Caring for You

United Lincolnshire Hospitals NHS
NHS Trust

HR & OD Monthly Report (June 2016)
Prepared by: Elaine Stasiak, Deputy Director of HR & OD
Presented by: Ian Warren, Director of HR & OD

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Workforce Planning

Workforce Planning takes place alongside annual planning and budget setting, addressing short-term plans (annual), mid-term (1-3) and long term (3-5) years.

An Annual Planning Steering Group continues to oversee and assure all areas of the process and meets weekly, including Workforce Finance, and Activity plans. This group will, over coming months, have a wider responsibility for production of the ULHT contribution to the Lincolnshire Sustainability and Transformation Plan (STP) , whilst maintaining a "review" remit over the implementation of the Annual Plan, before initiating and overseeing the next round of formal annual planning which will commence in late summer. This group will be re-named the Strategy, Planning & Performance Leadership Group, intended future membership is currently being finalised, but will retain a HR component at senior level.

Headlines:

- LHAC meetings continue, community-wide, with a deadline of October for public consultation, but attendance from both inside and outside ULHT is variable. The most recent meeting (11th May) attracted a very large turnout cross-agency, including a number of senior ULHT staff.
- Key individuals from the HR Directorate attended the (STP) - Workshop 1 on the 20th April 2016. (Workshop 2 is to be held on 1st June)
- The day focussed on identifying the Workforce implications associated with the various work streams ahead of the 30th June submission
    - Urgent Care
    - Pro-Active Care
    - Women & Children's
    - Mental Health & Learning Disabilities
    - Planned Care
    - Primary Care

Actions Underway:

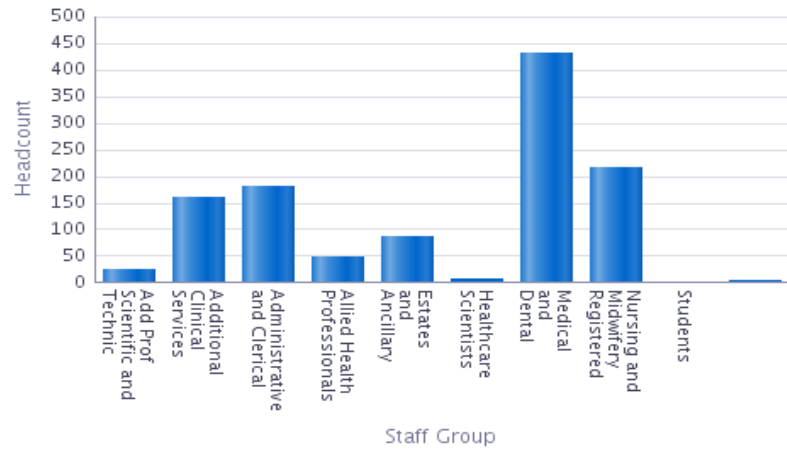- Attention is currently focussed on the HR contribution to production of both the Medium Term Plan and the STP. This has been submitted for inclusion.
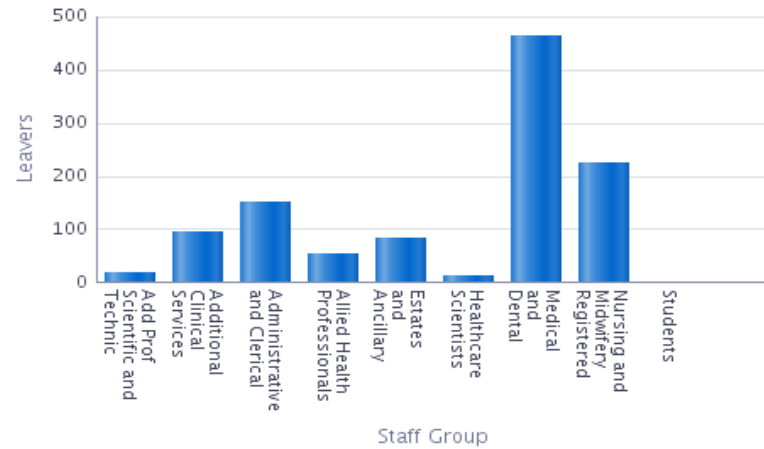
Risks:

- Numbers of contracted Registered Nurses and Midwives continues to fluctuate on a weekly basis and significant or sustained increase is not being seen. As at 30th May, WTE in post is 30 WTE less than 6 months previously
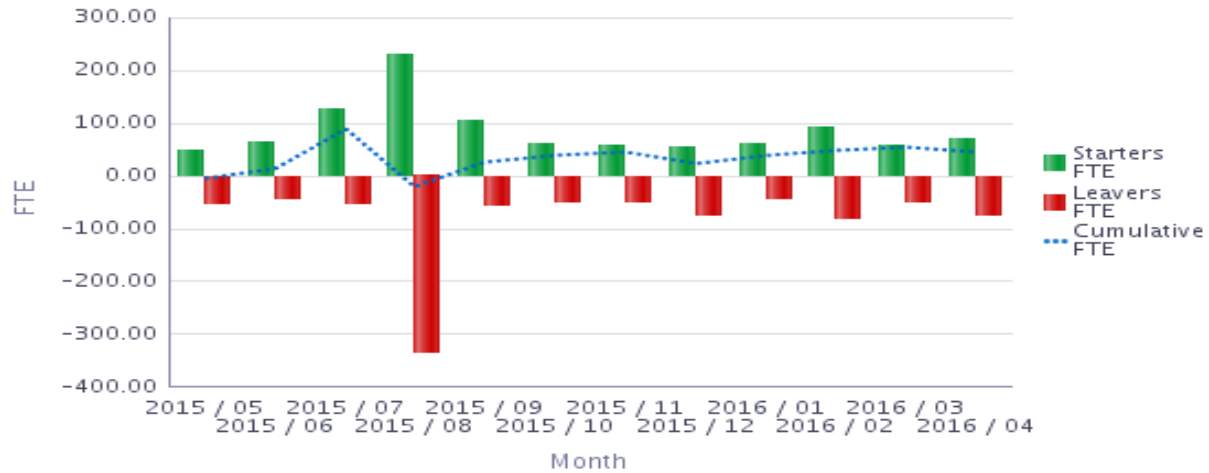
Staff Turnover

As at 30th April 2016 (for Q4)	**1.89%**	**Headlines:**
As at April 2015 (for Q4)	2.25%	
Benchmark:		
Target		

Headlines:
- Net increase of 22 headcount Band 5 Nursing staff over the last 12 months
- Nursing & Midwifery turnover rate has slightly decreased/improved in month to 9.05%. This is down from 9.41% in the preceding month.
- Net decrease of 20 Medical staff over the last 12 months.
- A total of 58 Staff Exit Questionnaires 'responses' have been received since February 2016. .
- On asking where they would be next employed 35% stated another NHS trust, 22% stated retirement and 13% stated other on analysis all these individuals were being re-employed by ULHT
- 26.31% responses received were from Nursing & Midwifery staff.
- 10.53% of the responses received was from Medical staff
- 17.54% were received from AHP's
- Retirement Age (21.05%), Other (15.79%) and Early Retirement (14.04%) were the Top 3 reasons for leaving the Trust
- A good proportion (31.58%) of the respondents indicated 'Other NHS Organisation' as their new Employer.
- 12.96% of respondents indicated that they did not have an appraisal
- 29.63% of respondents indicated that the Trust could have done something to make them stay.
- 28.57% of respondents indicated that they did not have or had poor team meetings
- 54.72% indicated that they did not feel there were sufficient promotion/career prospects with the organisation/department?

Actions Underway:
- Action has been taken to address with Lincoln site the delay in getting EF3's which means we cannot link to survey monkey as they have already left the Trust. HR SMT to take forward.

Starters by Staff Group

Leavers by Staff Group

Starters & Leavers by Month May 15 – April 16

Staff Group	Establishment as at 30.04.16	SIP as at 1.05.15	SIP as at 30.04.16	Average SIP	Leavers 1.05.15 - 30.04.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2190.16	1939.68	1935.91	1937.80	191.55	9.88%	8.75%
All Medical	914.20	807.25	787.05	797.15	459.31	57.62%	50.24%
Medical excluding juniors	533.05	467.15	461.10	464.13	72.61	15.64%	13.62%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	10.11	13	-6.55	-8
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	13.41	17	-11.25	-13
Jan '16	9.55	11	8.45	10	1.10	1
Feb '16	7.90	10	9.01	11	-1.11	-1
Mar '16	6.11	7	7.81	9	-1.70	-2
Apr '16	5.43	6	10.27	14	-4.84	-8
Total	**145.74**	**167**	**116.11**	**145**	**29.63**	**22**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	11.18	12	-0.26	0
Nov '15	15.90	16	10.00	10	5.90	6
Dec '15	19.25	20	34.00	34	-14.75	-14
Jan '16	13.53	14	13.90	14	-0.37	0
Feb '16	41.35	42	47.55	48	-6.20	-6
Mar '16	14.00	14	8.82	12	5.18	2
Apr '16	29.40	30	32.90	33	-3.50	-3
Total	**440.95**	**446**	**459.31**	**466**	**-18.36**	**-20**

Medical & Dental Monthly Starters & Leavers

Employee Engagement

The Trust's Staff Engagement score in the national Staff Survey was 3.68. This is an improvement on the 2014 score of 3.48

ULH have developed a partnership with Wrightington, Wigan and Leigh Foundation Trust to learn from best practice in terms of staff engagement. Quarterly Pulse Checks are conducted each quarter with a random sample of 25% of the Trust's employees invited to complete. The final quarter survey will be issued in June 2016

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.

		Headlines:
2015 Staff Survey Score	**3.68**	• The March Pulse check showed that levels of engagement are being maintained
2014 Staff Survey Score	3.48	

National Average:	3.79	• The survey also showed that there needs to be continued focus on recognition and actively involving staff in decision making • Nine teams trained in using staff engagement tools are progressing well
Target:	3.87	• Staff Engagement Group which meets 6 weekly chaired by the Chief Executive extended to include Health and Wellbeing and HR representatives to ensure a more holistic approach • Final quarter pulse check will be issued in June **Actions Underway:** • The Executive Team continues to focus on staff engagement with a second externally facilitated time-out in May which focussed on engagement, vision and values, leadership and culture and is committed to regular future events with this focus • 'You said, we did' reports initiated in May and will be issued monthly to ensure staff know that we are listening to them and acting on their concerns • 'Engagement' will be a key topic at the June Senior Leadership Forum • Chief Executive is exhorting and expecting all leaders to recognise and appreciate their staff and sharing practical example of good practice gleaned from managers • ULHT Together Facebook page is being used to share these messages along with Health and Wellbeing messages • Bespoke training around leadership and engagement scheduled for Facilities and Estates starting in July • Resilience training is being offered to managers • Staff engagement will form part of the performance management framework • Staff engagement will be included as integral to delivery of the Medium Term Plan **Risks:** • It will not be seen as a priority by to staff to engage when operational pressures persist. • Managers fail to engage their staff on a regular and consistent basis • Response rates continue to be below required level of 30%

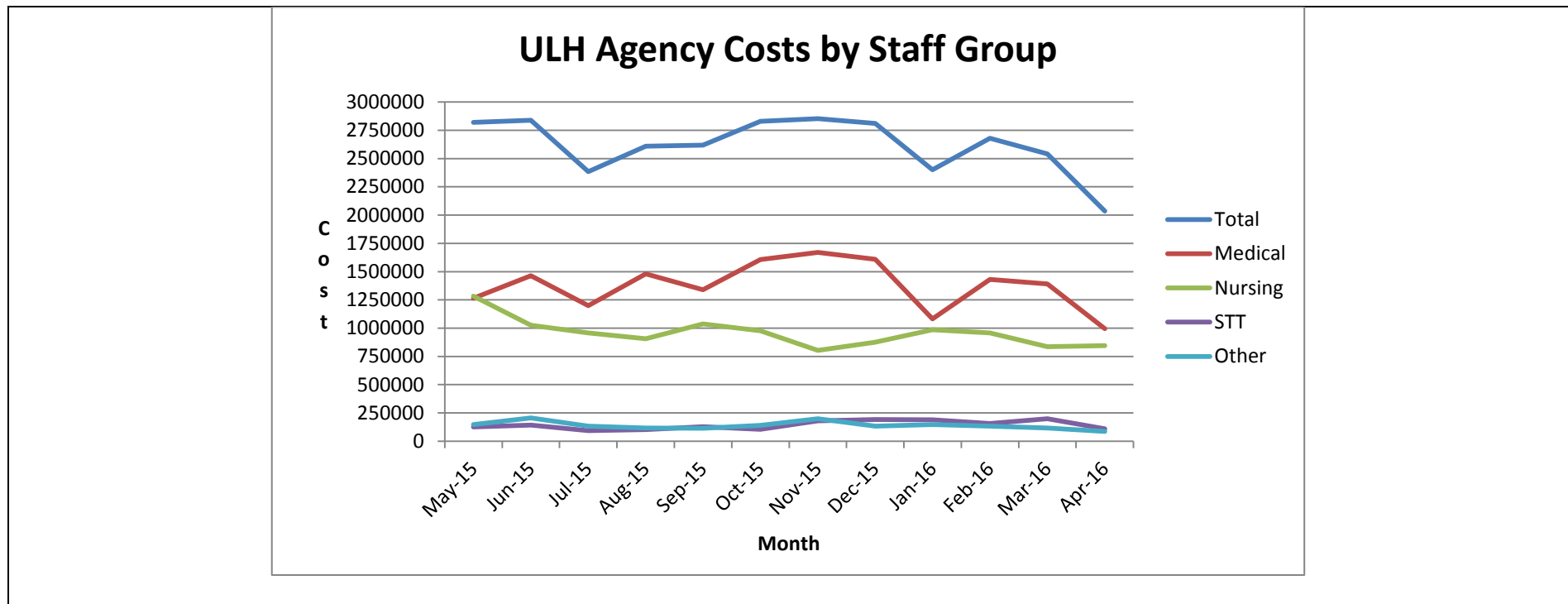| **Recruitment & Retention**		
Medical Staff		
Vacancy Rate as at 30th April 2016	**13.91%**	**Headlines:** • Number of Staff in-post 01.05.15 = 807.25 FTE's and 838 Headcount
Previous	N/A	

comparable figure not available		• Number of staff in post 30.04.16 = 787.05 FTE's and 817 Headcount • Vacancy rates are based on March 2016 Establishment due to a delay in April figures being released. • Decrease in number of Medical Staff FTE's in post over past 12 months. • Slight increase in vacancy rate from previous month. **Actions Underway:** • As part of the annual planning process BU are considering skill mixing with the utilization of different staff groups in particularly in hard to recruit to areas • Job planning is continuing to be a focus in order to ensure adequate level of utilisation of resources **Risks:** • Lack of integrated HR System to support monitoring and reporting of key performance areas, including 'time to recruit', ER Case Management. Teams' are reliant on an array of Microsoft Excel based spreadsheets and logs to monitor and track activities. Increase risk of unreliable data and delays in processes.
Benchmark:		
Target	TBC	

Nursing Staff		
Vacancy Rate as at 30th April 2016	**11.61%**	**Headlines:** • Number of Band 5 N&M staff in-post at 01.05.15 = 1090.77 FTE's and 1297 Headcount • Number of Band 5 N&M staff in-post at 30.04.16 = 1069.08 FTE's and 1270 Headcount • Vacancy rates are based on March 2016 Establishment due to a delay in April figures being released. • IRN – first wave of Philippine nurses are undertaking their tests before applying for their certificates of sponsorships with a view to arriving in August/September/October **Phase 1** • 14 passed IELTS, 6 of whom have passed CBT, expected to begin arriving in August / September • 10 taken IELTS and failed • 2 taken IELTS and awaiting results • 36 have IELTS date booked • 3 retractions (128 now in full pipeline) • Newly appointed Nurses will be automatically enrolled on to the Nurse Bank with an option to opt-out • PHB have cleared their backlog of contracts of employment and are currently addressing the backlog
Previous comparable figure	N/A	
Benchmark:		
Target	TBC	

of conditional offers which accumulated whilst working on the contracts
- Recruitment 'Open Days' held at LCH and GDH with PHB on 4 June.
- Total open 'recruitment packs' managed by team overseeing Nursing & Midwifery and Corporate vacancies are:
  - Grantham – 29
  - Lincoln – 174
  - Pilgrim – 113
  - International nurses – 128 in progress (Philippine first round)
  - International nurses – 85 in progress (Philippine Second round)
  - NQNs – 84 (across all 3 sites – processed at PHB)

Actions Underway:
- TUPE transfer of some Therapy and Physiotherapy staff to LCHS is ongoing. The anticipated transfer date is 31st July 2016.

Risks:
- Lincoln County Hospital does not currently have any advertisements for HCSWs or Bank HCSWs although there are uncovered shifts available
- Lack of integrated HR System to support monitoring and reporting of key performance areas, including 'time to recruit', ER Case Management. Teams' are reliant on an array of Microsoft Excel based spreadsheets and logs to monitor and track activities. Increase risk of unreliable data and delays in processes.

Other/Non-Clinical Recruitment		
Vacancy Rate as at 30th April 2016	**1.95%**	**Headlines:** • Vacancy rates are based on March 2016 Establishment due to a delay in April figures being released. • PHB have cleared their backlog of contracts of employment and are currently addressing the backlog of conditional offers which accumulated whilst working on the contracts **Risks:** • Lack of integrated HR System to support monitoring and reporting of key performance areas, including 'time to recruit', ER Case Management. Teams' are reliant on an array of Microsoft Excel based spreadsheets and logs to monitor and track activities. Increase risk of unreliable data and delays in processes.
Previous comparable figure not available	N/A	
Benchmark:		
Target	TBC	

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
April 2016	**7.65%** (3.97% Agency + 3.68% Bank)	**Headlines:** • 1.46% decrease in the figure from March (9.11% to 7.65%) • Total cost for Agency in April 2016 was £2,035,207 which is a reduction of £505,328 from the previous month.
Previous comparable data March 2015	8.71% (4.71% Agency + 4.00% Bank)	**Actions Underway:** • All Bu are performance managed on their agency spend and have to seek authorisation • BU's that are not on target have to evidence plans to rectify
Benchmark:		**Risks:** • Continued spend on bank/agency will make the financial recovery programme unachievable
Target	<2%	• 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 March 2016 (for previous 12 month period)	**4.54%**	**Headlines:** • Increase in annual rate by 0.07% • With a rolling average rate of 4.54% costing £8.64m, 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 March 2015 (for previous 12 month period)	**4.79%**	• The annual cost of sickness (excluding any backfill costs) has decreased by £233,429 compared to 12 months ago. • During the 12 months ending March '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.12% of all absence. Of this figure 4.91% was work related and 15.21% non-work related.
Benchmark:		
Target	4%	• Additional Clinical Services had the highest sickness rate during the 12 months at 6.37%

(Unregistered Nurses 6.99%), followed by Estates & Ancillary at 5.91% and Nursing & Midwifery Registered at 5.13%.
- The PHB sickness rate has gone up this month by 0.49% and the annual sickness rate has increased by 0.09%
- The draft Sickness Absence Policy (vs. 4) was amended (Bradford Points omitted) and submitted to Policy Group for approval on 1st June with the aim to ratify at EPF during June.

Actions Underway:
- Grantham Site:
  - Annual Sickness – 4.48%
  - Monthly Sickness = 3.87%
  - Long Term and Short Term sickness cases are being managed with Managers through the formal process.
- Integrated Medicine Lincoln 4.47%
- Surgery Lincoln 4.30%

Risks:
- Absence management is not seen as a priority with competing demands by line managers.
- The 'management' of staff absence are seen as a responsibility for the HR Team (rather than HR as an 'enabler'), which result in managers being reluctant to manage their staff sickness.
- Sickness absence continues to be managed well under present circumstances

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	2,870.71	3.91%	£280,057.56
Additional Clinical Services	24,359.69	6.37%	£1,300,431.73
Administrative & Clerical	18,278.64	4.14%	£1,371,717.26
Allied Health Professionals	3,777.65	2.87%	£377,148.32
Estates & Ancillary	14,120.38	5.91%	£747,649.52
Healthcare Scientists	685.79	1.72%	£87,400.39
Medical & Dental	4,665.23	1.59%	£1,023,544.96
Nursing & Midwifery Registered	36,329.31	5.13%	£3,449,116.59
Students	17.91	0.32%	£946.51

Total	105,105.32	4.54%	£8,638,012.85

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,504.12	6.71%	£464,142.78
Band 2	31,293.27	6.10%	£1,613,739.78
Band 3	5,926.94	4.24%	£357,634.08
Band 4	6,299.89	3.99%	£445,836.75
Band 5	27,469.56	5.25%	£2,258,849.36
Band 6	12,865.54	4.16%	£1,356,476.36
Band 7	4,496.56	2.93%	£593,982.39
Band 8A	1,134.70	2.43%	£171,290.56
Band 8B	531.89	3.87%	£103,152.80
Band 8C	435.92	3.34%	£90,140.96
Band 8D	186.71	4.51%	£47,385.06
Band 9	2.00	0.46%	£674.34
Non A4C	4,665.23	1.59%	£1,023,544.96
Medical	293.00	4.85%	£111,162.66
Total	**105,105.32**	**4.54%**	**£8,638,012.85**

Rolling Yearly Sickness Rates & Estimated Cost by Band

Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 30.04.16	Average Cal Days
Registered Nurses	36,329.31	5.13%	£3,449,116.59	43714	2257	19
Unregistered Nurses	20,226.01	6.99%	£1,055,034.30	24831	969	26
Total	**56,555.32**	**5.67%**	**£4,504,150.89**	**68545**	**3226**	**21**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	15,655.54	15.21%	No

Anxiety/stress/depression/other psychiatric illnesses	5,049.85	4.91%	Yes
Other musculoskeletal problems	14,600.46	14.19%	No
Other musculoskeletal problems	516.41	0.50%	Yes
Back Problems	8,990.31	8.74%	No
Back Problems	901.57	0.88%	Yes
Gastrointestinal problems	9,742.74	9.47%	No
Gastrointestinal problems	16.44	0.02%	Yes
Injury, fracture	6,272.94	6.10%	No
Injury, fracture	1,213.27	1.18%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data
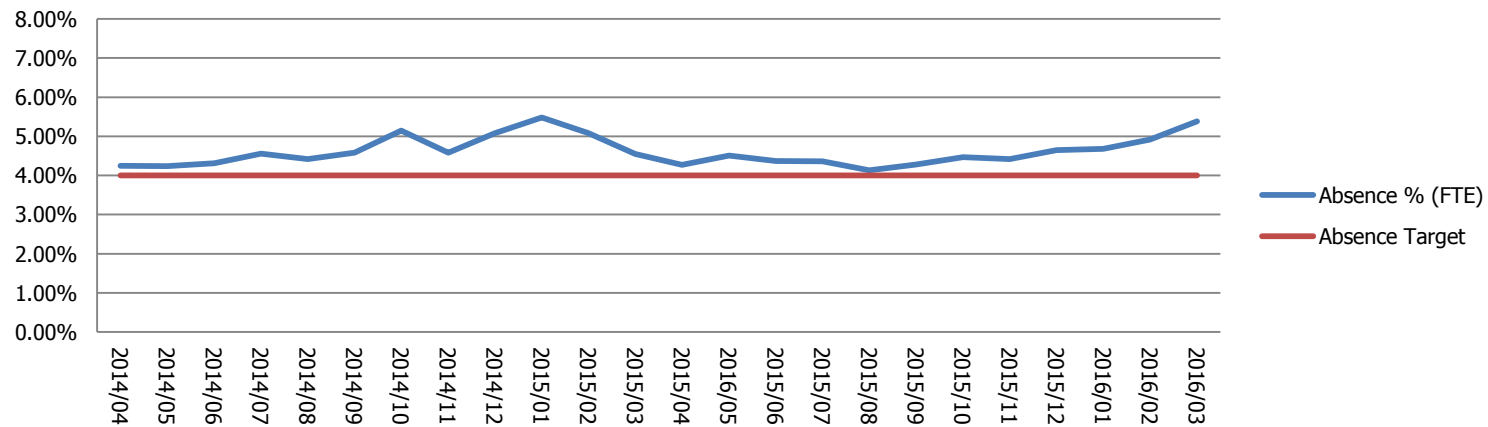
Occupational Health

Influenza Vaccine
The influenza vaccine program for the 2015/16 is now complete and has been closed. The table below gives an indication of vaccines administered by ULHT, Lincolnshire and Leicestershire NHS trusts. The final figure for United Lincolnshire Hospitals NHS Trust at the close of the flu campaign was 64%.

The flu plan for United Lincolnshire Hospitals NHS Trust for 2016/17 is now in draft format ready for circulation and comment. We are required

to submit a plan to NHS England by the end of May 2016 for approval, The plan was approved at the Trust IPC

The flu vaccines 2016/17 flu campaign has been ordered will be ready for delivery at the end of September 2016. We have ordered 7500 vaccines and 100 egg free vaccines this will allow us to vaccinate in excess of 75% of front line staff for both ULHT and LCHS.

NHS England have attached a CQUIN to this year's flu campaign, the payment schedule is outlined below. NHS England have indicated in this document the final measurement for delivery flu vaccines frontline staff will be the end of December 2016 unlike the present data collection system which closes in early February the value of the CQUIN to the trust is £800.000 for 2016/17

Health and Wellbeing.
The trust will be re-establishing its own health and well-being group which has it's first meeting on the 20th of June, to support the Health and Wellbeing programme in ULHT.

It is also worth noting however NHS England have recently released a CQUIN which includes free health and well-being which has an estimated value to the trust of £800,000 for 2016/17.On a recent engagement at the Pilgrim Hospital over 50 employees attended the OH stand to have their blood pressure and BMI recoded and advised on actions to improve their Health and Wellbeing.

The Pedometer challenge is now complete are and the wining team and the top ten best preforming teams will be publicised through communications.

On 25th May 196 ULHT staff, in 28 teams of seven, started the Global Corporate Challenge, a 100 day virtual walking journey around the world.

Staff record their daily step activity levels via the GCC website or mobile apps. In the past two days one of our teams Caron + the Fantastic Photons have walked over 50 miles

The more active a team, the healthier they become and the more instant reward they receive; including progression along a virtual journey of the world.

Referrals to Occupational Health.
There were 491 referrals to occupational Health from 01/01/2016 –27 /05/2016 121 of these referral were for stress and anxiety and 145 were for MSK problems.

HR Operations/ER Case Management
Corporate & Nursing Staff

Headlines:

- The PAR Review and activity to commence formal consultation has caused an increase in grievances relating to PAR
- The creation of group to consider ER activity across the Trust to mirror the medical meetings will create a focus on ER activity and timely actions as well as consistency.

Actions Underway:

- Performance, assurance and activity tracking in place
- Monitoring of standards aid to achieve increase in positive outcomes

Risks:

- Lack of integrated HR System to support monitoring and reporting of key performance areas, including 'time to recruit', ER Case Management. Teams' are reliant on an array of Microsoft Excel based spreadsheets and logs to monitor and track activities. Increase risk of unreliable data and delays in processes

April 2016 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	11	5	3	3	0	0
Formal Grievance Cases	5	2	0	1	0	0
Appeal Panel	0	0	0	0	0	0

Medical Staff (Maintaining High Professional Standards)

Headlines:

- A number of cases have been delayed due to staff and representation agreement
- LDMG agreement to pursue cases that are persistently being delayed
- Noticeable better outcomes of current cases going to panel

- Request for medical staffing to assist on panels

Risks:

- Lack of integrated HR System to support monitoring and reporting of key performance areas, including 'time to recruit', ER Case Management. Teams' are reliant on an array of Microsoft Excel based spreadsheets and logs to monitor and track activities. Increase risk of unreliable data and delays in processes

Appraisals		
Nursing and Other Staff		
As at 30th April 2016 (for rolling 12 month period)	**64%**	**Headlines:** • The overall percentage for appraisals has reduced by 10% from April 2015. • The Directorate with the lowest appraisal rate is Bostonian at 34.21% and the Directorate with the highest appraisal rate is W&C at 80.61% **Actions Underway:** • Hotspot reports continue to be provided to managers • Appraisal compliance is part of performance management framework • Requirement to complete appraisals with staff is part of the draft Pay Progression Policy for managers **Risks:** • Appraisal compliance continues to fall, which will result in further scrutiny from external stakeholders, including the TDA.
As at April 2015 (for previous 12 month period)	74%	
Benchmark:		
Target	95%	

Appraisals excluding Medical Staff
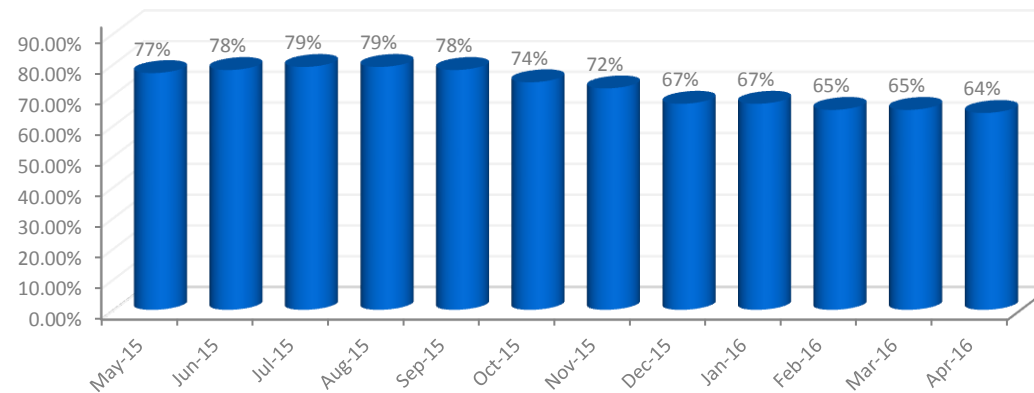
Core Learning

As at 30th April 2016	**81%**
As at 30th April 2015	79%
Target	95%

Headlines:

- An increase of 1% on overall compliance rate
- All annual topics show an increase of 2-3% this month although they are still less than this time last year, particularly Fire and Infection Prevention which are 11% less.

Trust	Fire	IPC	E&D	IG
Apr-15	79%	80%	81%	78%
Apr-16	68%	69%	75%	75%

- 3 yearly topics continue to show a gradual increase month on month and are between 3% and 16% higher than this time last year.

Trust	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud
Apr-15	71%	71%	86%	86%	83%	78%	N/A
Apr-16	87%	86%	89%	91%	88%	85%	81%

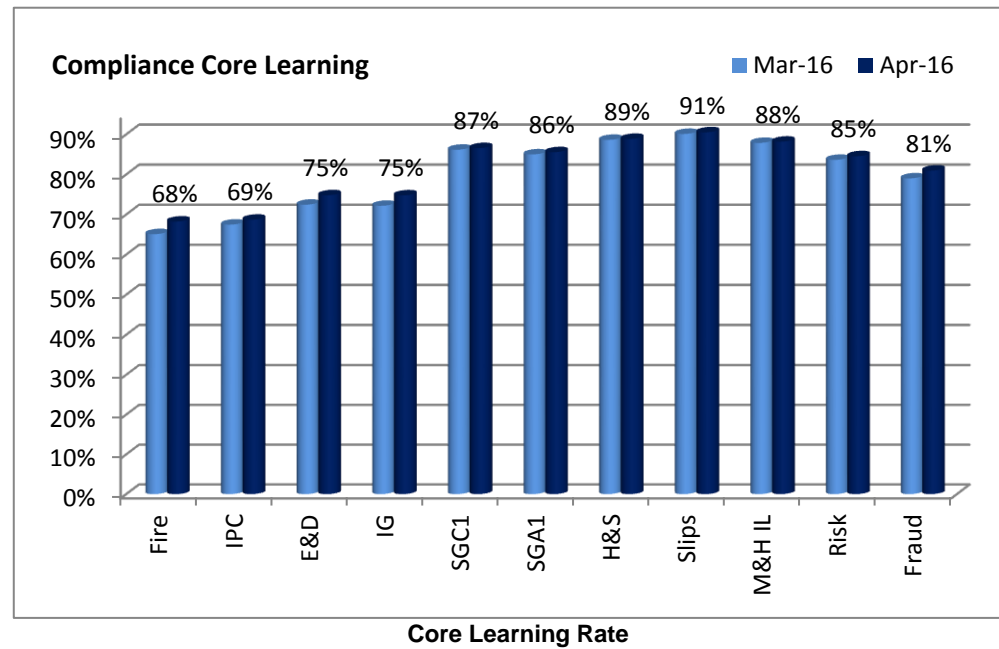- Hotspot reports continue to be provided to identified managers

- Core learning is part of performance management framework
- Communication gone out to all staff that no study leave will be approved until they have completed or have a booked place on core learning – this message to be re-iterated regularly
- The DNA rate for April is much lower than last month, down from 26% to 16% however it is 2% higher than this time last year.

Actions Underway:
- Senior managers are notified no later than 4 working days from the classroom session of the names of the individuals who have DNAd so they can take appropriate action

Risks:
- Training and systems will need to be in place to ensure that the Pay Progression Policy can be fairly and robustly implemented

Compliance Core Learning   ■ Mar-16 ■ Apr-16

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud
Apr-16	68%	69%	75%	75%	87%	86%	89%	91%	88%	85%	81%

Core Learning Rate

Fire   IPC   E&D   IG   SGC1   SGA1   H&S   Slips   M&H IL   Risk   Fraud   Average

Medical	%	%	%	%	%	%	%	%	%	%	%	%
Compliance	59%	64%	67%	68%	77%	75%	84%	84%	83%	82%	77%	74%

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.

- Electronic job planning currently underway for 2015/16
- Improvements to ESR continue and the vast majority of areas now have access to ESR Supervisor Self-Service with all areas (excluding medical and dental) having access during spring / early summer 2016. A scoping exercise to expand and roll-out Manager Self Service in 2016/17 is underway.
- 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.

Headlines:
- A new/revised HR Trust Board Report and BU Report 'format' is being developed at present and will be tabled at a future Board Development Session/ET for agreement.
- The Deputy Director of HR & OD (substantive) has researched and scoped a 'cloud-based' Software Solution to assist with management and 'tracking' of Employee Relations cases and Recruitment activities and key performance indicators to meet corporate and team objectives.
- A business and financial case will be presented at Technical Reference Group during June, with aim to approve at next Investment Programme Board.

. Risks:
- If Business Case not approved/signed-off by 24th June the price may increase by approximately 5%. It's imperative to approval is granted before then.

ESR – Self Service Project

Headlines:

- 91.08% of employees have their reporting hierarchy built in ESR (excludes Medical & Dental staff)

Actions Underway:

- ESR SSS roll-out continues with over 91% of staff (excluding Medical & Dental) now having access. Remaining areas are currently being targeted
- Meetings with Senior Managers continue
- Reporting hierarchies for areas still outstanding being obtained and entered into ESR

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 implementation and post go-live
- Lack of ESR System resource to build and maintain hierarchy and supporting requirement for ESR Helpdesk
- Before Annual Leave can be recorded in ESR all staff records need to be validated for entitlement and accrual before go-live