Caring for You

United Lincolnshire Hospitals **NHS**
NHS Trust

HR & OD Monthly Report (May 2016)
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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.   The workforce plan involves analysis of the service requirements, availability of workforce supply, training needs and considers any aspects of the service which can be changed, e.g. retention strategies.   Business Units are required 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, e.g. 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. This group will, over coming months, have a wider responsibility for production of the 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.
- The integrated Annual and Workforce Plan has now been signed off and submitted.
- The International Recruitment Campaign continues, having had a successful recruitment event in the Philippines. A further campaign to the Philippines is planned.
- LHAC meetings continue, community-wide, with a deadline of October for public consultation, but attendance from both inside and outside ULHT is variable.
- Key individuals from the HR Directorate attended the Lincolnshire Sustainability and Transformation Plan (STP) - Workshop 1 on the 20th April 2016.
- 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:

- Following the finalisation of the Annual Plan, attention is now given to the STP

Risks:

- Immediate – Both Finance and HR continue to have a large number of unfilled vacancies that make supporting all planning exercises challenging. 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. Numbers of contracted Registered Nurses and Midwives continues to fluctuate on a weekly basis and significant or sustained increase is not being seen.

Staff Turnover		
As at 31st March 2016 (for Q4)	**1.89%**	**Headlines:**
As at March 2015 (for Q4)	2.25%	• We have seen a slight decrease/improvement in overall turnover rate on an annual basis.
Benchmark:		• Nursing & Midwifery turnover rate has slightly decreased in month to 10.20%.Down from 10.54% in the preceding month.
Target		• The turnover rate at PHB reduced by 1.18% for Q4 from the same time last year

• Net increase of 26 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 increase of 7 Medical staff over the last 12 months.
• Medical Staff turnover rate has decreased/improved to 12.95%. This is down from 13.71% in the preceding month.
• Staff Exit Questionnaires have been carried out via 'Survey Monkey' since February 2016 and a total of 33 'returns' were received.
• The first data from the new process has been that just under 20% of staff that completed the survey left due to retirement and a further 16% left due to early retirement 0% left due to relationship with manager, relationship with colleagues and 0% due to bullying and harassment
• 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
• 16.13% responses received were anonymous.
• 12.50% of the responses received was from Medical staff
• 34.38 % of responses received was from Nursing & Midwifery staff
• 15.63% of responses received was form Allied Health Professionals
• The majority (39.39%) of the respondents indicated 'Other NHS Organisation' as their new Employer.
• 38.71% of respondents indicated that the Trust could have done something to make them stay.

- 29.03% or respondents indicated that they did not have regular team meetings

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.

Staff Exit Questionnaires

Site	No of Leavers	Time Period	Link to Survey Monkey sent
Lincoln & Louth	154	1/2/16 - present	80
Boston	91	10/2/16 - present	91
Grantham	33	10/2/16 – present	33
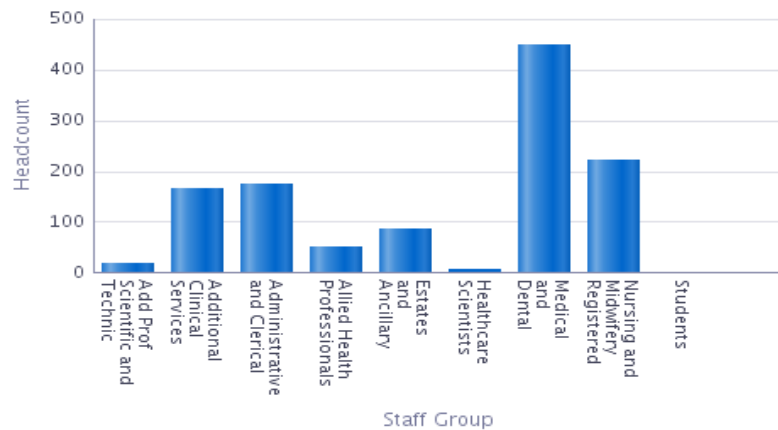
Starters by Staff Group
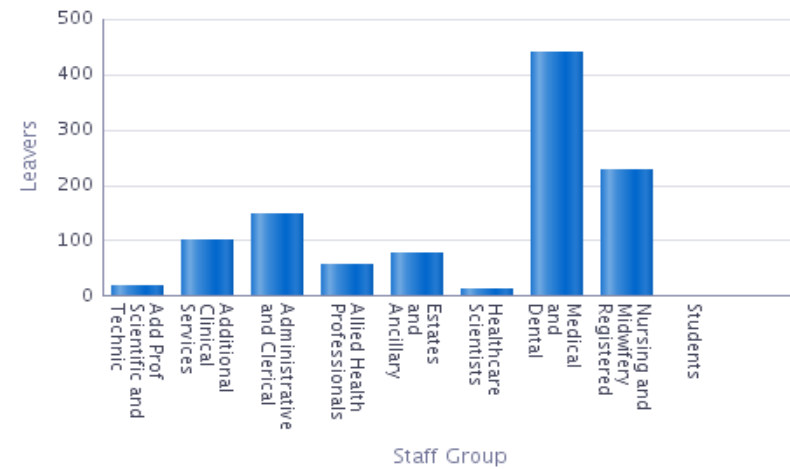
Leavers by Staff Group
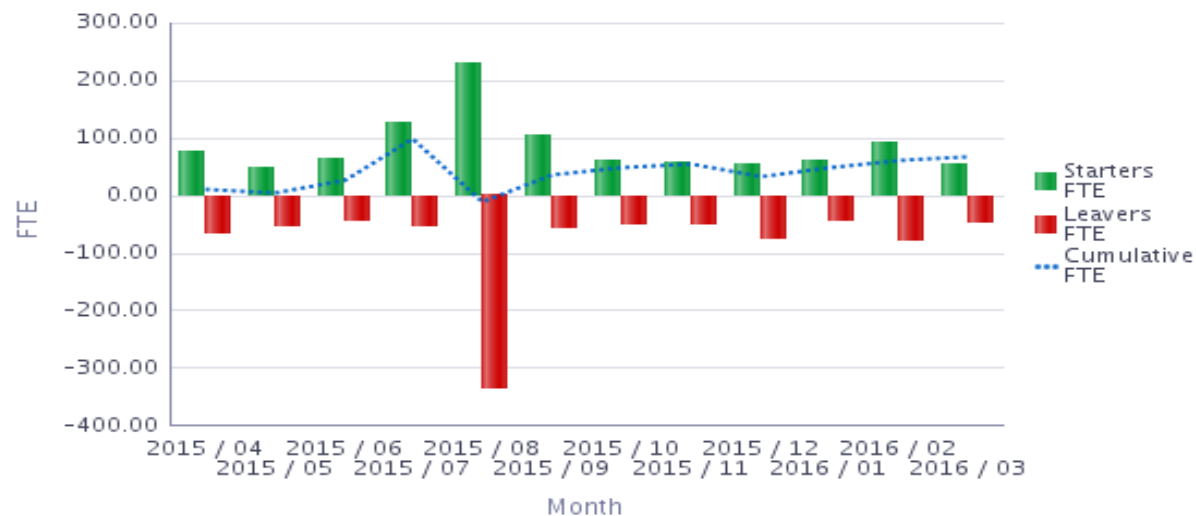
Starters & Leavers by Month April 15 – March 16

Staff Group	Establishment as at 31.03.16	SIP as at 1.04.15	SIP as at 31.03.16	Average SIP	Leavers 1.04.15 - 31.03.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2190.16	1947.84	1938.36	1943.10	198.25	10.20%	9.05%
All Medical	914.20	807.13	790.62	798.88	434.71	54.41%	47.55%
Medical excluding juniors	533.05	463.03	464.47	463.75	69.01	14.88%	12.95%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	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
Total	**151.05**	**174**	**120.91**	**148**	**30.14**	**26**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	**Headcount**	**Fte**	**Headcount**	**Fte**	**Headcount**
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	11.18	12	-0.26	0
Nov '15	15.80	16	10.00	10	5.80	6
Dec '15	19.25	20	34.00	34	-14.75	-14
Jan '16	13.53	14	13.80	14	-0.27	0
Feb '16	41.35	42	47.55	48	-6.20	-6
Mar '16	14.00	14	7.82	10	6.18	4

	Total	444.45	449	434.71	442	9.74	7

Medical & Dental Monthly Starters & Leavers

Employee Engagement
Staff Survey & Pulse Check – Staff Engagement

The Trust's Staff Engagement score in the national Staff Survey was 3.68. This is an improvement on the 2014 score of 3.49

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 being conducted each quarter with a random sample of 25% of the Trust's employees invited 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**	**Headlines:**
2013 Staff Survey Score	3.50	• Successful site staff engagement events were held at PHB 15-16th March 2016 • Staff Engagement Strategy approved – aspiration to be in best 20% of Trusts in next 3 years • Staff Engagement action plan approved
National Average:	3.74	• Staff Engagement Group meets monthly chaired by Chief Executive • Staff Engagement addressed at Board Development session April 16
Target:	TBC	• Closed ULHT Nurses Facebook page has over 2,200 members • Pulse check responses are below the required 30% • A 'Staff Engagement' presentation took place at a Board Development session. The presentation was done in partnership between the AD for OD and Nicole Ferguson, Staff Engagement Lead (Wrightington, Wigan & Leigh NHS Foundation Trust) • There was an recognition that as a Trust we need to be really clear on what we mean by staff engagement and to share the feedback from pulse checks in a way that means something to staff and a "you said, we did" approach. • ULHT has been identified by HEEM as the Trust with the biggest increase in the region on the overall engagement score. • Louth Hospital, Pan Trust and Corporate Departments results suggest they are more engaged than other Trust staff on several measures. Louth has also significantly improved in Recognition, Perceived Fairness and Influence.

- Lincoln Hospital, results suggest they are less engaged than other Trust staff.
- Significantly lower on Clarity and Resources enablers and Advocacy behaviours.
- Less engaged staff groups: Health Records.
- Significantly lower on Personal Development, Resources, Work Relationships and Focus
- Declines at Pilgrim Hospital in Work Relationships (3.98→3.8) and Perceived Fairness (3.52→3.32), in last 3 months

Actions Underway:
- The Executive Team is having a 'time-out' session during the first week of May, and further discussions on staff engagement will take place.
- 'You said, we did' data is being collated and actions identified.
- Identify and Implement Action Plan to improve staff engagement
- Look for correlation in organisational data and staff engagement e.g. staff sickness, hot spot teams etc. and identify how improvements can be made.
- Nine teams have been trained in staff engagement techniques and are addressing areas highlighted through their team pulse checks
- Ensure 2/3 key messages from pulse checks are communicated in a simple way with "you said, we did" feedback
- Mainstream staff engagement into all OD work

Risks:
- It will not be seen as a priority by to staff to engage with (attend0 when operational pressures persist.
- Managers fail to engage their staff on a regular and consistent basis
- Response rates continue to be below required level

ULH's Quarter 4 Results – March 2016
(20% response rate)

🟩	**Scores positively**
🟦	**Scores moderately**
🟥	**Scored negatively**
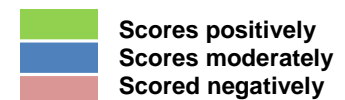
1 – Strongly Disagree
2 – Disagree
3 – Neutral
4 – Agree
5 – Strongly Agree

9 Enablers of Staff Engagement

Trust (4.00)

Work Relationships (3.90)

Clarity (3.66)

Resources (3.54)

Mindset (3.45)

Personal Development (3.48)

Perceived Fairness (3.41)

Influence (3.38)

Recognition (3.24)

Engagement Feelings

Dedication (3.97)

Focus (3.97)

Energy (3.32)

Engagement Behaviours

Persistence (4.07)

Discretionary Effort (4.04)

Adaptability (3.88)

Advocacy (3.48)

NHS Staff Survey
Overall Engagement Score

	Trust	2015	Trend
Acute Trusts	Kettering General Hospital NHS Foundation Trust	3.7	
	Northampton General Hospital NHS Trust	3.7	
	Derby Hospitals NHS Foundation Trust	3.9	
	Nottingham University Hospitals NHS Trust	3.9	
	University Hospitals Of Leicester NHS Trust	3.8	
	United Lincolnshire Hospitals NHS Trust	3.7	
	Sherwood forest Hospitals NHS Foundation Trust	3.7	
	Chesterfield Royal Hospital NHS Foundation Trust	3.7	
Other Provider Trusts	Derbyshire Healthcare NHS Foundation Trust	3.7	
	Leicestershire Partnership NHS Trust	3.7	
	Northamptonshire Healthcare NHS Foundation Trust	3.9	
	Nottinghamshire Healthcare NHS Trust	3.9	
	Derbyshire Community Health Services NHS Trust	3.9	
	Lincolnshire Community Health Services NHS Trust	3.8	
	Lincolnshire Partnership NHS Foundation Trust	3.6	
	East Midlands Ambulance Service NHS Trust	3.4	

Recruitment & Retention		
Medical Staff		
Vacancy Rate as at 31st March 2016	**13.52%**	**Headlines:** • Number of Staff in-post 01.04.15 = 807.13 FTE's and 837 Headcount • Number of staff in-post 31.03.16 = 790.62 FTE's and 821 Headcount • Decrease in number of Medical Staff FTE's in post over past 12 months. • Increase in vacancy rate from previous month.
Previous comparable figure not available	N/A	
Benchmark:		**Actions Underway:**
Target	TBC	• PHB second Clinical Orientation programme commenced 11/04/16. 1 out of the 7 doctors has already secured employment for August 2016. • Advertisements are being placed in 6 local RAF Station Magazines to appear throughout May and early June

- We have committed to attend a careers event for the Armed forces community on Thursday 14th July in Grantham. The package for the day includes job adverts on British Services Resettlement website.
- Number of 'Live' vacancies/RAD's currently being managed by the Medical Recruitment Team is 84.

Risks:
- 20 RAD's received in March 2016. 8 x appointments made – average of 43 days between advert going live and offer being made.
- 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.

Nursing Staff		
Vacancy Rate as at 31st March 2016	**11.50%**	**Headlines:**
Previous comparable figure	N/A	
Benchmark:		
Target	TBC	

Headlines:
- Number of Band 5 N&M staff in-post at 01.04.15 = 1105.82 FTE's and 1308 Headcount
- Number of Band 5 N&M staff in-post at 31.03.16 = 1070.49 FTE's and 1274 Headcount
- IRN – first wave of Philippine nurses are close applying for their certificates of sponsorships with a view to arriving in June/July
- Recruitment 'Open Days' have been planned for the 3 main sites.
- Lincoln held an Open Day during April and approximately 50 people attended, the majority of whom were looking for employment as either HCSW or Bank HCSW, most were already employed as care support workers in the private sector
- In addition to attendees email enquiries were received both before and after the event, again most of whom were looking for HCSW posts.
- There were also enquiries from a radiographer , an audiologist and a doctor without UK registration
- The Recruitment Open Days were advertise using various media, the RCN Bulletin, Local media , Trust website and Facebook and on site posters
- The advertisement library will go live from 25th April, copies of recent ward advertisements will be available to review. HR will place them in the library as when they receive an advertisement.
- Total open 'recruitment packs' managed by team overseeing Nursing & Midwifery and Corporate vacancies are:
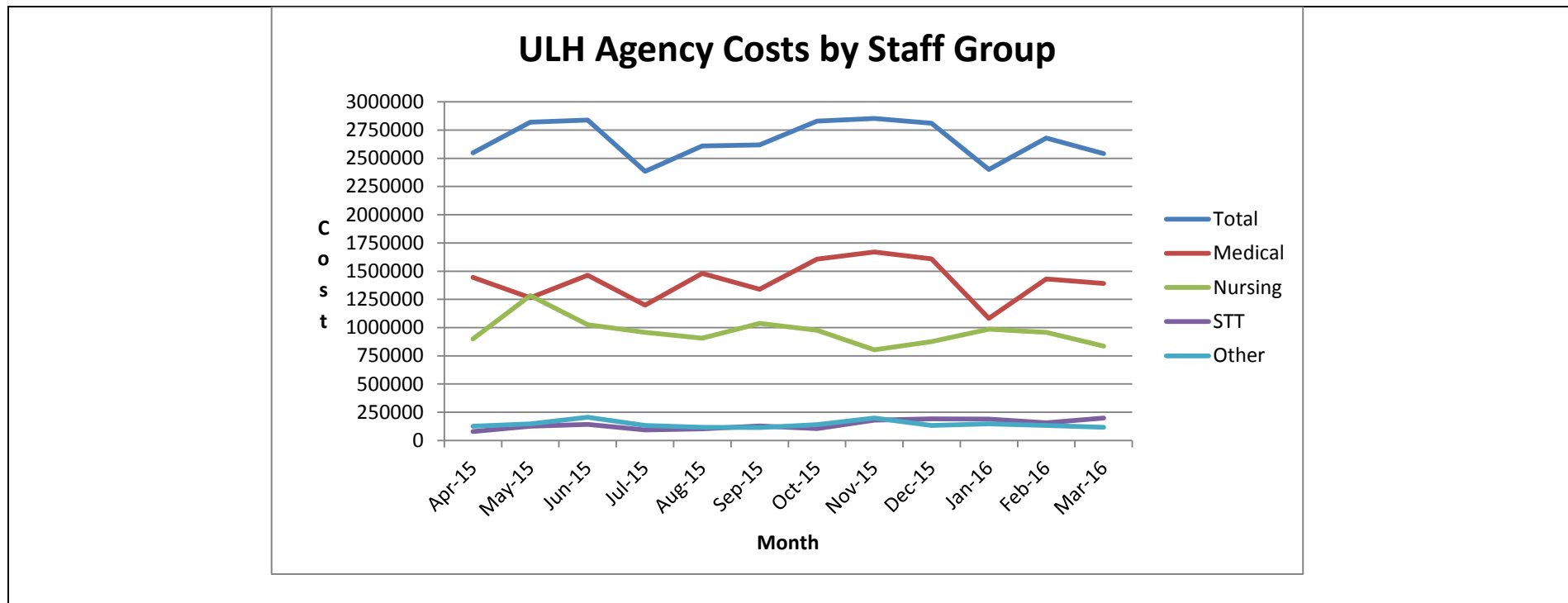 - o Grantham – 41
  - o Lincoln – 253
  - o Pilgrim – 68

Actions Underway:
- The next open day is Grantham on the 21st May 2016 , there is a meeting on the 5th May to agree attendance from site and requirements
- Grantham Recruitment Open Day – 21st May 2016
- PHB Recruitment Open Day 4th June 2016
- Recruitment Pathway for Ward Managers can now be published, following the opening of the advertisement library.
- TUPE Transfer of some Occupational Therapy and Physiotherapy staff to LCHS
- Consultation has commenced – 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 31st March 2016	**1.27%**	**Headlines:** - Establishment for March 2016 is 3692.51 which is a reduction of 53.21 wte from the February establishment of 3745.72.
Previous comparable figure not available	N/A	
Benchmark:		**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.
Target	TBC	

Nursing & Midwifery / AHP

Vacancy Picture Pan Trust

VACANCY POSITION

	Sep-15		Oct-15		Nov-15		Dec-15		Jan-16		Feb-16		Mar-16	
	Data from Payroll		Data from Payroll		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	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	112.29	29.38	116.25	16.73
Pilgrim	100.02	20.50	96.84	19.28	96.60	28.89	97.10	20.18	103.92	10.38	107.48	11.22	106.62	11.95
Grantham	19.04	3.21	16.23	3.41	23.06	6.57	25.45	7.77	28.36	10.17	28.78	9.54	30.91	8.97
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	248.55	50.14	253.78	37.65
Louth	2.18	3.00	2.78	3.20	2.93	3.20	2.93	4.05	3.69	3.20	3.69	4.00	3.69	3.00
Paediatrics & Neonatal	24.31	11.87	22.03	12.79	21.60	12.75	22.51	13.79	22.93	10.19	24.62	10.19	26.47	7.72
Obs & Gynae	19.94	3.42	17.49	6.36	15.51	3.86	19.07	4.26	22.20	2.53	27.22	2.69	27.86	1.05
Diagnostics	-1.45	4.31	-0.28	5.47	0.31	4.63	0.99	4.63	0.15	5.63	2.03	4.83	0.43	2.23
Corporate Nursing – All Sites	17.28	5.13	13.99	5.13	14.59	4.13	12.00	4.13	12.65	4.12	10.16	7.01	8.57	6.81
Specialist Nursing – All Sites	0.72	0.19	1.82	0.19	2.02	0.19	2.82	0.19	1.42	0.19	-1.06	0.19	-1.79	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	315.21	79.05	319.01	58.65
Physiotherapy	13.35	2.77	10.58	1.53	11.58	0.53	10.21	0.53	10.21	-1.47	8.21	-1.96	9.64	-0.96
Occupational Therapy	8.61	1.73	7.07	1.73	5.20	1.48	6.45	2.48	6.93	2.48	7.33	3.48	8.21	4.17
Dietetics	2.13	0.00	2.43	0.00	3.28	0.00	3.28	0.00	3.28	0.00	3.28	0.00	2.28	0.00
Total	306.69	92.97	288.38	98.25	299.45	102.07	311.34	98.31	326.53	83.18	334.03	80.57	339.14	61.86
Nursing & Midwifery Changes			-5.06%	7.37%	4.13%	5.34%	4.30%	-4.76%	9.56%	-17.88%	12.82%	-21.00%	9.47%	-38.46%

-VE : Reduced Vacancy
+VE : Increased Vacancy

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
March 2016	**9.11%** (4.90% Agency + 4.21% Bank)	**Headlines:** • 0.39% increase in the figure from February (8.72% to 9.11%) • Based on the month 11 detail, the Trust is looking at an outturn expenditure on agency of £32m, detail as below. The expenditure target for 2016/17 is a quantum of £21m, which is a reduction of £11m from the 2015/16 forecast outturn position.
Previous comparable data March 2015	9.00% (5.45% Agency + 3.55% Bank)	• Portfolio Improvement Board continues to have oversight of workforce programmes, including Medical and Nurse Utilisation. • Nurse and Agency caps weekly reporting is still in place.
Benchmark:		**Actions Underway:** • The 2016/17 Nurse Action Plan takes into the account a number of assumptions:
Target	<2%	o Increasing use of bank staff directly replacing agency £0.7m o Planned recruitment of nursing staff via university and overseas recruitment £1.5m

		o Removal of winter costs £1.0m o Achievement of 50% expenditure at price caps from October 2016 £1.5m o The plan also includes an element of agency required as a result of turnover of staff and therefore a requirement for short term agency cover. • The Plan also identifies 'step changes' when the recruitments actions are planned to result in increases in substantive staff and reduce the reliance on agency. • A piece of work has been undertaken to review the medical agency costs and key actions have been identified that should reduce agency expenditure. • Forecast expenditure by business unit has been identified and the next steps will be to build up plans for each of these areas to reduce the expenditure as identified in the plan. **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

		Headlines:
Annual Sickness rate as at 29th February 2016 (for previous 12 month period)	**4.47%**	• Decrease in annual rate by 0.04% • With a rolling average rate of 4.47% costing £8.43m, 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 February 2015 (for previous 12 month period)	**4.73%**	• The annual cost of sickness (excluding any backfill costs) has decreased by £350,665 compared to 12 months ago. • During the 12 months ending February '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 19.47% of all absence. Of this figure 2.37% was work related and 17.10% non-work related.
Benchmark:		
Target	4%	• Additional Clinical Services had the highest sickness rate during the 12 months at 6.36%

(Unregistered Nurses 7.04%), followed by Estates & Ancillary at 5.81% and Nursing & Midwifery Registered at 5.08%.
- The PHB sickness rate has gone up this month by 0.54%, the annual sickness rate has down by 0.01%
- Health and Wellbeing Strategy developed.
- The revised Sickness Absence Policy was tabled at a second Policy Group Meeting on 22nd April 2016. The aim was to agree and ratify the policy.

Actions Underway:
- Grantham Site:
  - Annual Sickness – 4.55%
  - Monthly Sickness = 5.38%
  - Long Term and Short Term sickness cases are being managed with Managers through the formal process.
- Integrated Medicine Lincoln 4.45%
- Surgery Lincoln 4.38%
- Health and Wellbeing Action Plan to be presented to Workforce and OD Assurance Committee during May 2016
- Identify training Package/Programme for Line Managers on Absence Management, including 'Return to Work Interviews'
- Ensure that the 'management of sickness' is identified as Key Performance Area/Objective for all Managers.

Risks:
- Lack of clarity on use of Bradford Points in Sickness Absence Policy has created a 'hold' in the process/review and causing delays.. Further clarity/decision will be required by the Director of HR & OD in this regard.
- 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
- Lack of resource/capacity in HR to support monthly meetings is limited and further impacted by Staff Absence. The biggest impact is at PCH site.
- Additional ER capacity created at Lincoln with the recruitment of 1 x additional ER Officer

Case Type	Volume of Live Cases
Short Term Absence	119
Long Term Absence	118
Formal Sickness	51
Total	**288+**

The above excludes PCH

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	2,927.43	3.99%	£283,689.64
Additional Clinical Services	24,259.64	6.36%	£1,281,491.53
Administrative & Clerical	17,705.77	4.02%	£1,318,688.22
Allied Health Professionals	3,704.44	2.82%	£365,330.94
Estates & Ancillary	13,896.08	5.81%	£732,011.14
Healthcare Scientists	644.29	1.61%	£83,956.14
Medical & Dental	4,406.66	1.49%	£950,083.46
Nursing & Midwifery Registered	36,038.86	5.08%	£3,409,219.83
Students	33.69	0.56%	£1,625.04
Total	**103,616.86**	**4.47%**	**£8,426,095.94**

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,437.76	6.65%	458,920.18
Band 2	30,916.97	6.04%	1,576,720.35
Band 3	5,785.11	4.16%	346,732.25
Band 4	6,112.50	3.87%	431,171.10
Band 5	27,635.84	5.27%	2,268,133.51
Band 6	12,494.43	4.05%	1,320,145.78
Band 7	4,335.57	2.84%	571,364.70

Band 8A	1,030.00	2.22%	152,025.42
Band 8B	526.39	3.86%	101,939.68
Band 8C	500.92	3.82%	104,690.66
Band 8D	155.71	3.74%	39,120.16
Band 9	2.00	0.49%	674.34
Non A4C	277.00	4.30%	104,374.35
Medical	4,406.66	1.49%	950,083.46
Total	**103,616.86**	**4.47%**	**8,426,095.94**

Rolling Yearly Sickness Rates & Estimated Cost by Band

Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 31.03.16	Average Cal Days
Registered Nurses	36,038.66	5.08%	£3,409,319.83	42847	2264	19
Unregistered Nurses	20,325.69	7.04%	£1,050,427.59	25000	994	25
Total	**56,364.35**	**5.65%**	**£4,459,747.81**	**67847**	**3258**	**21**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,492.78	17.10%	No
Anxiety/stress/depression/other psychiatric illnesses	2,425.56	2.37%	Yes
Other musculoskeletal problems	13,335.10	13.04%	No
Other musculoskeletal problems	292.60	0.29%	Yes
Gastrointestinal problems	10,014.15	9.79%	No
Gastrointestinal problems	16.60	0.02%	Yes
Back Problems	8,273.45	8.09%	No
Back Problems	361.15	0.35%	Yes
Other known causes - not elsewhere classified	8,511.36	8.32%	No
Other known causes - not elsewhere classified	87.04	0.09%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data
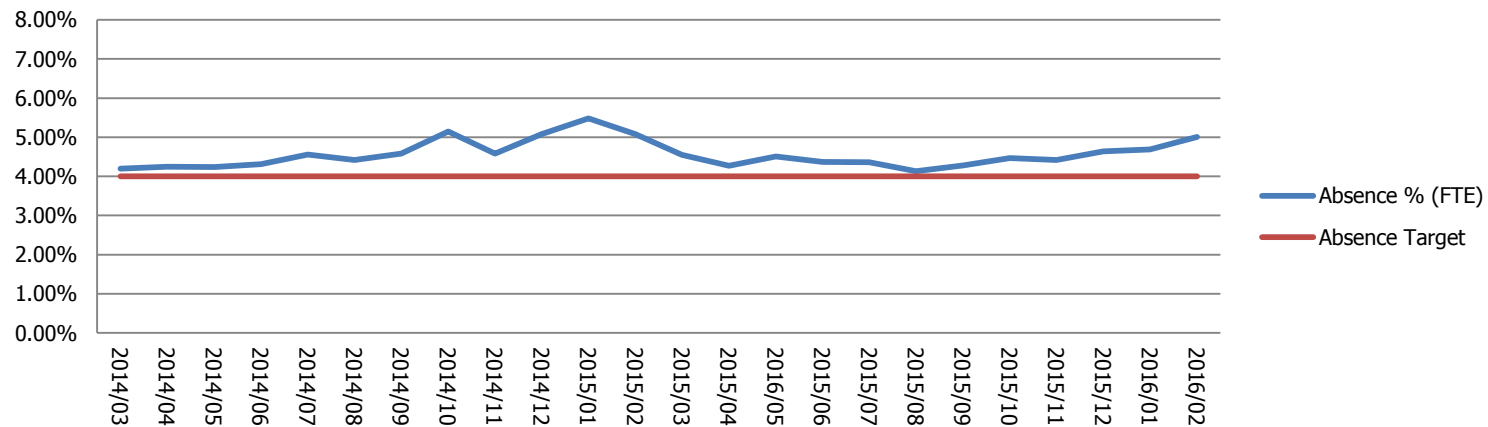
Occupational Health

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%.

Flu Vaccinations for Frontline Health Care Workers 2015/16			
Trust /Organisation	No. of HCWs with DIRECT Patient Care	No. Seasonal flu doses given since 1st September 2014	% Seasonal flu doses given since 1st September 2014
Leics & Lincs GP	5156	2917	56.6
Lincs Partnership NHS Trust	1320	472	35.8
Leics Partnership NHS Trust	4098	1925	47
University Hosps of Leicester	7896	4947	62.7
United Lincoln Hosps	**5361**	**3431**	**64**
Lincs Comm/Health Services	1909	908	47.6

Total	25740	14600	56.7

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, I have attached draft plan to this paper for approval by the IPC I would appreciate comments back by 29 April 2016.

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

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
64% or less	No payment
65% - 74% uptake of flu vaccinations	50% payment
75% or above	100% payment

Smoke Free Trust Policy

The smoking policy has been approved by the Trust Health and Safety committee.

The two outstanding issues on challenging reaches of the policy an E-cigarettes were resolved.
We also have other trusts such as Mental Health Ambulance and LCHS who have staff and patients on our sites. I have communicated this to LCHS and we are awaiting a response. We are also working with LPFT and Tobacco Control & Smoking Cessation, Lincolnshire County Council Public Health

Health and Wellbeing.

The trust will be re-establishing its own health and well-being group, 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 under way at present and has two weeks left to run there are 45 teams which is 315 employees in the challenge.

The Global corporate Challenge commences in May it is been advertised at present and space for twenty teams 140 employees.

Referrals to Occupational Health.

There were 289 referrals to occupational Health from 01/01/2016 – 31/03/2016 77 of these referral were for stress and anxiety and 83 were for MSK problems.

HR Operations/ER Case Management
Corporate & Nursing Staff

Headlines:
- Lincoln – slight reduction in formal case activity from previous month
- MARS (Mutually Agreed Redundancy Scheme) for 2016/17 concluded.
  - x34 Applications received
  - Panel reviewed application on 2nd March 2016
  - x5 supported for approval
  - Leaving date for all 5 staff members was 1st April 2016
- A number of HR Policies due for review were presented at Policy Group during March and April:
  - Pay Progression Policy
  - Managing Attendance Policy
  - Parental Leave
  - Policy & Procedure for the Management & Production of Staff Rosters
  - Policy for Production/Review of Job Descriptions (AfC) and Job Evaluation Process
  - Protocol for Breaks
  - Flexible Working Policy
  - Dress Code Policy
  - Revalidation Policy
  - Alcohol, Drug and Substance Misuse Policy
  - Personal Relationships

Actions Underway:

- Lincoln 6 x Grievances open
- Lincoln 10 x Disciplinary cases open, with 3 having dates arranged for Disciplinary Hearings
- 4 members of staff suspended
- The 'Policy Schedule' has been updated and Leads and review dates have been identified for all policies up for review within the next 6 months.

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

March 2016 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	11					
Formal Grievance Cases	6					
Appeal Panel	2	1	0	0	0	0

Medical Staff (Maintaining High Professional Standards)

Headlines:

- 1 Medical investigation currently open at Grantham
- Investigation into behaviours in Theatres currently taking place
- Lincoln: 2 x Capability cases open

- Lincoln 2 x Conduct cases open, 1 with hearing date agreed

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 31st March 2016 (for rolling 12 month period)	**65%**	**Headlines:** • The overall percentage for appraisals remains at 65% at the end of March against a target of 95%. • This is the seventh month in a row where there has been a reduction in appraisal compliance
As at March 2015 (for previous 12 month period)	76%	**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
Benchmark:		
Target	95%	**Risks:** • Appraisal compliance continues to fall, which will result in further scrutiny from external stakeholders, including the TDA.

Appraisals excluding Medical Staff

Month	%
Apr-15	74%
May-15	77%
Jun-15	78%
Jul-15	79%
Aug-15	79%
Sep-15	78%
Oct-15	74%
Nov-15	72%
Dec-15	67%
Jan-16	67%
Feb-16	65%
Mar-16	65%
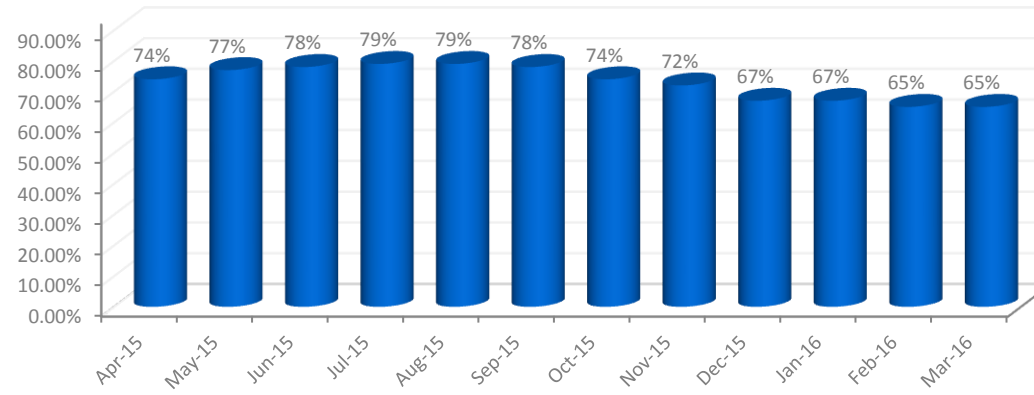
Appraisals
Medical Staff

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

- The Revalidation Office has been without admin support for 5 months and this has had an impact on the current appraisal rate. Admin support now in place wef 04/04/16.
- 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'. New measures to improve this are now in place.
- 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 continue to be the main reasons given for failure to participate in appraisal during allocated appraisal months.
- Doctors wishing to postpone their appraisals are now 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 is progressing the implementation of the new Allocate e-appraisal system. Over 60% of doctors have undertaken training to use the system for appraisals. 68 Appraisals have now been completed using the Allocate e-appraisal system. The majority of medical appraisals in the 2016/17 appraisal year will be completed on the Allocate system. 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 March 2016 approximately 90% of the Trusts current Medical workforce (excluding doctors in training who are revalidated by the Deanery) have been revalidated.
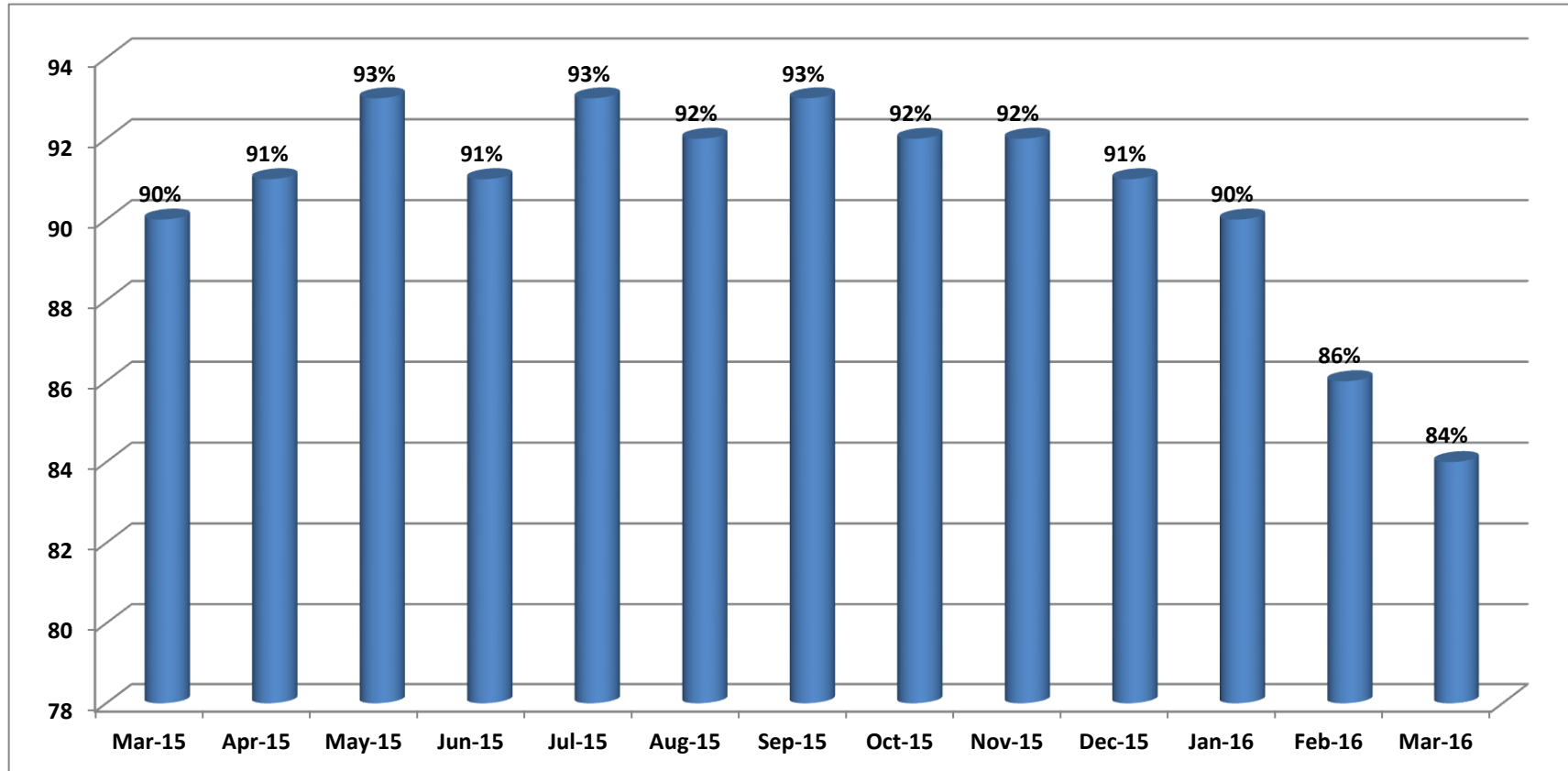
182 doctors have been revalidated since the 1st April 2015 and 20 doctors have had their revalidation deferred in the 2015/2016 appraisal year.   15 of the 20 doctors have now successfully revalidated. Deferral requests made to the GMC are appropriate only where the doctor is engaged with the systems and processes of appraisal and revalidation. They include doctors who have been unable to provide the required supporting evidence 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.

As at 31st March 2016 (for previous 12 month period)	84%	**Headlines:**
As at 31st January 2015 (for previous 12 month period)	90%	
Benchmark:		
Target	95%	

Headlines:

- The current appraisal rate of 84% is 6% lower than the March 2015 (90%) position. The medical appraisal rate is calculated on a rolling twelve month basis as required by NHS England.
- The Revalidation Office are making steady progress with implementation and roll-out of the e-appraisal system. 260 Doctors, including appraisers, have been trained to use the system. 68 appraisals have now been completed on the Allocate system. A self-learning training package to support doctors to use the new e-appraisal system has been developed and circulated to all doctors. In addition all sites will have access to drop in sessions to enable the 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 have 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, joined the Revalidation Team on 4th April.
- Delay in submission of completed appraisals, within the GMC requirement 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.
- The consultation process with the LNC in respect of the revised Medical Appraisal policy is almost complete. Minor changes have been agreed and a further meeting will take place to finalise the changes. 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.
- During March 2016 11 Doctors completed formal training to become Medical Appraisers.
- The Trust is still awaiting the formal Feedback report following the successful review of ULHT Revalidation processes undertaken by the NHS England Revalidation Team.

Actions Underway:

During April 2016
- The implementation of 'Quality Assurance of Appraisals' is now well established and has
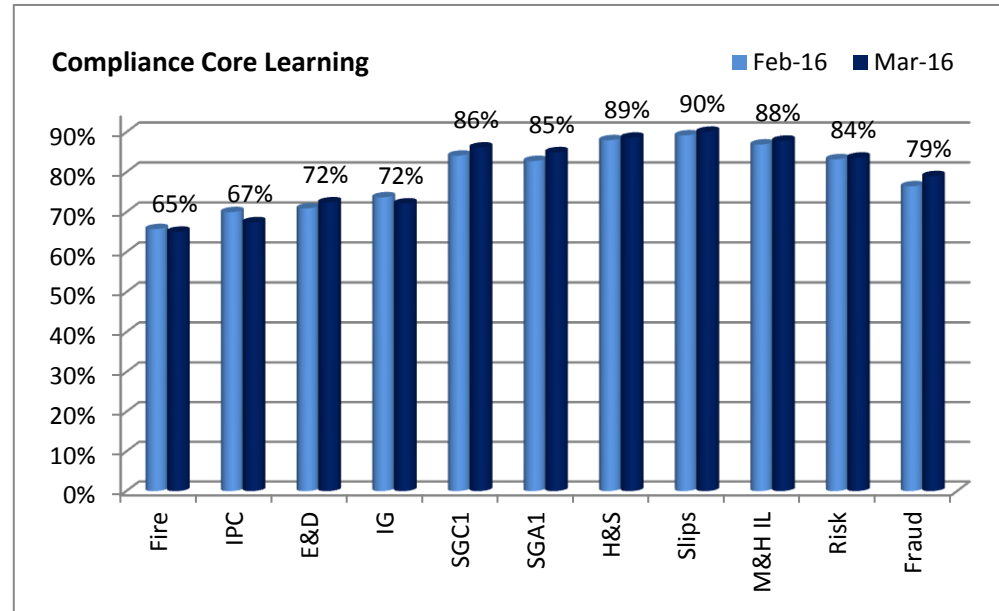
confirmed the high quality of the majority of medical appraisals within the Trust. It has also identified aspects requiring improvement in a small number of appraisals. Work continues with LNC input to support those doctors requiring further advice and help.

- 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 a *Risk Assessment Framework* to support consistent decision making in respect of the management of doctors in difficulty. Further work to fully integrate this process will be ongoing over the next 3 months.
- Training for doctors and medical appraisers to use the new e-appraisal system will continue with the aim that all doctors will be using the system for their 2016/2017 appraisals.
- The new system will improve reporting mechanisms, improve the appraisal compliance rate and governance of appraisal processes.
- The programme for 2016-2017 Medical Appraiser Network Support meetings will be agreed and circulated by the end of May 2016.

Risks:
- 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 MARCH 2016

Core Learning		
As at 31st March 2016	**80%**	
As at 31st March 2015	79%	
Target	95%	

Headlines:

- An increase of 1% on overall compliance rate
- All annual topics are less than this time last year, particularly Fire and Infection Prevention which are 14% to 16% less.

Trust	Fire	IPC	E&D	IG
Mar-15	81%	81%	82%	79%
Mar-16	65%	67%	72%	72%

- 3 yearly topics continue to show a gradual increase month on month and are between 6% and 16% higher than this time last year.

Trust	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud
Mar-15	70%	70%	85%	85%	82%	77%	N/A
Mar-16	86%	85%	89%	90%	88%	84%	79%

- 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
- Draft Pay Progression Policy agreed by ET 21.2.16. Presented to Policy Group 22.4.16 – non-compliance with core learning will be bar to pay progression
  DNAs continue to increase monthly - from 14% in April 2015 to 26% 31.3.16

Actions Underway:

- Draft Pay Progression Policy stipulates that incremental pay progression will be withheld until an individual has completed or has a booked place on core learning
- With immediate effect, managers will be 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   ■ Feb-16 ■ Mar-16

Core Learning Rate

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
Medical	%	%	%	%	%	%	%	%	%	%	%	%
Compliance	52%	60%	63%	64%	76%	74%	82%	83%	81%	80%	75%	72%

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
- Improvements to ESR continue and many areas now have access to ESR Supervisor Self-Service with all areas (excluding medical and dental) having access during spring 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 focus will be on strategic/corporate objectives and progress/plans to underpin these, with clear objectives and KPI's for the HR & OD Directorate
- 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 case has been submitted to the Director of HR & OD for consideration. Additional funding will not be required as costs will be 'aligned' to current budgets.

ESR – Self Service Project

Headlines:
- 81.5% of employees have their reporting hierarchy built in ESR (excludes Medical & Dental staff)

Actions Underway:

- ESR SSS roll-out continues with the majority of Nursing and Therapy areas now having access. Diagnostics, Business Units and Research & Development now 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 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