Caring for You

United Lincolnshire Hospitals **NHS**
NHS Trust

HR & OD Monthly Report (April 2016)
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Table of Contents

Workforce Planning
The ULH Workforce Plan will comprehensively outline the workforce vision for the future. Our workforce in the future will be even more flexible, engaged and multi-skilled to empower patients as well as organised in an integrated way that will focus on the needs of the individual. Along

with annual planning and budget setting it will address short-term plans (annual), mid-term (1-3) and long term (3-5) years. The new 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, e.g alternative non nursing/medics roles rather than repeated nursing and medical recruitment.
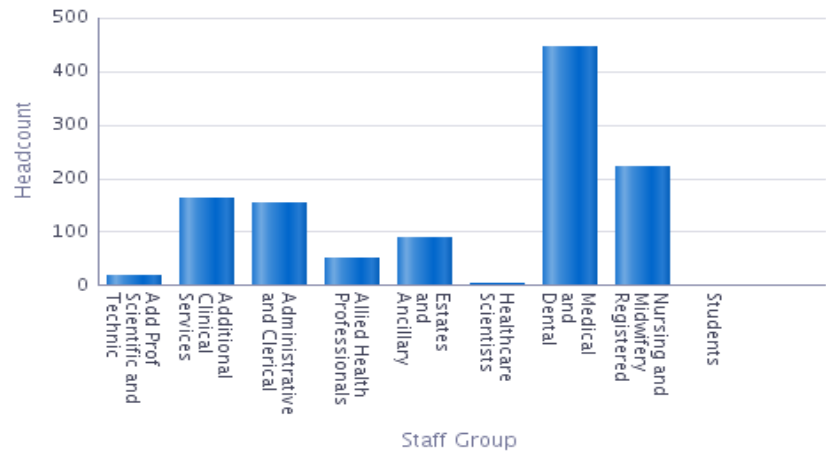
Headlines and actions underway:

- The integrated Annual and Workforce Plan will contain a number of objectives around how we plan for the workforce in the new financial year. These include but are not limited to:
  - Following the successful recruitment campaign in the Philippines in January 2016 (131 offers made with the first starters expected in May 2016), a second cohort to the Philippines for May 2016 has been agreed with a budget of £600k.
  - Our recruitment for newly qualified band 5 nurses is going well with 80 offers currently made and with further initiatives planned over the next few months this figure will increase.
  - In considering the non nursing workforce, the Stroke Unit and MEAU LCH have responded to the ongoing challenges around the recruitment of Registered Nurses by considering what tasks/care could be delivered/provided by another practitioner in the absence of Registered Nurses. Alternative options to current workforce profile include Discharge Co-ordinators, Pharmacy technician/practitioner, and roles for the AHP team that could be considered rather than nurses.
  - The first round of joint planning meetings (BU Mgrs / HR / Finance) took place 14-28th January and have continued into February and March.
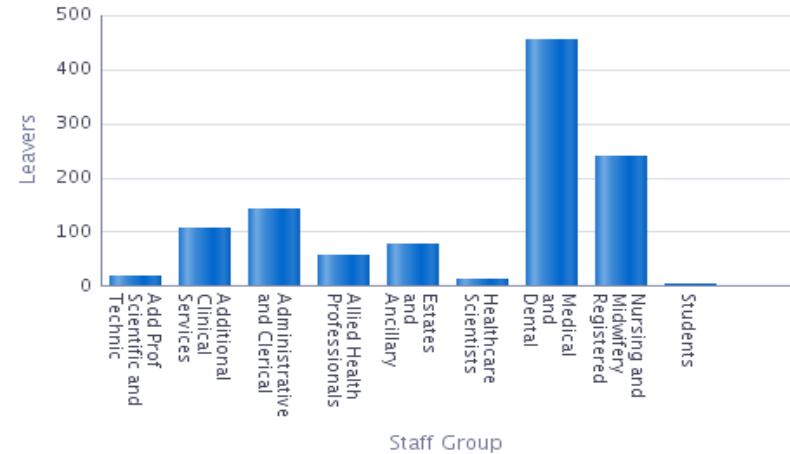
Risks:

- The continued large number of unfilled vacancies will make supporting the annual planning exercise 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. A Lincolnshire wide Attraction Strategy is putting together initiatives to increase the 'attraction' activity. Open days have been set up at all sites, starting with LCH on 16 April.

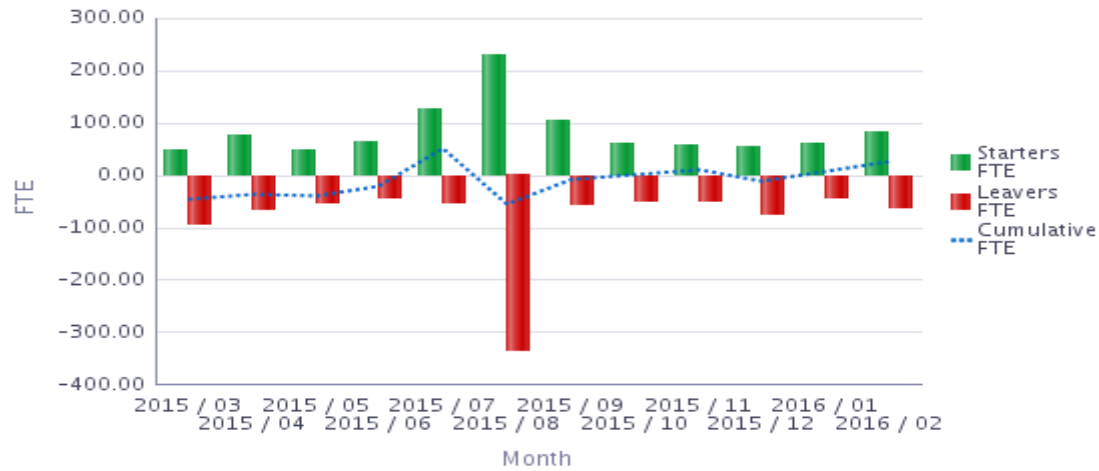| **Staff Turnover**		
As at 29th February 2016 (for Q3)	**2.10%**	**Headlines and actions underway:**
As at February 2015 (for Q3)	2.44%	• We have seen a decrease in overall turnover rate on an annual basis.
Benchmark:		• Net increase of 21 headcount Band 5 Nursing staff over the last 12 months • Nursing & Midwifery turnover rate has slightly decreased in month to 9.41%. This is down from 9.75% in the preceding month.
Target		• As part of the ULH retention strategy, the Staff Engagement Programme makes sure it has a positive impact on attrition and sickness absence. Additionally, there is the review of our bespoke induction programme for all new starters as many nurses especially tend to leave the

		organisation in the first 12 months. Other initiatives include the provision for in house opportunities for CPD opportunities around academic study and clinical skills development. The Trust is also about to plan for notice periods for band 5 to 7 staff to be increased. • 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. A poster display about the '5 great things' about working at ULH is about to go live. • 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. A Lincolnshire attraction Strategy has identified £156,000 for all Trusts in Lincolnshire and the money will be used for recruitment activity. • Trust marketing materials for all recruitment activity will benefit from this money. • The Exit Interview process has been significantly redesigned and staff have been receiving the short survey. We are awaiting the first 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. • The continued concern that our sites do not score highly for either new, existing or overseas nurses and medics.

Starters by Staff Group

Leavers by Staff Group

Starters & Leavers by Month March 15 – February 16

Staff Group	Establishment as at 29.02.16	SIP as at 1.03.15	SIP as at 29.02.16	Average SIP	Leavers 1.03.15 - 29.02.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2190.16	1967.46	1942.68	1955.07	206.00	10.54%	9.41%
All Medical	914.20	804.01	796.39	800.20	449.19	56.13%	49.13%
Medical excluding juniors	533.05	465.51	459.99	462.75	73.09	15.79%	13.71%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	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	12.81	16	-10.65	-12
Jan '16	9.55	11	8.45	10	1.10	1
Feb '16	7.37	9	6.21	8	1.16	1
Total	**154.01**	**176**	**127.09**	**155**	**26.92**	**21**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters	Leavers	Starters minus Leavers

		Fte	Headcount	Fte	Headcount	Fte	Headcount
	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	11.18	12	-0.26	0
	Nov '15	15.80	16	10.00	10	5.80	6
	Dec '15	19.25	20	32.00	32	-12.75	-12
	Jan '16	13.53	14	13.80	14	-0.27	0
	Feb '16	40.63	41	36.55	37	4.08	4
	Total	**441.72**	**446**	**449.19**	**454**	**-7.47**	**-8**

Medical & Dental Monthly Starters & Leavers

Employee Engagement

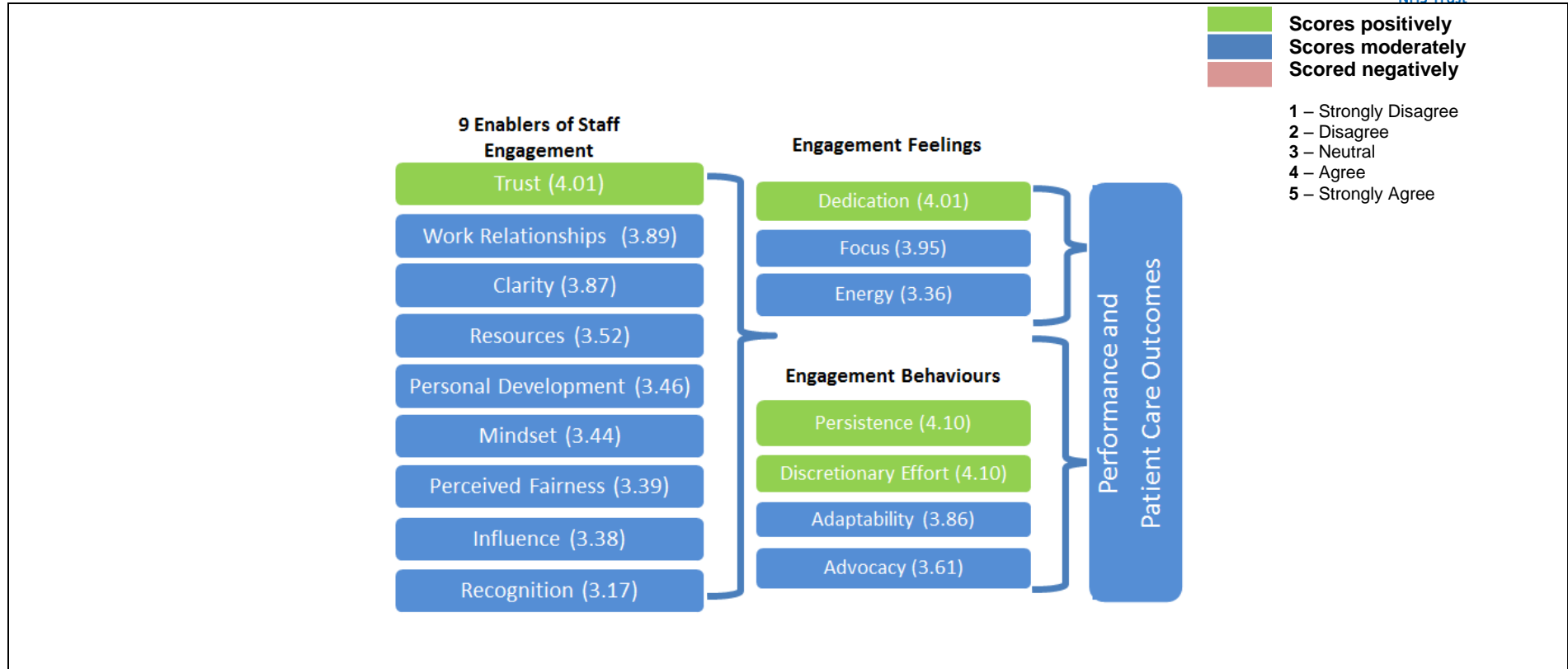**Staff Survey & Pulse Check – Staff Engagement**

The results of the 2015 Staff Survey are now out. The national average score for staff engagement is 3.68 out of a possible 5. The Trust's previous score in 2014 was 3.48. This is a good improvement from last year. The national average for staff engagement is 3.79.

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. These are now being reflected in this year's score. The Staff Engagement Quarterly Pulse Check survey invites a random sample of 25% of the Trust's employees to complete. The third staff Engagement Quarterly Pulse Check survey closes 31 March 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.

2015 Staff Survey Score	**3.68**	**Headlines and actions underway:**
		• As reported last month, the second Pulse Check results report received and circulated. Top
2014 Staff Survey Score	3.48	

National Average:	3.79
Target:	3.80

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 and Influence, was the second lowest scoring enabler for the Trust.
- Mind-set, strongest predictor for a number of feelings and behaviours. Significant improvement seen in enable Work Relationships from December 2015 Pulse Check Results.
- 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 now approved by the Staff Engagement Group.
- 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.
- Return rate for the March 16 Pulse Check to achieve 30% or above. Also to increase the number of departments using communication cell as a tool

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: Second quarterly Pulse Check Survey

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	**12.89%**	**Headlines and actions underway:**

at 29th February 2016		• Number of staff in-post 01.03.15 = 804.01 FTE's and 836 Headcount • Number of staff in-post 29.02.16 = 796.39 FTE's and 828 Headcount
Previous comparable figure not available	N/A	• Slight decrease in number of Medical Staff FTE's in post over past 12 months. Increase in vacancy rate from previous month. • Current actions taking place and included in the annual plan include:
Benchmark:		- Conversion of current agency/locum medics to either substantive terms or paid at NHS agency rates. We have also identified three consultants who are interested in working for the Trust and negotiations on a package are underway with CDs
Target	TBC	- The use of the non doctors workforce by raising the profile of alternative non doctor roles and challenge the 'status quo' of always using a doctor to fulfil a role. There are pockets of good practice in the Trust. - Plan include Physicians Associate - for graduates with a science degree; Advanced Clinical practitioners - registered nurses, AHP who have studied at MSc level; Emergency Nurse Practitioners - a foundation degree exists to deliver health and social care beyond that of a HCA. - LETC funds for 2016/17 include Lincolnshire Workforce Transformation. • 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. These include 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. • Current and future GPVTS and Deanery vacancies are being recruited to by departments as fixed term Trust appointments – we are now starting to get placements through for August 2016 rotation. • Lincolnshire Workforce Supply & Demand Project, N&M workstream met 1st March, due to meet again April 2016. **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. • Capacity constraints due to team changes, requiring time for retraining of new recruits, alongside loss of specialist medical Knowledge to support the wider team. Mitigated by ongoing recruitment to the team.
Nursing Staff		
Vacancy Rate as at 29th February 2016	**11.30%**	**Headlines and actions underway:** • Number of Band 5 N&M staff in-post at 01.03.15 = 1125.66 FTE's and 1330 Headcount • Number of Band 5 N&M staff in-post at 29.02.16 = 1078.95 FTE's and 1282 Headcount
Previous comparable figure	N/A	• Total Band 5 Leavers for Mar 15 to Feb 16 was 127.09 'v' number of new starters 154.01.

Benchmark:		• Net increase of 26.92wte in 12 months into the organisation.
Target	TBC	• 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.
		• Nursing EU cohorts 4 to 6 are now settling in.
		• 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.
		• Staffing (R&R) Group meets monthly, chaired by Assistant Director of HR to develop plans and monitor implementation.
		• Development of a project around JoinUs@ULH. This could be an initiative around improving the Trust's image by using video content, social media and recruitment microsite to broadcast to and attract talent
		• A @ULH recruitment Twitter account and a ULH corporate page on Linkedin as part of our social media presence and advertising vacancies and sign posting interested candidates to specific NHS job adverts.
		Risks:
		• The financial commitment to Cohort 2 for the Philippines is higher than what has been agreed at ET by £45K
		• 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.
		• There were still a number of teething problems with EU cohort, most of the issues appeared to be related to expectations by both the nurses and ward managers.
Other/Non-Clinical Recruitment		
Vacancy Rate as at 29th February 2016	3.18%	**Headlines and action underway:** • further decrease (down by 0.12%) in vacancy rate to previous month, a number of successful appointments made.
Previous comparable figure not available	N/A	
Benchmark:		**Risks:** • Particularly AHP staff, supply of workforce remains a risk, opportunities to address this via alternative roles has not developed.
Target	TBC	

Nursing & Midwifery / AHP: as at 31 January 2016 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)		
February 2016	**8.72%** (5.29% Agency + 3.43% Bank)	**Headlines and actions underway:** • Medical agency staff increased by £351K in the month. 0.93% increase in the figure from January. (7.79% to 8.72%) • Portfolio Improvement Board continues to have oversight of workforce programmes, including Medical Utilisation and Nursing Utilisation
Previous comparable data February 2015	**7.33%** (3.82% Agency + 3.51% Bank)	• Nurse and agency caps weekly reporting is still in place • Nursing notice periods to increase – Bands 5 & 6 (from 4 weeks to 8 weeks) and Band 7 9from 8 weeks to 12 weeks) • Automatic opt in for all new nursing starters to build up the bank and reduce reliance on agency. • Possible switch to weekly pay for nursing bank staff to build up the bank as the preferred form of payment
Benchmark:		• The new Roster Policy for booking nurse shifts now going to the Policy Development group for ratification.
Target	<2%	• 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
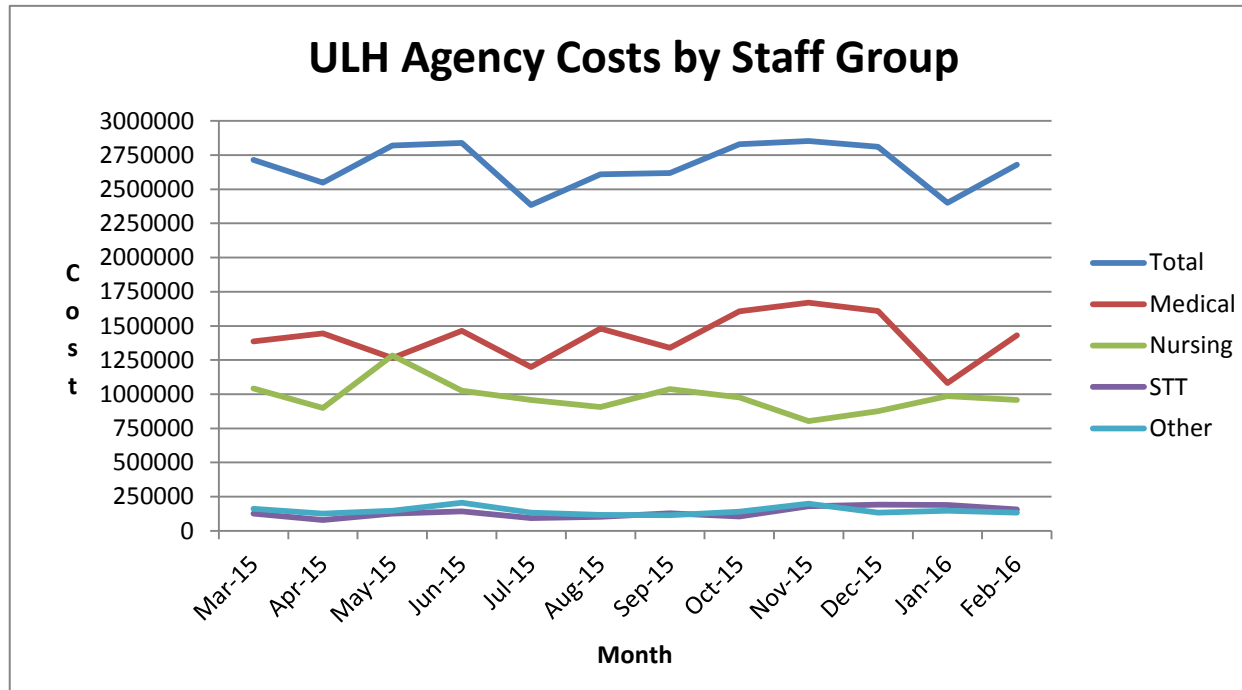
Employee Wellbeing

Attendance/Staff Availability

Annual Sickness rate as at 31st	4.51%	**Headlines and actions underway:**

January 2016 (for previous 12 month period)		• Decrease in annual rate by 0.17%
As at January 2015 (for previous 12 month period)	**4.68%**	
Benchmark:		
Target	4%	

- Decrease in annual rate by 0.17%
- With a rolling average rate of 4.51% costing £8.48m, 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.
- By the end of January 2016 the Trust's 12 monthly percentage sickness rate stood at 4.51%. The annual cost of sickness (excluding any backfill costs) has decreased by £204,970 compared to 12 months ago.
- During the 12 months ending January 2016, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 19.59% of all absence. Of this figure 2.71% was work related and 16.88% non-work related.
- Additional Clinical Services had the highest sickness rate during the 12 months at 6.45% (Unregistered Nurses 7.20%), followed by Estates & Ancillary at 5.82% and Nursing & Midwifery Registered at 5.15%.
- The weekly Nursing Workforce Group chaired by Michelle Rhodes has overall accountability for nursing and AHP sickness levels.
- Sickness Absence Policy has gone to the Policy Development group and amendments are being looked at. It will have the Bradford score which determine trigger points for short term persistent absences.
- The new Sickness Plan has been tabled to the Workforce Programme Board and will be amended as instructed.
- Assistant Director of HR Chairs an ongoing monthly meeting with Occupational Health to discuss complex and long term cases to ensure that plans are in place are continuing. This is LCH based and will be expanded to PHB and GDH.
- 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.
- Lincolnshire Workforce Supply & Demand Project, N&M work-stream met 1st March, due to meet again April 2016.

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 – existing ER officer now pregnant, expected to go on Maternity Leave September 2016 and ER Officer at PHB on sickness leave.

	Lincoln & Louth	Pilgrim	Grantham	W/C	Diagnostics	Therapies
LT: Formal Support	30			3		
L2: Formal Support	2			3		
L3: Formal Caution	4			1	1	N/A
L4: Capability Hearing	1			N/A	N/A	N/A

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	3,014.81	4.13%	£292,303.16
Additional Clinical Services	24,477.43	6.45%	£1,286,871.20
Administrative & Clerical	17,278.61	3.94%	£1,273,184.95
Allied Health Professionals	3,764.68	2.87%	£372,535.37
Estates & Ancillary	13,881.53	5.82%	£724,870.54
Healthcare Scientists	683.99	1.71%	£90,934.99
Medical & Dental	4,509.44	1.53%	£986,843.18
Nursing & Midwifery Registered	36,509.54	5.15%	£3,454,539.36
Students	35.77	0.57%	£1,734.97
Total	**104,155.80**	**4.51%**	**£8,483,817.72**

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,371.70	6.62%	£451,666.88
Band 2	30,953.57	6.08%	£1,567,434.90
Band 3	5,725.59	4.12%	£342,601.35

Band 4	6,253.71	3.99%	£440,950.57
Band 5	27,756.70	5.29%	£2,273,481.20
Band 6	12,591.74	4.10%	£1,330,674.33
Band 7	4,260.78	2.79%	£556,144.28
Band 8A	1,328.23	2.89%	£197,374.48
Band 8B	531.41	3.85%	£101,298.55
Band 8C	483.92	3.69%	£100,651.59
Band 8D	125.00	2.99%	£30,911.45
Band 9	2.00	0.50%	£674.34
Non A4C	262.00	3.85%	£103,110.65
Medical	4,509.44	1.53%	£986,843.18
Total	**104155.80**	**4.51%**	**£8,483,817.72**

Rolling Yearly Sickness Rates & Estimated Cost by Band

Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 29.02.16	Average Cal Days
Registered Nurses	36,509.54	5.15%	£3,454,539.36	43794	2267	19
Unregistered Nurses	20,968.06	7.20%	£1,081,321.45	25766	993	26
Total	**57,477.60**	**5.75%**	**£4,535,860.81**	**69560**	**3260**	**21**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,349.20	16.88%	No
Anxiety/stress/depression/other psychiatric illnesses	2,788.57	2.71%	Yes
Other musculoskeletal problems	13,686.48	13.32%	No
Other musculoskeletal problems	334.00	0.33%	Yes
Gastrointestinal problems	10,203.76	9.93%	No
Gastrointestinal problems	43.87	0.04%	Yes
Back Problems	8,640.22	8.41%	No
Back Problems	367.35	0.36%	Yes

Other known causes - not elsewhere classified	8,435.02	8.21%	No
Other known causes - not elsewhere classified	113.68	0.11%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data
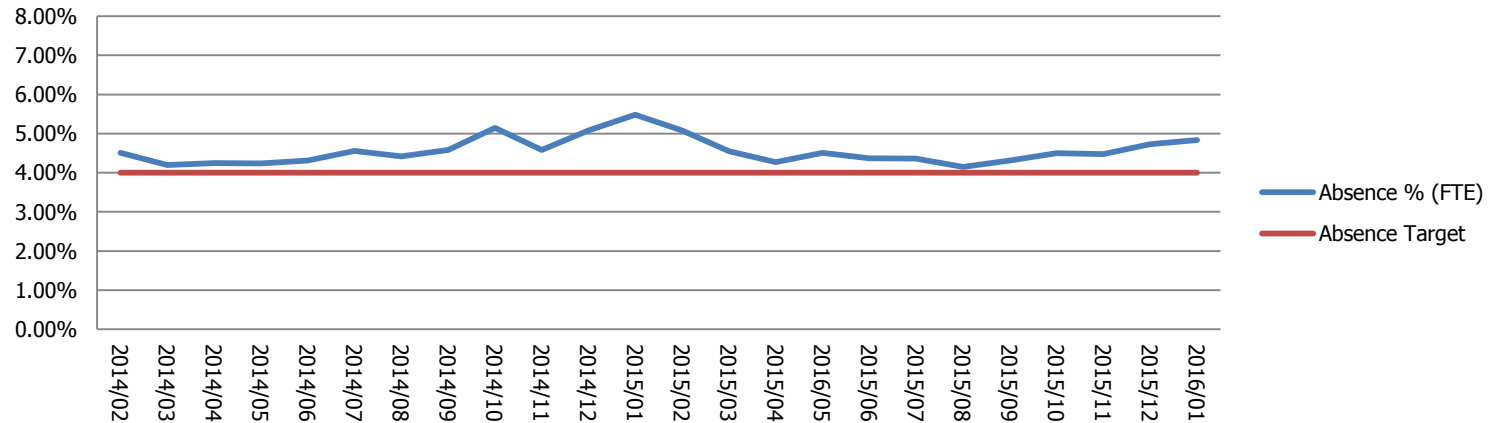
HR Operations/ER Case Management

Corporate & Nursing Staff

Headlines:

- Review of a number of key HR Policies are now going through the Policy Development Group.
- ER Officers and Advisors Team to be aligned to new Business Unit HR Business Partners for closer supervision and input. Deputy Director of HR & OD retaining oversight and acts as the 'go to person'.
- Fortnightly updates on ER activity with the Deputy Director of HR & OD have commenced and where possible to informally deal with cases and mediate as appropriate. This allows a greater level of local ownership to engage with managers to address any issues, particularly timeliness of investigation. A new Perfect process has been developed to make sure that timelines are robust for all disciplinary, capability, grievance, H & B, dignity at Work. Investigation to be tightened with a date of hearing to be agreed prior to formal investigation. A process flow chart to be communicate to all involved in ER cases and who is responsible - the HR teams and managers the responsibilities of all involved in the process.

Risks:

- Complaints from Managers/Customers due to level of support being offered at present as the numbers are down.
- 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.
- Not enough cases are being informally dealt with nor go to mediation.

January 2015 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	11	5	3	4	1	0
Formal Grievance Cases	6	3	0	1	1	0
Appeal Panel	2	1	0	0	0	0

Medical Staff (Maintaining High Professional Standards)

Headlines and actions underway:
- 19 cases open with action plans in place, 14 cases due to conduct, 5 due to capability.
- 6 cases monitored.
- 2 hearings to be organised for April/May
- 3 exclusions.
- 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.
- Time frames for completion of investigations have been discussed, 8 week perfect process.

Risks:
- Cases are delayed due to a lack of availability of trained investigators.
- Panels are delayed due to a lack of availability/willingness to take on the role of panel member.

Appraisals

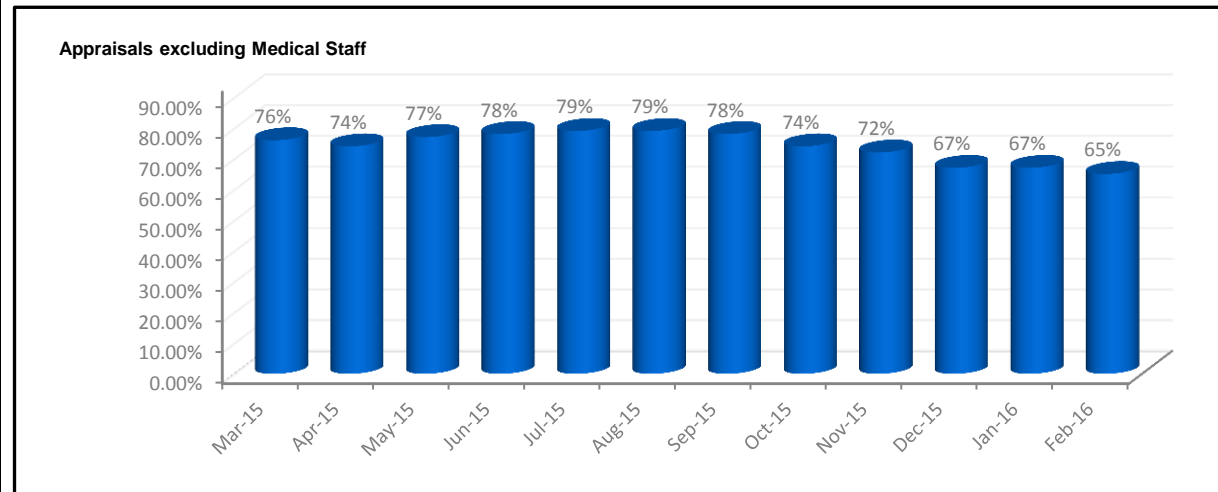| **Nursing and Other Staff** |
|---|

As at 29th February 2016 (for rolling 12	**65%**	**Headlines and Actions underway:** - 2% decrease from the previous month in the overall percentage for appraisals which was 65% at the

		end of February against a target of 95%.
month period)		
As at February 2015 (for previous 12 month period)	74%	• 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.
Benchmark:		• A **Pay Progression Policy** (which will also refer to core training and persistent short term absence) is now in its second draft and due for implementation soon. This will contain role and responsibility from the Board downwards.
Target	95%	• **For managers**:

- 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.
- A **Pay Progression Policy** (which will also refer to core training and persistent short term absence) is now in its second draft and due for implementation soon. This will contain role and responsibility from the Board downwards.
- **For managers**:
  - Ensure appraisals are booked at least 1 month in advance of the pay progression date i.e. incremental date, and provide time for their completion.
  - Ensure they are aware of their team's mandatory training requirements, expiry dates, and incremental dates.
  - Ensure staff are aware of what mandatory training applies to them and the frequency and provide time for it to be completed.
  - Justify the reason for any decision to defer pay progression.
  - Inform the member of staff regarding their right to appeal against any decision to defer pay progression.
  - Notify Payroll Services in advance of the pay progression date to confirm either pay progression or deferral.
- **For Employee**
  - Be aware of their incremental date and, along with the manager, ensure their appraisal is booked within 1 months of it.
  - Undertake their statutory and mandatory training as specified by the Trust.
  - Actively engage in the appraisal process and the delivery of their objectives.
  - Behave in a way that demonstrates they have an understanding and work within the values of the Trust.
- **For HR & OD**
  - Ensure managers are supported in the implementation of this policy, in particular support managers in managing conduct, capability and attendance management.
  - Ensure access and capacity to deliver statutory and mandatory training to all staff as required by their role.
  - Ensure the provision of training to managers to undertake meaningful appraisals, agree objectives and PDPs with their staff.
  - Ensure access and capacity in the provision of a proactive, timely and appropriate occupational health service.
- As set out in Agenda for Change, pay progression is not automatic and is dependent upon a number of criteria including assessment of standards/performance against performance.

- Staff will be eligible to be **awarded a pay progression** point if they have:
- 1. Attended their annual performance appraisal and have evidence of an agreed PDP and set of objectives including a plan to keep to keep mandatory training up to date.
- 2. Achieved 100% completion of their core training , subject to opportunity being provided by the Trust to complete training.
- 3. No formal warning or sanction regarding performance or conduct issued in the last 12 months prior to their incremental date, in line with the Managing Conduct and Managing Performance policies.
- 4. No formal documented evidence to demonstrate that performance has been detrimentally impaired as a result of persistent short term sickness which is being actively managed in line with the Sickness Absence policy
- 5. As 40%-45% of staff are at the top of their band, such staff, who should know better, may be liable for disciplinary action if they do not meet the above on a second consecutive occasion.

Risks:
- The pay progression policy will be difficult to negotiate with staff side but is essential as a tool to hit targets for appraisal, core learning and persistent short term absence
- There is an element of under reporting of completed appraisals which has been identified as a reason for non-compliance

Appraisals excluding Medical Staff
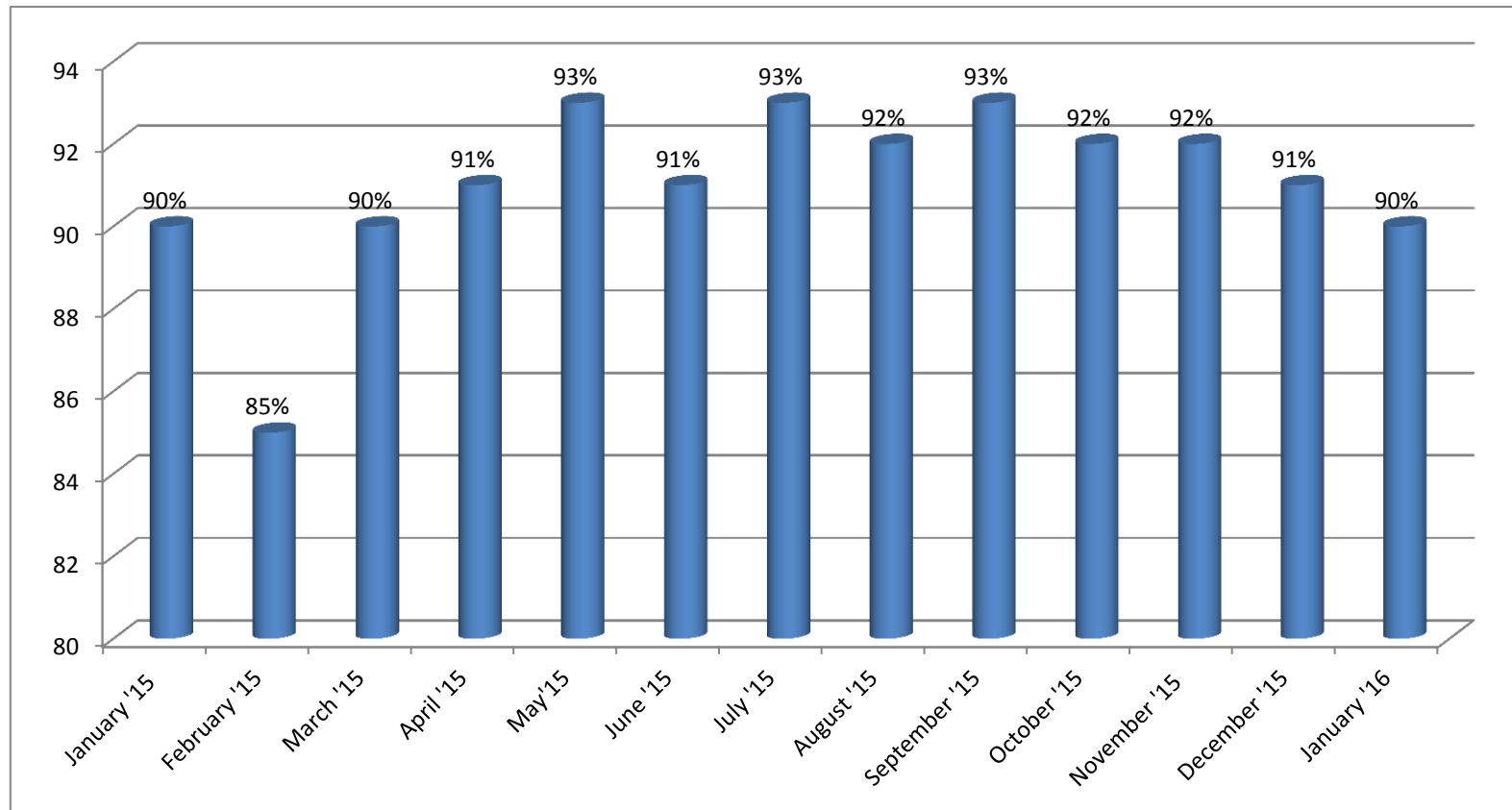
Month	Value
Mar-15	76%
Apr-15	74%
May-15	77%
Jun-15	78%
Jul-15	79%
Aug-15	79%
Sep-15	78%
Oct-15	74%
Nov-15	72%
Dec-15	67%
Jan-16	67%
Feb-16	65%

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 Boston	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. However not all Appraisals have been completed on the new system within the past month.
- Newly appointed doctors joining the Trust having not worked in the UK previously and have therefore not undertaken appraisal. This is required within 6-9 months of commencement.

 The majority of doctors have completed training to use the new Allocate e-appraisal system for appraisals. 55 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.

152 doctors have been revalidated since the 1st April 2015 and 14 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.

As at 31st January 2016 (for previous 12 month period)	90%	**Headlines and actions underway:** - 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.
As at 31st January 2015 (for previous 12 month period)	90%	- 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
Benchmark:		

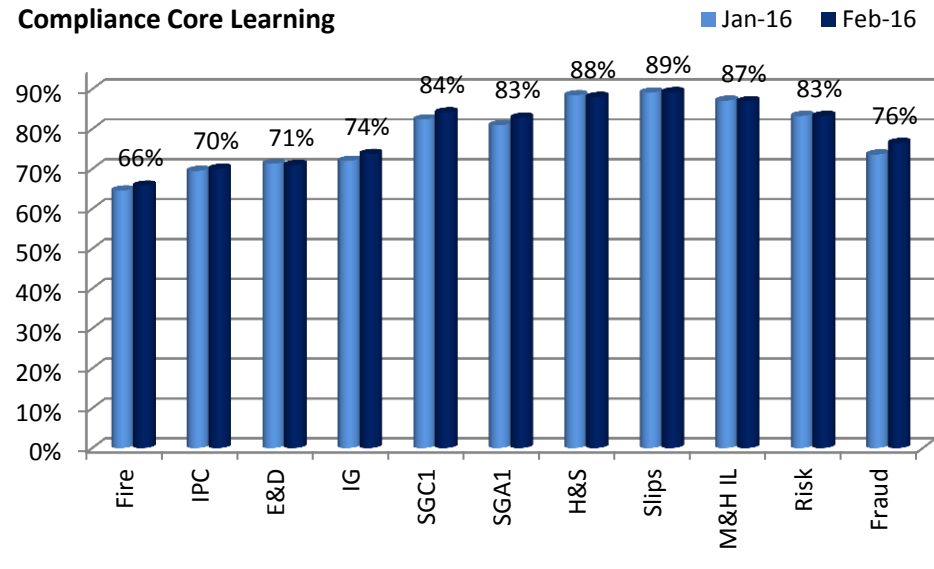|		
		completed using the new system. Localised training events continued until end of March 2016. An on-line training package is to be developed and released from 1st April 2016. Together with monthly drop in sessions on all sites the aim is to support doctors transition to the new e-appraisal system for all appraisals in the 2016/2017 appraisal year.
Target	95%	• Roll-out of e-360 Multi-source feedback will commence in July 2016.
		• The Consultant Job Planning Policy is now revised and published to reflect the changes to process a-s 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 is now in post
		• During February/March 2016: - The consultation process with the LNC in respect of the revised Medical Appraisal policy is concluded and will now be published. 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. - 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 - Training for doctors and medical appraisers to use the new e-appraisal system has now been completed 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.
		• New Appraiser Training for Doctors wishing to become Medical Appraisers took place 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

Bar chart showing medical appraisal performance by month:
- January '15: 90%
- February '15: 85%
- March '15: 90%
- April '15: 91%
- May '15: 93%
- June '15: 91%
- July '15: 93%
- August '15: 92%
- September '15: 93%
- October '15: 92%
- November '15: 92%
- December '15: 91%
- January '16: 90%

Core Learning		
As at 29th February 2016	**79%**	
As at 28th February 2015	75%	
Target	95%	

Headlines and actions underway:

- An increase of 1% on 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 76%.
- Fire compliance, increases this month by 1% however is still 12% less than this time last year attributable to the change in requirement to a face to face only update.
- Annual Infection Prevention and Equality & Diversity are also 6-7% less that this time last year.
- Health & Safety and Slips, Trips & Falls remain the same however continue to have the highest completion rates at 88% and 89%.
- Fraud continues to increase, this month by 2%.
- Safeguarding increases by 2%
- 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.

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

Compliance Core Learning ■ Jan-16 ■ Feb-16

Core Learning Rate

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
Medical	%	%	%	%	%	%	%	%	%	%	%	%
Compliance	54%	63%	63%	66%	75%	74%	82%	82%	81%	80%	73%	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
- 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 and actions underway:

- 7167 employees will have ESS at the end of January.
- ESR SSS roll-out underway for LCH & Louth/Grantham nursing areas, current blockages are being analysed for supervisory roll out in April 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

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