for non-compliance
Lack of sufficient resource in ESR/Workforce information team to support role out of ESR SSS are causing delays in some areas of the project.
Delay in finalising/agreement of Hierarchy/Organisational structure into ESR has impacted on progress with roll-out of ESR SSS across all sites/business units.</td></tr>
<tr><td>Target</td><td>95%</td></tr>
<tr><td colspan="3">
</td></tr>
</table>

APPRAISAL HOTSPOTS TO 31 DECEMBER 2015

Directorate	Business Unit	Ward/Dept	Change from last month	DEC
Director of Fin & Corp Affair	Finance	A0203 Financial Management	NEW	7%
Director of Fin & Corp Affair	Procurement	A6740 Procurement	↓	11%
Operational Performance	Access Booking and Choice	L0721 LCH & CL Records and Reception	NEW	15%
Integrated Medicine Boston	AE Boston	P3734 A&E Pilgrim	↓	18%
Director of Fin & Corp Affair	Finance	A0202 Financial Control	NEW	22%
Integrated Medicine Lincoln	Haem & Onc Pan Trust	L2020 Ingham Ward	NEW	22%
TACC Lincoln	Critical Care Lincoln	L1059 Hospital Out of Hours Lincoln	↔	24%
Women & Childrens Pan Trust	W&C Services Lincoln	L4734 Safari Ward	↑	25%
Director of Estates & Facil	Site Estates & Facil Grantham	G6730 Grantham Housekeeping	↔	25%
Integrated Medicine Lincoln	Haem & Onc Pan Trust	L5911 Radiotherapy Physics	↑	27%
Integrated Medicine Boston	Medicine Boston	P3735 Ambulatory Care Boston	NEW	29%
Integrated Medicine Lincoln	Medicine Lincoln	L1029 Navenby Ward	↔	31%
Women & Childrens Pan Trust	W&C Services Lincoln	L4735 Rainforest Ward	↑	34%
Integrated Medicine Lincoln	AE Lincoln	L3734 A&E	↓	35%
TACC Lincoln	Theatres Lincoln	L4053 Surgical Admissions Lounge	NEW	36%
TACC Boston	Theatres Boston	P4001 Second Floor Theatres	↓	39%
Surgical Services Boston	Surgical Services Mgt Boston	P0106 Surgical Services Boston Mgt.	NEW	39%
Surgical Services Boston	Surgery Boston	P2537 Day Case Ward	↓	42%
Surgical Services Boston	Orthopaedics Boston	P3535 Ward 3A	↔	44%
Director of HR & Org Dev	Occupational Health	A0321 Occupational Health	↑	47%
Clinical Support Services	Diagnostics	L5150 Lincoln Pharmacy	↓	48%
Surgical Services Lincoln	Surgical Services Mgt Lincoln	L0106 Surgical Services Mgt.	NEW	50%
TACC Lincoln	Critical Care Lincoln	L3840 ICU	↓	51%
Integrated Medicine Boston	AE Boston	P1042 Acute Medical Unit (Prev CDU)	↑	52%
Grantham	AE Grantham	G1039 Critical Care Ward	↔	52%
Clinical Support Services	Diagnostics	L1361 Lincoln Cardiac Physiology	NEW	52%
Integrated Medicine Lincoln	Medicine Lincoln	L1735 Dixon Ward	↔	53%
Women & Childrens Pan Trust	W&C Services Lincoln	L4736 Nocton Ward	↔	53%
Bostonian	Bostonian	P8810 Bostonian Clin Serv	↑	55%
Integrated Medicine Boston	Medicine Boston	P1036 Pilgrim Stroke Unit	↑	56%
Integrated Medicine Lincoln	Integrated Medicine Lincoln Mgt	L0107 Integrated Medicine Mgt.	NEW	56%
Clinical Support Services	Therapies	P5310 Pilgrim Occupational Therapy	NEW	56%
Integrated Medicine Lincoln	Medicine Lincoln	L1635 Lincoln Stroke Unit	↓	63%
Surgical Services Boston	Surgery Boston	P2535 Ward 5A	↓	63%
TACC Lincoln	Theatres Lincoln	M4050 Louth Operating Theatres	↓	64%
TACC Boston	Critical Care Boston	P3835 ICU	↓	64%
Women & Childrens Pan Trust	W&C Services Lincoln	L4520 Antenatal Clinic	NEW	64%
Operational Performance	Access Booking and Choice	P5056 Health Records	NEW	64%
Clinical Support Services	Diagnostics	L6111 Breast Screening	↑	65%
Women & Childrens Pan Trust	W&C Services Boston	G4547 Community Midwives	NEW	65%
Women & Childrens Pan Trust	W&C Services Boston	P4534 Labour Ward	NEW	65%
Grantham	AE Grantham	G3734 A&E Department	↔	66%
TACC Lincoln	Theatres Lincoln	L4050 Main Theatres	↔	68%
Integrated Medicine Lincoln	AE Lincoln	L1035 Lin Emergency Assessment Unit	↔	69%
Site Management Boston	Site Management Boston	P1059 Acute Support Services (2015)	NEW	69%
Surgical Services Lincoln	Surgery Lincoln	L3542 Digby Ward	↑↑	70%

Appraisals

Medical Staff

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

- A small number of clinicians find it difficult to meet their appraisal responsibilities and arrange their appraisals in their allocated appraisal month despite reminders 3 months prior to appraisal month and regular subsequent reminders in accordance with the Medical Appraisal Policy ‘Escalation Process’. Allocation of appraisers by the Revalidation Office continues to have a positive impact.
- Delay in submission of MAG appraisal paperwork within 28 days following the appraisal meeting has improved over the past two months but is still not ideal. Appraisals may have taken place in the allocated month, however it is only when the appraisal is signed off within the 28 days can the appraisal be counted as compliant. This issue will be fully addressed once the new e-appraisal system is embedded within the Trust.
- A high percentage of newly appointed doctors join the Trust having not worked in the UK previously and have therefore not undertaken appraisal. The Trust requires new doctors to have an appraisal within 6-9 months of commencement. However, the number of new starters who have had an appraisal within the past 12 months with previous UK employers is steadily increasing.
- Work pressures, family issues and long term sickness are the main reasons given for failure to participate in appraisal during allocated appraisal months.
- Doctors wishing to postpone their appraisals are submitting formal requests to the Revalidation Office. Each request is considered taking into account the reason for the postponement. 90% of requests are agreed and a revised date for appraisal confirmed.

The Revalidation Team are progressing the implementation of the new e-appraisal system. Over 30% of doctors have completed training to use the system for appraisals. 22 Appraisals have now been completed using the Allocate e-appraisal system. It is anticipated all appraisals will be completed using Allocate with effect from the end of March 2016. The web based system will enable improved appraisal compliance reporting and will be available to doctors to use at any time outside of work.

Medical Revalidation

At the end of December 2015 approximately 81% of the Trusts non-training doctors (including Consultants, SAS Doctors and Clinical Fellows) will have been revalidated.

112 doctors have been revalidated since the 1st April 2015 and 15 doctors have had their revalidation deferred. Deferral requests made to the GMC are appropriate only where the doctor is engaged with the systems and processes of appraisal and revalidation. They include doctors who have been unable to provide the required supporting information before their revalidation submission date and also doctors who are involved in on-going local disciplinary processes.

3 doctors currently participating in a GMC process are included in the deferral numbers.

<table>
<tr><td>As at 31st December 2015 (for previous 12 month period)</td><td>91%</td><td rowspan="4">Headlines:

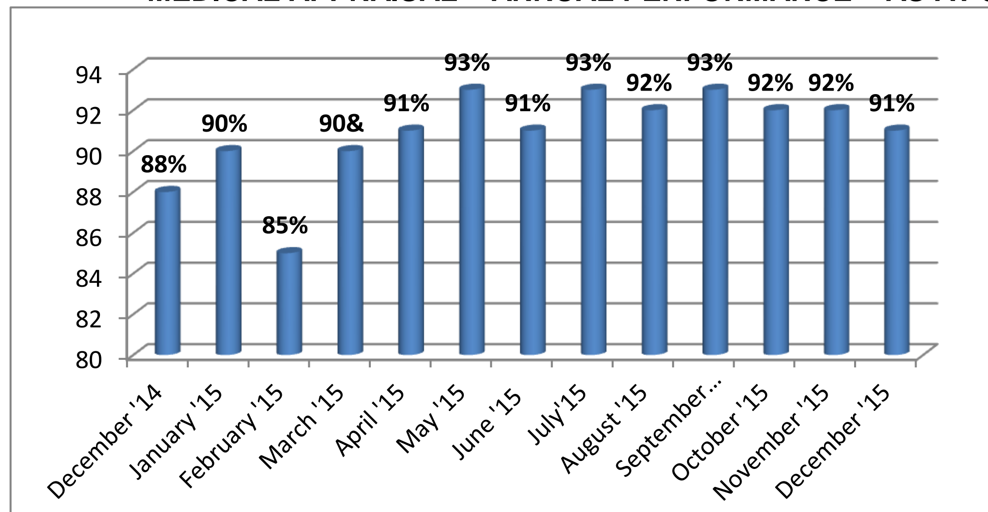
The current appraisal rate of 91% is 1% lower than the last reported figure but is improved compared to the same period in 2014 (88%). The medical appraisal rate is calculated on a rolling twelve month basis as required by NHS England.
Revalidation Office are making steady progress with implementation and roll-out of the e-appraisal system. Doctors whose appraisals are due between November 2015 and April 2016 together with their appraisers have been trained to use the system. 22 appraisals have now been completed using the new system. Localised training events will continue until end of May 2016.
Roll-out of e-360 Multi-source feedback will commence later in the year
Implementation of improved processes to enhance quality governance of appraisal and revalidation well received.
The Consultant Job Planning Policy is now revised and published to reflect the changes to process as a consequence of the implementation of the new Allocate e-job planning system. The SAS Doctor Job Planning Policy and Medical Leave Policy are scheduled to be agreed at MSNF 29th January 2016 and will be subsequently published.
The Revalidation Office is in the process of recruiting to the Revalidation Administrator vacancy. An appointment will be made by the end of March.

Actions Underway: During January 2016

The consultation process with the LNC in respect of the Medical Appraisal policy will be concluded and published before the end of march 2016. The revised appraisal policy includes proposals for improved escalation and further sanctions for doctors who are non-engaged in appraisal processes and new practices/assessments to enhance Appraisal Quality Assurance and audit processes.
The implementation of 'Quality Assurance of Appraisals' is now well established and has confirmed the high quality of medical appraisals within the Trust. It has also identified aspects requiring improvement in a small number of appraisals. These will be addressed over the coming months through additional support for those doctors requiring further advice and input.
Work continues regarding the review of the medical appraisal quality governance structure. The introduction of Medical Appraisal Leads will also support improved quality assurance of the process.
The LDMG have now introduced the Risk Assessment Framework to support consistent decision making in respect of the management of doctors in difficulty.
Training for doctors and medical appraisers to use the new e-appraisal system will continue throughout the next 6 months with the aim that all doctors will be using the system for appraisal by the end of April 2016.
The new system will improve reporting mechanisms, improve the appraisal compliance rate and
</td></tr>
<tr><td>As at 31st December 2014 (for previous 12 month period)</td><td>88%</td></tr>
<tr><td>Benchmark:</td><td></td></tr>
<tr><td>Target</td><td>95%</td></tr>
</table>

		governance of appraisal processes. • The programme for 2015-2016 Medical Appraiser Network Support meetings have been well attended with good feedback received. The final meeting will take place on the 17th February 2016 at Pilgrim. • New Appraiser Training for Doctors wishing to become Medical Appraisers has been scheduled for 24th March 2016. **Risks:** • Delay in progressing e-job planning and e-appraisal implementation due to lack of resource and restricted room availability for system Training across the Trust • Current work pressures impacting on doctors arranging appraisals • Challenge from CCG's and TDA if compliance rates not achieved • Adverse impact on individual and service should doctors fail to revalidate. • Increasingly new locum doctors appointed to cover gaps in training posts have not been appraised prior to appointment. The main reason being this is their first post in the UK or they have been working with Locum Agencies and have failed to engage in the process. The Revalidation Office will be monitoring the progress of these doctors and offering support to participate in appraisal.

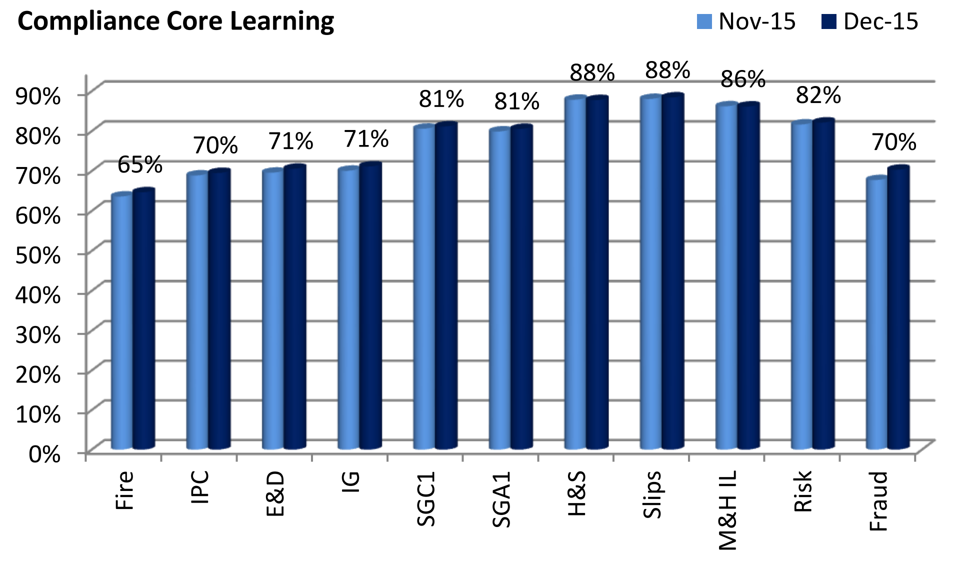
MEDICAL APPRAISAL – ANNUAL PERFORMANCE – AS AT 31st Dec 2015



<table>
<tr><th colspan="3">Core Learning</th></tr>
<tr><td colspan="3">Overall compliance increases by 1%</td></tr>
<tr><td>As at 31st December 2015</td><td>78%</td><td rowspan="4">Headlines:
• Fraud awareness was introduced into the figures causing a drop in overall compliance however if excluded overall compliance is 78% to make a like for like comparison to previous months.
• The drop in Fire compliance is attributable to the change in requirement to a face to face only update introduced from the 1st April.
• Health & Safety and Slips, Trips & Falls continue to have the highest completion rates at 88%.

Actions Underway:
• Fire compliance, which is now classroom only and has been falling month on month, increases this month by 1%. However this is still 13% lower than this time last year when it was 78%.
• Annual topics, having seen falls over recent months, increase by 1% this month.
• 3 yearly topics remain the same apart from Safeguarding Adults which increases by 1%.
• Fraud continues to increase, this month by 2%.
• Hot spot areas identified and escalated to Deputy Director of Operations. Email communication sent to managers responsible for the hotspot areas to request action plans for achieving compliance.
• Core learning discussed as part of confirm and challenge sessions with hot spot areas.

Risks:
• Staff not appropriately trained in mandatory areas, and so either can be a risk to their own health and safety, or to patients. escalations to Managers that DNR on safeguarding for review
• Potential resulting bottle neck effect of staff requiring Core Learning before Year End</td></tr>
<tr><td>As at 31st December 2014</td><td>71%</td></tr>
<tr><td>Target</td><td>95%</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="3"></td></tr>
</table>



Core Learning Rate

	Fire %	IPC %	E&D %	IG %	SGC1 %	SGA1 %	H&S %	Slips %	M&H IL %	Risk %	Fraud %	Average %
Medical Compliance	**56%**	**65%**	**64%**	**66%**	**75%**	**73%**	**82%**	**80%**	**80%**	**79%**	**67%**	**71%**

Core Learning Rate Medical Staff

HR Systems

To successfully plan for and deploying our staff we need, when we need them is a huge task across multi-disciplinary teams and pan-trust services and sites.

- Legacy systems are not fit for purpose and a series of programmes have been identified to enhance our systems/processes:
- Electronic Rostering (Allocate Healthroster v10) currently rolled out in majority of clinical areas; next phase will be for Medical Workforce

and Medical Support Staff

- Electronic job planning currently underway for 2015/16
- Meanwhile, improvements to ESR continue and the Trust is piloting ESR Supervisor Self-Service at present. Scoping exercise to expand and roll-out Manager Self Service for 2015/16.
- ESR Self Service gives line managers or supervisors the ability to view compliance against core learning, absence management and view staffing profiles against payroll and persons in-post. Line Managers through Supervisor Self Service also directly manages absence reporting, annual leave and appraisal. Employees can see information about themselves, request leave & training, undertake learning.

ESR – Self Service Project

Headlines:

- ESR SSS roll-out underway for LCH & Louth/Grantham nursing areas, Therapy/Diagnostics/Pharmacy pan Trust, and |Occupational Health. Go Live for these areas planned for the beginning of February 2016.
- 7167 employees will have ESS at the end of January apart from 310

Actions Underway:

- Meetings with senior Managers staff, Matrons continue
- Exit interview through ESR Supervisor Self Service explored
- Meeting to be held to identify aims/objectives/ risks and issues for MSS with key stakeholders for operational/ non operational structures
- MSS role to be identified in non -operational structures
- Business Case for ESR system support to go to ET

Risks:

- Budget authorisation matrix does not match current structure hierarchy and support MSS at ward level
- Challenge in time commitment of Clinical Staff
- HR does not have capacity'/resource to support the build & support SSS & MSS in hierarchy & Helpdesk and 'field' any queries from users during pilot and implementation
- Lack of ESR System resource to build hierarchy and supporting requirement for ESR Helpdesk
- Annual Leave in ESR requires all staff to be validated for entitlement and accrual
- E-Forms are not implemented across the trust due to engagement and resource