

HR & OD Monthly Report (July 2016)

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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:

LHAC meetings continue, community-wide, with a deadline of October for public consultation.

- The next scheduled event will be a further “options evaluation” half-day, prior to finalising the proposed submission for consultation. This event is scheduled for Wednesday, 13th July and will hopefully be attended by a significant number of ULHT staff (including HR).
- Key individuals from the HR Directorate attended the STP - Workshop 2 on the 1st June. The day focussed on identifying the Workforce implications associated with the 6 work streams ahead of the June submission. The key themes from the day are being collated.

Actions Underway:

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

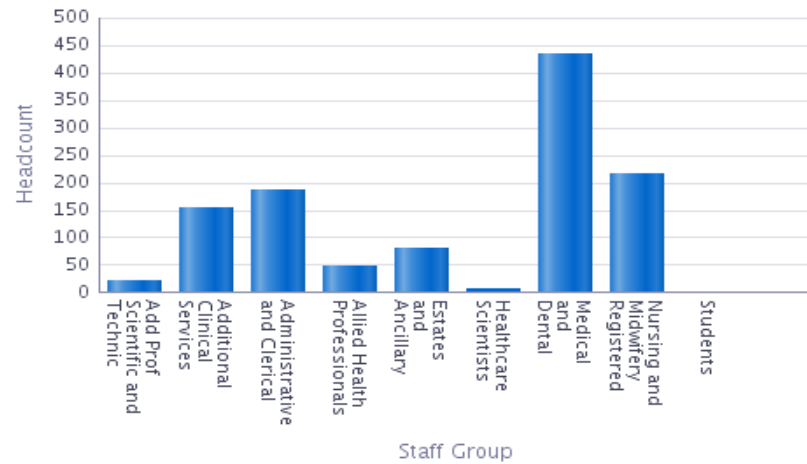
Risks:

- Maintaining and improving levels of Registered Nurses and Midwives continues to be a challenge, as the Trust awaits the arrival in post of circa 130 wte Filipino nurses from September. Further Open Days have been held to attract staff.

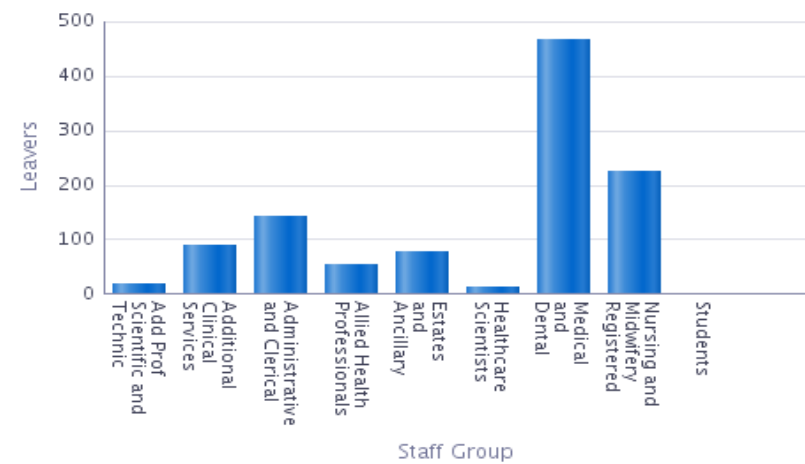
Staff Turnover

As at 31 st May 2016 (for Q4)	1.89%	Headlines: <ul style="list-style-type: none"> • Net increase of 24 headcount Band 5 Nursing staff over the last 12 months • Nursing & Midwifery turnover rate has slightly decreased/improved in month to 9.85%. This is down from 9.88% in the preceding month. • Net decrease of 21 Medical staff over the last 12 months. • A total of 67 Staff Exit Questionnaires ‘responses’ have been received since February 2016. . • The monthly response rate was 30.30%. • On asking where they would be next employed 33.85% stated another NHS trust, 6.15%
As at May 2015 (for Q4)	2.25%	
Benchmark:		
Target		

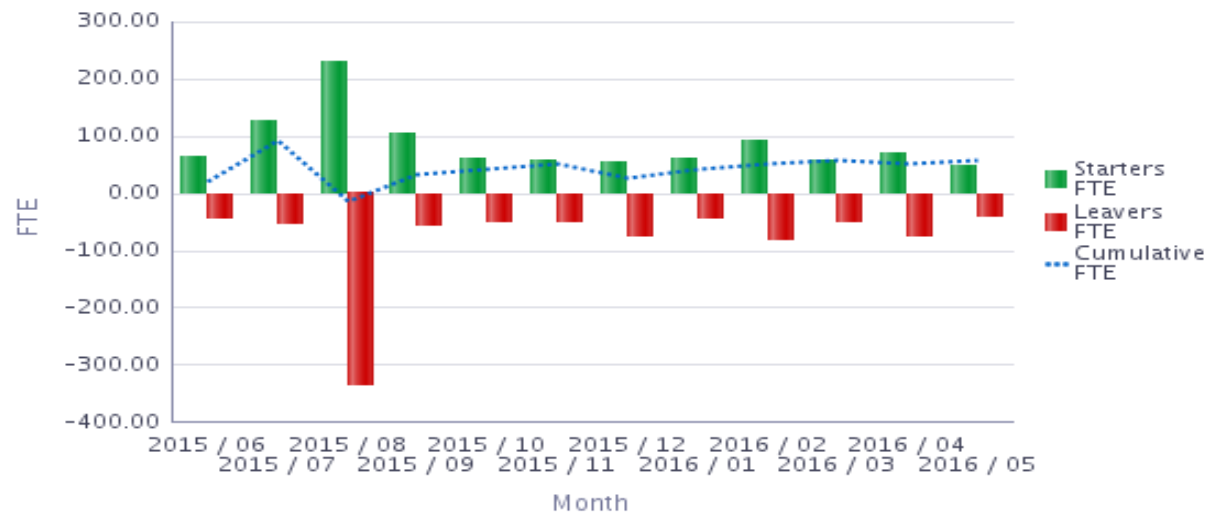
		<p>stated LCHS and 4.92% stated Other and on analysis the majority of these individuals were being re-employed by ULHT</p> <ul style="list-style-type: none"> • Retirement and Early Retirement (32.31%), Other (13.85%) and Family/Domestic (10.58%) were the Top 3 reasons for leaving the Trust • 29.03% of respondents indicated that the Trust could have done something to make them stay. • 39.06% of respondents indicated that their goals/objectives were not clear • 12.96% of respondents indicated that they did not have an appraisal • 31.75% of respondents indicated that they did not have regular team meetings, and asking how effective they were when they took place, 19.05% stated that they were not effective. • 57.38% indicated that they did not feel there were sufficient promotion/career prospects with the organisation/department? <p>Actions Underway:</p> <ul style="list-style-type: none"> • A review of responses should be carried out after 6 months to identify specific trends, 'hot spot' areas or specific teams/sections who may need some form of intervention as a result of the responses received since February. <p>Risks:</p> <ul style="list-style-type: none"> • 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%. A meeting is required with Trust Lead to understand Workforce Plans and actions to address this concern.
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Starters by Staff Group



Leavers by Staff Group



Starters & Leavers by Month June 15 – May 16

Staff Group	Establishment as at 31.05.16	SIP as at 1.06.15	SIP as at 31.05.16	Average SIP	Leavers 1.06.15 - 31.05.16	Turnover SIP	Turnover Leavers against establishment
Nursing & Midwifery	2208.59	1925.59	1925.80	1925.70	189.77	9.85%	8.59%
All Medical	926.01	808.49	786.64	797.57	462.15	57.94%	49.91%
Medical excluding juniors	550.01	467.39	462.59	464.99	73.85	15.88%	13.43%

Leavers – Nursing and Medical Workforce

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
Jun '15	12.01	13	4.84	8	7.17	5
Jul '15	4.80	5	13.25	17	-8.45	-12
Aug '15	3.56	5	10.11	13	-6.55	-8
Sep '15	60.76	64	6.68	8	54.08	56
Oct '15	15.44	19	10.08	11	5.36	8
Nov '15	10.99	14	8.69	10	2.30	4
Dec '15	2.16	4	13.41	17	-11.25	-13
Jan '16	9.55	11	8.45	10	1.10	1
Feb '16	7.90	10	9.01	11	-1.11	-1
Mar '16	6.71	8	7.81	9	-1.10	-1
Apr '16	5.43	6	10.27	14	-4.84	-8
May '16	7.33	9	13.71	16	-6.38	-7
Total	146.63	168	116.33	144	30.30	24

Nursing & Midwifery Band 5 Monthly Starters and Leavers

Month	Starters		Leavers		Starters minus Leavers	
	Fte	Headcount	Fte	Headcount	Fte	Headcount
Jun '15	8.00	8	5.10	6	2.90	2
Jul '15	84.00	84	7.00	7	77.00	77
Aug '15	183.60	185	269.30	270	-85.70	-85
Sep '15	12.00	12	13.80	14	-1.80	-2
Oct '15	10.92	12	11.18	12	-0.26	0
Nov '15	15.90	16	10.00	10	5.90	6
Dec '15	19.25	20	34.00	34	-14.75	-14
Jan '16	13.53	14	13.90	14	-0.37	0
Feb '16	41.35	42	47.55	48	-6.20	-6
Mar '16	14.00	14	8.82	12	5.18	2
Apr '16	29.40	30	32.90	33	-3.50	-3
May '16	11.00	11	8.60	9	2.40	2
Total	442.95	448	462.15	469	-19.20	-21

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: <ul style="list-style-type: none"> The final pulse check survey has been issued to 25% of Trust staff and staff are being
2014 Staff Survey Score	3.48	

		encouraged via ULHT Together Facebook page (which has almost 2,500) members and usual corporate communications to complete it
National Average:	3.79	<ul style="list-style-type: none"> • This page has also been used to inform members of the staff engagement activity that has taken place
Target:	3.87	<ul style="list-style-type: none"> • A survey for managers (all Band 7+ staff and all Consultants, Heads of Services and Clinical Directors) has been issued for them to 'self-assess' their engagement competency. The survey will close on 30th June • Staff engagement was the key topic at the June 'Senior Leadership Forum' with over 60 attendees encouraged to do more to engage their teams • Medium Term Plan (draft) recognises the importance of staff engagement to patient outcomes and staff recruitment and retention <p>Actions Underway:</p> <ul style="list-style-type: none"> • Work with Communications Team to ensure a more regular feedback of 'You Said, We Did' activities across all forms of ULHT media • All managers asked to provide Jan with their practical example of how they are recognising their staff. These are being shared to encourage others to do likewise or adapt for their teams • The number of staff award categories have been increased and nominations for local employee of the month will offer the option to allow automatic nomination for a staff award. • Facilities and Estates have run three very successful listening events across the Trust, providing an opportunity for people within these teams to talk about what staff engagement means to them. Over 200 people attended the sessions and lots of ideas were generated about what works well and what could be improved • Wards and Departments are using employee of the month schemes to recognise and celebrate the hard work of individuals and teams. Physiotherapy and Ward 2 at Grantham both use this as a way to show recognition. • 'Time2Talk' (Communication cells) are being introduced into every Ward and Department across the Trust to aid good communication and provide a personalised update on corporate information. This also provides an opportunity to get information back up to senior managers. <p>Risks:</p> <ul style="list-style-type: none"> • That there fails to be a measurable improvement in levels of staff engagement

Recruitment & Retention		
Medical Staff		
Vacancy Rate as at 31 st May 2016	15.05%	Headlines: <ul style="list-style-type: none">• Number of Staff in-post 01.06.15 = 808.49 FTE's and 839 Headcount• Number of staff in post 31.05.16 = 786.64 FTE's and 817 Headcount• 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 Board Report was -10.79). These are now being excluded and therefore the vacancy rate has increased.• Successful AACs at Pilgrim Hospital 1.00 FTE Respiratory Physician and 2.00 FTE Vascular Surgeons appointed in May 2016. Actions Underway: <ul style="list-style-type: none">• 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. Risks: <ul style="list-style-type: none">• Concern regarding lack of resources within the Medical Workforce Team (lost two key members and difficult to recruit Team Leader, already been out to advertise on 2 previous occasions) to manage the workload with the impending August 2016 Junior Doctors Rotation and Implementation of the New Contract.
Vacancy rate	N/A	
Benchmark:		
Target	TBC	
Nursing Staff		
Vacancy Rate as at 31 st May 2016	12.80%	Headlines: <ul style="list-style-type: none">• Number of Band 5 N&M staff in-post at 01.06.15 = 1077.20 FTE's and 1285 Headcount• Number of Band 5 N&M staff in-post at 31.05.16 = 1062.96 FTE's and 1263 Headcount• Vacancy rate has increased by 1.19% from the previous month.• Pilgrim Hospital Recruitment Open Day took place 4th June 2016, encouraging interest from HCSWs but very disappointing in respect of Band 5 Nurses• Following the international recruitment campaign in January 2016 from Manilla in the Philippines where 131 nurses were recruited, it was anticipated that because of the complex visa and sponsorship arrangements, between 80 and 100 nurses would eventually start work with ULHT from this campaign.
Previous comparable figure	N/A	
Benchmark:		
Target	TBC	

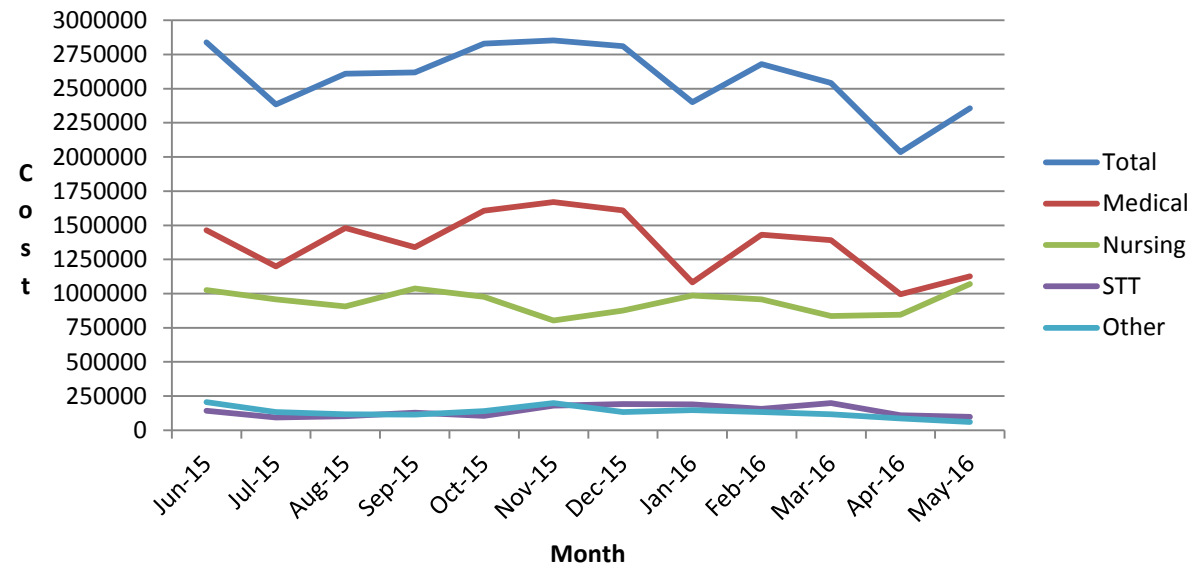
		<ul style="list-style-type: none"> • The team have been very impressed with the quality of the nurses recruited from the Philippines who had attended American universities and had a good command of the English language. During phase 2 in May 2016, 85 Filipino nurses were recruited. • In total, ULHT was preparing for 261 Filipino nurses and out of these 4 nurses were almost ready to travel over. <p>Actions Underway:</p> <ul style="list-style-type: none"> • Ongoing INR and recruitment for Band 5 Nurses – none are ready for the Certificate of Sponsorship to be applied for • HR Operations Team working their way through paper applications from open days for HCSW, these take significantly longer to process • RAD's (Recruitment Authorisation) and Closed Packs:: <ul style="list-style-type: none"> • Total RADs: 35 • WTE on RADs: 43.15 • Live/Open Adverts: 55 • Conditional Offers sent: 63 • NQNs – pre-employment checks still ongoing: 76 • NQNs – pre-employment checks completed, awaiting start date: 7 • Average time between open advert to start date: 79 • The pastoral and support arrangements which had been put in place for the Filipino nurses, including the Facebook arrangements already in place to develop relationships virtually before their arrival at ULHT. A number of special induction packages had also been developed. • Two additional Band 6 staff had been recruited to support the Filipino nurses. <p>Risks:</p> <ul style="list-style-type: none"> • INR – 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. • INR 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 success applicant. • Insufficient resources to monitor/chase Managers, as much as HR Team would like to, which result in backlogs starting to build as Operations Team head in to holiday period
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		<ul style="list-style-type: none"> Impact on team morale as this 'trend' continues.
Other/Non-Clinical Recruitment		
Vacancy Rate as at 31 st May 2016	7.51%	Headlines: <ul style="list-style-type: none"> Finance Establishment has in previous months included minus CIP figures, these are now being excluded and therefore the vacancy rate has increased more than would be expected. (CIP in the June Board Report was -70.49) PHB have cleared their backlog of contracts of employment and are currently addressing the backlog of conditional offers which accumulated whilst working on the contracts RADS/Ads/Closed Packs: <ul style="list-style-type: none"> Total RADs: 55 WTE on RADs: 53.61 Live/Open Adverts: 56 Conditional Offers sent: 58 Recruitment in Progress (awaiting pre-employment checks) – Nurses & Other Combined: 245 Recruitment Completed (awaiting start date) – Nurses & Other Combined: 69 Average time between open advert to start date: 79 Actions Underway: <ul style="list-style-type: none"> HR Operations Team working their way through paper applications from open days for HCSW, these take significantly longer to process Risks: <ul style="list-style-type: none"> Experiencing delays with receiving start dates from recruiting managers (resulting in late contracts being issued, Occ Health forms not being sent, appropriate induction information not being sent to the applicant – insufficient resources to monitor/chase as much as Ops Team would like Backlogs starting to build as Ops Team head in to holiday period.
Previous comparable figure not available	N/A	
Benchmark:		
Target	TBC	

Agency & Bank Usage (FTE used as a % of current Establishment FTE)		
May 2016	8.06% (4.53% Agency +	Headlines: <ul style="list-style-type: none"> 0.41% increase in the figure from April (7.65% to 8.06%)

	3.53% Bank)	<ul style="list-style-type: none"> Total cost for Agency in May 2016 was £2,357,473 which is an increase of £322,267 from the previous month. Total cost for Bank (including Medical Extra Duty) in May 2016 was £1,322,745 which is a decrease of £13,586 from the previous month. The Directorates with the highest Agency spend in May are Integrated Medicine Lincoln £680,738 And Integrated Medicine Boston £679,289 Activities being undertaken to reduce the level of medical agency staff being utilised with the greatest impact are as follow: <ul style="list-style-type: none"> Identify and train alternative roles (nurse practitioners AHPs etc.) Implement and price caps Conversion of 8 medics to substantive since March 2016 Improve and redesign rota management Reduce On-call pay rates Reintroduce Recruitment “plan for every post” international etc. <p>Actions Underway:</p> <ul style="list-style-type: none"> Integrated Medicine Boston – Plan for Every Post progressing positively to address high agency spend Orthopaedic and surgical rotas were reviewed and redesigned incorporating experienced non-medical staff as part of solutions to remove regular and substantial gaps in rotas. Delivering a FYE saving of more than £800k FYE. Targeted and focused recruitment in medicine and specifically in COE and General Medicine at Pilgrim has led to a reduction of more than £1.1M FYE. Prices have been renegotiated for more than 50 agency doctors including a scheme that was partially successful in A&Es across the trust leading to more than £700k FYE savings. <p>Risks:</p> <ul style="list-style-type: none"> Changes to Agency Reporting Template (extra pages and functionality added and verification page) with effect from 13th July (report on week of 4th July). Weekly deadline cut-off on a Wednesday at 12 noon.
Previous comparable data May 2015	8.86% (5.67% Agency + 3.19% Bank)	
Benchmark:		
Target	<2%	

ULH Agency Costs by Staff Group



Employee Wellbeing		
Attendance/Staff Availability		
Annual Sickness rate as at 30th April 2016 (for previous 12 month period)	4.54%	Headlines: <ul style="list-style-type: none"> Annual sickness rate has decreased by 0.26% in comparison to April 2015 figures. With a rolling average rate of 4.54% costing £8.64m, the immediate cost to the trust of not achieving a 4% target remains in excess of £1million. Further hidden costs of backfill and remaining staff health and well-being are noted but difficult to quantify. The annual cost of sickness (excluding any backfill costs) has decreased by £306,424 compared to 12 months ago. Monthly sickness rate is 4.73% which is a decrease of 0.40% from the previous month. Please note that these figures may fluctuate due to late reporting. During the 12 months ending April '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 19.47% of all absence. Of this figure
As at April 2015 (for previous 12 month period)	4.80%	
Benchmark:		
Target	4%	

- 1.81% was work related and 17.66% non-work related.
- Additional Clinical Services had the highest sickness rate during the 12 months at 6.36% (Unregistered Nurses 6.91%), followed by Estates & Ancillary at 6.00% and Nursing & Midwifery Registered at 5.10%.
 - The PHB monthly sickness rate is 4.85% which is a decrease of 0.94% and the annual sickness rate is 4.76% which is an increase of 0.01%.

Actions Underway:

- Sickness Absence Policy ratified at EPF.
- Working in partnership with Staff Side to draft staff communicate to advise of changes and developing Training material for all Line Managers with support from Staff Side.
- A number of HR staff across the teams attended an on-line WebEx Demonstration on the proposed ER Tracker, which included Short Term and Long Terms Sickness Tracker as well as ER Case Management System. Feedback was very positive across the Board

Risks:

- Resignation of Interim Head of ER, which will impact on available resources and line management of the ER Team
- Lengthy process and delays in getting Business Case approved for the Recruitment & ER Case Tracker, which may result in an increase of 5% in the original quote. Head of WFI wrote to DoF asking for support in expediting approval.

	Lincoln & Louth	Pilgrim	Grantham	W/C	Diagnostics	Therapies
LT: Formal Support	17	21	3	4	1	2
L2: Formal Support	9	8	0	1	0	0
L3: Formal Caution	2		0	0	1	0
L4: Capability Hearing	1		0	0	0	0

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	2808.64	3.82%	£276,528.41
Additional Clinical Services	24367.52	6.36%	£1,310,997.19
Administrative & Clerical	18198.32	4.11%	£1,360,835.63
Allied Health Professionals	3833.71	2.91%	£384,884.54
Estates & Ancillary	14332.82	6.00%	£759,274.74
Healthcare Scientists	714.35	1.80%	£90,296.13
Medical & Dental	4873.08	1.66%	£1,055,671.36
Nursing & Midwifery Registered	36133.65	5.10%	£3,419,426.87
Students	11.21	0.20%	£652.76
Total	105273.32	4.54%	£8,658,567.62

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Band	FTE Lost	%	Estimated Cost
Band 1	9,496.70	6.71%	£463,020.40
Band 2	31,434.43	6.12%	£1,632,327.38
Band 3	6,016.14	4.29%	£364,337.65
Band 4	6,377.09	4.03%	£451,018.40
Band 5	27,171.95	5.20%	£2,234,767.68
Band 6	12,971.58	4.19%	£1,366,325.46
Band 7	4,433.82	2.89%	£587,793.70
Band 8A	1,164.03	2.48%	£178,125.90
Band 8B	521.89	3.75%	£100,484.78
Band 8C	379.92	2.92%	£77,558.63
Band 8D	115.71	2.85%	£28,433.47
Band 9	2.00	0.43%	£674.34

Non A4C	315.00	5.30%	£118,028.46
Medical	4,873.08	1.66%	£1,055,671.36
Total	105,273.32	4.54%	£8,658,567.62

Rolling Yearly Sickness Rates & Estimated Cost by Band

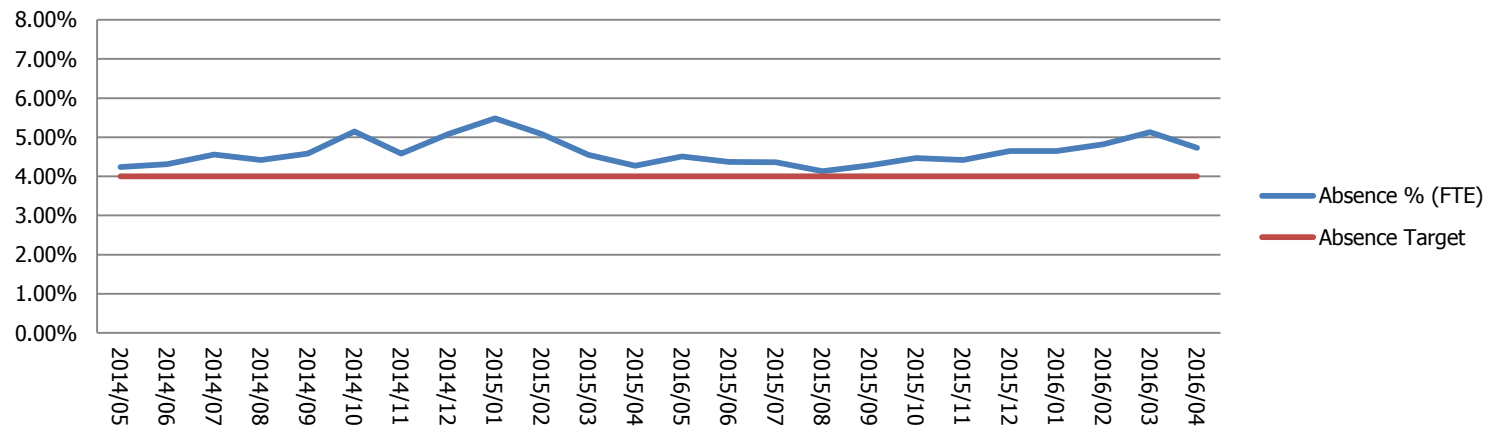
Nursing Staff	FTE Lost	%	Estimated Cost	Cal Days Lost	Headcount as at 31.05.16	Average Cal Days
Registered Nurses	36,133.65	5.10%	£3,419,426.87	43141	2247	19
Unregistered Nurses	20,065.75	6.91%	£1,053,946.00	24539	993	25
Total	56,199.40	5.63%	£4,473,372.87	67680	3240	21

Nursing Staff Rolling Yearly Sickness Rates & Estimated Cost

Absence Reason	FTE Lost	%	Work Related
Anxiety/stress/depression/other psychiatric illnesses	17,908.38	17.66%	No
Anxiety/stress/depression/other psychiatric illnesses	1,834.83	1.81%	Yes
Other musculoskeletal problems	12,682.78	12.51%	No
Other musculoskeletal problems	252.40	0.25%	Yes
Other known causes - not elsewhere classified	9,590.65	9.46%	No
Other known causes - not elsewhere classified	29.77	0.03%	Yes
Gastrointestinal problems	9,481.54	9.35%	No
Gastrointestinal problems	8.60	0.01%	Yes
Back Problems	8,399.21	8.28%	No
Back Problems	399.95	0.39%	Yes

Top 5 Absence Reasons by FTE Lost

Absence Timeline 2 Years Data



Occupational Health

Influenza Vaccine

The flu plan for United Lincolnshire Hospitals NHS Trust for 2016/17 is now approved and has been circulated. The plan has been submitted to NHS England for approval. The plan was approved at the Trust IPC.

The flu vaccines 2016/17 flu campaign has been ordered and will be ready for delivery at the end of September 2016. We have ordered 8000 vaccines. This will allow us to vaccinate in excess of 75% of front line staff for both ULHT and LCHS.

NHS England have attached a CQUIN to this year's flu campaign. The payment schedule is outlined below. NHS England have indicated in this document that the final measurement for delivery of flu vaccines to frontline staff will be the end of December 2016, unlike the present data collection system which closes in early February. The value of the CQUIN to the trust is £800,000 for 2016/17.

The flu plan is now in place and in the process of being implemented, with the agreed actions from the last IPC.

Health and Wellbeing

The Trust Health and Wellbeing group has its first meeting on the 27th of June, to support the Health and Wellbeing programme in ULHT. The agenda for the first meeting will include the Trust Health and Wellbeing Strategy, Health and Wellbeing actions for the coming year, Key performance indicators, CQUINs and the Fast track Policy.

ULHT have plans in place and will be discussed at the health and wellbeing group to meet the criteria for CQUIN 1a and 1. These include

Health and Wellbeing which has an estimated value to the trust of £800,000 for 2016/17.

The Pedometer challenge is now complete and the winning team and the top are to be presented with their prize for completing the highest number of steps..

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

For ULHT Employees:

There were 593 referrals to occupational Health from 01/01/2016 –01/06/2016.

The service completed 1238 vaccination and blood tests.

We also processed 600 New starter Health questionnaires

The Cohort Occupational Health Management Software is used by the Trust occupational health service enabling the service to improve employee health, aid occupational health compliance. Two areas we are working towards this summer are:

Online Pre-Placement/Health Clearance

This module allows HR to send an email, containing a link to the online pre-placement form, pre-populated with a unique PIN for each candidate, to a prospective applicant. This form can then be completed online and submitted directly into the Cohort system for standard pre-placement checks. The system provides a “dashboard” view of the applicant’s information to ascertain the status of applications.

Online Management Referrals

Later than the Pre-Placement module we will also introduce a referral process is online and streamlined to allow managers to place a referral directly with Occupational Health, with an embedded e-form for the referral. We can ensure that critical data fields are made compulsory increasing your data accuracy.

OH will also be running in July a number of short sessions for managers to support them in managing absence, the sessions will be how to get the best from an occupational health referrals.

Sharps Injuries for ULHT (January to May 2016)

Accidental exposure to body fluids are monitored and managed by Occupational Health. Occupational Health dealt with 82 cases of accidental exposure to body fluids from 01/01/2016 - 20/05/2016. The sharps exposure injuries in 2016 have predominantly arisen amongst medical and nursing staff groups.

The Trust is moving to Safety engineered devices in line with EU Directive on the prevention of injuries and infections to healthcare workers

from sharp objects such as needle stick injuries. There is a Trust Safer Sharps Group in place addressing a number of issues around compliance with safer sharps.

For the same period last year the number of inoculation injuries has decreased by one from 83 for Jan - May 2015, to 82 for Jan – May 2016.

Since May 2015 a number of safer sharps have been introduced and the awareness has been raised across the trust which may account for of increased the number of Sharps incidents reported.

The changes of note in the reporting are the decrease in the number of scalpel and suture related incidents in both theatre and maternity.

The highest increase in reporting is the inappropriate disposal of sharps after they have been used this is at 17 injuries for this period and is across the trust.

These are mainly when a sharps has been used and the user fails to dispose of the sharp correctly and leaves it for someone else to discover and dispose of . This is when the highest sharps injuries are now taking place. These injuries are significant as it often difficult to identify the source patient and the increases the impact on the injured member of staff and their management.

This information is reported through the Trust Infection Prevention Committee.

HR Operations/ER Case Management

Corporate & Nursing Staff

Headlines:

- Consultation underway for extension of notice periods across the Trust for band 5, 6 and 7s.
- PAR review initiated across all sites.
- Agency costs reduced significantly since January 16.
- Pulse check survey in January reported 75.12% average of positive scores across all measures of engagement.

Actions Underway:

- In addition to the open grievances, the PAR grievances are currently being addressed.
- Regular 1:1's with Sisters reinstated, full HR support now in place at Grantham.
- Monthly Occupational Health meetings with the employee relations and site senior managers.
- HR continue to support Managers in managing long term and short term sickness.
- HR working with Managers to ensure plans in place to ensure all staff receive an annual appraisal.
- Policy Development Group have submitted 10 policies for the June EPF to be signed off.

Risks:

- During May there has been a current trend of falsification of observations which are being investigated.
- Sisters, are being asked to commit to two days clinical duties, Matrons and HoN 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 software.

April 2016 ER Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open	W/C Open	Diagnostics Open	Therapies Open
Disciplinary Cases	16	9	5	5	0	1
Formal Grievance Cases	5	3	0	2	0	0
Appeal Panel	1	0	0	0	1	0

- In addition to the open grievances, the PAR grievances are currently being addressed.

Medical Staff (Maintaining High Professional Standards)

Headlines:

- 3 exclusions, 2 police investigations underway.
- NCAS case investigator training discussed however cost of £5,000
- 1 Capability hearing in May
- 4 Conduct case hearings imminent

- 8 Conduct cases. Investigation underway
- 5 Cases referred to the LMDMG for discussion
- 2 Cases awaiting GMC process to conclude
- 2 Health cases, formal meetings underway
- 1 Capability case, awaiting outcome.

The cases/ headlines appear to me more as the LDMG have changed their format to include monitoring and assurance over LTS cases, GMC referrals and restrictions, revalidation and Job planning.

In reference to referrals being made to the group this is for discussion and to ensure consistency. Most cases are not added to the log.

Actions Underway:

- All cases are discussed weekly to ensure timely investigations of case.
- 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.

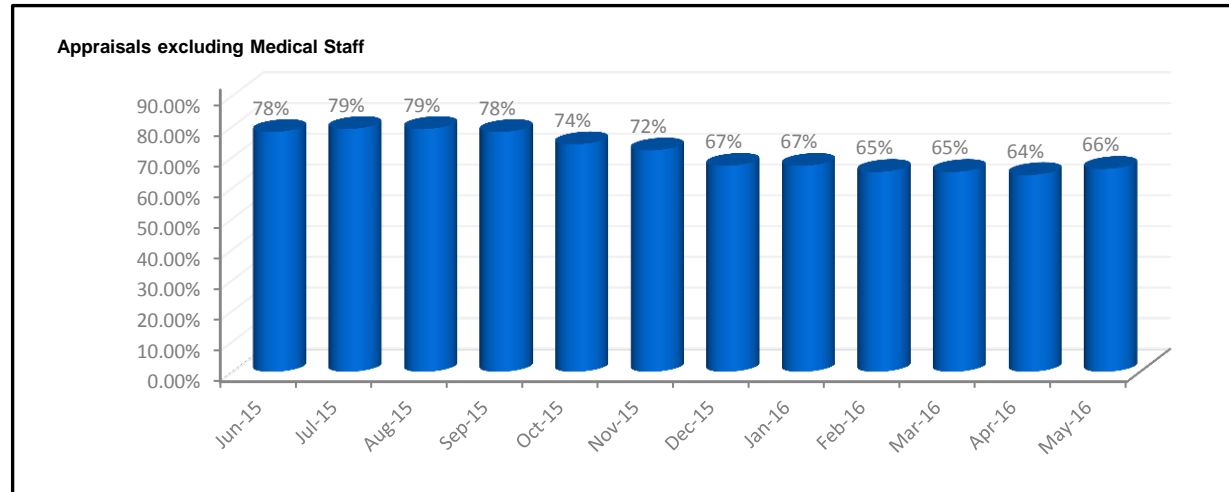
Risks:

- 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 31 st May 2016 (for rolling 12 month period)	66%	Headlines: <ul style="list-style-type: none"> • The overall percentage for appraisals has increased by 2% 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 W&C at 79.45% although this has slightly decreased from the previous month. • The site with the highest appraisal rate is Grantham at 72.91%. • 1.05 % increase Boston site Actions Underway: <ul style="list-style-type: none"> • Monthly Hotspot Reports are generated and circulated accordingly.
As at May 2015 (for previous 12 month period)	77%	
Benchmark:		
Target	95%	

Risks:

- Trend for non-compliance with the 95% target



Appraisals

Medical Staff

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

- At the end of May 2016 the appraisal rate has increased to **91%** having fallen to 84% in April as a consequence of Staffing turnover in the appraisal office.
- Some Clinicians continue to fail to arrange their appraisals in their allocated appraisal month despite notification 3 months prior to appraisal month and regular subsequent reminders in accordance with the Medical Appraisal Policy 'Escalation Process'. The new e-appraisal messaging alert system will support the chasing of outstanding appraisals process.
- A high percentage of newly appointed doctors join the Trust having not worked in the UK previously and have therefore not undertaken appraisal. The Trust requires new doctors to have an appraisal within 6-9 months of commencement. However, the number of new starters who have had an appraisal within the past 12 months with previous UK employers is much improved.
- Work pressures, family issues and long term sickness continue to be the main reasons given for failure to participate in appraisal during allocated appraisal months.
- Doctors wishing to postpone their appraisals are now submitting formal requests to the Revalidation Office. Each request is considered taking into account the reason for the postponement. 90% of requests are agreed and a revised date for appraisal confirmed.

The Revalidation Office is progressing the implementation of the Allocate e-appraisal system. 92 (28%) of medical appraisals have, to date, been completed on the e-appraisal system. All doctors have either attended a training session or have received an e-learning training package to support access to the e-system for appraisals. A series of drop-in events will continue until the end of August allowing doctors who are unsure of the e-appraisal system to be supported on a 1:1 basis. The expectation is all doctors at Consultant and SAS doctor grades will complete their appraisals in the 2016/17 appraisal year on the Allocate system. Due to the significant increase in locum doctor numbers covering gaps in junior doctor rotas it is not possible, due to limited licences, to enable access to this group to use the new e-appraisal system. Junior doctor locums will continue to complete their appraisals using the MAG form.

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 May 2016 approximately 92% 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.

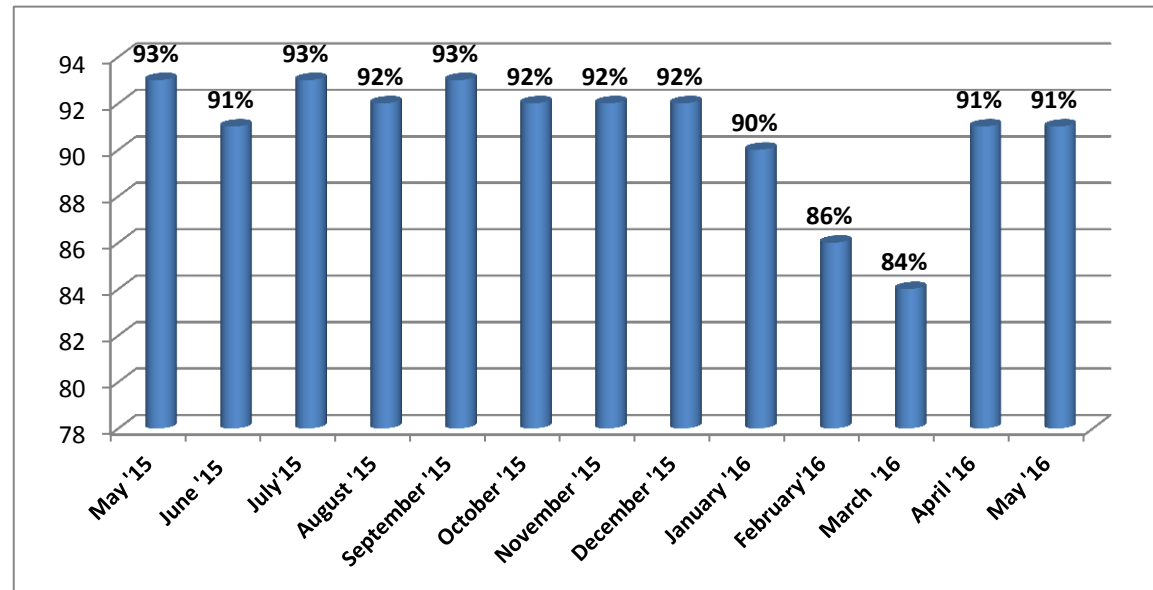
A total of **3** doctors have been revalidated since the 1st April 2016 and **2** doctors have had their revalidation deferred in the 2016/2017 appraisal year. Deferral requests made to the GMC are appropriate only where the doctor is engaged with the systems and processes of appraisal and revalidation. They include doctors who have been unable to provide the required supporting evidence before their revalidation submission date and also doctors who are involved in on-going local disciplinary processes.

1 doctor currently participating in a GMC process is included in the deferral numbers.

As at 31st May 2016 (for previous 12 month period)	91%	<p>Headlines:</p> <ul style="list-style-type: none"> • The current appraisal rate of 91% is 2% lower than the May 2015 (93%) position. The reason for the drop in appraisal performance is a combination of a gap in administration support in the Revalidation Office for 5 months and the introduction of the new e-appraisal system. Some doctors have been reluctant to use the new system despite the support from the Revalidation Office. • The Trust has now received the formal report from NHS England following the NHS England '<i>Independent Verification Review</i>' of ULHT Medical Revalidation processes, undertaken in October 2015. As anticipated the report is very positive and our systems and processes recognised as <i>Good Practice</i>. The report highlights, in particular, compliance with the RO Regulations. The report comments on '<i>good management processes, communication and feedback and a high level of doctor engagement</i>'. The Review Team identified a lack of resource in the Revalidation Team compared to other Trusts. The Medical Revalidation Office will take action to implement the recommendations made in the report. • The Revalidation Office is making steady progress with implementation and roll-out of the e-appraisal system. 92 appraisals have now been completed on the Allocate system. A self-learning training package to support doctors to use the new e-appraisal system developed and circulated to all doctors appears to be working well. In addition all sites have access to drop in sessions to enable the transition to the new e-appraisal system for all appraisals in the 2016/2017 appraisal year. • Roll-out of e-360 Multi-source feedback is planned for July 2016 however a lack of resource may cause some delay. • Implementation of improved processes to enhance quality governance of appraisal and revalidation has been well received. • Delay in submission of completed appraisals, within the GMC requirement of 28 days following the appraisal meeting, continues to improve. The implementation of the Allocate e-appraisal system has seen a 100% sign off within the 28 days. • The revised Medical Appraisal policy is now complete and awaiting final sign off with the LNC. 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 <p>Actions Underway:</p> <p>During June 2016</p>
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		<ul style="list-style-type: none"> • The Revalidation Office is co-ordinating the annual Audit of missed appraisals. This process requires each doctor to confirm the reason why they failed to participate in appraisal during the 2015/16 appraisal year. Low return of forms to date has prompted the need to chase. The results will be shared with CD's and reviewed by the Revalidation Office to establish common reasons with a view to revising existing systems and processes to enable increased participation. • Work continues regarding the review of the medical appraisal quality governance structure. The introduction of the Trust Lead Medical Appraisal and Medical Appraisal Leads will also support improved quality assurance of the Appraisal process. A paper will be presented to the Medical Director by the end of July 2016. • The programme for the Appraiser Network and Training events for 2016/17 to be finalised and dates confirmed to all Medical Appraisers. • Continued support for doctors and medical appraisers to use the new e-appraisal system will be ongoing with the aim that all doctors will be using the system for their 2016/2017 appraisals. The new system will improve reporting mechanisms; improve the appraisal compliance rate and governance of appraisal processes. <p>Risks:</p> <ul style="list-style-type: none"> • 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.
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MEDICAL APPRAISAL PERFORMANCE AS AT END OF MAY 2016



Core Learning

As at 31 st May 2016	82%
As at 31st May 2015	74%
Target	95%

Headlines:

- A further increase of 1% on overall compliance rate
- All annual topics show another increase this month of 2-3% moving them out of the red to above 70% and catching up with this time last year.

Trust	Fire	IPC	E&D	IG
May-15	76%	78%	79%	77%
May-16	71%	72%	77%	77%

- 3 yearly topics continue to show a gradual increase month on month and are between 3% and 15% higher than this time last year. Fraud was introduced this time last year and has reached

83% over the last 12 months.

Trust	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud
May-15	72%	72%	86%	86%	83%	79%	30%
May-16	87%	85%	89%	91%	89%	85%	83%

- Hotspot reports continue to be provided to identified managers
- Core learning is part of performance management framework
- Communication gone out to all staff that no study leave will be approved until they have completed or have a booked place on core learning – this message to be re-iterated regularly
- The DNA 'No Show' rate for May is the same as last month at 16% however this is a 3% improvement on the same month last year.

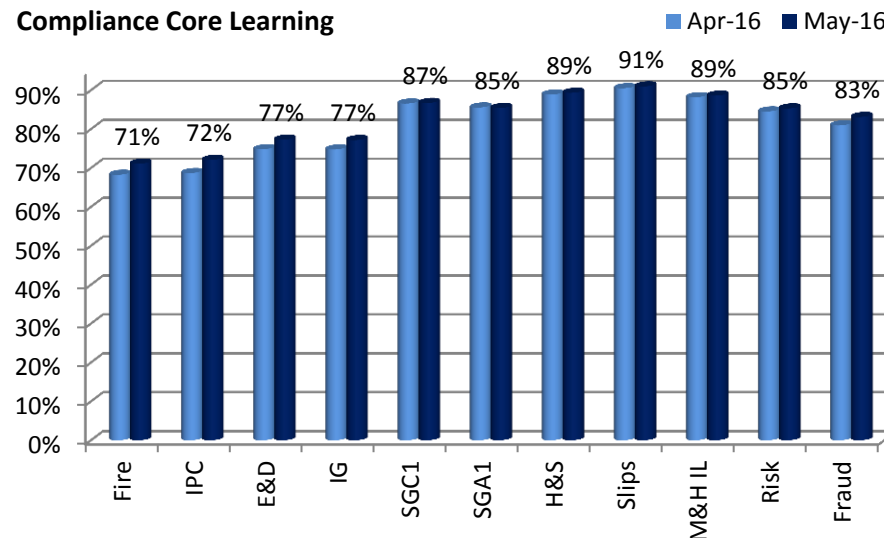
Actions Underway:

- Senior managers are notified no later than 4 working days from the classroom session of the names of the individuals with a 'DNA' 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



Core Learning Rate

	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
Medical	%	%	%	%	%	%	%	%	%	%	%	%
Compliance	60%	65%	70%	69%	77%	75%	82%	82%	81%	81%	77%	75%

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
- Improvements to ESR continue and the vast majority of areas now have access to ESR Supervisor Self-Service with all areas (excluding medical and dental) having access by early summer 2016. A scoping exercise to expand and roll-out Manager Self Service in 2016/17 is underway.
- ESR Self Service gives line managers or supervisors the ability to view compliance against core learning, absence management and view staffing profiles against payroll and persons in-post. Line Managers through Supervisor Self Service also directly 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.

Headlines:

- Draft, revised HR Trust Board Report was presented to Trust Board members at the Board Development Session on 21st June.
- The Business Case (Recruitment Tracker & ER Case Management System Business) was 'tabled' at the ICT Steering Group, Digital Board Meeting and the Technical Reference Group during June.

Actions Underway:

- Feedback/comments will facilitate the development of an update format, which will be presented at the Workforce & OD Assurance Committee, with aim to present first 'run' of new format at the September Board Meeting.

Risks:

- If Business Case not approved/signed-off by the end of June the price may increase by approximately 5%. It's imperative to approval is granted before then. Head of WFI wrote to DoF asking for support in expediting approval

ESR – Self Service Project

Headlines:

- 97.01% of employees have their reporting hierarchy built in ESR (excludes Medical & Dental staff)

Actions Underway:

- ESR SSS roll-out continues with 97% of staff having a supervisor allocated in ESR (excluding Medical & Dental). Work The remaining 3% without a supervisor are being identified and work is underway to reach achieve 100%.

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
- Before Annual Leave can be recorded in ESR all staff records need to be validated for entitlement and accrual before go-live