United Lincolnshire Hospitals **NHS**

NHS Trust

CARING FOR YOU

HR & OD Monthly Trust Report (August 2016)

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TABLE OF CONTENTS

Workforce Planning
Workforce Planning is an ongoing process and takes place alongside annual planning and budget setting, addressing short-term plans (annual), mid-term (1-3) and long term (3-5) years. The Trust Annual Planning Steering Group currently oversees and assures all areas of the process and meets fortnightly. including Workforce, Finance, and Activity plans. This group will in due course be re-named the Strategy, Planning & Performance Leadership Group, and will, over coming months, have a wider responsibility for production of the ULHT contribution to the Lincolnshire Sustainability and Transformation Plan (STP), whilst maintaining a "review" remit over the implementation of the Annual Plan, before initiating and overseeing the next round of formal annual planning which will commence in late summer.

Headlines:

 The LHAC half-day seminar planned for 13th July, for option appraisal prior to finalising submission for consultation, was cancelled as there was insufficient data available for the purpose.
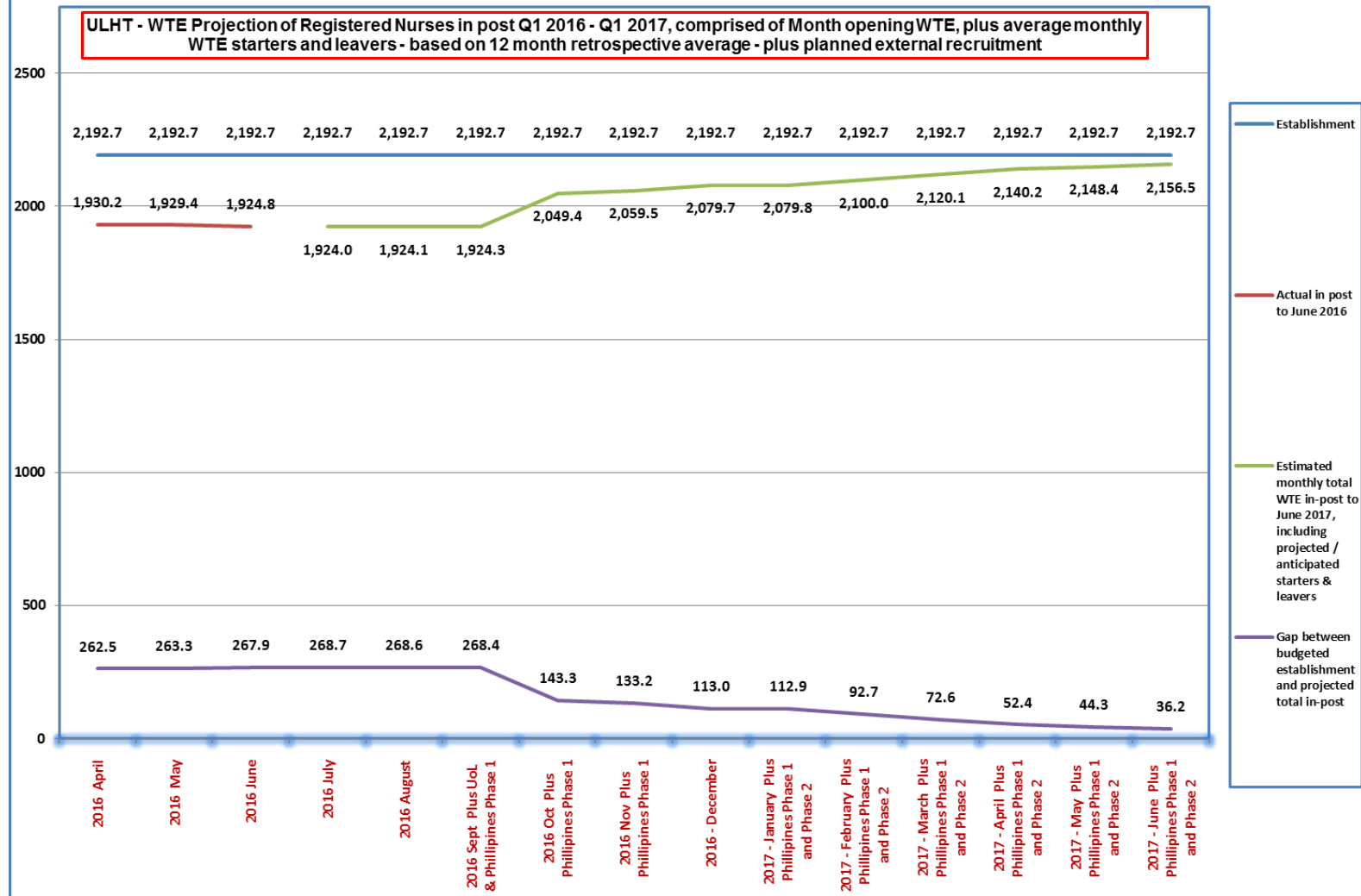
- Subsequently, it was also announced that public consultation has been put back until early 2017, and the implications for ULHT of this delay are currently being assessed.
- The STP was submitted, community-wide, at end of June.

Actions Underway:

- Further comment and any required additional action, is awaited following the submission of the draft Medium Term Plan.

Risks:

- Maintaining and improving levels of Registered Nurses continues to be a challenge.
- However, the Trust anticipates the arrival in post of circa 115 wte newly-qualified Band 5 nurses in September (104 wte from UoL, the balance from other HEIs) plus an additional 10 wte Filipino nurses.
- Between October 2016 and June 2017 the Trust anticipates the arrival of a further 185 wte Filipino nurses, subject to meeting relevant checks / requirements.
- If this comes to fruition it will potentially reduce the "gap" between budgeted establishment and contracted in-post staff by approximately 85% over current levels (July 2016)

United Lincolnshire Hospitals NHS Trust

ULHT - WTE Projection of Registered Nurses in post Q1 2016 - Q1 2017, comprised of Month opening WTE, plus average monthly WTE starters and leavers - based on 12 month retrospective average - plus planned external recruitment

Establishment: 2,192.7 (across all months: 2016 April through 2017 June)

Actual in post to June 2016 (red line):
- 1,930.2
- 1,929.4
- 1,924.8

Estimated monthly total WTE in-post to June 2017, including projected / anticipated starters & leavers (green line):
- 1,924.0
- 1,924.1
- 1,924.3
- 2,049.4
- 2,059.5
- 2,079.7
- 2,079.8
- 2,100.0
- 2,120.1
- 2,140.2
- 2,148.4
- 2,156.5

Gap between budgeted establishment and projected total in-post (purple line):
- 262.5
- 263.3
- 267.9
- 268.7
- 268.6
- 268.4
- 143.3
- 133.2
- 113.0
- 112.9
- 92.7
- 72.6
- 52.4
- 44.3
- 36.2

X-axis categories:
- 2016 April
- 2016 May
- 2016 June
- 2016 July
- 2016 August
- 2016 Sept Plus UoL & Phillipines Phase 1
- 2016 Oct Plus Phillipines Phase 1
- 2016 Nov Plus Phillipines Phase 1
- 2016 - December
- 2017 - January Plus Phillipines Phase 1 and Phase 2
- 2017 - February Plus Phillipines Phase 1 and Phase 2
- 2017 - March Plus Phillipines Phase 1 and Phase 2
- 2017 - April Plus Phillipines Phase 1 and Phase 2
- 2017 - May Plus Phillipines Phase 1 and Phase 2
- 2017 - June Plus Phillipines Phase 1 and Phase 2

Legend:
- Establishment
- Actual in post to June 2016
- Estimated monthly total WTE in-post to June 2017, including projected / anticipated starters & leavers
- Gap between budgeted establishment and projected total in-post

Nursing & Midwifery Staffing Projections

Staff Turnover		
As at 30th June 2016 (for Q1)	**2.06%**	
As at June 2015 (for Q4)	2.49%	
Benchmark:		
Target		

Headlines:
- 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 9.77%. This is down from 9.85% in the preceding month.
- Net decrease of 15 Medical staff over the last 12 months.
- A review of Exit Questionnaires was conducted by Head of WFI, since going 'live' during February 2016. 81.59% of leavers received a link to the Survey and by the 7th July the response rate was 25% (69 responses)
- The Exit Questionnaire Report was shared at ET, during July 2016.

Actions Underway:
- Further work is being undertaken to address the current levels of turnover which are actually lower than both the East Midlands and national levels for nursing/Midwifery/AHP.
- Continue with the Trust wide Staff Engagement Programme that has been well received by staff through the pulse survey and is deemed to be having a positive impact on turnover rates and sickness absence.
- Continue running the preceptorship programme for all newly appointed band 5 nursing staff to provide on-going support in their first 12 months. Our preceptorship programme is currently under review in line with the new Preceptorship standards.
- Continue to provide CPD opportunities which include academic study skills and clinical skills development.
- Consultation has ended with staff to ensure notice periods for all Band 5 to 7 Staff increases from 4 weeks to 8 weeks (band 5 & 6) and 8 weeks to 12 weeks (band 7) from 1 September 2016
- Sites are developing, through Occupational Health strategies, Health & Wellbeing groups focusing on Psychological, Physical and Social Wellbeing. This will plan to enhance staff health and wellbeing and promote work-life balance.
- Following the Staff survey and pulse surveys the trust continues the theme of 'you said' 'we did'.
- Specifically for Facilities & Estates, 8 meetings have taken place with 200 staff attending that is focussing on staff discontent and what the Trust are going to do about it. This has included things like new tools and new clothing.
- Exit Questionnaires: An Action Plan needs to be identified to address key themes/areas of concern (based on comments received) and to share this with all staff ('You Said, We Did')

Risks:

- Concerns with regards to the number of 'Radiography' staff (8.08 wte) that have left the Trust since March 2016. A further 2 wte have resigned during June. Turnover for the Quarter is 5.98%. Meetings are being arranged during the month with Trust Lead to understand Workforce Plans and actions to address this concern.
- Exit Questionnaires - Delay in sending out Exit Questionnaires to staff leaving once the EF3 Forms have been received, due to resourcing in the HR Operations Team.
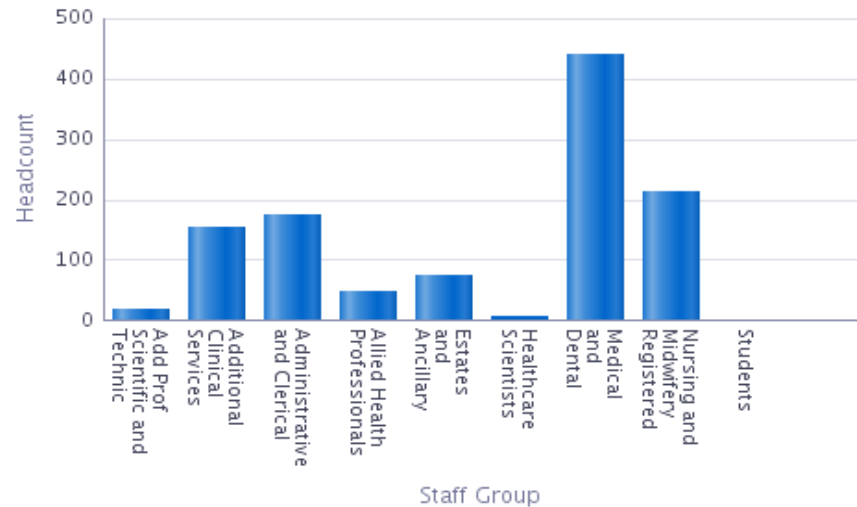
Starters by Staff Group
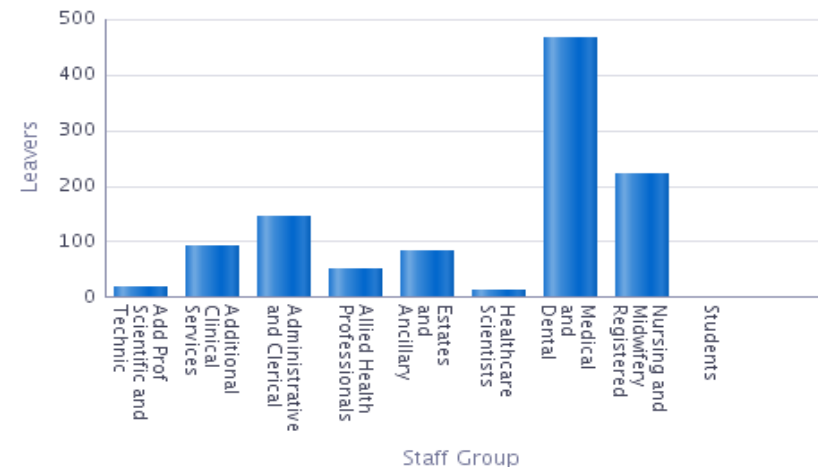
Leavers by Staff Group
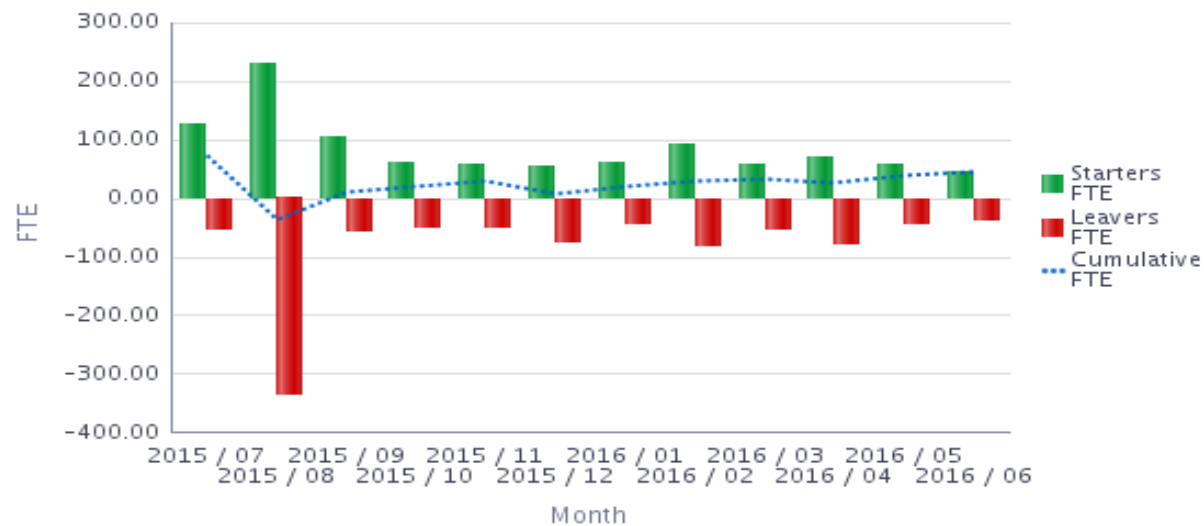
Starters & Leavers by Month June 15 – May 16

Staff Group	Establishment as at 30.06.16	SIP as at 1.07.15	SIP as at 30.06.16	Average SIP	Leavers 1.07.15 - 30.06.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2209.99	1920.11	1931.64	1925.88	188.20	9.77%	8.52%
All Medical	928.11	812.39	791.96	802.18	462.78	57.69%	49.86%
Medical excluding juniors	552.11	468.29	467.91	468.10	71.48	15.27%	12.95%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	6.71	8	9.81	11	-3.10	-3
Apr '16	5.43	6	10.69	15	-5.26	-9
May '16	10.33	12	13.71	16	-3.38	-4
Jun '16	7.95	10	2.64	3	5.31	7
Total	**145.57**	**168**	**116.55**	**142**	**29.02**	**26**

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
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	12.18	13	-1.26	-1
Nov '15	15.90	16	10.00	10	5.90	6
Dec '15	19.25	20	34.00	34	-14.75	-14
Jan '16	13.53	14	13.90	14	-0.37	0

Feb '16	41.35	42	47.55	48	-6.20	-6
Mar '16	14.40	15	8.82	12	5.58	3
Apr '16	30.50	32	33.63	34	-3.13	-2
May '16	12.00	12	9.60	10	2.40	2
Jun '16	9.20	10	3.00	3	6.20	7
Total	**446.65**	**454**	**462.78**	**469**	**-16.13**	**-15**

Medical & Dental Monthly Starters & Leavers

Employee Engagement

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

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

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

2015 Staff Survey Score	**3.68**	**Headlines:**
2014 Staff Survey Score	3.48	• June's Pulse Check has now closed and the report has been received. This will be circulated in the next week. The response rate was 13.14% which is well below the statistical recommendation of 30%. This survey provides a staff engagement score of 3.90.
National Average:	3.79	• You said, we did messages are being circulated through Round Up on a weekly basis and staff engagement progress is a regular part of the Chief Executive updates.
Target:	3.87	• The Lincolnshire Talent Academy has appointed an Engagement Officer post to commence, in September 2016. This role will have a remit across all health and care stakeholders for apprenticeships. • The second cohort of staff engagement teams are been finalised and will begin the programme in October 2016. • The Trust has been selected to work as part of a pilot with NHS England and the University of Coventry, to explore the co-dependencies of patient experience and staff experience. • Staff Survey: The East Midlands Staff Survey Results were shared at the HRD Network on the

12th July; ULHT was cited as the Trust with the highest number of improved scores and the least number of worsened scores. Further details will be shared at ET.

Actions Underway:
- An improvement portal is being created to provide a centralised area for individuals and teams to learn how they can make improvements within their departments, sharing ideas and practical examples.
- The first cohort of staff engagement teams are completing their second Pulse Check survey to measure the impact of the programme within their department.
- Another series of management workshops will be delivered during August and September 2016.
- Work is being undertaken to improve the levels of responses to the Pulse Check and the National Staff survey by making the survey easily accessible and promoting the benefits for completion.

Risks:
- That there fails to be a measurable improvement in levels of staff engagement and the response rate remains below the 30% recommended.

Recruitment & Retention		
Medical Staff		
Vacancy Rate as at 30th June 2016	**14.67%**	**Headlines:** • Number of Staff in-post 01.07.15 = 812.39 FTE's and 842 Headcount
Vacancy rate	N/A	• Number of staff in post 30.06.16 = 791.96 FTE's and 825 Headcount
Benchmark:		• Decrease in number of Medical Staff FTE's in post over past 12 months. • Finance Establishment has in previous months included minus CIP figures (CIP in the June
Target	TBC	Board Report was -10.79). These are now being excluded. • Vacancy rate has decreased by 1.03% from the previous month. • Number of RAD's received – 7 • WTE – 7.3 (from 7 RAD's) • Live/Open Adverts – 20 • Conditional Offers sent – 11 • Offers awaiting pre-employment checks – 6 • Completed offers with confirmed start dates – 5

- Number of re-advertised posts – 10
- Boston AACs – 1.00 FTE Consultant Cardiologist and 1.00 FTE Ophthalmologist appointed to substantive posts
- A total of 3 out of the 7 doctors who attended the Clinical Orientation Programme at Pilgrim Hospital have been successful in obtaining employment within the Boston Business Units
- Guardian post remains unfilled.

Actions Underway:
- August rotation and induction preparation now underway following uncertainty surrounding new contract. NHS Employers advised we can now start to send out conditional offer letters and contracts for the first rotation in trainee's programme; The new contract will be implemented as contracts expire
- Exploring alternative methods of fulfilling Trust guardian post responsibilities such as sharing with a neighbouring trust.
- Formalisation of CESR training programme within A & E at Boston as a recruitment tool for Middle Grade doctors to progress to Consultant level
- Recruitment process commenced for additional A & E Consultants at Boston to provide a 1:6 rota and increased presence on the shop floor.
- Plan for Every Post in Integrated Medicine at Pilgrim Hospital is progressing well
- Clinical Orientation Programme commenced in April 2016 – 7 doctors commenced the programme, 2 doctors have already been offered employment within the Trust to commence in August 2016.
- There have now been 8 conversions from locum/agency medics to substantive positions since March 2016.

Risks:
- Funding for 2.00 FTE FY1 Doctors in General Surgery at Pilgrim Hospital has been withdrawn by HEEM August 2016 - rota reduced to 1:9
- Funding has also been withdrawn by HEEM for 1.00 FTE FY1 Orthopaedics at Pilgrim Hospital – no impact on OOH rota
- Backlog in Medical Workforce Team due to delay in preparing for August rotation and induction and HEEM subsequently confirming doctors in post late; knock on effect in respect of OH and DBS clearances.
- Concern regarding lack of resources within the Medical Workforce Team (lost two key members and difficult to recruit Team Leader, already been out to advert on 2 previous

		occasions) to manage the workload with the impending August 2016 Junior Doctors Rotation and Implementation of the New Contract.
Nursing Staff		
Vacancy Rate as at 30th June 2016	**12.59%**	**Headlines:**
Previous comparable figure	N/A	
Benchmark:		
Target	TBC	

Headlines:
- Number of Band 5 N&M staff in-post at 01.07.15 = 1071.50 FTE's and 1280 Headcount
- Number of Band 5 N&M staff in-post at 30.06.16 = 1063.21 FTE's and 1267 Headcount
- Vacancy rate has decreased by 0.21% from the previous month.
- As at 30.06.16 there were 121.16 FTE vacancies for Qualified N & M and 65.93 FTE vacancies for unregistered staff at Boston
- HCSW adverts don't match our WTE vacancies; the reasons for this are unknown but should be explored. Operations Team have indicated that HCSW adverts attract high number of applications. Options are available to keep levels of applications at a manageable level and Operations Team is happy to support/advise in any way they can.
- **RADS/Ads/Closed Packs:**
  - Total RADs: 36
  - WTE of RADs: 38.07
  - Live/Open Adverts: 42
  - Conditional Offers sent:60
  - NQNs – pre-employment checks still ongoing: 76
  - NQNs – pre-employment checks completed, awaiting start date: 7
  - Average time between open advert to start date: 67

Actions Underway:
- INR – Cohort 1 Pilgrim Hospital, 54 conditional offers so far only 4 have passed IELTS and aiming for September 2016 Induction.
- LCH Operations Team have a backlog of conditional offers
- PHB Operations Team cleared their backlog of conditional offers and are now working on the backlog of contracts, backlog occurred due to Bd3 working on the long service awards and should therefore, level out soon
- August rotation preparation underway, NHS Employers advised we can now start to send out conditional offer letters and contracts for the first rotation in trainee's programme.
- **B5 Newly Qualified Nurses**:
  - In 2015, 87 B5 newly qualified nurses joined the Trust. This was out of a possible 140 graduating nurses giving ULH 62% of the total from UoL. For 2016, we are planning to welcome 104 newly qualified nurses to the workforce this Autumn representing 62% of all
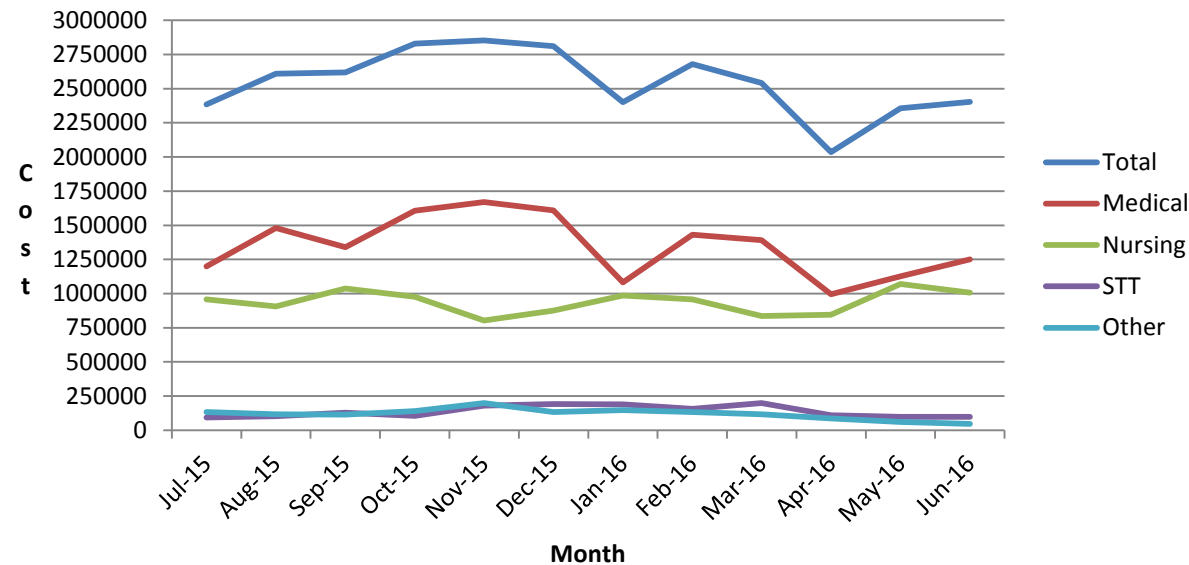
graduates from UoL. This falls short of the 70% target set as an HR KPI. Those who have dropped out have been contacted by the relevant heads of nursing to encourage them to rethink. In addition there are a further 11 B5 Newly qualified Nurses from other HEI's.

o The Trust continues to be involved in overseas recruitment. The first recruitment cohort in January 2016 to Philippines led to 131 jobs being offered and the second cohort to 86 jobs being offered and currently the Trust is supporting the nurses to successfully complete their IELTS (international English Language Testing System) at level 7 to gain NMC registration. A change to regulations by NMC is that there is now a free retake if applicants score overall 6.5 on their IELTS.

o The latest tracker for the Philippine recruits as of 30th June is still a total of 217 in the pipeline. A total of 20 have now passed their IELTS and are at various stages of their NMC applications. A further 54 who need to retake their IELTS exam. As it stands only one person is actually ready to travel now so it is not feasible to start an induction programme etc. for one individual so we are hoping to have a large enough cohort group ready for the September dates.

Risks:

- INR – high number of candidates failing IELTS
- Requirement for temporary staff in LCH Ops team to cover absences being addressed by Interim Deputy Director of HR.
- International Recruitment – The candidates interviewed would be required to take an OSCE test at Northampton University, noting that they would only be funded by ULHT for one test and one re-test if applicable. Therefore delays in estimated employment dates due to IELTS and CBT tests, estimated dates October/November 2016
- Experiencing delays with receiving start dates from recruiting managers, resulting in late contracts being issued, Occupational Health Forms not being sent, appropriate Induction information not being sent to the successful applicants.
- Insufficient resources to monitor/chase Managers, as much as HR Team would like to, which results in backlogs starting to build as Operations Team head in to holiday period
- Impact on team morale as this 'trend' continues.

Other/Non-Clinical Recruitment		
Vacancy Rate as at 30th June 2016	**7.74%**	**Headlines:** - Finance Establishment has in previous months included minus CIP figures. These are now
Previous comparable	N/A	

figure not available		
Benchmark:		
Target	TBC	

being excluded.

- Vacancy Rate has increased by 0.23% from the previous month.
- **RADS/Ads/Closed Packs**:
  - ○ Total RADs: 54
  - ○ WTE of RADs:44.77
  - ○ Live/Open Adverts: 49
  - ○ Conditional Offers sent: 32
  - ○ Recruitment in Progress (awaiting pre-employment checks) – Nurses & Other Combined: 244
  - ○ Recruitment Completed (awaiting start date or contract) – Nurses & Other Combined: 72
  - ○ Average time between open advert to start date: 78

Actions Underway:

- LCH Ops team have a backlog of conditional offers which are a top priority
- PHB Ops team cleared their backlog of conditional offers and are now working on the backlog of contracts, backlog occurred due to B3 working on the long service awards and should, therefore, level out soon.
- The midwifery service has been proactive in ensuring that it has a rolling programme of recruitment. Over the last year the service has maintained being able to recruit to midwifery posts including new Speciality Midwifery roles of Diabetes and Weight Management, Professional Development, Safeguarding Midwife and Risk Midwives The advert is due to go out on Monday 11th July on NHS Jobs for the Bereavement Specialist Midwife,
- Excitingly, the midwifery service has been able to recruit 3 Italian midwives and they have completed their competency packages and are fully integrated into the workforce. The service is exploring the option to further recruit from Italy.
- Following changes in the outputs from pre-midwifery registrant training form HEI's to one out put a year, the service is only able to recruit newly qualified registrants each September. Reducing the 2 outputs from March and September to only September has caused midwifery recruitment significant challenges locally, regionally and nationally and this has been escalated to the commissioners as well as the education providers.

Risks:

- Requirement for temporary staff in LCH Ops team to cover absences – currently being addressed by Interim Deputy Director of HR.
- Backlogs as set out above and in addition further pressures as Operations Team head into

		summer holiday period as well
		• Experiencing delays with receiving start dates from recruiting managers (resulting in late contracts being issued, Occupational Health forms not being sent, appropriate induction information not being sent to the applicant – insufficient resources to monitor/chase as much as Operations Team would like

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
June 2016	**8.13%** (4.50% Agency + 3.63% Bank)	**Headlines:** • 0.07% increase in the figure from May (8.06% to 8.13%) • Total cost for Agency in June 2016 was £2,402.936 which is an increase of £45,463 from the previous month. • Total cost for Bank (including Medical Extra Duty) in June 2016 was £1,374,439 which is an increase of £51,694 from the previous month. • The Directorates with the highest Agency spend in June are Integrated Medicine Lincoln £632,908 and Integrated Medicine Boston £617,894
Previous comparable data June 2015	8.77% (5.71% Agency + 3.06% Bank)	
Benchmark:		**Actions Underway:** • Introducing new way of risk assessing and planning 1:1 enhanced care to patient to reduce reliance on agency staff
Target	<2%	
		Risks: • Integrated Medicine Business Unit reliance on Agency Locums to backfill substantive Consultant posts in Gastroenterology and AMU despite advertising and pursuing INR • Lack of available agency staff causing difficulties and resulting in 'caps' being broken • W/C 18.07.16 first time two theatre lists have been cancelled due to insufficient theatre/agency staff

ULH Agency Costs by Staff Group

Legend: Total, Medical, Nursing, STT, Other

X-axis: Month (Jul-15, Aug-15, Sep-15, Oct-15, Nov-15, Dec-15, Jan-16, Feb-16, Mar-16, Apr-16, May-16, Jun-16)

Y-axis: Cost

Employee Wellbeing		
Attendance/Staff Availability		
Annual Sickness rate as at 31st May 2016 (for previous 12 month period)	**4.52%**	**Headlines:** • Annual sickness rate has decreased by 0.32% in comparison to May 2015 figures. • The annual cost of sickness (excluding any backfill costs) has decreased by £367,314 compared to 12 months ago.
As at May 2015 (for previous 12 month period)	**4.84%**	• Monthly sickness rate for May 2016 is 4.68%. The April 2016 monthly sickness rate has now decreased from 4.73% to 4.50%, this decrease is due to late reporting so it is possible that there will be a similar fluctuation with the May figure.
Benchmark:		
Target	4%	• During the 12 months ending May '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.40% of all absence. Of this figure 1.85% was work related and 18.55% non-work related. • Additional Clinical Services had the highest sickness rate during the 12 months at 6.35%

(Unregistered Nurses 6.92%), followed by Estates & Ancillary at 6.07% and Nursing & Midwifery Registered at 5.04%.

- Two registered nurses at Pilgrim Hospital returned to work in June 2016 following periods of long term sickness absence of over six months
- The 'Managing Attendance' Policy was ratified at EPF during July 2016.
- A review of sickness for Medical and Nursing & Midwifery Staff was conducted by the Head of WFI during July and the report was presented at ET.

Actions Underway:

- Re-instigate Confirm & Challenge meetings for 'Hot Spot' areas to include Attendance/Appraisal/Core Learning compliance rates.
- Review/Update of 'Managing Attendance/Sickness' Training for Managers is taking place in partnership with Staff Side colleagues. It is intended that the training sessions will be presented in partnership with Staff Side as well.

Risks:

- Concerns with regards to the number of DNA's (98) over the past 6 months for the 'first initial referral' to Occupational Health.
- Ongoing delays in obtaining Trust approval for introduction of ER Case Management System (which includes Sickness and Recruitment) which will support effective 'management' and audit of ER Cases.

	Lincoln & Louth	Pilgrim	Grantham	W/C	Diagnostics	Therapies
LT: Formal Support	30	25	3	3		
L2: Formal Support	7	2	3	2	1	
L3: Formal Caution	1	0	0	0	0	0
L4: Capability Hearing	1	2	0	0	0	0

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	2,908.20	3.94%	£283,075.36
Additional Clinical Services	24,379.98	6.35%	£1,319,431.64
Administrative & Clerical	17,919.01	4.04%	£1,341,453.15
Allied Health Professionals	3,825.25	2.90%	£388,109.86
Estates & Ancillary	14,493.54	6.07%	£767,009.55
Healthcare Scientists	750.55	1.90%	£94,159.84
Medical & Dental	4,733.02	1.62%	£989,155.19
Nursing & Midwifery Registered	35,690.70	5.04%	£3,362,854.35
Students	11.21	0.21%	£652.76
Total	**104,711.47**	**4.52%**	**£8,545,901.70**

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,468.57	6.69%	460,253.47
Band 2	31,282.90	6.08%	1,631,477.98
Band 3	6,030.08	4.27%	366,712.94
Band 4	6,488.93	4.10%	458,076.30
Band 5	27,273.15	5.23%	2,245,264.32
Band 6	12,726.78	4.11%	1,339,301.31
Band 7	4,296.91	2.78%	570,042.85
Band 8A	1,103.86	2.34%	169,721.61
Band 8B	516.99	3.69%	96,748.29
Band 8C	354.59	2.75%	72,401.38
Band 8D	110.71	2.75%	27,164.91
Band 9	2.00	0.41%	674.34
Non A4C	323.00	5.51%	118,906.83
Medical	4,733.02	1.62%	989,155.19
Total	**104,711.47**	**4.52%**	**8,545,901.70**

Rolling Yearly Sickness Rates & Estimated Cost by Band

Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 30.06.16	Average Cal Days
Registered Nurses	35,690.70	5.04%	£3,362,854.35	43094	2256	19
Unregistered Nurses	20,131.67	6.92%	£1,063,935.63	24410	993	25
Total	**55,822.37**	**5.58%**	**£4,426,789.98**	**67504**	**3249**	**21**

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,626.43	18.55%	No
Anxiety/stress/depression/other psychiatric illnesses	1,753.58	1.85%	Yes
Other musculoskeletal problems	11,291.34	11.88%	No
Other musculoskeletal problems	200.60	0.21%	Yes
Other known causes - not elsewhere classified	9,928.45	10.45%	No
Other known causes - not elsewhere classified	15.92	0.02%	Yes
Gastrointestinal problems	8,741.87	9.20%	No
Gastrointestinal problems	15.60	0.02%	Yes
Back Problems	7,710.34	8.11%	No
Back Problems	339.68	0.36%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data
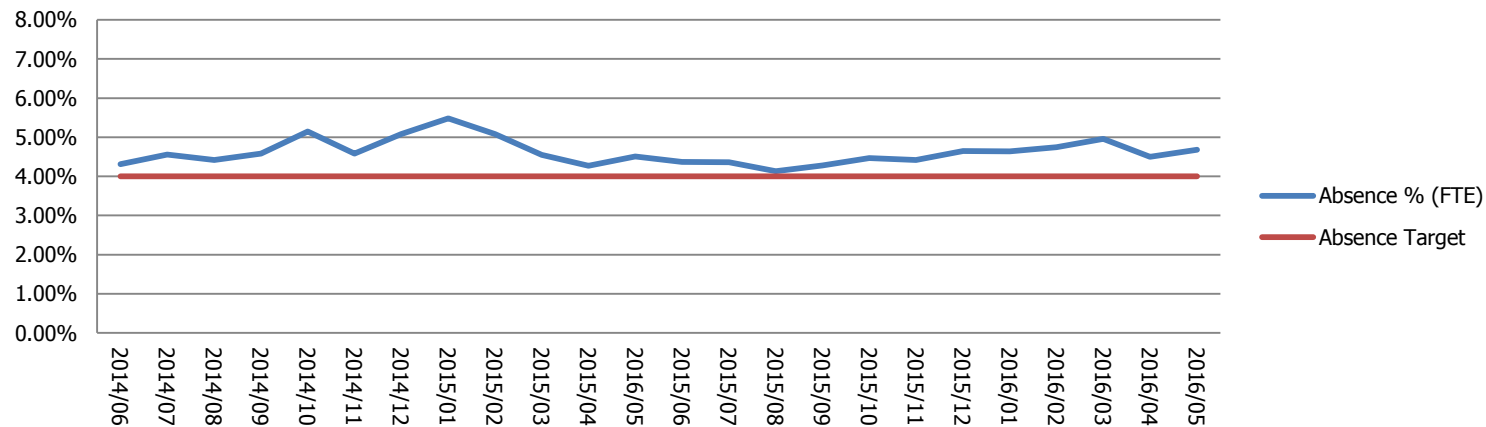
Occupational Health

Influenza Vaccine

The flu plan is now in place and in the process of been implemented, with the agreed actions. Please see attached poster and information for peer to peer vaccinations.

Occupational health have a meeting with communications on the 14th of July to look at options for improving communication for this year's flu campaign

Health and Wellbeing

The 196 ULHT staff, in 28 teams of seven, who started the Global Corporate Challenge, a 100 day virtual walking journey around the world are progressing well and meeting the challenges.

Referrals to Occupational Health (Jan to June 2016)

By number received each month, 6 month total and reason for referral to Occupational Health

Reason for Referral to Occupational Health	Jan	Feb	Mar	Apr	May	Jun	Grand Total
Anxiety/depression/other psychiatric illness	29	26	22	22	28	37	**164**
Other Musculoskeletal problems	18	15	16	27	19	15	**110**

Genitourinary & gynaecological disorders		2	3	6	3	1	**15**
S21 Ear, nose, throat (ENT)	2	1	1	2	1		**7**
S98 Other known causes - not elsewhere classified	3	10	10	14	16	14	**67**
S11 Back Problems	17	8	9	17	5	14	**70**
S25 Gastrointestinal problems	5	1	4	2	4	2	**18**
S16 Headache / migraine	3	1		4	2	5	**15**
S19 Heart, cardiac & circulatory problems	5		1	4		4	**14**
S28 Injury, fracture	5	6	3	8	2	8	**32**
S15 Chest & respiratory problems	2	3		4	4	3	**16**
S99 Unknown causes - not specified	1		2				**3**
S17 Benign and malignant tumours, cancers	4	2	3	3	1	2	**15**
S23 Eye problems			1	1	1		**3**
S31 Skin disorders	3		2			2	**7**
S29 Nervous system disorders	1	1	1	1		1	**5**
S30 Pregnancy related disorders	1	1	1		1	1	**5**
S99 Night working Assessment	2	1	1	1			**5**
S24 Endocrine / glandular problems	1	1	1		1		**4**
S18 Blood disorders						1	**1**
S32 Substance abuse	1				1		**2**
Management suspension						1	**1**
Grand Total	**103**	**79**	**81**	**116**	**89**	**111**	**579**

Appointments staff did not attend for January- June 2016

By number for 6 months, total and reason for appointment to attend Occupational Health

Reason for Appointment	Number of DNA's
Blood Test	36
Initial Referral Appointment	98
Vaccination	117
Vaccination Update	74
Self-Referral Consultation	2
Review Referral Consultation	15

Pre-Employment Assessment - General	2
Workplace Assessment	1
Health Surveillance - Skin	3
Health Surveillance - Respiratory	1
PMVA & Vac Update	4
Pre-Employment Assessment - IVS Bloods	4
Grand Total	**357**

Physiotherapy Referrals (for Staff) between January - June 2016

Site/Base	Number of referrals
Louth County Hospital	6
Grantham and District Hospital	23
Lincoln County Hospital	79
Pilgrim Hospital	55
Grand Total	**163**

Mental Health First Aid (MFHA)
It is anticipated that we will commence MHFA training week beginning 5th September 2016
This will be a MHFA two-day course with external trainer support, for up to 18 minimum (aim for 12)

Mindfulness for Wellbeing
It is anticipated that we will commence a rolling programme from October 2016. Six weeks of 2 hours formal training/ experience in closed groups for up to 12 staff – generic approach with view to developing more specialist bespoke courses for departments /services at a later date. Venue Lincoln/Boston/Lincoln to ensure delivery to areas of most need.

HR Operations/ER Case Management
ER - Corporate & Nursing Staff
Headlines:
- Clinical support services TUPE progressing well for the transfer of 10 Therapy staff to LCHS.   - High number of Grievances due to PAR – these have been put on hold on recommendation from Staffside (to staff) as a result of

ongoing consultation/discussions in this regard.
- The Job Evaluation & Matching Policy was ratified at EPF during July 2016.

Actions Underway:
- Monthly Confirm and Challenge meetings in place.

Risks:
- Ongoing delays in obtaining Trust approval for introduction of ER Case Management System (which includes Sickness and Recruitment) which will support effective 'management' and audit of ER Cases.
- On-going issues in Medical recruitment.
- A&E activity has increased recently; middle grade rota to be reviewed to identify sufficient staffing levels.
- Sisters are being asked to commit to two days clinical duties, Matrons and Heads of Nursing at least one day of clinical duties. This is a risk to the HR processes which we support, sickness meetings, outcome letters, occupational health referrals, time line of investigations '8 week perfect process', etc. inevitably all will be affected by the lack of time that these senior managers will have.
- Managers sometimes slow to manage sickness absence following the Trusts Managing Attendance Policy. ER team / HRBPs sometimes identifying sickness absence cases from ESR ahead of conversations with managers. Early intervention can assist with positive outcomes managing staff back to work.
- Sickness absence figure may be distorted due to update delay between E Roster and ESR System.

June 2016 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	19	11	2	5	1	1
Formal Grievance Cases	10	21	0	2	0	0
Appeal Panel	0	1	0	0	0	0

ER - Medical Staff (Maintaining High Professional Standards)

Headlines:

- There are 17 cases currently on the tracker LDMG have changed their format to include monitoring and assurance over LTS cases, GMC referrals and restrictions, revalidation and Job planning.
- Request for NCAS investigation training to support staff to carry out robust investigations, currently 3 medical ER claims outstanding
- 3 exclusions, 1 imprisonment, 1 police investigations, 1 charging underway. 1 Hearing arranged, 1 dismissal letter sent and one ends beginning of August
- 2 Conduct case hearings imminent
- 5 Conduct cases. Investigation underway
- 3 Cases referred to the LMDMG for discussion
- 2 Cases awaiting GMC process to conclude
- 1 Health cases, formal meetings underway
- 1 Capability case, awaiting outcome.

Actions Underway:

- A review of the Medical policy is to take place to ensure that the processes are clear and working for the Trust.
- A review of safeguarding referrals is being carried out to ensure the information is shared where necessary.
- Arrangements underway to incorporate doctors' monthly sickness into the LDMG meeting.
- Discussion of including GMC restrictions into weekly meeting to ensure all are sighted on review dates.

Risks:

- Delays caused by unions and employees not being able to attend hearings.
- Information not being scanned and filed to ensure appropriate timely access
- Panels are delayed due to a lack of availability to take on the role of panel member.
- Cases are delayed due to a lack of availability of trained investigators.
- Lack of resource in HR to support the case investigators meaning delay of investigation.

Appraisals		
Nursing and Other Staff		
As at 30th June 2016 (for rolling 12 month period)	**67%**	**Headlines:** • The overall percentage for appraisals has increased by 1% from the previous month. • The Directorate with the lowest appraisal rate is Director of Operations with 0.00% and the Directorate with the highest appraisal rate is Director of HR & Organisational Development at
As at June 2015 (for previous 12 month period)	78%	
Benchmark:		

		88.89%.
Target	95%	• The site with the highest appraisal rate is Grantham at 75.10% which is an increase of 2.19% from the previous month. • 0.61% increase in compliance at Pilgrim Hospital **Actions Underway:** • Escalation of areas with non-compliance initially with 0-50% (then progress to 51-94%) to SMT at Pilgrim Hospital. • Action plans to be put in pace to address the non-compliance and achieve the 95% compliance target **Risks:** • Continued trend for non-compliance with the 95% target **Appraisals excluding Medical Staff** 79% 79% 78% 74% 72% 67% 67% 65% 65% 64% 66% 67% 90.00% 80.00% 70.00% 60.00% 50.00% 40.00% 30.00% 20.00% 10.00% 0.00% Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16

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

- At the end of June 2016 the appraisal rate is **91%** having fallen to 84% in April as a consequence of staffing turnover in the Revalidation office.
- 29% of doctors (128) have completed their appraisals on the new system.
- A small number of clinicians find it difficult to meet their appraisal responsibilities and arrange their appraisals in their allocated appraisal month. Formal notification 3 months prior to appraisal due date, regular subsequent reminders in accordance with the Medical Appraisal Policy 'Escalation Process and the e-appraisal messaging alert system support the chasing of outstanding appraisals.
- Delay in formal sign-off of appraisal following appraisal meeting. Doctors have 28 days from the date of their appraisal discussion to submit their signed off appraisal forms. Appraisal meetings may have taken place in the allocated month; however it is only when the appraisal is signed off can the appraisal be counted as compliant. Appraiser capacity (time) to complete the output summaries causes some delay in submission within the prescribed timeframe.
- Maintaining doctor engagement in the appraisal process following revalidation is challenging. A small number of doctors who have already revalidated and short term locums covering gaps in trainee rotas appear to be less eager to participate in appraisal.
- The number of new starters, who have had an appraisal within the past 12 months, with previous employers, is steadily increasing. New starters represent a small percentage of doctors who have not had an appraisal. The Trust requires new doctors to have an appraisal within 6-9 months of commencement.
- Work pressures, personal difficulties and long term sickness continue to be the reasons given for delay in participation in appraisal.

The Revalidation Team continue to support doctors to complete their appraisals on the new e-appraisal system with regular site-based drop-in sessions. All doctors, with the exception of locums covering gaps in Junior Doctor rotas are required to use Allocate for appraisal. The system will enable improved appraisal compliance reporting and is available to doctors to use at any time as it is web-based.

Doctors wishing to postpone their appraisals are required to submit 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.

Medical Revalidation

At the end of June 2016 approximately 93% of the Trusts current Medical Workforce (excluding doctors in training who are revalidated by the Deanery) have been revalidated since the implementation of Medical Revalidation.
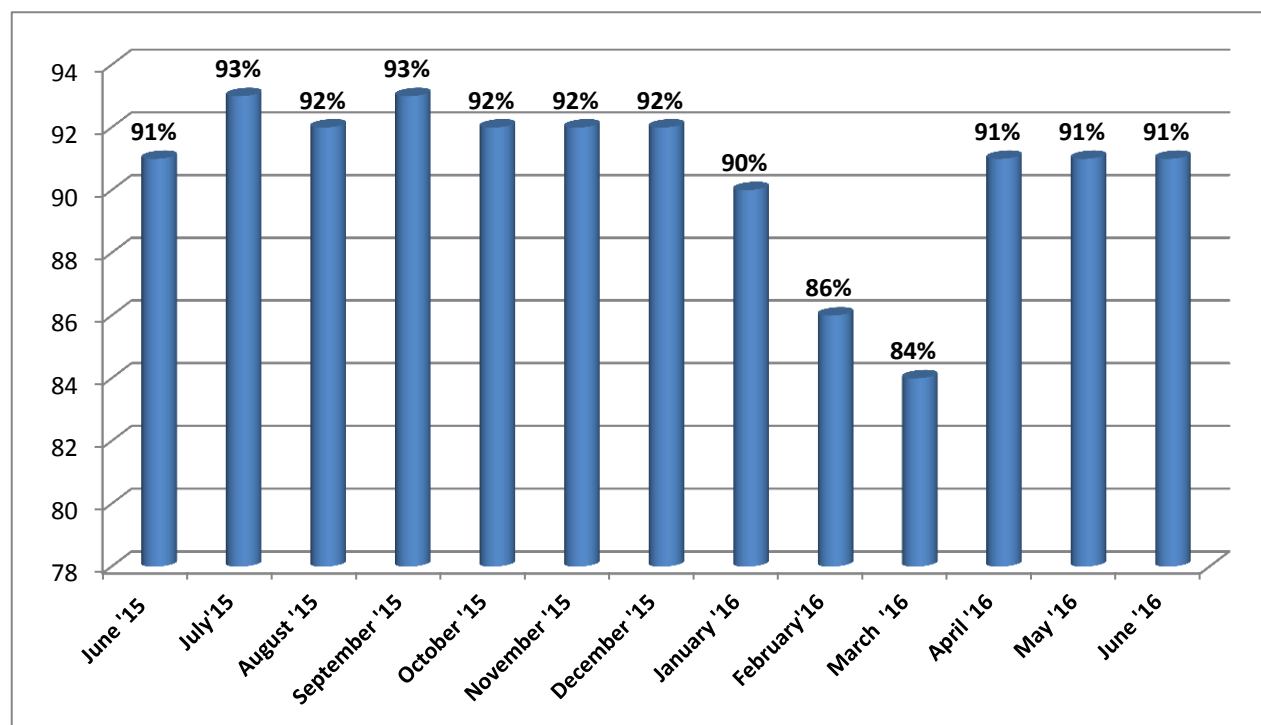
A total of 7 doctors have successfully revalidated since the 1st April 2016 and 3 doctors have had their revalidation deferred in the 2016/2017 appraisal year.   1 doctor currently participating in a GMC process is included in the deferral numbers. Deferral requests made by the Trust to the GMC are appropriate 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 prior to their revalidation submission date and also doctors who are involved in on-going local disciplinary processes.

The Trust's current 13% deferral rate (lower than the East Midlands and National rate of 19%) will inevitably increase over the next two years as the majority of the Trust's substantive medical workforce have now been revalidated. A high percentage of new starters, at the point of joining the Trust, have imminent revalidation submission dates and are unable to evidence their fitness to practise. The majority have no history of appraisal participation and are therefore are deferred to enable time to meet the GMC requirements for revalidation. The Revalidation Office makes every effort to support doctors to meet the requirements for revalidation.

As at 30th June 2016 (for previous 12 month period)	**91%**	**Headlines:**
As at 30th June 2015 (for previous 12 month period)	91%	
Benchmark:		
Target	95%	

Headlines:
- The current appraisal compliance rate of 91% remains the same as the end of May 2016 and the same period in June 2015. The medical appraisal rate is calculated on a rolling twelve month basis as required by NHS England.
- The appraisal performance has recovered from the end of March 2016 position and is back on track to achieve a 95% target for the 2016/17 appraisal year.
- 128 appraisals have now been completed on the e-appraisal system. Some doctors have been reluctant to use the new system despite support from the Revalidation Office.
- 96% of Consultants completed an appraisal in the 2015/2016 year.
- Excellent feedback received from doctors who have completed their appraisal using the new system.
- Results of the Audit of missed appraisals 2015/2016 completed and included in the Annual Report to Trust Board. Pressure of work was reported as the main reason.
- Revised Medical Appraisal Policy now signed off by the LNC.
- Action plan in response to the NHS England Review of Revalidation Processes within ULHT is complete. Full report and action plan to be presented to the Workforce and OD Committee.
- Revalidation recommendations now agreed in the Local Medical Decision making Group (LDMG)
- Medical Risk Assessment Framework to be managed within the LDMG.

Actions Underway:
- Continued support for doctors who have yet to use the e-appraisal system.
- Development of two new roles, Medical Appraisal Lead and Senior Medical Appraiser, to support improved quality of medical appraisals. Paper to be presented to the Workforce and OD Committee.
- Arrangements for NCAS Case Investigator Training planned for November 2016 to be finalised.
- Programme for the Appraiser Network events for 2016/17 to be agreed and circulated.

- **Risks:**
- Current work pressures impacting on doctors arranging appraisals
- Challenge from CCG's and TDA if compliance rates not achieved
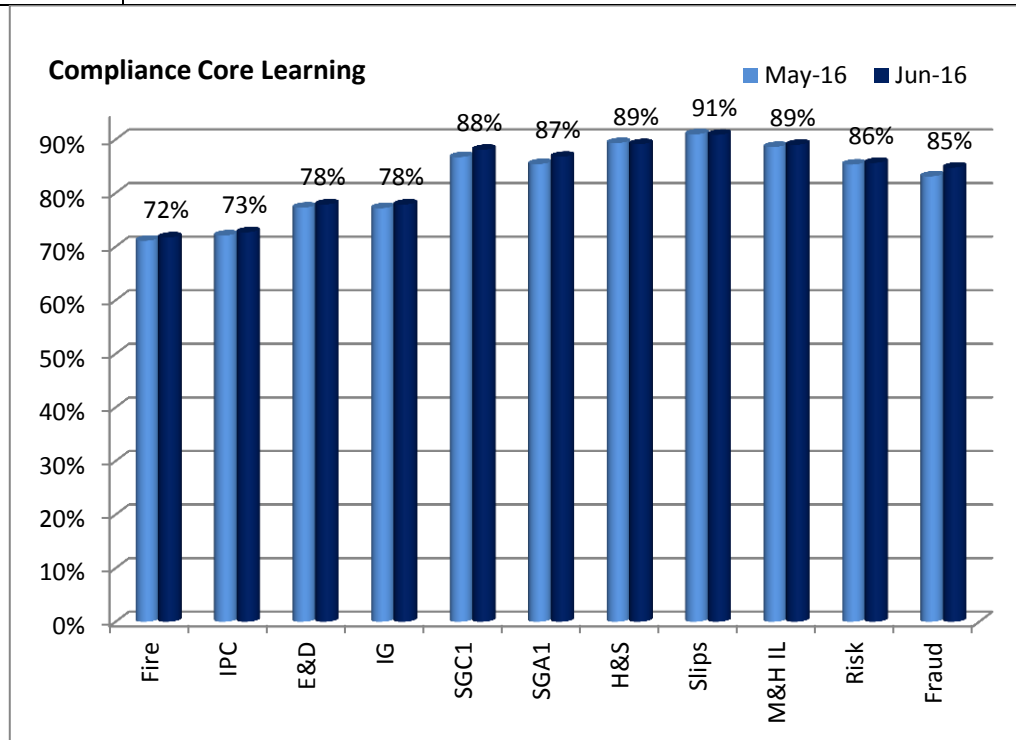- Adverse impact on individual and service should doctors fail to revalidate.

Medical Appraisal – Annual Performance as at 30th June 2016

Month	Percentage
June '15	91%
July '15	93%
August '15	92%
September '15	93%
October '15	92%
November '15	92%
December '15	92%
January '16	90%
February '16	86%
March '16	84%
April '16	91%
May '16	91%
June '16	91%

Core Learning		
As at 30th June 2016	**83%**	**Headlines:**
As at 30th June 2015	77%	

Target	95%	

- A further increase of 1% on overall compliance rate.
- All annual topics show a 1% increase this month.   Information Governance is now higher than this time last year and Equality & Diversity is at the same level.
-

Trust	Fire	IPC	E&D	IG
Jun-15	75%	75%	78%	76%
Jun-16	72%	73%	78%	78%

- 3 yearly topics either remain the same or show another increase of between 1% and 2%. Rates are much higher than this time last year.

Trust	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud
Jun-15	74%	73%	86%	86%	84%	79%	41%
Jun-16	88%	87%	89%	91%	89%	86%	85%

- 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 reiterated regularly
- The DNA 'No Show' rate for June has increased by 1% to 17% however this is a 2% improvement on the same month last year.

Actions Underway:
- The requirement for undertaking an Equality & Diversity update will change from 1 yearly to 3 yearly in line with the East Midlands Streamlining project. Compliance rates for this topic should therefore improve.
- Senior managers are notified no later than 4 working days from the classroom session of the names of the individuals who have DNA'd so they can take appropriate action
- With the introduction of ESR Supervisor Self-Service, managers and clinical educators have access to all DNA information for their staff at their fingertips.
- ESR Supervisor Self-Service also gives managers/supervisors/clinical educators access to core learning compliance data for their staff helping to improve their monitoring processes.

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

Legend: ■ May-16 ■ Jun-16

Chart values (Jun-16 labels shown):

Category	Value
Fire	72%
IPC	73%
E&D	78%
IG	78%
SGC1	88%
SGA1	87%
H&S	89%
Slips	91%
M&H IL	89%
Risk	86%
Fraud	85%

Core Learning Rate

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
Medical	%	%	%	%	%	%	%	%	%	%	%	%
Compliance	61%	65%	70%	70%	78%	77%	83%	83%	82%	82%	79%	76%

Core Learning Rate Medical Staff

HR Systems

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

- Electronic job planning currently underway
- ESR Self Service rollout continues with over 98% of staff (excluding medical & dental) now covered by the system. A longer term aim is to implement Manager Self Service in the Trust as this will allow managers, with suitable checks in place, to make pay affecting changes for their staff. 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 manage absence reporting, annual leave and appraisal. Employees can see information about themselves and update certain personal details such as change of address and change of bank account. Employees also have the ability to request leave & training and undertake learning.

Risks:

- Ongoing delays in obtaining Trust approval for introduction of ER Case Management System (which includes Sickness and Recruitment) which will support effective 'management' and audit of ER Cases**.**

ESR – Self Service Project

Headlines:

- 98.61% of employees have their reporting hierarchy built in to ESR (excludes Medical & Dental staff).

Actions Underway:

- ESR Self Service 'drop-in' sessions arranged for those Supervisors not already instructed in how to report appraisals, absence and core training.
- Supervisors requested to report absence and appraisals using Self Service from 4th July.
- Remaining 1.39% without a supervisor being identified and hierarchies built.

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. It is hoped though to recruit to a Band 3 Support post shortly.
- Before Annual Leave can be recorded in ESR all staff records need to be validated for entitlement and accrual before go-live

Equality & Diversity
Headlines:
- It is intended for the ULHT WRES Report to be submitted by 1st August 2016. The resulting Action Plan and WRES Report will be

presented to ET in due course.

Actions Underway:

- WRES conference with key note speakers from National WRES Team scheduled for the 19th October 2016. This conference has been organised by ULHT and will be presented in partnership with LPFT and LCHS. Further details and participant invites to follow shortly.