

WORKFORCE REPORT (November)

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Performance Overview

KPI	Target	Oct 16	Trend	
			Monthly	6 months
Staff Turnover Trust Wide	Under Mean of Acute Hospitals 11.61%	9.80%	↑	↓
Vacancy Rate N&M	8%	12.66%	↑	↑
Vacancy Rate Medical	7.5%	13.16%	↓	↓
Agency & Bank Rate	<2%	8.10%	↑	↓
Absence Rate	4%	4.38%	↑	↓
Appraisals	95%	70.24%	↑	↑
Core learning	95%	85%	↓	↑

Worked & Contracted WTE & Agency Spend Updates

Worked/Contracted WTEs

	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16
	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs	WTEs
Total Worked WTEs											6886.36	6961.82
Total Establishment											7150.56	7213.35
Surplus / (Deficit)											264.20	251.53
Worked WTE Analysis												
Substantive											6231.16	6295.64
Bank											300.32	277.89
Agency											272.93	306.34
Overtime											81.95	81.95
Total Contracted WTEs												
Per ESR											6396.78	6413.38
Vacancy level WTEs											753.78	799.97
Vacancy Level %age											10.54%	11.09%
Actual average monthly cost per WTE											£4,018.45	£4,090.07
Budgeted average monthly cost per WTE											£3,549.43	£3,729.60
Variance											£469.02	£360.47

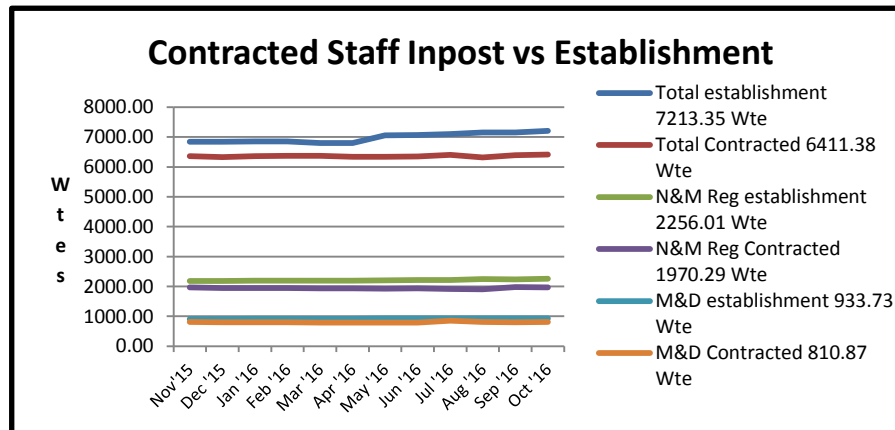
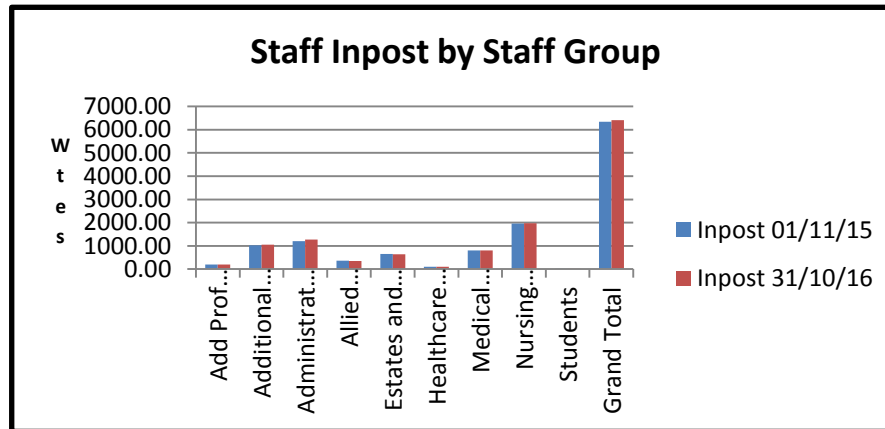
What does data tell us?

- We would expect to see a reduction in cost as the total worked wte is lower than contracted wte (251.53 wte less than establishment), however this can be contributed to the increase in the number of wte staff 'utilised' (33.41) during the month.
- The average monthly cost per wte is £360 above budget, however this is a reduction from £469 in the previous month

Action Taken & Next Steps

- Ongoing monitoring of trends when future months' data available
- Revamping of Nursing Efficiency & Productivity Project Board and Medical Variable Pay Project Board
- See comments in Bank & Agency Usage Sections

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



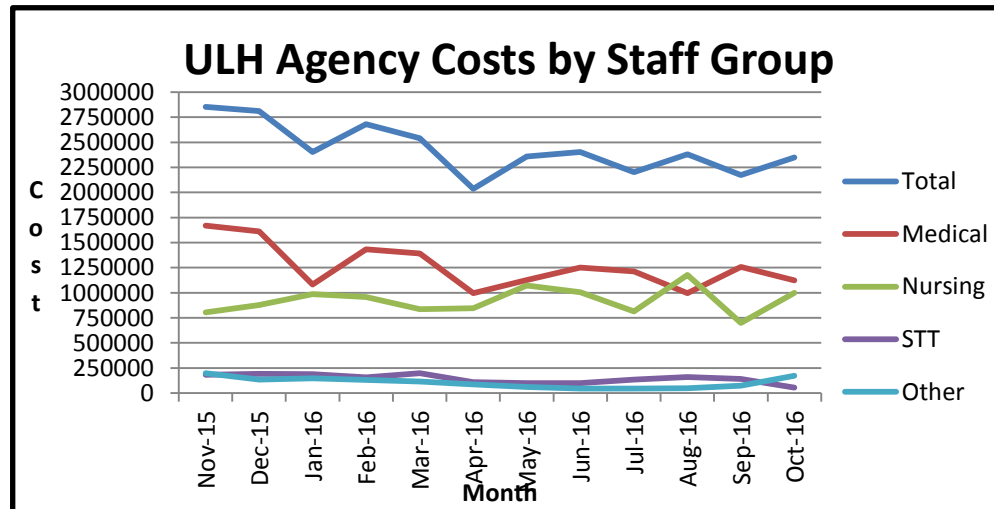
What does data tell us?

- Overall contracted staff in post has marginally increased by 77.25 wte (1.22%) over the last 12 months
- Medical & Dental has increased by 10.17 wte over the last 12 months
- Nursing & Midwifery show an increase of 7.10 wte over the last 12 months
- Our new starters' rate over the last 12 months is only marginally better than leavers.
- The data indicate that there were more starters (94) than leavers (43) during October

Action Taken & Next Steps

- See comments in Vacancy Sections

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



What does data tell us?

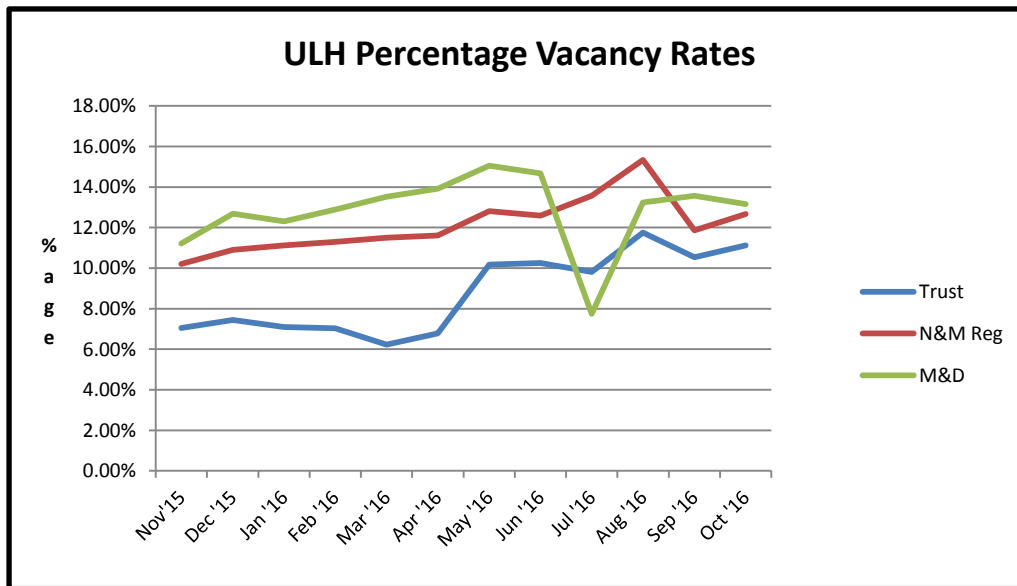
- October Non Contracted staff spend was 8.10% (4.25% Agency + 3.85% Bank)
- Slight increase in figure from September (7.71%)
- Previous comparable data was October 2015 with spend at 8.86%
- Total cost for Agency in October was £2,349,349 which is an increase of £177,499 from the previous month
- The Directorates with the highest Agency spend in October are:
 - Integrated Medicine (LCH) at £829,849 (September - £612,112)
 - Integrated Medicine (LCH) have 16.40% vacancies and 4.64% sickness (12 month rolling period)
 - Integrated Medicine (PCH) at £561,417 (September - £624,491)
 - Integrated Medicine (PCH) have 12.72% vacancies and 5.73% sickness (12 month rolling period)

Action Taken & Next Steps

- Ongoing analysis to identify correlation between Agency Spend, Vacancies & Sickness in 'hot spot areas'
- Identification of vacancies in high 'agency usage' areas

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

Vacancy Rates

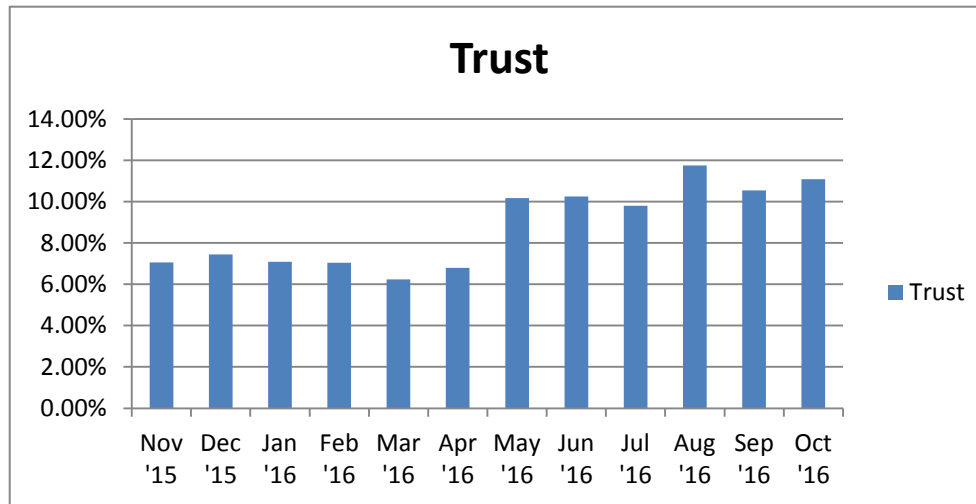


What does data tell us?

- Vacancies have slightly increased by 0.55% from previous month (10.54% to 11.09%)
- Vacancies have increased by 4.04% over last 12 months (7.05% to 11.09%)
- Nursing & Midwifery – 8.72 wte leavers and 16.57 wte new starters during October
- Career Grade Vacancies are at 20.06% against 18.83% in comparison with last year.
- Unregistered Nursing vacancies are at 16.17%

Action Taken and Next Steps

- We will review our approach to medical and nurse recruitment and retention, building on our successes to date and identifying new approaches to filling vacancies. This review will

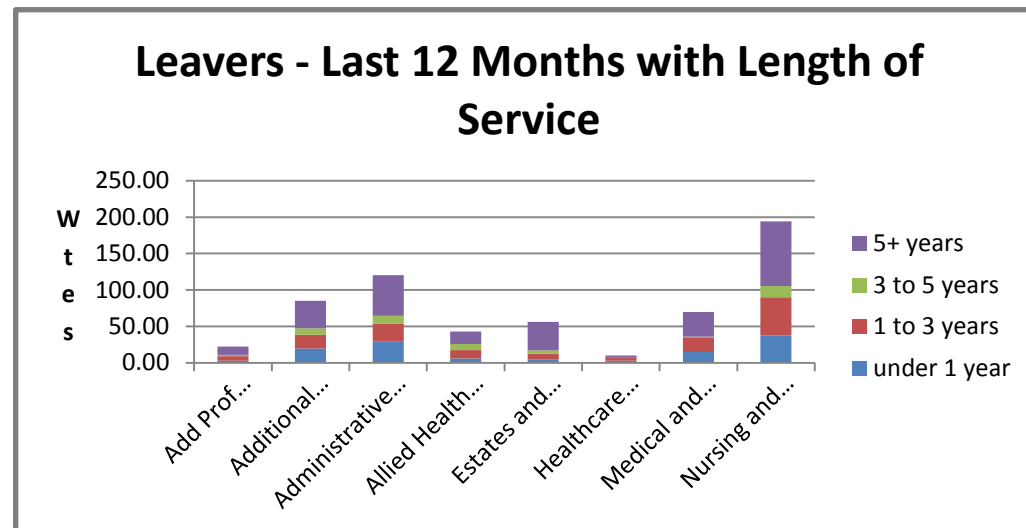


	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16
Trust	7.05%	7.44%	7.09%	7.04%	6.23%	6.79%	10.17%	10.25%	9.80%	11.75%	10.54%	11.09%
Medical & Dental												
Consultants											11.86%	10.79%
Career Grades											19.44%	20.06%
Trainee Grades											12.35%	11.76%
Total											13.57%	13.16%
Nursing & Midwifery												
Registered N&M Staff											11.87%	12.66%
Unregistered Staff											14.89%	16.17%
Total											12.76%	13.72%

be completed by end of January.

- We continue to work to improve the efficiency of our recruitment process, so that we can fill vacancies more quickly and reduce drop-out rates through the system. We are looking at current blockages in the process (e.g. job banding) and exploring options around the introduction of an applicant tracking system.
- The Trust has entered into a contractual relationship with Manpower 'Experis' to help find medical candidates for hard to fill roles across the Trust.
- It is anticipated that the International Nurse recruitment will soon start to deliver further Nurses into the Trust (6 candidates at NMC stage waiting decision and hoping to arrive early January 2017, 10 nurses waiting for IELTS results, 36 nurses with confirmed IELTS bookings, 92 failed IELTS with no date to re-sit as yet and 8 retracted applications).

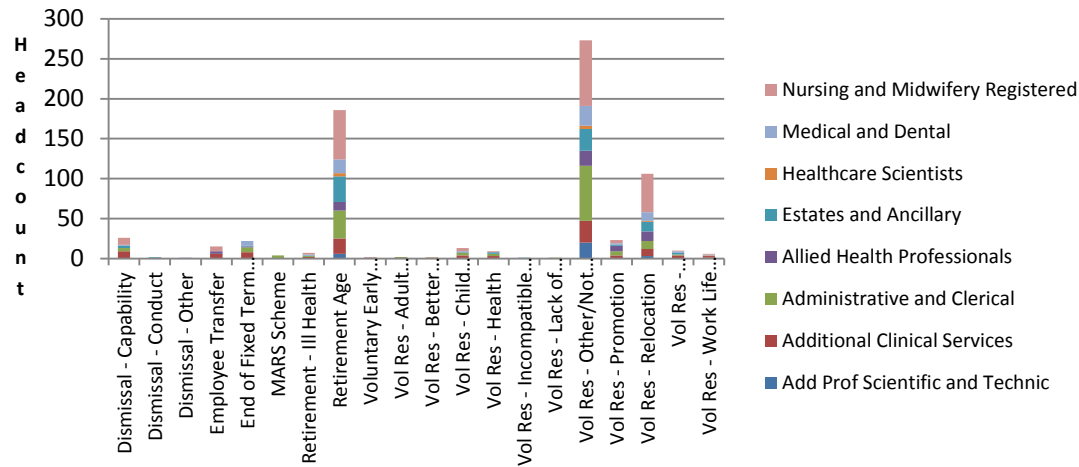
Staff Turnover/Leavers - 1



What does data tell us?

- The Trust Turnover rate for October is 9.80%, which is an increase of 0.35% on September
- Trust turnover rate is lower than the average of 10.71% for other Large Acute (Non-Teaching) Trusts
- Nursing & Midwifery (Registered) of 10.12% is below the average of 11.48%
- AHPs of 11.96% is below the average of 13.37%.
- 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 and Administrative support staff
- We have seen a downward trend in the turnover rate during the year (until the last month). It is unlikely that the target of 8% will be achieved by March 2017

Last 12 Months Leavers - with Reason for Leaving Excludes Trainee Grade Doctors



Action Taken & Next Steps

- Work to enhance the exit interview process has been commissioned by the HRD.
- As part of the programme of work around medical and nurse recruitment and retention, we will use the data we have to consider areas within the employee lifecycle that we might address to enhance retention e.g. access to development opportunities or reward & recognition issues.
- Staff Age Profile and actions being considered as part of the Workforce Plan and People Strategy and initiatives considered to support more flexible retirement options and return to work to support staff i.e. mentors, training roles

Staff Turnover/Leavers - 2

Month	Starters	Leavers
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
Oct-16	4	0

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%
- No NQN leavers during October

Action Taken & Next Steps

- Discussions with DD of Nursing to consider whether all resignations should be followed up personally to understand reason for leaving and to reduce turnover.
- New "rotational contract" being introduced

Leavers Analysis

Month	Death in Service	Dismissal	Employee Transfer	End of Fixed Term Contract	Mutually Agreed Resignation	Retirement	Retirement Age	Voluntary Early Retirement	Voluntary Resignation	Grand Total
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
Oct-16				2			9		29	40
Grand Total	1	28	15	34	4	7	186	2	495	772

What does data tell us?

- High proportion leave the Trust under Voluntary Resignation (72% of leavers during September)
- 24.35% of Leavers in the past 12 months are linked to retirement
- 72.5% of the Leavers for October was due to voluntary resignations
- A total of 9 Nurses left the Trust during October and 6 of them were Band 5 registered nurses and only 1 was due to retirement.
- 134 Staff Leavers Questionnaire responses have been completed since February
- Aside from Retirement which is the highest percentage, 10.69% of the Leavers to date have indicated listed 'Family/Domestic' reasons for leaving the Trust
- 9.92% of leavers indicated 'insufficient opportunity for career progression'
- 10.69% have left Trust for a promotion outside of ULHT and 14% has 'unknown' reason listed.

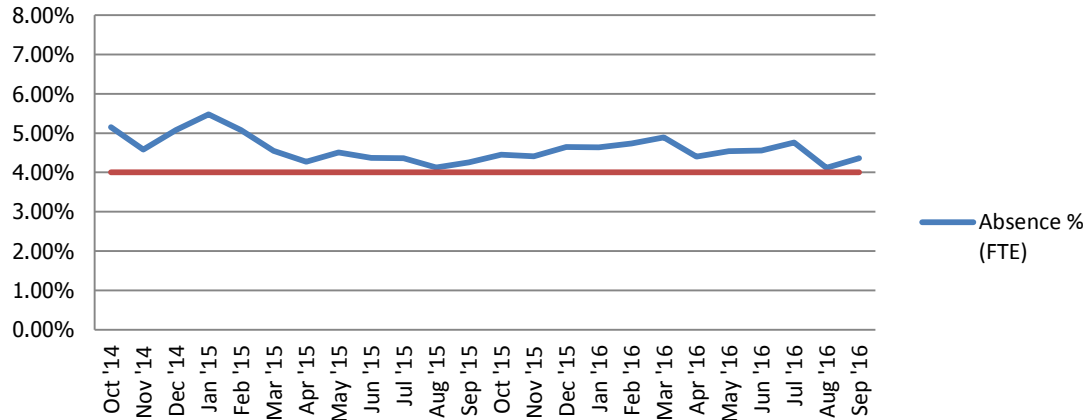
Action Taken & Next Steps

- Age/Retirement Profile will form part of broader Workforce Planning 'Agenda' and determine which recommendations to factor into the plans.
- Discussion with DD of Nursing on actions to ensure 'reasons for leaving' and 'receiving organisation' is recorded on EF3 by Managers, to understand more about the reason why staff are leaving the Trust and 'interventions' to address.

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

Overview of Sickness

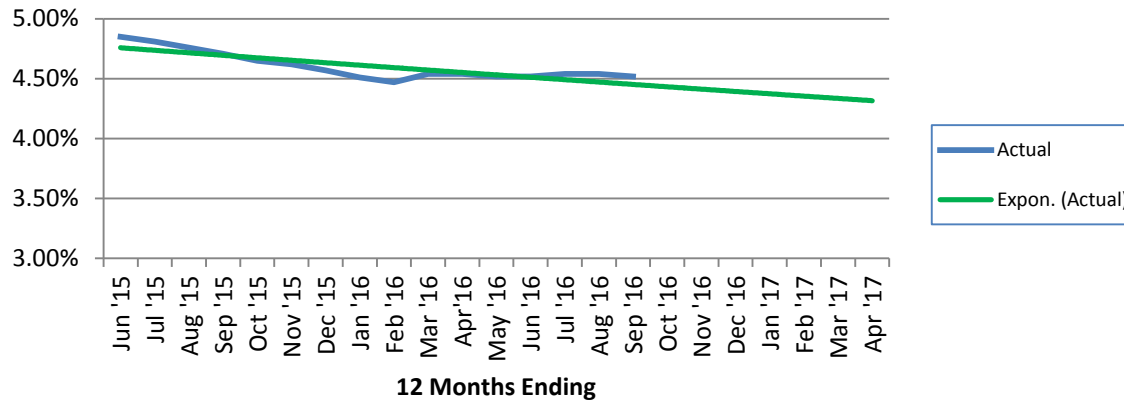
Absence Timeline 2 Years Data



What does the data tell us?

- Monthly sickness rate for September 2016 is 4.38%. The August 2016 monthly sickness rate has now decreased from 4.12% to 4.03%.
- Annual sickness rate has decreased by 0.19% in comparison to September 2015 figures.
- The annual cost of sickness (excluding any backfill costs) has decreased by £297,723 compared to 12 months ago.
- Additional Clinical Services had the highest sickness rate during the 12 months at 6.46% (unregistered nurses part of the 'pool')
- Followed by Estates & Ancillary at 6.31%
- Unregistered Nursing Staff was 7.13% and Registered Nursing & Midwifery was 4.97%
- 66.85% of Band 2 nursing & midwifery staff sickness is linked to Long Term Absence.
- Benchmarking data (July) indicate that ULHT Unregistered Nursing sickness rate is the 15th highest rate out of 39 Trusts (lowest 4.42% and highest 9.28%). This is higher than the average of 6.60%
- Comparison data for Registered Nurses (Band 5) shows that ULHT was the 6^h highest Trust (July was 5.76%) which was above the average of 4.94% (lowest was 2.90% and highest 6.98%)
- Benchmarking data not available to compare Short Term and Long Term absence with other Trusts (iView data)

ULHT Annual Sickness Absence Rate (Target April '17 4.0%)



Action Taken & Next Steps

- Data disseminated from Matrons to all their teams with a focus on 'hot spot' areas.
- Confirm & Challenge Meetings are supported by HR Team to ensure trends are recognised and proactive plans are put in place to support reduction in absence rates
- Monthly meetings with Occupational Health continue to support process and to ensure that the service is being fully utilised by both managers and staff.
- Case Conference Meetings to ensure all cases are being addressed
- HR Team working with Managers to ensure 'Stress Risk Assessment' is completed to ensure triggers are highlighted
- HR Team are addressing the use of 'other known' cause used as a 'reason' to ensure the usage of this is 'reduced/eradicated'

Staff Group	FTE Lost	%	Estimated Cost
Add Prof Scientific and Technic	2,943.58	3.98%	282204.66
Additional Clinical Services	24,875.23	6.46%	1361882.04
Administrative and Clerical	17,539.12	3.90%	1294510.98
Allied Health Professionals	4,123.50	3.13%	429788.02
Estates and Ancillary	14,950.83	6.31%	780996.81
Healthcare Scientists	871.61	2.24%	107822.90
Medical and Dental	4,487.13	1.55%	840299.17
Nursing and Midwifery Registered	35,266.15	4.97%	3334670.97
Students	11.61	0.22%	662.66
Total	105,068.78	4.52%	8432838.21

Rolling Yearly Sickness Rates & Estimated Cost by Staff Group

Sickness Detailed Analysis

Reporting Period:
1st October 2015 to 30th September 2016

Trust total workforce	
- Headcount (Ave in 12 Months)	7,521
- Contracted WTEs (Ave in 12 Months)	6364.90

Number of staff taking absence	4,881
<i>%age of total headcount</i>	64.90%

Total episodes	10,429
Average episodes per employee	1.39

Total Calendar days lost	128,184
Target Calendar days lost (using 4% target)	109,807
Excess over target	18,377
Average calendar days lost per employee	17.04

Total WTE days lost	105,069
Target WTE days lost (using 4% target)	92,928
Excess over target	12,141
Average WTE days lost per employee	13.97

Total staff on a sickness trigger	2,730
<i>%age of total headcount</i>	36.30%

Average sickness rate - last month	4.36%
Average sickness rate - last 12 months	4.52%
Estimated Cumulative Cost in 12 months	£8.43M

What does the data tell us?

- New data format, second month of reporting
- In the last 12 months rolling period 64.90% of staff have taken some sickness absence, at an average of 1.39 episodes per person.
- An estimated 128,184 calendar working days have been lost. Achievement of a 4% sickness target would have resulted in 109,807 calendar working days lost (potential increase in available days of 18,377)
- 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 13.97 wte days (this figure does include weekend/non-working day absence days).
- The annual cost of sickness is estimated to be circa £8.43m
- Potentially a significant % agency spend will cover sickness
- During the 12 months ending September '16, Anxiety/Stress/Depression and other Psychological illness was the top reason for time lost due to sickness at 20.60% of all absence. Of this figure 1.61% was work related and 18.99% non-work related.

Top 6 Reasons for Sickness Absence 12 Months Ending 30.09.16

Absence Reason	Episodes	No. of FTE Days Lost	% of Total FTE Days Lost
Anxiety/stress/depression/other psychiatric illnesses	770	21,656.00	20.6
Other known causes - not elsewhere classified	1,102	14,881.24	14.2
Other musculoskeletal problems	638	11,430.08	10.9
Back Problems	564	9,034.47	8.6
Gastrointestinal problems	2,774	8,997.68	8.6
Cold, Cough, Flu - Influenza	2,143	7,425.76	7.1

Action Taken & Next Steps

- Actions outlined in 'Overview of Sickness'
- Occupational Health are implementing further strategies/actions to support staff e.g. Training for managers on referral forms, introduction of on-line referrals, provide rehabilitation to assist with return to work.

Staff Engagement

2016 Staff Survey Update

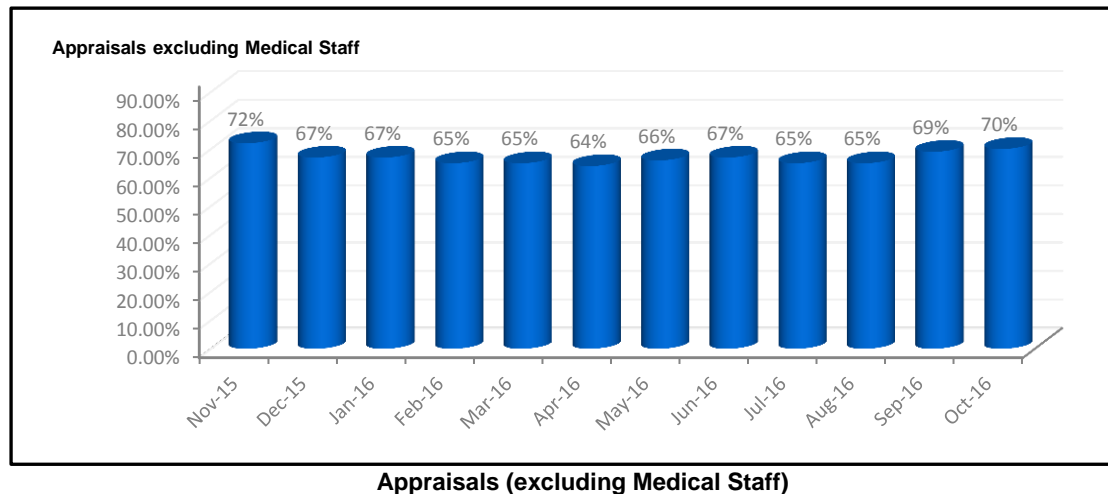
- The annual NHS Staff Survey is underway with fieldwork closing on 2nd December. All staff have been offered the chance to complete a survey. Results are expected early 2017.
- Current response rate is 35%. Staff are regularly reminded of the importance of sharing their feedback and confidentiality of responses is reinforced.
- Staff Engagement Group continues to meet regularly chaired by the Chief Executive

Action Taken & Next Steps

- Engagement days have been held at Grantham, Pilgrim and Lincoln sites during October
- Review of engagement at ULHT underway, with intention to change the direction of travel and place greater emphasis on leadership, the strategic narrative, employee voice and promoting our values

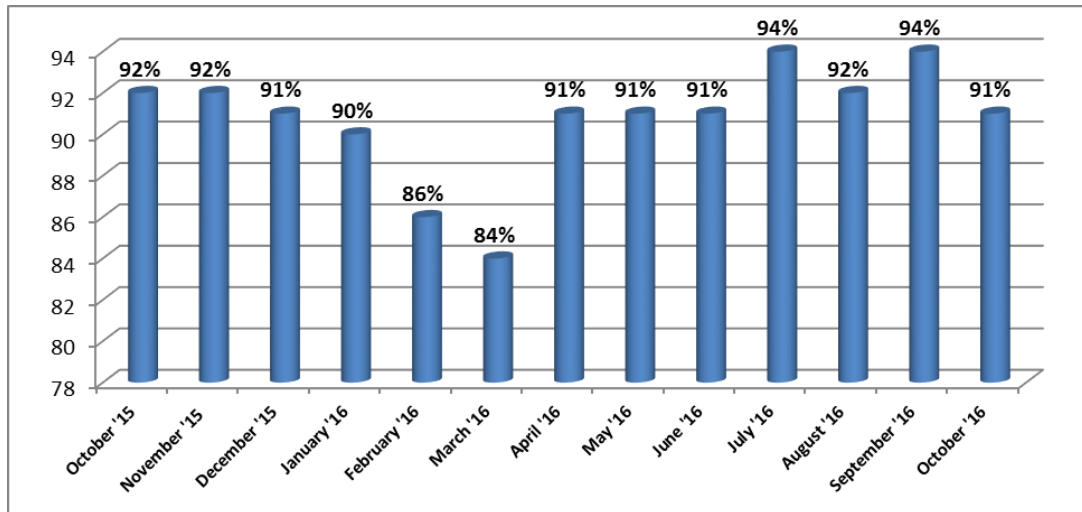
Staff Appraisals

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



What does data tell us?

- Agenda for Change staff appraisal compliance rate for October is 70.24%.
- Appraisal Year-on-Year Comparison rate:
 - October 2015 – 74%
 - October 2014 – 60%
- The overall percentage for appraisals has increased by 1.58% from the previous month.
- Appraisal rates increase on all 4 sites with the highest rate at Louth with 76.74% and Grantham at 76.15%
- It is unlikely that the target of 95% will be achieved by March 2017
- Medical Revalidation/Appraisal rate was 91% for October (which is slightly down from 94% in September)
- The rate for locum doctors employed to cover gaps in junior doctor rotas is 75%. This figure excludes 19 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



Medical Workforce Appraisals

contract period which ranges from one month to 12 months.

- The overall percentage for appraisals has decreased by 3% from the September position and a 1% decrease compared with the October 2015 position. The decrease in appraisal performance from the 94% September figure is due to the number of appraisals having taken place and but not formally signed off. The Revalidation Office has put in place a process to mitigate this situation and will, in future, closely monitor sign off progress.

Action Taken & Next Steps

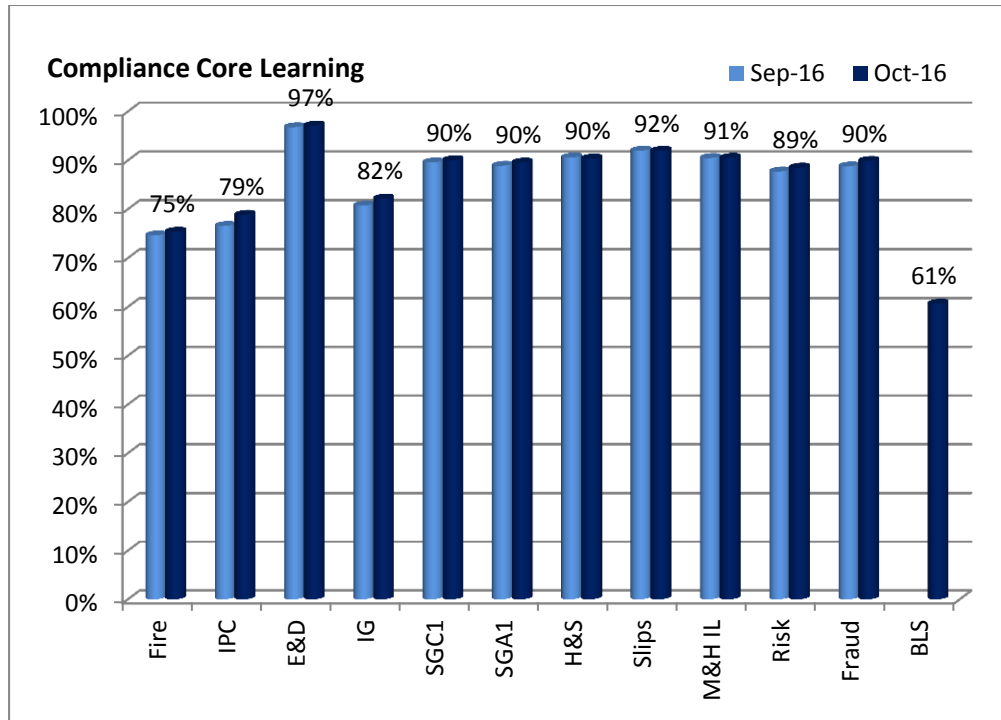
- 'Quality' checks/Audits on Appraisals are conducted on a regular basis.
- Pay Progression 'launched' on 1st October put a very clear spotlight on appraisals and managers' responsibility for completing them
- 'Hot Spot' reports continue to be provided to managers on a monthly basis
- Following feedback from Managers, it was agreed that appraisal reporting could revert to the previous system using the intranet rather than ESR (managers indicated this was time consuming and cumbersome).
- Notification of 'Appraisal Due' sent to Doctors 4 months prior to their appraisal 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 if the

- doctor has not confirmed appraisal details.
- Prompt action by the Revalidation Office when appraisals are not undertaken as planned. The new Allocate e-appraisal system allows the Administrator to track progress with timely completion of appraisal documentation. This enables early intervention and support to both appraisee and appraiser.
 - Closer monitoring of appraisal progress. Reminders sent to Appraisers to complete Appraisal Output documentation and sign off appraisal documentation within 28 days of the appraisal meeting.
 - Reminders sent to Appraisees to complete sign off the appraisal documentation within 28 days of the appraisal meeting in accordance with GMC guidance.
 - Ensuring doctors receive continuing support to use the new Allocate system.

Core Learning

What does the data tell us?

- The Trust's compliance has fallen by 2% to 85% due to the introduction of Basic Life Support compliance into overall rates. Excluding BLS compliance would have increased by another 1% to 88%.
- BLS compliance has increased from 24% in April



to 61% in October.

- Compliance for annual topics - Fire, Infection Prevention and Information Governance either stay the same or increase by up to 2%. They are also between 8 and 9% higher than this time last year.
- 3 yearly topics either remain the same or show another increase of 1%. Rates are much higher than this time last year.
- The DNA 'No Show' rate for October decreased by 3%.

Action Taken & Next Steps

- New Fire e-learning package introduced on 1st November 2016 to help fire compliance. This can be used every alternate year, alternating with classroom to maintain annual compliance.
- Continued promotion of the 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.
- DNA '5 Click Report' continues to be promoted. 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	BLS	Average
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%
*Oct-16	75%	79%	97%	82%	90%	90%	90%	92%	91%	89%	90%	61%	85%
**Oct-16	68%	75%	90%	77%	81%	80%	86%	86%	84%	86%	87%	48%	79%

*Core Learning compliance for AfC Staff

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

EMPLOYEE RELATIONS

October 2016 Cases Non-Medical Workforce

	LCH Open	PHB Open	GDH Open
Open disciplinary Cases non-medical staff (at investigation stage or beyond)	11	8	3
Open Cases for conduct or capability medical staff (at investigation stage or beyond)	9	4	1
Open formal Grievance Cases	13	9	1

What does the data tell us?

- At the time of producing the data (18th November) there are currently 23 open grievances in the Trust, compared to 24 in the last month. It is worth noting 9 are related to PAR and 6 to the issue around being given annual leave for regular overtime.
- There are 22 open disciplinary cases for non-medical staff in the Trust, compared to 24 in the last month. Of these, 4 cases are allegations of bullying and harassment. There are 11 open medical cases.
- There are currently 5 Employment Tribunal Claims against the Trust.

Action Taken & Next Steps

- A report has been presented to Executive Team on a proposed way forward on Annual leave/Overtime which will help bring these grievances to a conclusion.
- Executive Team have agreed to HR using their budget to bring in additional resources to support managers to manage their grievance, disciplinary and sickness cases.
- Training has recently been provided on Chairing Disciplinary Panels.
- The new Director and Deputy Director of HR are conducting a fundamental appraisal of the Trust's approach to managing conduct issues and grievances.