

WORKFORCE REPORT (November)

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Performance Overview

KPI	Target	Sept 16
Staff Turnover Trust Wide	Under Mean of Acute Hospitals 11.61%	9.45%
Vacancy Rate N&M	8%	11.87%
Vacancy Rate Medical	7.5%	13.57%
Agency & Bank Rate	<2%	7.71%
Absence Rate	4%	4.12%
Appraisals	95%	68.66%
Core learning	95%	87%

Worked & Contracted WTE & Agency Spend Updates

Worked/Contracted WTEs

	Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16
	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs
Total Worked WTEs												6886.36
Total Establishment												7150.56
Surplus / (Deficit)												264.20
Worked WTE Analysis												
Substantive												6231.16
Bank												300.32
Agency												272.93
Overtime												81.95
Total Contracted WTEs												
Per ESR												6396.78
Vacancy level WTEs												753.78
Vacancy Level %age												10.54%
Actual average monthly cost per WTE												£4,018.45
Budgeted average monthly cost per WTE												£3,549.43
Variance												£469.02

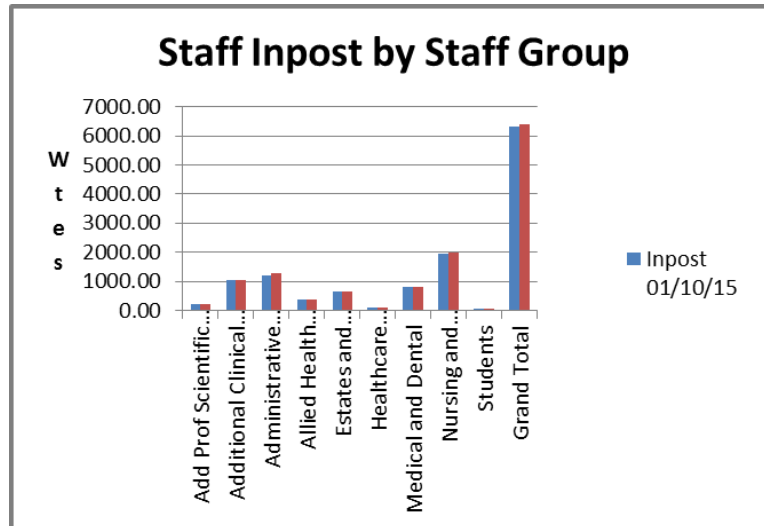
What does data tell us?

- New data not previously reported on
- A deficit in month of 264.20 WTE between total WTE worked and total establishment
- The average monthly cost per WTE is £469 above budget

Action Taken & Next Steps

- Ongoing monitoring of trends when future months data available
- See comments in Bank & Agency Usage Sections

Staff in Post by Staff Group & Contracted Staff in Post – last 12 months

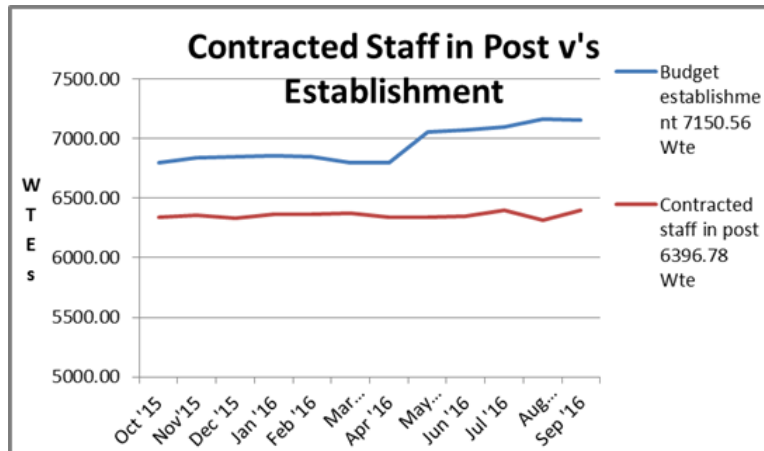


What does data tell us?

- Overall contracted staff in post has marginally increased by 59.85 wte over the last 12 months
- Medically & Dental has increased by 2.66 wte over the last 12 months
- Nursing & Midwifery show an increase of 13.88 wte over the last 12 months

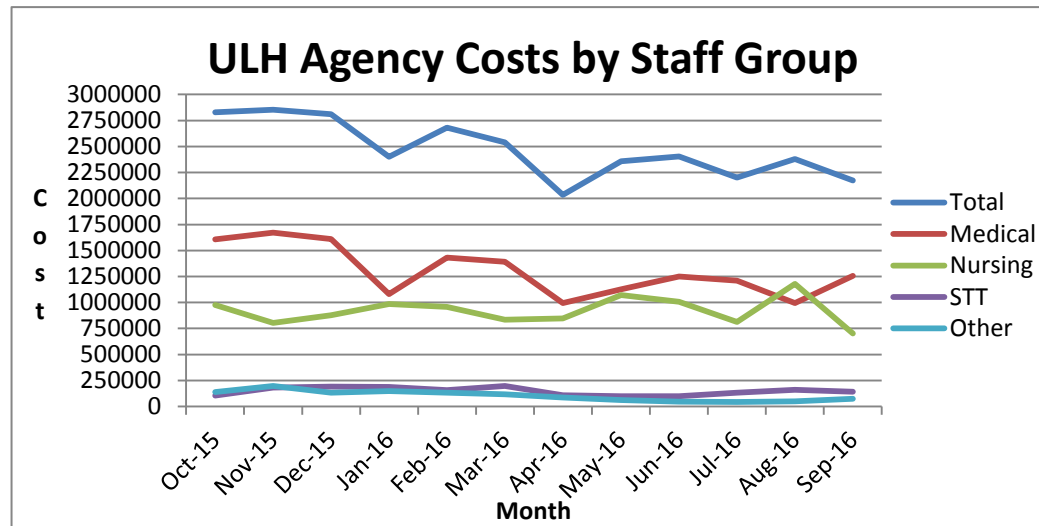
Action Taken & Next Steps

- See comments in Vacancy Sections



Agency & Bank Usage (FTE used as a % of current Establishment FTE)

Agency & Bank Usage (FTE used as a % of current Establishment FTE)



ULH Agency Costs by Staff Group

What does data tell us?

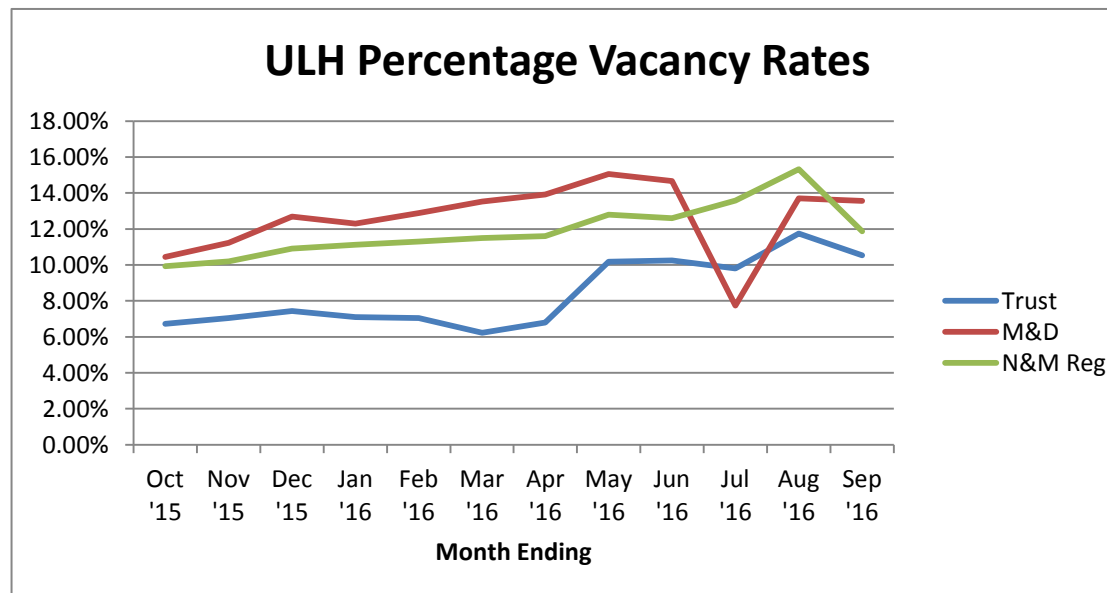
- September Non Contracted staff spend was 7.71% (3.81% Agency + 3.90% Bank)
- Slight decrease in figure from August (8.50%)
- Previous comparable data was September 2015 with spend at 9.26%
- Total cost for Agency in September was £2,171,850 which is a decrease of £207,946 from the previous month
- The Directorates with the highest Agency spend in September are Integrated Medicine Boston £624,491 (August £733,721) and Integrated Medicine Lincoln £612,112 (August £728,763)
- Integrated Medicine (P) have 21.68% vacancies and 5.84% sickness (12 month rolling period)
- Integrated Medicine (L) have 12.67% vacancies and 4.60% sickness (12 month rolling period)

Action Taken & Next Steps

- Further analysis to identify if there are any correlation between Agency Spend and Vacancies & Sickness in 'hot spot areas – liaise with E-Rostering Team
- Information will be shared with Medical Efficiency Programme Board

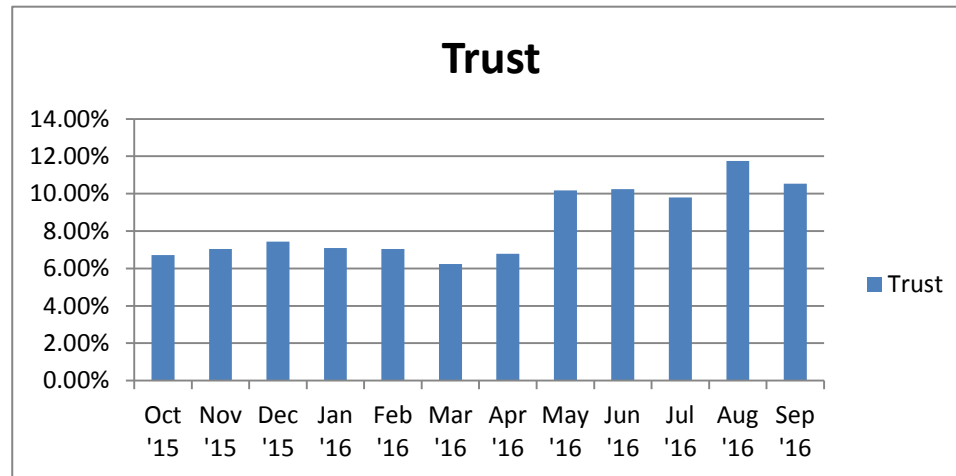
Recruitment & Retention – Improving Safe Staffing Levels and Reducing Dependency on Non Contracted Workforce

Vacancy Rates



What does data tell us?

- Additional set of data provided (not previously used – comparison data not available)
- Vacancies have slightly decreased by 1.21 % from previous month
- Vacancies has increased by 3.67% in over last 12 months (6.87% to 10.54%)
- Nursing & Midwifery – 18.64 leavers over last month and 71 wte new starters for September
- Career Grade Vacancies are at 19.44% against 18.83% in comparison with last year. Associate Specialist in post has reduced by 7.02% (37 wte in April against 34.4 wte this month)
 - Anaesthetics (G) has 50% vacancies
 - Lincoln AE Attenders (L) has 72.14% vacancies
 - AE Attenders (P) has 45.45% vacancies
 - Paediatrics IP (P) has 66/67% vacancies
- Unregistered Nursing vacancies are at 14.89%



Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16
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Trust	6.72 %	7.05 %	7.44 %	7.09 %	7.04 %	6.23 %	6.79 %	10.17 %	9.80 %	11.75 %	10.54 %
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Medical & Dental

Consultants												11.86%
Career Grades												19.44%
Trainee Grades												12.35%
Total												13.57%

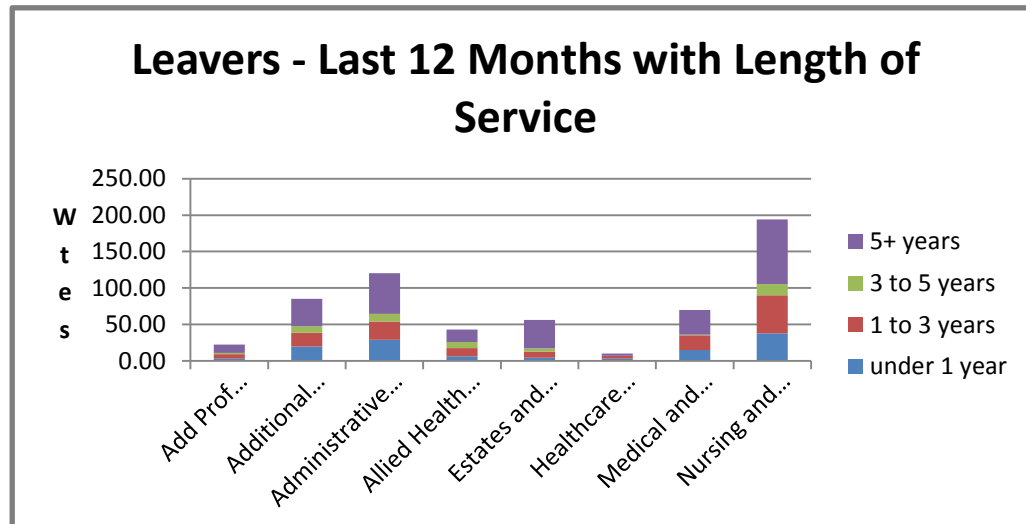
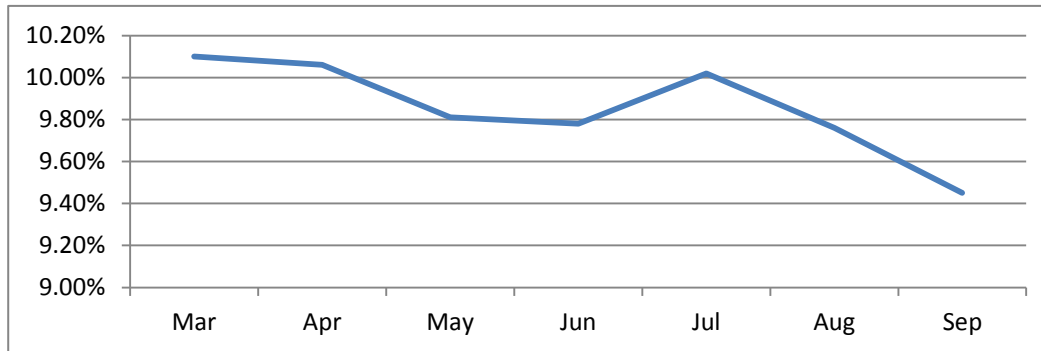
Nursing & Midwifery

Registered N&M Staff												11.87%
Unregistered Staff												14.89%
Total												12.76%

Action Taken and Next Steps

- Information will be shared with Medical Efficiency Programme Board
- x5 – 'difficult to recruit' posts have been filed (Speciality Doctors and Locum Consultants). X1 PCH and x4 LCH
- A&E Recruitment Plan identified across all 3 sites (some appointments have been made)
- There are another 75 International Nursing pending their IELTS exams and another 46 not yet booked in for their test and its anticipated that they will arrive in the new year.
- Planning held on 17th October to discuss Cohort Nurse Recruitment (Domestic) for Pilgrim Site for Band 2 URN and Band 5 RN
- x9 AAC Panels have been arranged over the next three months
- Unregistered Nursing
- x9 Rolling adverts at PCH for RNs
- Review underway by Deputy Chief Nurse with Ward Leaders/Matrons to 'assess' vacancy situation and establish reason/s for lack of recruitment if relevant

Staff Turnover/Leavers - 1



What does data tell us?

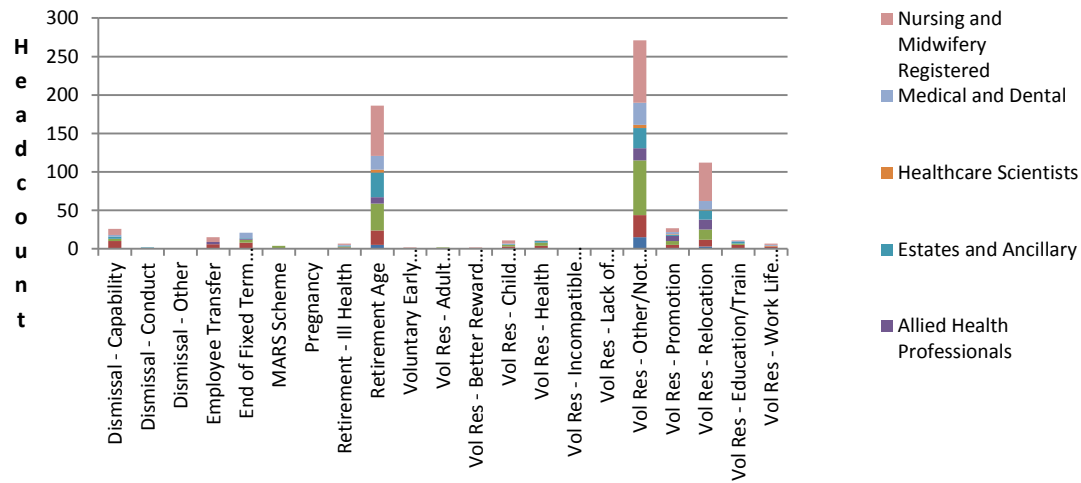
- The Trust Turnover rate for September is 9.45%, which is a decrease of 0.31% on August
- Trust turnover rate is lower than the average of 10.78% for other Large Acute (Non-Teaching) Trusts
- Staff Turnover continues to show a gradual downward trend falling from 10.10% to 9.45%, which is a decrease of 0.65% since March 2016
- Higher proportion of Leavers leaving with 5+ years, particular in Nursing & Midwifery

Action Taken & Next Steps

- Focus on retention and recognition
- Occupational Health strategies, focusing on Psychological, Physical and Social Wellbeing.
- Review of Age/Retirement Profile for ULHT carried out and presented to ET on 20th October.

Last 12 Months Leavers - with Reason for Leaving

Excludes Trainee Grade Doctors



Staff Turnover/Leavers - 2

Month	Starters	Leavers
Oct-15	5	2
Nov-15	0	1
Dec-15	0	2
Jan-16	0	1
Feb-16	1	0
Mar-16	2	3
Apr-16	0	1
May-16	1	1
Jun-16	0	0
Jul-16	3	3
Aug-16	4	1
Sep-16	21	1

New qualified starter/leaver by month for the last year. Leavers are those with less than 1 years' service.

What does data tell us?

- New data not previously reported on
- We had appointed x37 NQN over the last 12 months
- Attrition rate for the 12 months is 43.24%

Action Taken & Next Steps

- Further analysis on 'reasons' for leaving and breakdown by Wards/Areas and Sites

Leavers Analysis

Month	Death in Service	Dismissal	Employee Transfer	End of Fixed Term Contract	Mutually Agreed Resignation	Pregnancy	Retirement	Retirement Age	Voluntary Early Retirement	Voluntary Resignation	Grand Total
Oct-15	1	2		1		1		11		43	59
Nov-15		2					1	18		38	59
Dec-15		3					1	15		45	64
Jan-16		2	6	3				11		29	51
Feb-16		2		4			1	8		43	58
Mar-16		5		5			1	24	1	30	66
Apr-16		3		1	4			18		40	66
May-16		2		2				13		35	52
Jun-16	1	4		1				11		38	55
Jul-16		2	9	7			2	22	1	52	95
Aug-16		2		8			1	15		63	89
Sep-16		1		1				22		53	77
Grand Total	2	30	15	33	4	1	7	188	2	509	791

What does data tell us?

- High proportion leave the Trust under Voluntary Resignation (68% during September)
- 23.76% of Leavers in the past 12 months are linked to retirement
- 111 Staff Leavers Questionnaire responses have been received/completed since February
- 12.96% of the Leavers to date have indicated listed 'Family/Domestic' reasons for leaving the Trust
- 12.04% has left Trust for a promotion outside of ULHT and 31.48% of leavers have joined other NHS Organisations

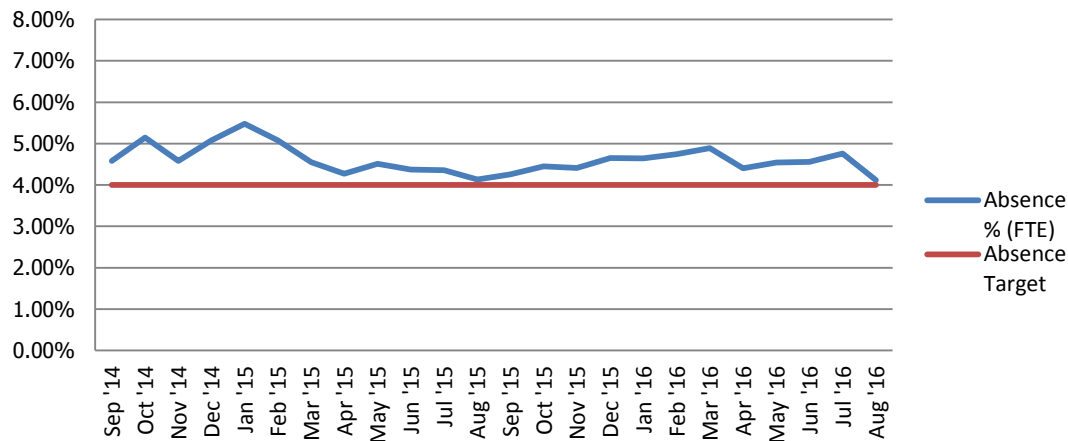
Action Taken & Next Steps

- Focus on retention and recognition
- Review of Age/Retirement Profile for ULHT carried out and analysis and recommendations were presented to ET on 20th October. Will form part of broader Workforce Planning 'Agenda' and determine which recommendations to factor into the plans.
- Exit Questionnaire Action Plan, focus on staff engagement & improvement of response rate

Factors contribution to high Premium Pay – Sickness, Staff Wellbeing, Inclusion and Engagement

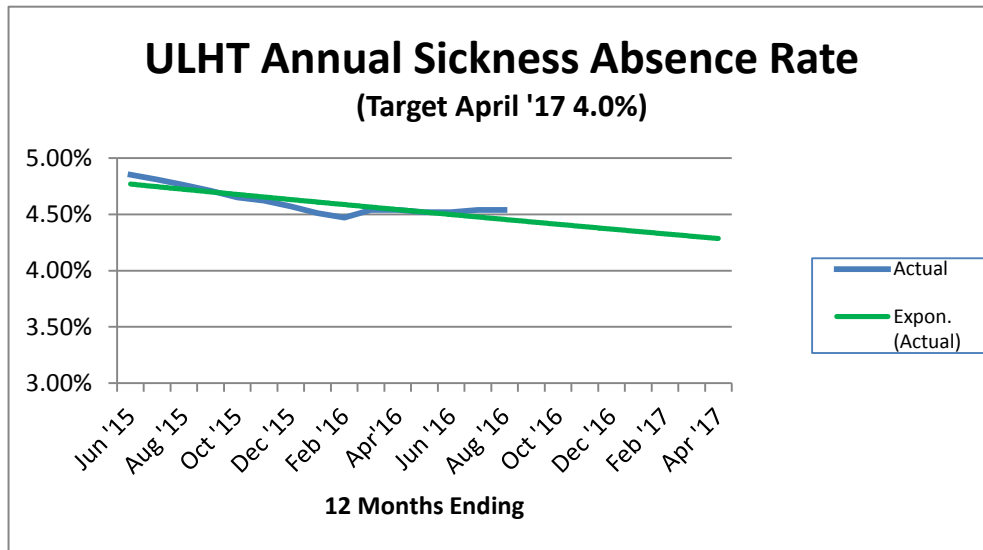
Overview of Sickness

Absence Timeline 2 Years Data



What does the data tell us?

- Monthly sickness rate for August 2016 is 4.12%. The July 2016 monthly sickness rate has now decreased from 4.77% to 4.76%.
- Annual sickness rate has decreased by 0.22% in comparison to August 2015 figures.
- The annual cost of sickness (excluding any backfill costs) has decreased by £358,035 compared to 12 months ago.
- Estates & Ancillary had the highest sickness rate during the 12 months at 6.41% followed by Additional Clinical Services at 6.36% (Unregistered Nurses 6.99%), and Nursing & Midwifery Registered at 5.01%.



Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific & Technic	2,906.77	3.93%	£278,186.30
Additional Clinical Services	24,469.86	6.36%	£1,336,783.84
Administrative & Clerical	17,679.51	3.94%	£1,313,901.55
Allied Health Professionals	3,982.26	3.02%	£411,213.09
Estates & Ancillary	15,218.19	6.41%	£798,908.34
Healthcare Scientists	930.96	2.39%	£115,854.88
Medical & Dental	4,488.72	1.54%	£857,450.51
Nursing & Midwifery Registered	35,557.95	5.01%	£3,361,917.01
Students	10.92	0.20%	£623.79
Total	105,245.14	4.54%	£8,474,839.31

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Action Taken & Next Steps

- Data disseminated from Matrons to all their teams with a focus on 'hot spot' areas.
- Monthly Confirm and Challenge Meetings held to ensure any areas of concern have clear actions set to address these concerns which are then challenged at the next meeting to ensure full compliance and that completion targets rates are met.
- The Trust HR ER team is currently significantly under resourced to cope with the levels of demand from managers to help with sickness cases. This has been raised at Executive Team level and a business case is being developed to provide potential solutions to address this.
- Further meetings are held with managers to help support addressing these issues in between the Confirm and Challenge meetings.
- There are plans for training managers in supporting the management of sickness.

Sickness Detailed Analysis

Reporting Period:
1st September 2015 to 31st August 2016

Trust total workforce	
- Headcount (Ave in 12 Months)	7,520
- Contracted WTEs (Ave in 12 Months)	6357.61

Number of staff taking absence	4,861
<i>%age of total headcount</i>	<i>64.64</i>

Total episodes	10,167
Average episodes per employee	1.35

Total Calendar days lost	128,307
Target Calendar days lost (using 4% target)	109,792
Excess over target	18,515
Average calendar days lost per employee	17.06

Total WTE days lost	105,245
Target WTE days lost (using 4% target)	92,821
Excess over target	12,424
Average WTE days lost per employee	14.00

Total staff on a sickness trigger	2,743
<i>%age of total headcount</i>	<i>36.47%</i>

Average sickness rate - last month	4.12%
Average sickness rate - last 12 months	4.54%
Estimated Cumulative Cost in 12 months	£8.47M

What does the data tell us?

- New data format, not previously reported
- In the last 12 months rolling period 64.64% of staff have taken some sickness absence, at an average of 1.35 episodes per person.
- An estimated 128,307 calendar working days have been lost. Achievement of a 4% sickness target would have resulted in 109,792 calendar working days lost (potential increase in available days of 18,515)
- CIPD Research has shown that in 2015 the average days lost in public sector rose from 7.9 days to 8.7 days. Currently ULHT average 17.06 days.
- The annual cost of sickness estimate to be c £8.47m
- Potentially a significant % agency spend will cover sickness
- During the 12 months ending August '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.92% of all absence. Of this figure 1.53% was work related and 19.39% non-work related.
- 140 people who work for the Trust are currently off sick long term (for a period of 28 days or longer).

Top 6 Reasons for Sickness Absence 12 Months Ending 31.08.16

Absence Reason	Episodes	No. of FTE Days Lost	% of Total FTE Days Lost
Anxiety/stress/depression/other psychiatric illnesses	769	21,961.89	20.9
Other known causes - not elsewhere classified	1,015	13,947.95	13.3
Other musculoskeletal problems	636	11,482.25	10.9
Back Problems	570	9,295.31	8.9
Gastrointestinal problems	2,739	9,011.72	8.6
Cold, Cough, Flu - Influenza	2,185	7,495.40	7.1

- 1439 people have had 3 or more separate absences over the past 12 months, of these 254 have had 5 or more and 14 have had 10 or more.

Action Taken & Next Steps

- The Trust wide Health and Wellbeing Strategy has been developed
- Occupational Health are implementing further strategy to support staff.

Staff Engagement

2016 Staff Survey Update

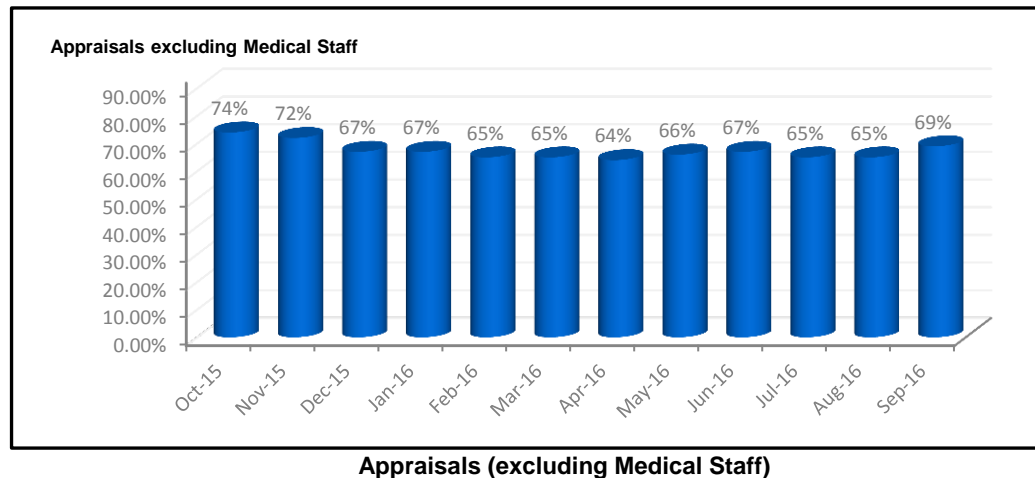
- The annual NHS Staff Survey is underway with fieldwork closing on 2nd December. All staff have been offered the chance to complete a survey. Results are expected early 2017.
- Current response rate is 21%. Staff are regularly reminded of the importance of sharing their feedback and confidentiality of responses is reinforced.
- Staff Engagement Group continues to meet regularly chaired by the Chief Executive

Action Taken & Next Steps

- Estates and Facilities leaders have received external training in staff engagement
- ULHT Learners' Week enabled all staff to be aware of the wide range of training and development opportunities open to them
- Engagement days have been held at Grantham, Pilgrim and Lincoln sites during October

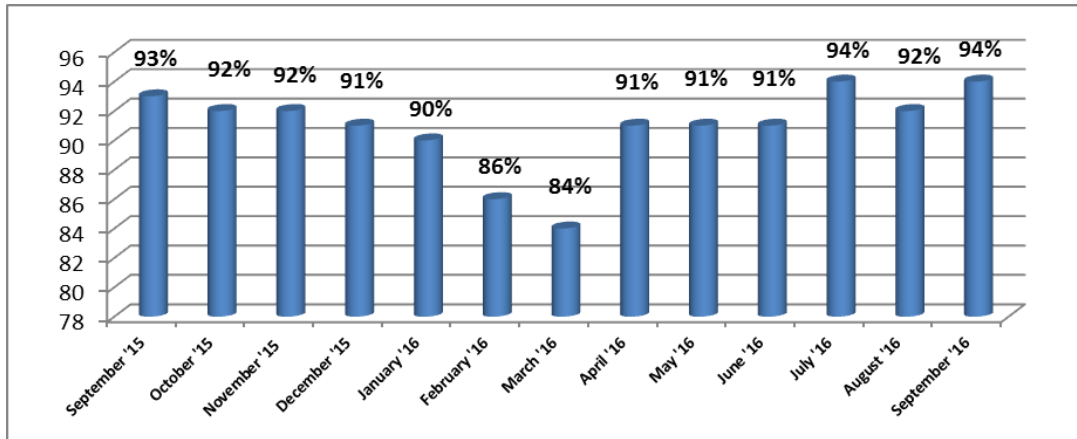
Staff Appraisals

Non-Clinical/Agenda for Change and Medical Staff - Appraisals



What does data tell us?

- Agenda for Change Staff Appraisal compliance rate for September is 68.66%.
- The overall percentage for appraisals has increased by 3.96% from the previous month.
- Number of staff currently without a recorded appraisal : 2,094 (after factoring in a nominal 10% allowance for staff who won't immediately "need" an appraisal)
- Hours required to rectify this (based on 90 minutes per appraisal) : 3,140 hours (nominally 84 WTE)
- Evidence shows that approx. 80 of the clinical areas have currently achieved 100% appraisal
- In addition x37 'small' Teams/Sections have a zero appraisal rate (Appraisals may be in the system awaiting input)
- Medical Staff (All Consultants and SAS Doctors including Locums) appraisal compliance rate for September is 94%.
- The rate for locum doctors employed to cover gaps in junior doctor rotas is 73%. This figure



Medical Workforce Appraisals

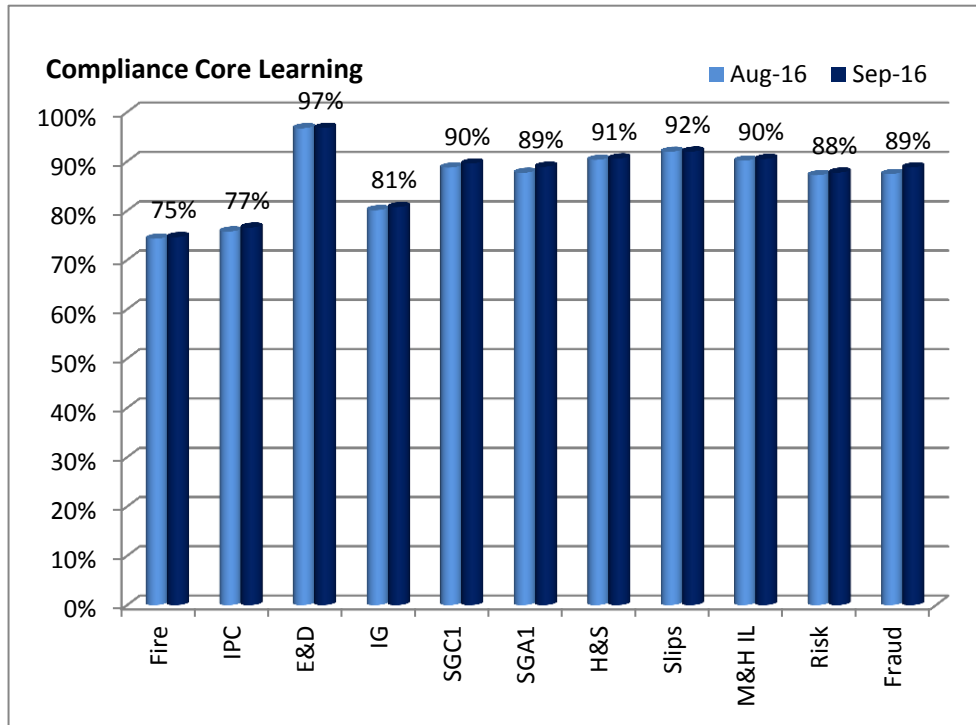
excludes 31 doctors in this category with less than 3 months service and who have not worked in the UK previously. The Trust encourages this group of doctors to engage in medical appraisal during their short term contract period which ranges from one month to 12 months.

- The overall percentage for appraisals has increased by 2% from the previous month and a 1% increase compared with the September 2015 position.

Action Taken & Next Steps

- Data disseminated from Matrons to all their teams with a focus on 'hot spot' areas
- Monthly Confirm and Challenge Meetings held to ensure any areas of concern have clear actions set to address these concerns which are then challenged at the next meeting to ensure full compliance and that completion targets rates are met.
- Increased contact with Doctors 4 months prior to their appraisal due month. Strict adherence to the escalation processes set out in the Medical Appraisal Policy, with particular focus on the allocation of appraiser to appraisee 6 weeks prior to the appraisal due date.
- Ensuring doctors receive continuing support to use the new Allocate system.

Core Learning



What does the data tell us?

- The Trust's compliance has increased by 1%
- Compliance for annual topics – Fire, Infection Prevention and Information Governance increased by 1%. They are also between 3 and 7% higher than this time last year
- 3 yearly topics either remain the same or show another increase of 1% with Fraud increasing by 2%. Compliance rates are much higher than this time last year.
- The DNA 'No Show' rate for September increased by 7%

Action Taken & Next Steps

- Continued advertising of the new pre-prepared '5 Click' Core Learning Compliance report available through ESR Supervisor Self-Service. This provides Managers/Supervisors/Clinical Educators up to date compliance for their areas automatically in 5 clicks. This will help simplify and improve compliance monitoring.
- New DNA report added to the range of '5 Click Reports'. This provides quick and easy access for managers to all DNA information. This replaces the individual e-mail notifications to senior managers which proved to have no noticeable impact on DNA rates.
- The Pay Progression Policy was launched on 1.10.16. Non-compliance with core learning may act as a bar to incremental pay progression.
- Meetings are held with HR and managers on all sites to discuss core learning.

Trust	Fire	IPC	E&D	IG	SGC1	SGA1	H&S	Slips	M&H IL	Risk	Fraud	Average
Jul-16	74%	74%	96%	79%	89%	87%	90%	91%	89%	86%	86%	86%
Aug-16	74%	76%	97%	80%	89%	88%	90%	92%	90%	87%	87%	86%
Sep-16*	75%	77%	97%	81%	90%	89%	91%	92%	90%	88%	89%	87%
Sep-16**	67%	73%	89%	76%	83%	84%	80%	85%	86%	83%	81%	81%

*Core Learning compliance for AfC Staff

**Core Learning compliance for Medical & Dental Staff (Table below)

EMPLOYEE RELATIONS

Sept 2016 Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open
Open disciplinary Cases non-medical staff (at investigation stage or beyond)	13	8	3
Open Cases for conduct or capability medical staff (at investigation stage or beyond)	8	5	0
Open formal Grievance Cases	14	9	1

What does the data tell us?

- At the time of producing the data (26th October) there are currently 24 open grievances in the Trust, compared to 1 that was reported in the corresponding period 12 months ago. It's worth noting 9 are related to PAR and 6 to the issue around being given annual leave for regular overtime.
- There are 24 open disciplinary cases for non-medical staff in the Trust, compared to 16 reported in the corresponding period 12 months ago. Of these, 4 cases are allegations of bullying and harassment.
- There are currently 5 Employment Tribunal Claims against the Trust.

Action Taken & Next Steps

- A report is to be presented to Executive Team on a proposed way forward on Annual leave/Overtime which will help bring these grievances to a conclusion.
- The Trust HR ER team is currently significantly under resourced to cope with the levels of demand for its service in the Trust. This has been raised at Executive Team level and a business case is being developed to provide potential solutions to address this.
- The new Director and Deputy Director of HR are conducting a fundamental appraisal of the Trust's approach to managing conduct issues and grievances.
- For future reports, more detailed analysis will be undertaken on reasons, trends etc.

EQUALITY & DIVERSITY

Lincolnshire Race Equality Conference, 19th October 2016

United Lincolnshire Hospitals NHS Trust hosted the Lincolnshire Race Equality Conference on the 19th October 2016. The conference was a joint collaboration between Lincolnshire Community Healthcare Services Trust and Lincolnshire Partnership FT Trust.

Fifty delegates from across the healthcare community attended the event. Yvonne Coghill from the NHS England Workforce Race Equality Standard (WRES) Team, Paul Devlin, Chair at LPFT and Sheila Wright, Vice-Chair at Nottinghamshire Community Healthcare provided three excellent keynote addresses. Dean Fathers at United Lincolnshire Hospitals NHS Trust was Conference Chair.

Yvonne Coghill commented extremely positively that the conference had the active support of members of the Trust Board from all the provider organisations.

The output from the event was manifold and included:

- Joint improvement action plans for the provider and commissioner organisations
- Consolidation and confirmation of local WRES Action Plans for the provider organisations
- Peer support for BME staff and allies of the protected characteristic
- Integration of the WRES into wider organisational strategic planning.
- Commitment to the development of BME Staff Equality Networks

The event received excellent evaluation feedback from the delegates and LCHS made a commitment to host a similar conference in 2017.

NOTE: E&D Data reported on Quarterly and Annual basis