HR & OD Monthly Report (March 2016)
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United Lincolnshire Hospitals NHS
NHS Trust

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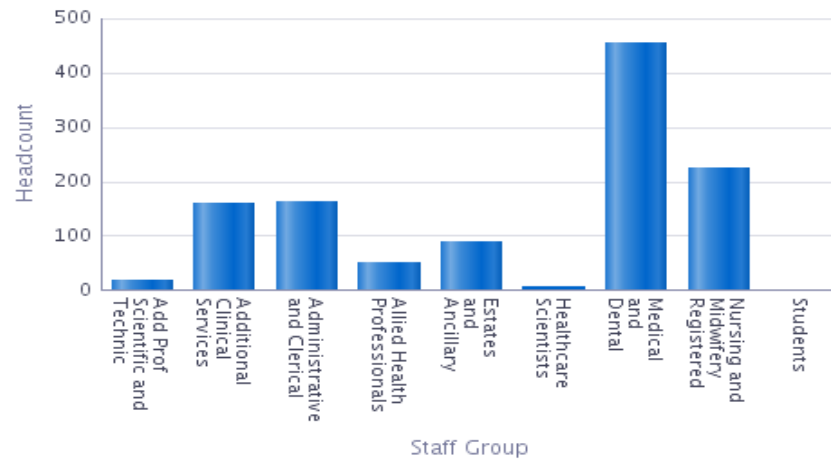| **Workforce Planning** |
| --- |
| Workforce Planning is taking place alongside annual planning and budget setting. It will address short-term plans (annual), mid-term (1-3) and long term (3-5) years.
The workforce plan will involve analysis of the service requirements, availability of workforce supply, 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 continues 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 final agreed plans to be signed off and approved following confirm and challenge meetings.
The International Recruitment Campaign continues, having had a successful recruitment event in the Philippines.
Actions Underway:
The first round of joint planning meetings (BU Mgrs / HR / Finance) took place 14-28th January, with confirm and challenges to those outcomes currently underway.
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. Maintenance of an improved staffing position, particularly Nursing, remains a risk, with a number of ongoing activities and recruitment events being delivered and planned through the Hub to increase the 'attraction' activity. |

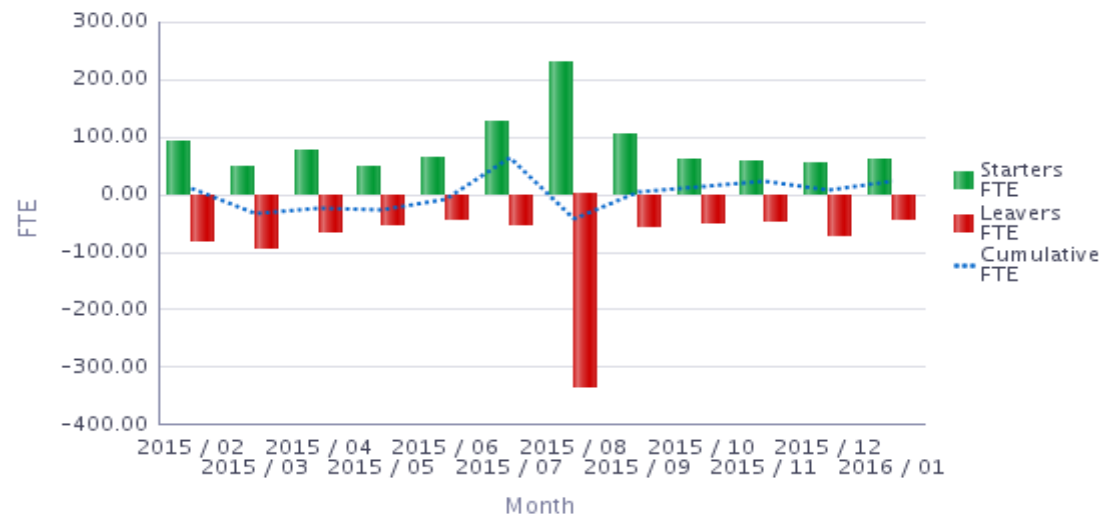| **Staff Turnover**		
As at 31st January 2016 (for Q3)	**2.10%**	**Headlines:**
As at January 2015 (for Q3)	2.44%	- We have seen a slight decrease in overall turnover rate on an annual basis. - Net increase of 21 headcount Band 5 Nursing staff over the last 12 months
Benchmark:		

Target		• Nursing & Midwifery turnover rate has slightly increased in month to 9.75%. Up from 9.68% in the preceding month. Yet this figure is still 0.5% lower than 2 months ago. • 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 **Actions Underway:** • Difficulties of retention and recruitment alongside age profile and absence has been incorporated throughout all workforce plans where relevant. • 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. • The Exit Interview process has been significantly redesigned, staff will now receive an online request for a short survey. This is generates upon receipt of the termination form from the manager, which remains key to obtaining timely exit data. **Risks:** • Recognition that significant and continued input is required to develop and maintain an active recruitment and retention position across the Trust, particularly mindful of the need to ensure a positive balance between starters than leavers.

Starters by Staff Group

Leavers by Staff Group

Starters & Leavers by Month February 15 – January 16

Staff Group	Establishment as at 31.01.16	SIP as at 1.02.15	SIP as at 31.01.16	Average SIP	Leavers 1.02.15 - 31.01.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2191.05	1978.41	1947.40	1962.90	213.60	10.88%	9.75%
All Medical	914.20	794.55	801.76	798.16	447.93	56.12%	49.00%
Medical excluding juniors	531.38	463.35	464.26	463.81	70.23	15.14%	13.21%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	**Headcount**	**Fte**	**Headcount**	**Fte**	**Headcount**
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	10.08	11	5.36	8
Nov '15	10.99	14	8.69	10	2.30	4
Dec '15	2.16	4	12.81	16	-10.65	-12
Jan '16	10.55	13	8.45	10	2.1	3
Total	**160.55**	**184**	**135.92**	**163**	**24.63**	**21**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	183.60	185	269.30	270	-85.70	-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	19.25	20	30.00	30	-10.75	-10
Jan '16	13.53	14	13.00	13	0.53	1
Total	**450.60**	**455**	**447.93**	**453**	**2.67**	**2**

Medical & Dental Monthly Starters & Leavers

Employee Engagement

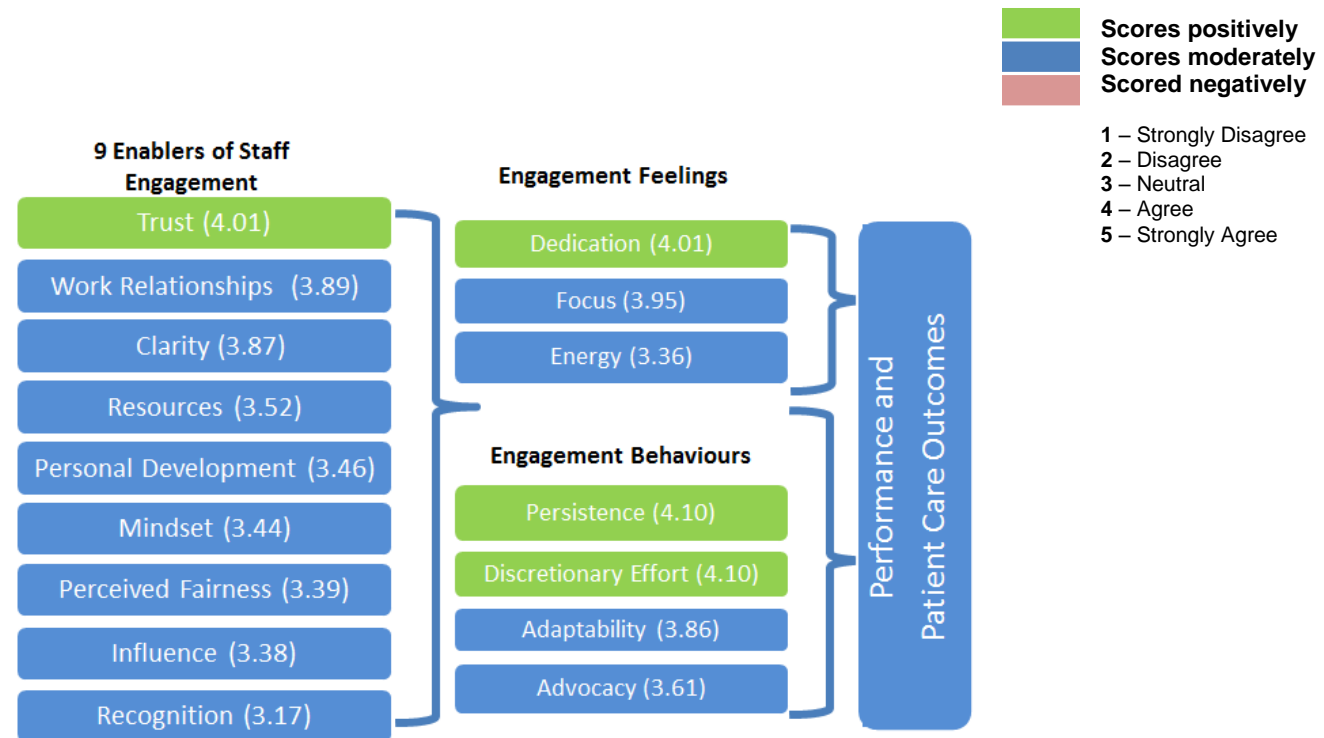**Staff Survey & Pulse Check – Staff Engagement**

The national average score for staff engagement was 3.74 out of a possible 5. The Trust's previous score was 3.50. Results of this years Staff Survey are imminently awaited.

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:
- Second Pulse Check results report received and circulated. Top enablers are Trust (4.05) and Work Relationships (3.99). The areas to focus on for improvement are Recognition, Influence and Mindset
- 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:
- Significant improvement seen in enable Work Relationships from December 2015 Pulse Check Results.
- Actions to improve staff engagement are being taken forward.
- Nine teams have attended the two day workshops to begin their ULH Way staff engagement programme and have developed action plans detailing their improvements.
- Staff Engagement Strategy written and looking for approval from the Staff Engagement Group.
- Night time engagement events held on each site.
- The 9 ULH Way teams will begin work on their improvements and attend the first compass check.
- Actions identified from the two Pulse Check reports across all sites.
- Staff Engagement weeks and Easter events taking place on all sites during March 16.
- Return rate for March 16 Pulse Check to achieve 30% or above.
- To increase the number of departments using communication cell as a tool.
- Agree the resource for the Staff Engagement team for short, medium and long term.

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

Scores positively
Scores moderately
Scored negatively

1 – Strongly Disagree
2 – Disagree
3 – Neutral
4 – Agree
5 – Strongly Agree

9 Enablers of Staff Engagement

Trust (4.01)

Work Relationships (3.89)

Clarity (3.87)

Resources (3.52)

Personal Development (3.46)

Mindset (3.44)

Perceived Fairness (3.39)

Influence (3.38)

Recognition (3.17)

Engagement Feelings

Dedication (4.01)

Focus (3.95)

Energy (3.36)

Engagement Behaviours

Persistence (4.10)

Discretionary Effort (4.10)

Adaptability (3.86)

Advocacy (3.61)

Performance and Patient Care Outcomes

Recruitment & Retention		
Medical Staff		
Vacancy Rate as at 31st January 2016	**12.30%**	**Headlines:** • Number of Staff in-post 01.02.15 = 794.55 FTE's and 827 Headcount • Number of staff in-post 31.01.16 = 801.76 FTE's and 833 Headcount • Slight increase in number of Medical Staff FTE's in post over past 12 months. • Decrease in vacancy rate from previous 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.
Previous comparable figure not available	N/A	
Benchmark:		
Target	TBC	
Nursing Staff		
Vacancy Rate as at 31st January 2016	**11.12%**	**Headlines:** • Number of Band 5 N&M staff in-post at 01.02.15 = 1149.09 FTE's and 1374 Headcount • Number of Band 5 N&M staff in-post at 31.01.16 = 1093.64 FTE's and 1311 Headcount • Total Band 5 Leavers for Jan 15 to Jan 16 was 135.92 'v' number of new starters 160.55. • Net increase of 24.63wte 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.
Previous comparable figure	N/A	
Benchmark:		
Target	TBC	

Headlines:

- Transition for cohort 4 was taking longer than had been anticipated. Out of these 4 nurses, 3 have their PINs from the RCN, one was still waiting and one of them was still requiring more support than had been expected.
- New cohort of overseas nurses arrived 11-01-15.
- Feedback thus far from the international recruitment in the Philippines was that nurses appeared to be of a higher standard than those from the EU in both level of experience and command of English.
-

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
- 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.
- It was noted that Cohort 6 was due to arrive the weekend 6/7 February 2016.

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.
- Provisional plans had been made to travel to India on 15 April 2016 but it was not known whether this would still go ahead because of the success with recruiting in the Philippines.
- Recruitment Group were in favour of trying to recruit in India; as even with the success of recruiting in the Philippines, there still remained a number of nursing gaps.
- There were still a number of teething problems with cohort 5, most of the issues appeared to be related to expectations by both the nurses and ward managers.
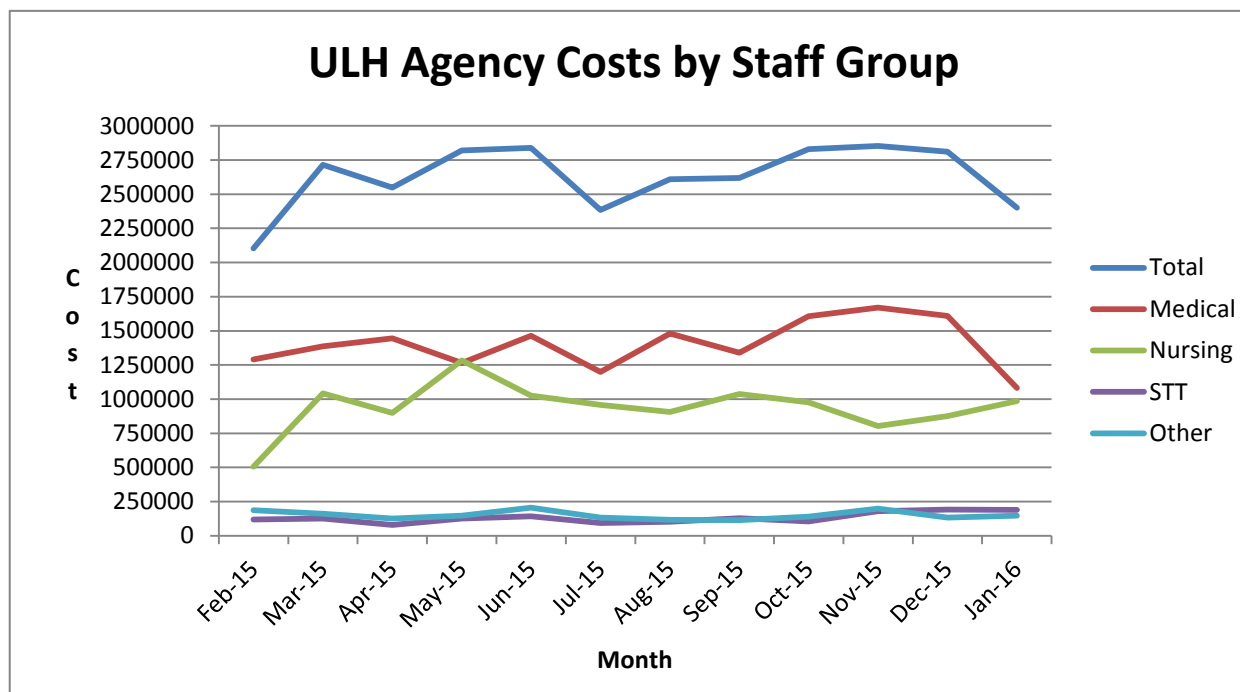
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Other/Non-Clinical Recruitment		
Vacancy Rate as at 31st January 2016	**3.30%**	**Headlines:** • Significant decrease (down by 0.84%) in vacancy rate to previous month, a number of successful appointments made.
Previous comparable figure not available	N/A	**Actions Underway:** • Advertising via Peterborough Radio is being utilised with support from the Communications Team to generate generic interest in nursing roles/AHPs.
Benchmark:		**Risks:**
Target	TBC	• Particularly AHP staff, supply of workforce remains a risk, opportunities to address this via alternative roles has previously been well explored.

Nursing & Midwifery / AHP

Vacancy Picture Pan Trust

	Sep-15		Oct-15		Nov-15		Dec-15		Jan-16	
	Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll		Data from Payroll	
	R	UR	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	110.79	35.76
Pilgrim	100.02	20.50	96.84	19.28	96.60	28.89	97.10	20.18	103.92	10.38
Grantham	19.04	3.21	16.23	3.41	23.06	6.57	25.45	7.77	28.36	10.17
Main Site Nursing & Midwifery Sub-total	**219.62**	**60.55**	**210.47**	**61.85**	**222.43**	**71.30**	**231.08**	**64.25**	**243.07**	**56.31**
Louth	2.18	3.00	2.78	3.20	2.93	3.20	2.93	4.05	3.69	3.20
Paediatrics & Neonatal	24.31	11.87	22.03	12.79	21.60	12.75	22.51	13.79	22.93	10.19
Obs & Gynae	19.94	3.42	17.49	6.36	15.51	3.86	19.07	4.26	22.20	2.53
Diagnostics	-1.45	4.31	-0.28	5.47	0.31	4.63	0.99	4.63	0.15	5.63
Corporate Nursing – All Sites	17.28	5.13	13.99	5.13	14.59	4.13	12.00	4.13	12.65	4.12
Specialist Nursing – All Sites	0.72	0.19	1.82	0.19	2.02	0.19	2.82	0.19	1.42	0.19
Nursing & Midwifery Sub-total	**282.60**	**88.47**	**268.30**	**94.99**	**279.39**	**100.06**	**291.40**	**95.30**	**306.11**	**82.17**
Physiotherapy	13.35	2.77	10.58	1.53	11.58	0.53	10.21	0.53	10.21	-1.47
Occupational Therapy	8.61	1.73	7.07	1.73	5.20	1.48	6.45	2.48	6.93	2.48
Dietetics	2.13	0.00	2.43	0.00	3.28	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**	**326.53**	**83.18**

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
January 2016	**7.79%** (5.00% Agency + 2.79% Bank)	**Headlines:** • Medical agency staff decreased by £509k in the month. This was specifically due to the business units and NL Group validating and removing old shifts that were block-booked but never worked. This is a one-off benefit and has disguised the true monthly cost. • Over 1.5% decrease in the figure from December. (9.36 to 7.79%)
Previous comparable data January 2015	7.24% (3.78% Agency + 3.46% Bank)	• New Electronic Authorisation system implemented 14th January. • Portfolio Improvement Board continues to have oversight of workforce programmes, including Medical Utilisation and Nursing Utilisation. • Again, overall down turn in agency costs during January (predominantly medical staff) • Baseline establishment and vacancy headroom has been approved for all specialities
Benchmark:		• Financial recovery plan approved, meetings held with Clinical Directors • Pan Trust controls process approved and implemented across all business units
Target	<2%	• Nurse and agency caps weekly reporting in place • Two nursing utilisation deep dives took place • Further Nursing deep dive 26th January for assurance reporting • KPIs drafted and produced at business unit level. • Risk assessment of vacancy and agency usage complete. **Actions Underway:** • Time out session in January with Director of Nursing, Deputy Director and heads of nursing to approve and implement Pan trust assurance process, KPIs and head room. • Agreed plan of action and ownership on recruitment. • International recruitment continues, the impact of reduced vacancies on Agency spend, particularly Pilgrim site, is anticipated to reduce further as new staff commence employment in coming months. • Agency and bank use continues to be discussed at confirm and challenge sessions, performance meetings and at Director Led meetings. **Risks:** • Continued spend on bank/agency will make the financial recovery programme unachievable. • Continued spend on bank/agency will make provision of some services not viable, initially escalated through current planning round and wider clinical strategy discussion. •

ULH Agency Costs by Staff Group

Employee Wellbeing		
Attendance/Staff Availability		
Annual Sickness rate as at 31st December 2015 (for previous 12 month period)	**4.57%**	**Headlines:** - Decrease in annual rate by 0.05% - With a rolling average rate of 4.57% costing £8.57m, the immediate cost to the trust of not achieving a 4% target remains in excess of £1million. Further hidden costs of backfill and remaining staff health and well being are noted but difficult to quantify.
As at December 2014 (for previous 12 month period)	4.63%	At the end of December '15 the Trust 12 monthly percentage sickness rate stood at 4.57%. The annual cost of sickness (excluding any backfill costs) has increased by £7,516 compared to 12 months ago.
Benchmark:		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 19.66% of all absence. Of this figure 2.95% was work related and 16.71% non-work related.
Target	4%	- Additional Clinical Services had the highest sickness rate during the 12 months at 6.61% (Unregistered Nurses 7.43%), followed by Estates & Ancillary at 5.82% and Nursing & Midwifery Registered at 5.22%. - Reduction in cost of Nursing staff absence of £80k in month. **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.

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	33	9	0	7	1	0
L2: Formal Support	21	1	0	2	4	0
L3: Formal Caution	2	0	1	0	1	0
L4: Capability Hearing	2	0	0	0	0	0

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	3049.25	4.18%	£292,741.22
Additional Clinical Services	25041.17	6.61%	£1,311,808.32
Administrative & Clerical	17461.25	3.99%	£1,273,960.27
Allied Health Professionals	3973.09	3.03%	£392,126.60
Estates & Ancillary	13883.35	5.82%	£720,949.23
Healthcare Scientists	680.51	1.69%	£87,099.24
Medical & Dental	4463.28	1.51%	£991,110.08
Nursing & Midwifery Registered	37034.88	5.22%	£3,497,128.13
Students	32.79	0.50%	£1,580.64
Total	**105,619.57**	**4.57%**	**£8,568,503.72**

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,371.96	6.62%	£448,398.11
Band 2	31,502.68	6.20%	£1,582,639.64
Band 3	5,688.60	4.11%	£340,206.04
Band 4	6,586.98	4.20%	£464,368.81
Band 5	27,991.75	5.31%	£2,290,004.05
Band 6	12,983.78	4.23%	£1,369,158.33
Band 7	4,371.62	2.87%	£564,697.99
Band 8A	1,315.58	2.89%	£191,750.56
Band 8B	503.41	3.69%	£95,846.04
Band 8C	472.92	3.60%	£98,011.19
Band 8D	115.00	2.74%	£28,219.56
Band 9	2.00	0.49%	£674.34
Non A4C	250.00	3.53%	£103,418.99
Medical	4,463.28	1.51%	£991,110.08
Total	**105,619.57**	**4.57%**	**£8,568,503.72**

Rolling Yearly Sickness Rates & Estimated Cost by Band

Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 31.01.16	Average Cal Days
Registered Nurses	37,034.88	5.22%	£3,497128.13	44387	2275	20
Unregistered Nurses	21,613.93	7.43%	£1,114,338.83	26519	978	27
Total	**58,648.81**	**5.86%**	**£4,611,466.96**	**70906**	**3253**	**22**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,394.82	16.71%	No
Anxiety/stress/depression/other psychiatric illnesses	3,066.32	2.95%	Yes
Other musculoskeletal problems	14,079.82	13.52%	No
Other musculoskeletal problems	354.00	0.34%	Yes
Gastrointestinal problems	10,190.34	9.79%	No
Gastrointestinal problems	61.47	0.06%	Yes
Back Problems	8,726.72	8.38%	No
Back Problems	387.76	0.37%	Yes
Other known causes - not elsewhere classified	7,945.93	7.63%	No
Other known causes - not elsewhere classified	113.68	0.11%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data

Absence % (FTE)

Absence Target
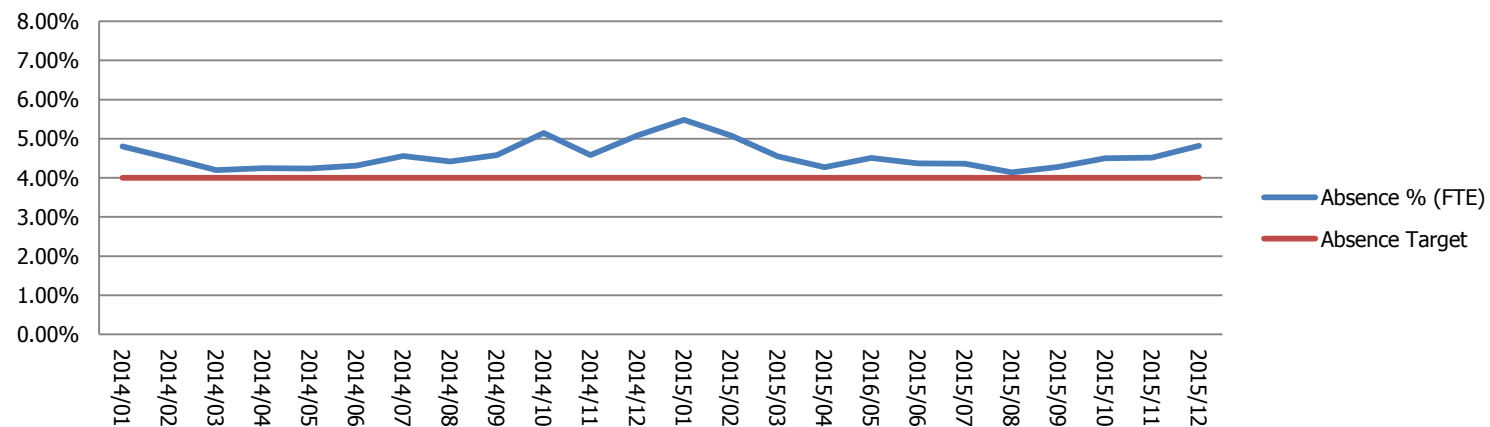
HR Operations/ER Case Management

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.

January 2015 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	6	5	3	4	1	0
Formal Grievance Cases	5	3	0	1	1	0
Appeal Panel	1	0	0	0	0	0

Medical Staff (Maintaining High Professional Standards)

Headlines:

Current activity

- 2 Conduct cases. Hearings arranged for March/ April.
- 4 Conduct cases. Investigation underway
- 2 Health cases. Formal meetings underway
- 1 capability case. Initial assessment investigation underway
- 2 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.

Appraisals		
Nursing and Other Staff		
As at 31st January 2016 (for rolling 12 month period)	**67%**	**Headlines:** - No Change in the overall percentage for appraisals was 67% at the end of January against a target of 95%. - 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). **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.
As at January 2015 (for previous 12 month period)	72%	
Benchmark:		

Target	95%	- 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. **Appraisals excluding Medical Staff**

APPRAISAL HOTSPOTS TO 31 JANUARY 2016

Directorate	Business Unit	Ward/Dept	Change from last month	Jan-16	Dec-15
Director of Fin & Corp Affair	Finance	A0202 Financial Control	↓	4%	22%
Operational Performance	Access Booking and Choice	L0721 LCH & CL Records and Reception	↓	4%	15%
Director of Fin & Corp Affair	Finance	A0203 Financial Management	↔	7%	7%
Integrated Medicine Boston	AE Boston	P3734 A&E Pilgrim	↓	10%	18%
Director of Fin & Corp Affair	Procurement	A6740 Procurement	↔	11%	11%
Operational Performance	Access Booking and Choice	P5058 Receptionists	NEW	19%	
Integrated Medicine Lincoln	Medicine Lincoln	A1360 Cardiac Nurse Practitioners	NEW	23%	
Clinical Support Services	Diagnostics	L5150 Lincoln Pharmacy	↓	25%	48%
Integrated Medicine Lincoln	Haem & Onc Pan Trust	L5911 Radiotherapy Physics	↓	25%	27%
Clinical Support Services	Diagnostics	L6105 LCH Radiology Nursing	NEW	26%	
Integrated Medicine Lincoln	Haem & Onc Pan Trust	L2015 Lincoln Clinical Oncology IP	NEW	27%	
Integrated Medicine Lincoln	AE Lincoln	L3734 A&E	↓	29%	35%
Integrated Medicine Lincoln	Medicine Lincoln	L1029 Navenby Ward	↓	30%	31%
Women & Childrens Pan Trust	W&C Services Lincoln	L4734 Safari Ward	↑	30%	25%
Site Management Boston	Site Management Grantham	P1005 Operations Centre	NEW	33%	
Women & Childrens Pan Trust	W&C Services Lincoln	L4735 Rainforest Ward	↔	34%	34%
TACC Lincoln	Theatres Lincoln	L4053 Surgical Admissions Lounge	↔	36%	36%
Integrated Medicine Boston	Medicine Boston	P3735 Ambulatory Care Boston	↑	36%	29%
Integrated Medicine Lincoln	Haem & Onc Pan Trust	L2020 Ingham Ward	↑	39%	22%
TACC Boston	Theatres Boston	P4001 Second Floor Theatres	↔	39%	39%
Operational Performance	Access Booking and Choice	G5056 Choice & Access Grantham	NEW	40%	
Surgical Services Boston	Surgical Services Mgt Boston	P0106 Surgical Services Boston Mgt.	↑	41%	39%
Grantham	Site Management Grantham	G0101 Site Management Grantham	NEW	42%	
Surgical Services Lincoln	Orthopaedics Lincoln	L3520 Orthopaedic Clinic	NEW	44%	
Bostonian	Bostonian	P8810 Bostonian Clin Serv	↓	45%	55%
Grantham	Medicine Grantham	G1006 Grantham General Medicine IP	NEW	45%	
Grantham	AE Grantham	G1039 Critical Care Ward	↓	46%	52%
Clinical Support Services	Diagnostics	L1361 Lincoln Cardiac Physiology	↓	46%	52%
Women & Childrens Pan Trust	W&C Services Lincoln	L4736 Nocton Ward	↓	46%	53%
Clinical Support Services	Diagnostics	L5912 Lincoln Nuclear Medicine	NEW	46%	
Director of HR & Org Dev	Occupational Health	A0321 Occupational Health	↔	47%	47%
Integrated Medicine Lincoln	Integrated Medicine Lincoln Mgt	L0107 Integrated Medicine Mgt.	↓	47%	56%
Surgical Services Lincoln	Surgical Services Mgt Lincoln	L0106 Surgical Services Mgt.	↓	48%	50%
Integrated Medicine Boston	AE Boston	P1042 Acute Medical Unit (Prev CDU)	↓	48%	52%
TACC Lincoln	Critical Care Lincoln	L1059 Hospital Out of Hours Lincoln	↑	50%	24%
Surgical Services Boston	Surgery Boston	P2537 Day Case Ward	↑	52%	42%
Integrated Medicine Boston	Medicine Boston	P1060 Specialist Nurses	NEW	53%	
Operational Performance	Access Booking and Choice	L0720 New Appointments Access	NEW	55%	
Surgical Services Lincoln	Surgery Lincoln	L2521 Lincoln Surg Pre-Op Assessment	NEW	55%	
Integrated Medicine Lincoln	Medicine Lincoln	L1735 Dixon Ward	↑	55%	53%
Operational Performance	Access Booking and Choice	P5056 Health Records	↓	56%	64%
Director of Estates & Facil	Site Estates & Facil Grantham	G6730 Grantham Housekeeping	↑	57%	25%
Clinical Support Services	Diagnostics	G5156 Grantham Pharmacy	NEW	58%	
Surgical Services Lincoln	Surgery Lincoln	L3123 Breast Care Services	NEW	58%	
Women & Childrens Pan Trust	W&C Services Lincoln	L4742 Transitional Care Pan Trust	NEW	58%	
Grantham	AE Grantham	G3734 A&E Department	↓	59%	66%
Surgical Services Boston	Orthopaedics Boston	P3535 Ward 3A	↑	59%	44%
Surgical Services Boston	Surgery Boston	P2535 Ward 5A	↓	61%	63%
Director of Estates & Facil	Site Estates & Facil Grantham	G6711 Grantham CPU	NEW	62%	
Women & Childrens Pan Trust	W&C Services Pan Trust	A0109 Womens & Childrens Pant Mgmt	NEW	64%	
Director of Estates & Facil	Site Estates & Facil Boston	P6901 Fleet & Logistics	NEW	64%	
TACC Lincoln	Critical Care Lincoln	L3840 ICU	↑	64%	51%
Director of Perf Improvement	IMT	L0236 Computing - Services	NEW	64%	
Director of HR & Org Dev	Resourcing & Workforce Info	A0314 Resourcing & Workforce Info	NEW	65%	
Surgical Services Boston	Surgery Boston	P2530 Pre Assessment Unit	NEW	65%	
Integrated Medicine Lincoln	Medicine Lincoln	L1635 Lincoln Stroke Unit	↑	65%	63%
Integrated Medicine Boston	Medicine Boston	P1036 Pilgrim Stroke Unit	↑	65%	56%
TACC Boston	Critical Care Boston	P3835 ICU	↑	65%	64%
Integrated Medicine Boston	Medicine Boston	P1041 Ward 6B	NEW	66%	
Surgical Services Lincoln	Surgery Lincoln	L3542 Digby Ward	↓	66%	70%
Integrated Medicine Lincoln	Medicine Lincoln	L1030 Lancaster Ward	NEW	67%	
Integrated Medicine Boston	Medicine Boston	P3235 Ward 8A	NEW	67%	
Women & Childrens Pan Trust	W&C Services Lincoln	L4538 Midwifery Rotational	NEW	67%	
Surgical Services Boston	Surgery Boston	P2536 Ward 5B	NEW	68%	
Women & Childrens Pan Trust	W&C Services Boston	P4544 Community Midwifery	NEW	68%	
Clinical Support Services	Therapies	G5320 Grantham Physiotherapy	NEW	68%	
Surgical Services Lincoln	Surgery Lincoln	L2543 SEAU	NEW	69%	
Surgical Services Boston	Orthopaedics Boston	P3520 Pilgrim Fracture Clinic	NEW	69%	

Appraisals
Medical Staff

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

- The Revalidation Office has had no admin support since mid-November 2015 and this has had an impact on the current appraisal rate.
- 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 forms, within the GMC guidance of 28 days following the appraisal meeting, continues to improve. The implementation of the Allocate e-appraisal system has seen a 100% sign off within the 28 days. However not all Appraisals have been completed on the new system within the past month.
- 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 Office are progressing the implementation of the new Allocate e-appraisal system. Over 50% of doctors have completed training to use the system for appraisals. 36 Appraisals have now been completed using the Allocate e-appraisal system. It is anticipated the majority of appraisals will be completed using Allocate with effect from the 1st April 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 January 2016 approximately 83% of the Trusts current Medical workforce (excluding doctors in training) have been revalidated.
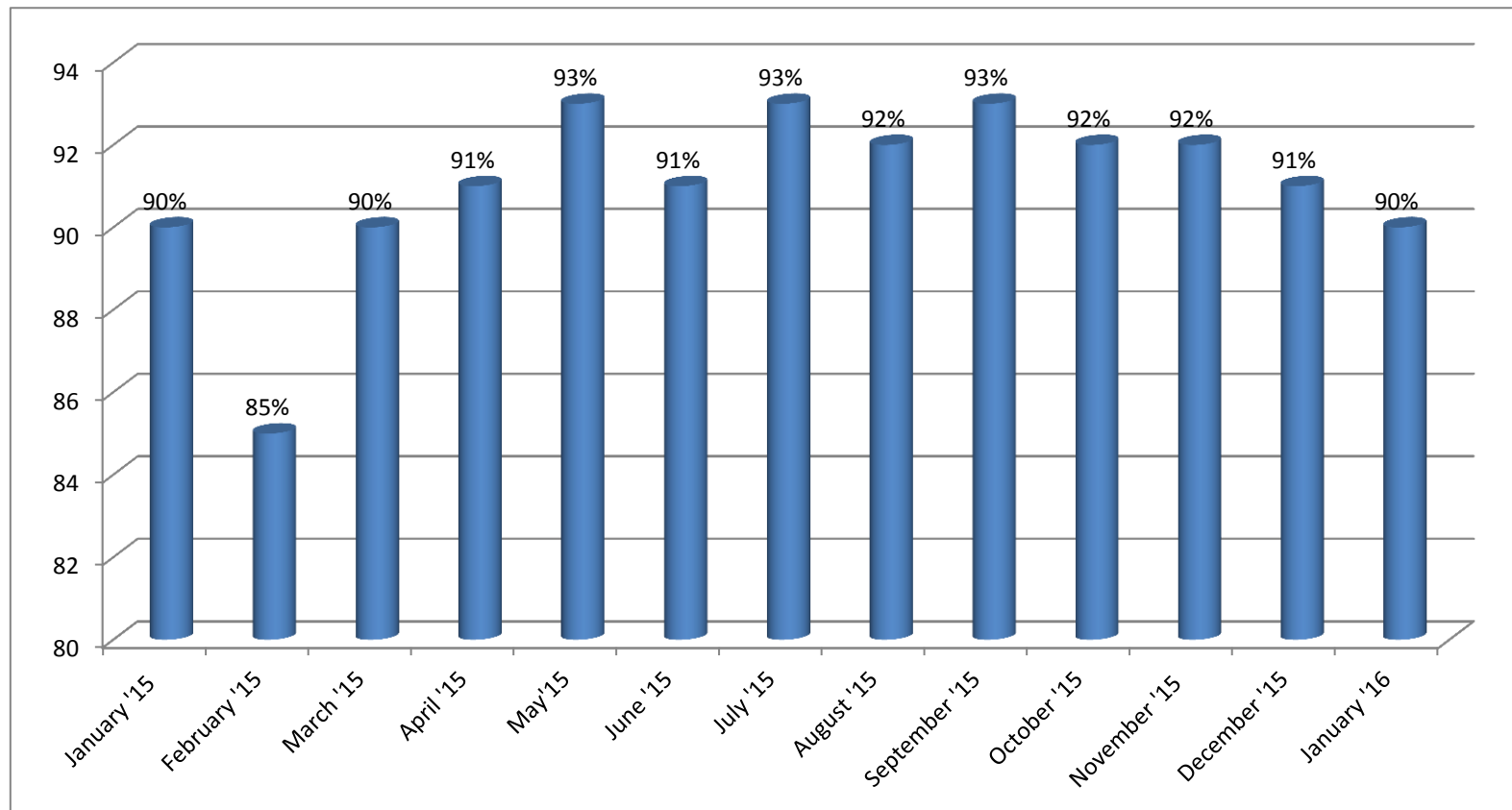
122 doctors have been revalidated since the 1st April 2015 and 16 doctors have had their revalidation deferred in the current 2015/2016 year. Deferral requests made to the GMC are appropriate only where the doctor is engaged with the systems and processes of appraisal and revalidation. They include doctors 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.

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

		Headlines:
As at 31st January 2016 (for previous 12 month period)	90%	
As at 31st January 2015 (for previous 12 month period)	90%	
Benchmark:		
Target	95%	

Headlines:

- The current appraisal rate of 90% is 1% lower than the December 2015 position and is unchanged compared to the same period in 2015 (90%). 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 June 2016 together with their appraisers have been trained to use the system. 36 appraisals have now been completed using the new system. Localised training events will continue until end of March 2016. This is a training resource issue as IT Training support is withdrawn wef end of February 2016. An on-line training package is to be developed and released from 1st April 2016. Together with monthly drop in sessions on all sites the aim is to support doctors transition to the new e-appraisal system for all appraisals in the 2016/2017 appraisal year.
- Roll-out of e-360 Multi-source feedback will commence in July 2016.
- Implementation of improved processes to enhance quality governance of appraisal and revalidation has been 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 were agreed at MSNF 29th January 2016 and subsequently published.
- The Revalidation Office has now appointed to the Revalidation Administrator vacancy. Julia Sully, will be in post by mid-March.

Actions Underway:
During February/March 2016
- The consultation process with the LNC in respect of the revised 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 the majority 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.
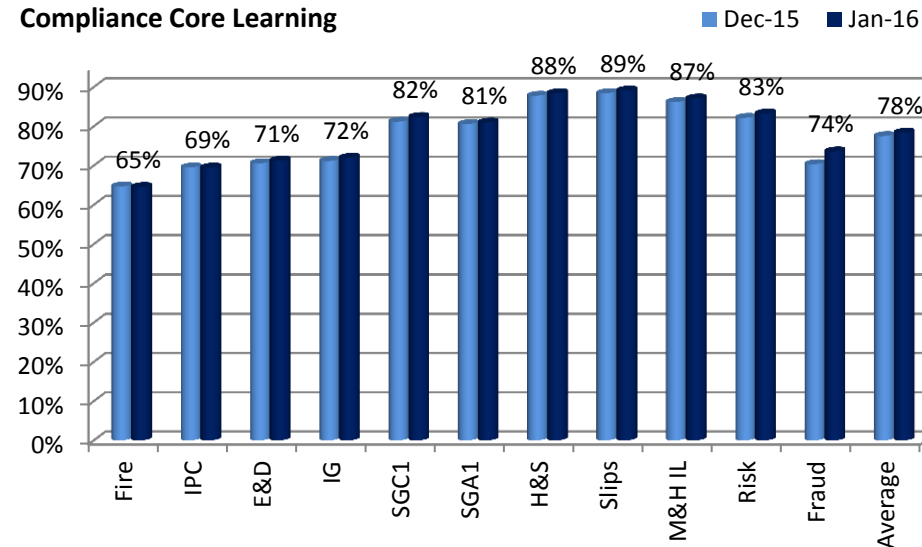
		• Work continues regarding the review of the medical appraisal quality governance structure. The introduction of Medical Appraisal Leads will also support improved quality assurance of the Appraisal process. The Job description for this post is now agreed. • The LDMG have introduced the *Risk Assessment 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 until the end of March 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 governance of appraisal processes. • The programme for 2015-2016 Medical Appraiser Network Support meetings have been well attended with good feedback received. • 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 engaging in 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 during their employment.

MEDICAL APPRAISAL PERFORMANCE AS AT 31st JANUARY 2016

Core Learning		
As at 31st January 2016	**78%**	
As at 31st January 2015	73%	
Target	95%	

Headlines:

- No change in overall compliance rate
- Fraud awareness was introduced into the figures causing a drop in overall compliance at that time. Fraud compliance has been increasing month on month to 74%.
- Fire compliance, further drop by 2%, attributable to the change in requirement to a face to face only update.
- Health & Safety and Slips, Trips & Falls continue to have the highest completion rates at 88% and 89%.
- Fraud continues to increase, this month by 3%.

Actions Underway:

- 3 yearly topics remain the same apart from Safeguarding Adults which increases by 1%.
- 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

United Lincolnshire Hospitals NHS — NHS Trust

Compliance Core Learning

Core Learning Rate

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
	%	%	%	%	%	%	%	%	%	%	%	%
Medical Compliance	54%	63%	63%	65%	75%	73%	81%	80%	80%	79%	70%	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:
- 7167 employees will have ESS at the end of January.

Actions Underway:
- 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.
- Meetings with senior Managers staff, Matrons continue
- 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