Board of Directors (public)

SUMMARY REPORT	**Meeting Date:** 26 July 2023 **Agenda Item:** 19

Report Title:	People Strategy (People Delivery Plan Progress Quarter 1)	
Author(s):	Sarah Bawden, Deputy Director of People	
Accountable Director:	Caroline Parry, Executive Director of People	
Other meetings this paper has been presented to or previously agreed at:	**Committee/ Tier 2 Groups**	Organisation Development Assurance Group Staff Health and Wellbeing Assurance Group Equality and Inclusion Assurance group Workforce Recruitment and Transformation Assurance Group People Committee
	Date:	11th July 2023 - People Committee
Key points/ recommendations from those meetings	To track absence reduction interventions and impact and report back to People Committee in September 2023	

Summary of key points in report

The purpose of our People Strategy is to support our commitment to the NHS People Promise, to ensure that we hear everyone's experience of working at SHSC and that action supports our collective efforts to deliver high quality care.

The People Strategy is a key enabling strategy for our clinical and social care strategy, leading person-centred health and social care across Sheffield, and supporting delivery of the Integrated Care System mental health and learning disability priorities. Our services users are at the heart of everything we do, and our People Strategy supports our staff to reach their potential to deliver the best care.

This paper reports on progress for the **first quarter of 23/24** under the following Strategic Themes.

LOOKING AFTER OUR PEOPLE Create a values-based culture, focusing on the wellbeing of our people, supporting staff to deliver outstanding care. We will have robust support in place and our people will know we care for them. Our absence rates have been reducing steadily since January 2023 until May 2023 when the overall rate increased slightly the reduction correlates with the targeted interventions to support the reduction of absence as well as tackling issues to improve the working environment. People committee requested detailed tracking of intervention impact and to report back to September People Committee.

BELONGING We will all feel valued and included as part of Team SHSC and the NHS, work together to embed equality, diversity, and inclusion at all levels. aim to represent the communities we serve, and our leaders will demonstrate inclusive leadership in all that they do. The April People Pulse showed a continued good response rate, that continued to remain above the national average for our comparator group. SHSC 19% v 11% national comparator group. Our engagement score (made up of advocacy, motivation and

involvement) remains largely unchanged, 6.15/10, a 0.01 point increase from January 2023. Advocacy continues to report low levels of engagement, the area most stagnant in the makeup of overall engagement.

GROWING FOR THE FUTURE We will nurture potential and provide development opportunities to enable all our people to deliver their best and help us to access the right talent quickly.
Changing approaches to recruitment have resulted in an overall reduction in vacancies and supporting reductions in agency spend.

NEW WAYS OF WORKING AND DELIVERING CARE Working across Team SHSC we will maximise the skills of our people and their experience to deliver outstanding care.
We are leading in the Integrated Care system with New Roles in Mental Health, Learning Disability and Autism, and the development of our 3-year service led workforce plan.

This report does not include deliverables that are not planned to start in quarter one, unless there are exceptions.

Deliverables for Quarter 2:
- Workforce plan development
- Data quality improvement
- Staff experience and Wellbeing
- Absence reduction
- Staff Survey launch and engagement
- Inclusion improvement activity

Appendices attached: People Plan KPI Report – Quarter 1
People Dashboard (PC 11-07-23)

Recommendation for the Board to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	

The Board is asked to take assurance from this report on the work that is taking place across the People Plan and the progress made under each theme as described above.

Please identify which strategic priorities will be impacted by this report:					
Recover services and improve efficiency	*Yes*	*x*	*No*		
Continuous quality improvement	*Yes*	*x*	*No*		
Transformation – Changing things that will make a difference	*Yes*	*x*	*No*		
Partnerships – working together to make a bigger impact	*Yes*	*x*	*No*		

Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission Fundamental Standards	*Yes*	*x*	*No*		*Well led*
Data Security and Protection Toolkit	*Yes*		*No*	*x*	
Any other specific standard?					

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	*Yes*	*x*	*No*		Our People Delivery Plan has a direct impact on the quality of care and wellbeing of our workforce
Financial (revenue &capital)	*Yes*	*x*	*No*		Effective use of resources, reduction of agency, reward for staff
Organisational Development /Workforce	*Yes*	*x*	*No*		Development of our culture change to support achievement of strategic objectives and impact
Equality, Diversity & Inclusion	*Yes*	*x*	*No*		section 4.2
Legal	*Yes*		*No*	*x*	Our plan will ensure legislative changes are adhered to
Environmental sustainability	*Yes*	*x*	*No*		Increased digital systems usage will reduce wastage from manual and paper reliant systems

People Strategy (People delivery plan update Quarter One)

Section 1: Analysis and supporting detail

Background

1.1 Our People Strategy supports our commitment to the NHS People Promise, to ensure that we hear everyone's experience of working at SHSC and that action supports our collective efforts to deliver high quality care. It is a key enabling strategy for our clinical and social care strategy, leading person-centred health, and social care across Sheffield, and supporting delivery of the Integrated Care System mental health and learning disability priorities.

Our People Delivery plan sets out the deliverables under each of the Strategy pillars and is monitored through the People committee Assurance Sub-Groups. These groups are Organisation Development, Equality and Inclusion, Staff Health and Wellbeing and Workforce Recruitment and Transformation.

The deliverables for 23/24 are set out below, priorities for 24/25 will be mapped out through the planning process commencing in the Autumn.

Strategic Theme 1: Looking after our People

Shared behaviours aligned to values agreed and consulted on.
Target date December 31, 2023

1.2 Established an open invite task and finish group to establish (a) focus of consultation and (b) desired outcomes. Attendance and enthusiasm for the activity has been positive with 27 people attending on 02.05.23 and 38 on 09.05.23 with a wide-spread of clinical and corporate representation and diversity of post type. We gained support for a simple consultation format and will schedule a range of routes for involvement to encourage access for all staff. Timeline for consultation over the summer period planned out. The initial timeline has been delayed by 4 weeks due to unexpected staff absences within the OD Team. However, we do expect, to meet the planned timeline.

Refreshed values and behaviours embedded into recruitment practice and leadership and management development.
Target date March 31, 2024

1.3 The above consultation plans to provide the following outcomes:

- Shared approach to 'Living our Values Everyday' through our behaviours which will be represented on a one page visual (as per the SHSC strategy on a page)
- Setting expectations of our managers and leaders on how they can support themselves and their teams on delivering this.

Once in place, these will be core features within our recruitment material and form the basis of our development offer to Team SHSC leaders and Managers.

Absence reduction plan implemented, August 31, 2023

1.4   Our Absence reduction workstream is well underway. Absence reduction is being governed through the Agency reduction project and includes improvements to the management of sickness, annual leave and study Leave, to allow for safe staffing when there are absences. This includes monitoring the allowances set for the number of each staff group within a department on Annual Leave (14% of Staff in Post (SIP)) Study Leave (5.1% of SIP) and Sickness Absence (6% of SIP).

Annual and Study leave management for inpatient areas requires some strengthening in terms of process and control. Sickness management requires intensive improvement actions including putting preventative measures in place to reduce overall sickness absence and to support management of long-term sickness on a case by case, monthly basis with HRBPs supporting managers to help people return to work with all the appropriate measures and adjustments in place. We are also redesigning sickness information packs; these are currently being piloted.

We continue to work closely with our Occupational Health Service to improve return to work planning to support reasonable adjustments and Wellbeing plans with an initial focus on long term sickness and return to work meetings for all sickness.

Our Target 5.1%

Current Performance 6.5%

See People Dashboard for overall reduction since the beginning of 2023.

Review of effectiveness of new Occupational Health provision Target date: September 30, 2023

1.5   Our Occupational Health partnership is critical to delivery of our absence reduction aims, providing essential connection of services and intervention as needed. The new service has been in place 6 months and is being evaluated following an intensive transition period. Early indications are a higher rate of referrals than with our previous provider, with a responsive turnaround.

Evidence based wellbeing structure developed which provides assurance and supports managers to ensure staff wellbeing, Target date January 31, 2024

1.6   We have appointed to an Organisation Development (OD) Facilitator – Staff Engagement & Wellbeing post, which will principally support wellbeing and engagement activity for staff across SHSC. This post will commence in August 2023 with a key objective to develop a wellbeing network and infrastructure that will support inclusivity.

We recognise that we need to do more to further develop our approaches to effectively engaging with staff in bands 2 to 5 who are in patient-facing roles, as they may be much less likely to be able to find out about or access available wellbeing offers. We are delighted to confirm that we have been successful in securing charitable monies to fund a 0.6 WTE, Band 7, Improvement and Development Project Lead for a fixed period of 15 months. This post will focus on consulting with this defined staff group to improve access to resources and ensuring the offers meet

their needs. National data has identified that these staff may be more vulnerable to health inequalities as they may meet one or more of the following criteria:

1. Staff in Black and Asian ethnicity groups

2. Staff who provide care for a relative or friend, who will in the main be women

3. Staff who work part time (including people who through our Bank)

4. Staff who have a Disability or long-term health condition

The bid was related to post Covid support funding, so the emphasis on supporting our staff within Bands 2 to 5, who may meet the above criteria, will further enhance our investment in enabling access to wellbeing support which in turn may help improve health experiences.

Workforce dashboard including diversity demographics fully implemented and embedded, August 31, 2023

1.7   An interactive workforce Dashboard has been developed to give access and assurance to managers across the organisation. This will give individual access to up-to-date and accurate workforce data to help support with workforce decisions such as recruitment, sickness management, workforce profiles and Mandatory Training. This will also reduce the number of ad-hoc reporting requests that come through to the workforce information team and will align with other reporting functions to offer a single version of the truth for workforce data from the workforce systems. The dashboard will be formally launched on 3rd July 2023.

Menopause accreditation achieved, December 31, 2023

1.8   We are on track to submit our menopause accreditation. There have been some delays in gathering evidence due to a long-term absence, but we are confident that with more advocates training and support from Staff Health and Wellbeing representatives we will be able to gather and submit within the timelines. We have been awarded £600 to support our menopause campaigns. Our work to support those impacted by Menopause will also support reduction in sickness absence and greater wellbeing at work.

Performance Development Review (PDR) offer and training for reviewers relaunched, August 01, 2023

1.9   We are on track for evaluating the 2023 Performance Development Review offer. There has been mixed anecdotal feedback about the PDR documentation. Evaluation commences mid-July and seeks to understand the experience for the reviewee and reviewer and the effectiveness of the PDR quality conversation. The evaluation questions directly link to the 2022 staff survey results and takes into account that the 2023 PDR offer was built on feedback and testing from many parts of Team SHSC, including content requests from our triannual People Directorate performance reviews and executive team colleagues.

Work is underway with Linda Wilkinson to bring together the Supervision and PDR policies and supporting material in the next 6-9 months.

CEO Chair and Board Members have measurable Equality, Diversity and Inclusion objectives, December 31, 2023

1.10   This action is associated with the NHS High Impact EDI Actions recently published in the NHS England Equality, Diversity, and Inclusion (EDI) Improvement Plan.

We are reviewing the High Impact Actions published in early June to look at the proposed next steps in progressing High Impact Action 1 - chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

We have commissioned a 360 internal audit focused on:

- Governance arrangements around EDI and alignment with Domain 3 (Inclusive Leadership) of the NHS Equality Delivery System, and

- Our approach to the NHS Equality Delivery System technical guidance and reporting cycle

- Monitoring of EDI action plans and how we measure impact

We are on track to deliver this action.

Strategic Theme 2: Growing for the future

3-year service led inclusive multidisciplinary workforce plan developed which includes new roles, September 30, 2023

1.11   The Launch of the workstream to develop our 3 year Service led Workforce Plan will be the 3rd July, this will also launch access to the new workforce dashboard and commence a series of bitesize workshops that will be held virtually to support understanding of new roles to support Service development, the resources and tools available, and the links to operational planning, taking account of the NHS Long Term Workforce plan published on 30/6/23.

SHSC Recruitment and Retention plan developed to deliver workforce planning priorities, March 31, 2024

1.12   The Recruitment improvement plan is currently being implemented, this is supporting current recruitment activity. Retention activity in progress and supported by the self-assessment of our nurse retention, and we plan to roll out self-assessment to all professions. This self-assessment will help us identify target areas for action in addition to those we are already progressing. Our recruitment and retention plan will be informed by the development of our service led workforce plan.

Measures have been put in place to support the reduction of agency use. This includes the development of a workforce utilisation dashboard to give a clear picture of how we are utilising our substantive/Bank/Agency workforce and what the drivers behind high Bank and Agency usage are such as 1:1 Care, Absence, Ward acuity. This aligned with the Agency controls put in place which scrutinise Agency requirement has seen a reduction in Health Care Support Worker Agency usage which is performing ahead of target in the Agency reduction Cost Improvement Plan (CIP). Agency usage overall has reduced by approximately 50%. The reduction of short term and temporary staff will be further supported by the development of sustainable and substantive workforce.

Target of reducing Agency to 20% of all temporary Staffing

On Track to deliver a recruitment and retention plan.

Our recruitment performance measures are provided in our People Dashboard.

Local reward and benefits offer reviewed, March 31, 2024

1.13   An audit of our Reward and benefits for staff, including wellbeing and financial benefits has been undertaken. This work has been on pause and will be picked up for completion by the end of the financial year. Work continues to review individual offers as and when opportunities arise and in partnership with the ICS.

Inclusive career development pathways defined including on the job learning and apprenticeships, March 2024

1.14   Our Career Pathways project officer has been visiting services to meet support workers across the acute wards completing a checklist and gathering the evidence for the uplift from a band 2 to a band 3 support worker role. The next phases will concentrate on the training programmes connect to some of the additional responsibilities such as mentoring and assessing the care certificate.

Respond to NHSE EDI HIA 3 (plan to eliminate pay gaps) - understand pay gaps through Gender Pay Gap and banding data, March 2024

1.15   This action is associated with the NHS High Impact EDI Action 3 recently published, as noted above we are reviewing the High Impact Action Improvement Plan published in early June to look at the proposed next steps in progressing High Impact Action 3.

Progress on our Gender Pay Gap has been reported in our May report to People Committee

Strategic Theme 3: New Ways of Working and Delivering Care

Managers trained in delivering quality line management element of supervision, December 31, 2023

1.16   A supervision survey has been completed, and the resulting themes used to improve process. The supervision network has been re-established, and new . Supervision Guidelines have been drafted and currently being reviewed. A new policy will be submitted to the Policy Governance Group on the 31st July 2023. Supervision training is to be relaunched, and oversight of supervision compliance will be the responsibility of the People Committee from July 2023 and the data will be incorporated into workforce dashboards.

Agenda for Change evaluation process reviewed, December 31, 2023, Not Started

1.17   We are part of an ICS wide group identifying improvements to job Evaluation processes. There is a national drive to improve job evaluation and some of this will align with the long-term workforce plan objectives and scaling people services in the NHS providing opportunities to share resource.

Managers are able to access electronic staff records to complete contractual changes more efficiently, March 31, 2024, In progress

1.18   Manager Self-Service will be implemented by 31st December 2023 and offer significant improvements in functionality to managers to be able to process contractual changes such as hours, promotions and internal staff movements. Managers will have greater visibility of these processes to gain a better understanding of their workforce and offer a more efficient process between Service, Finance and Workforce. Project initiation meeting will commence in July 2023.

Electronic Staff Record (ESR) Data Cleanse. A data cleanse was carried out to improve the workforce data held within ESR. This has improved the Data quality across the organisation and in turn increased data confidence. ESR is now utilised for all internal and external workforce reporting and has increased data accuracy. This has enabled us to utilise the ESR data to support Agency reduction and other improvement projects.

Volunteer to career programme for SHSC developed, March 31, 2024

1.19   Formal scoping of this workstream has not yet started due to long term absence of a key stakeholder. We will review the feasibility of this plan for this year dependent on capacity.

Strategic Theme 4: Belonging in the NHS

Dedicated Wellbeing roles in place, March 31, 2024

1.20   As detailed previously, a permanent role, OD Practitioner: Staff Engagement & Wellbeing has been recruited to support wellbeing and engagement, a key responsibility will be the development of a network of Wellbeing Champions and an infrastructure to support.

Recruitment process improvement plan phase 2 implemented, September 30, 2023, In progress

1.21   Phase 2 of the recruitment improvement plan is being finalised and is on track. There are multiple streams of work which will be reported in September 2023. However we already seeing net gains which can be attributed to improvements already implemented. See Dashboard.

Mandatory training programme reviewed, March 31, 2024, In progress

1.22   The core mandatory training subjects have been reviewed and a programme of changes to the content and the method of delivery is planned. Quarterly reviews through a new governance group and progress will be reported to People committee from September 2023.

New recognition agreement in place, January 31, 2024, In progress

1.23   A workshop is now planned for November 2023 with Staff side and Management side to develop a principles agreement for future recognition of our trade unions. Our current agreement predates the creation of Sheffield Health and Social Care and our current partnership arrangements and is overdue a review and the creation of modern principles that support our shared ambitions.

Action plan to increase numbers of and diversity of staff participating in staff survey developed and agreed, March 31, 2024, Not Started

1.24   A review of the 2022 staff survey data has been completed this action will be supported by the new charitable trust funded Improvement and Development Project Lead post (see 1.6).

A restorative just and learning approach defined and embedded as part of our compassionate and inclusive values led culture, April 30, 2024,

1.25   We have several approaches linked to Restorative Just and Learning (RJL) Culture underway across SHSC. To bring all of this together, we have a cross-team focussed session planned for July 2023, which is being held to explore connections and opportunities to take the learning and frameworks from a range of areas and experiences and create a more co-ordinated organisational approach. Participants

will represent their experience and ideas from the Merseycare RJL programme, restorative supervision (central to Professional Nurse Advocate approach) and other cultural elements such as the role of RJL approach within effectively dealing with performance and grievances (in place and developing). This will all feed into developing our culture as we share learning to make wider positive impact e.g. through the possible expansion of the Professional Nurse Advocate role and restorative supervision approach into other professions.

Lead roles identified to participate in system working and partnerships, July 30, 2023

1.26   Lead roles for People Promise and Plan workstreams are in development with the ICS. The outcome of our own Performance Development Review (PDR) process will support the identification of individuals and teams to lead across South Yorkshire with our partners.
We are already benefitting from strong system working, but in line with our people plan we will identify a full set of lead roles to ensure continued improvement and engagement.

Access to reasonable adjustments for disabled staff pilot delivered and next steps agreed, August 31, 2023, In progress

1.27   Action is progressing identified through the work of the Reasonable Adjustments Task and Finish Group reconvened to steer implementation.

- The New Reasonable Adjustments Central Costs Centre agreed
- Central Request for Aids or Services hosted by the People Directorate is being launched in early July
- The EDI team are actively liaising with procurement and IMST colleagues
- An Intranet Resource will be launched in early July including new managers guidance and new guidance on Access to Work
- Access to Work have agreed to provide training

The reasonable adjustments work is also supporting absence reduction by enabling swifter and more appropriate implementation of adjustments where required.

Regional Shared learning

1.28   Regional collaboration has identified significant 'system' issues it's not all about attitudes to disability. Collaboration with procurement, IT and Finance have been crucial. We are all looking at system and process changes.

Our organisation was actively involved in the planning and delivery of a regional event which took place on the 19th June focused on Workforce Adjustments - learning from the event is being collated and will inform our ongoing action in this area.

Dyslexia Support

1.29   Three staff have received training to undertaken in house dyslexia screening and develop workplace adjustments plans.

Over 40 staff have come forward:

- Some who think they may be dyslexic – can/have been screened
- Some who have had previous assessments are dyslexic but have had little or no support

Equality Delivery System Domain 2 and workforce equality objectives review and consultation completed, and priorities for improvement agreed. March 31, 2024, In progress

1.30   Consultation on our Equality Objectives 2024 has started, reports on progress are being taken to the Inclusion and Equality group.

Improvement plan in place to address health inequalities in the workforce, March 31, 2024, Not Started

1.31   This action is associated with the NHS High Impact EDI Action 4 - Develop and implement an improvement plan to address health inequalities within the workforce, as noted above we are reviewing the recently published NHS EDI plan to review next steps.

Section 2: Risks

2.1   **BAF 0013**
Note this is a reworded risk pending approval.
There is a risk the Trust does not have the right things in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care.

BAF 0014
Note this is a reworded risk pending approval.
There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff to meet current and future needs caused by the absence of a long-term workforce plan that considers training requirements, flexible working and development of new roles.

BAF0020
Note this is a reworded risk pending approval
There is a risk of failure to move our culture sufficiently to address any closed subcultures, behavioral issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience.

The actions listed in BAF 0013,0014 and 0020 and regularly reviewed by the Executive Director of People with input from the People Directorate leadership team.

Section 3: Assurance

Benchmarking

3.1 We work as part of several benchmarking groups within the Integrated Care (ICS) – Workforce Transformation Group, ICS Delivery Group, South Yorkshire Integrated Care Board People and Culture System Delivery Group, South Yorkshire People Leaders, ICS retention network and Health Care Support Worker (HCSW) network.

3.2 Our outcomes are reviewed through regular monitoring at the Workforce, Recruitment and Transformation Assurance Group, Staff Health and Wellbeing Assurance Group, Organisation Development Assurance Group, Equality and Inclusion Group.

Triangulation

3.3 We are part of the regional "HRD network" where organisational people strategy and plans are shared to develop a cohesive and supportive system wide approach.

Engagement

3.4 We use a range of engagement methods and continue to review efficacy. For example, Trust wide communications, active engagement with the staff network groups, managerial cascade, direct mail, open briefings / workshops.

Section 4: Implications

4.1 The People Strategy Delivery Plan addresses the strategic aims: recover services and improve efficiency; continuous quality improvement, transformation – changing things that will make a difference, partnerships – working together to have a bigger impact.

4.2 All our People Plan objectives have an Equality Impact Assessment where required. Actions within the People Delivery plan will be subject to Equality and Quality impact assessments where appropriate. Culture and People

4.3 All the activities described in this update will contribute to the NHS People Plan Looking after our People; Belonging; Growing for the future; New ways of working and delivering care; Integration and system thinking

4.4 Our workforce recruitment, retention and transformation plans are aligned with the developing ICS workforce strategy and priorities, and some of the funding for our priorities has come directly from ICS Development bids. As a key strategic aim, the delivery plans are also underpinned by the NHS People Promise and NHS Futures actions.

Financial

4.5 Funding opportunities including ICS development funding, apprenticeship levy, and internal business cases support delivery of the plan, in some cases unavoidable circumstances have impacted on the limited funding ability to deliver, alternative options are being scoped within the financial envelope but may impact on efficacy of some initiatives.

Compliance - Legal/Regulatory

4.6 Compliance with data protection and management of personal data is relevant to this report and some of the milestones described in the People Strategy Delivery Plan e.g. Workforce Dashboard development.

Environmental sustainability

4.7   The People Strategy Delivery Plan for 2023-24 is underpinned by a collaborative approach contributing towards sustainability using shared resources. Wherever practicable electronic and online approaches are used to minimise travel and contribute to reduced emissions.

Section 5: List of Appendices

Appendix 1 - People Delivery Plan (Extract from Monday.com)

Appendix 2 – People Dashboard (PC 11-07-23)

People plan Progress Report – KPIs

Below are the agreed measurable KPIs that will be tracked each quarter to measure the performance of our people plan.

Each KPI is linked to one of the four pillars that make up our people plan and will be monitored through the relevant assurance groups.

KPI Definitions

Reduce Time to hire – Reduce the time taken to recruit to a post. This is calculated from the day a vacancy is approved to go out to advert to the day an unconditional offer is sent.

Reduce Turnover – Reduce the number of leavers to starters. This is calculated over a 12 month period.

Sickness Absence – Reduce sickness absence in line with the trust target of 5.1%. This is calculated over a 12 month average.

Vacancy Rates – Reduce the number of vacancies in the organisation. Vacancies are defined as the difference between the number of staff in post and the budgeted establishment for that post.

Staff in post WTE – Increase the number of staff in post.

Agency spend as a % of temp staffing – Reduce the % of Agency used against the required temp staffing by increasing Bank workforce utilisation.

Formal Casework Length – Reduce the length of formal casework

Career Progression for ethnically diverse staff – increase the opportunities for career progression for ethnically diverse staff.

% of disabled staff that have accessed reasonable adjustments – Increase the number of staff accessing reasonable adjustments to ensure…

Staff Survey participation rates – Increase staff participation in the staff survey and people pulse to ensure staff voices are heard.

Below are the KPIs we are monitoring. Each KPI is RAG rated against the Target

Green – On Target

Amber – Below Target but on Track

Red – Below Target Not on Track

KPI	Target 2023	2022/23 Performance	Q1 – Performance 2023/24	Q2 – Performance 2023/24	Q3 – Performance 2023/24	Q4 – Performance 2023/24
Reduce Time to hire (Calculated as Authorised to unconditional offer) (days)	**60 days**	**72.78 (April 23)**	**69.85**			
Reduce Turnover (%)`	**12%**	**15%**	**12.99%**			
Staff in post WTE		**2405**	**2408.35**			
Vacancy rates (Overall SHSC) (%)	**10%**	**6.5%**	**6%**			
Sickness absence (%)	**5.1%**	**6.34%**	**6.59%**			
Agency spend as a percentage of WTE spend on temporary staffing	**30%**	**35.7%**	**43.2%**			
Formal Casework length (Weeks)	**<15**	**15.82**	**6.76**			
Formal Casework numbers	**<20**	**16**	**14**			
Career progression - ethnically diverse staff (A4C) in non-clinical roles and clinical (lower to upper levels) and in clinical roles (middle to upper levels)	**1.25**		**1.22**			
Percentage of disabled staff saying that have accessed reasonable adjustments	**90%**					
Staff Survey participation rate (%)	**52%**	**48%**	**N/A**			
People Pulse participation rate	**20%**	**20%**	**19%**			

Our People

IPQR - Information up to and including January 2023

...Led | Workforce Summary

Metric	Target	May-23			
		n	*mean*	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	**6.31%**	*5.87%*	● H ●	F
Sickness In Month (%)	5.10%	**6.68%**	*6.74%*	● ● ●	F
Long Term Sickness (%)	~	**4.06%**	*4.52%*	● ● ●	/
Short Term Sickness (%)	~	**2.62%**	*2.21%*	● ● ●	/
Headcount Staff in Post	~	**2612**	*2563*	● H ●	/
WTE Staff in Post	~	**2294**	*2245*	● H ●	/
Turnover 12 months FTE (%)	10%	**15.39%**	*15.57%*	● ● ●	F
Vacancy Rate (%)	~	**11.23%**	*11.13%*	● ● ●	/
Training Compliance (%)	80%	**87.99%**	*89.82%*	● L ●	P
Supervision Compliance (%)	80%	**79.50%**	*71.03%*	● ● ●	F

% Sickness Absence Rate (12m rolling) - Trustwide starting 01/06/2021
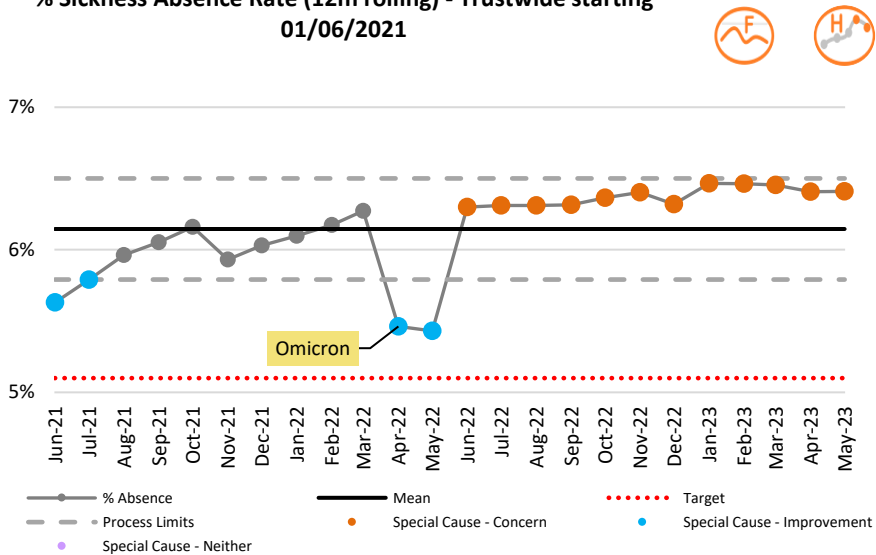
Omicron

— % Absence   — Mean   ······· Target
— — Process Limits   ● Special Cause - Concern   ● Special Cause - Improvement
● Special Cause - Neither

% Sickness Absence Rate (in month) - Trustwide starting 01/06/2021

Omicron

— % Absence   — Mean   ······· Target
— — Process Limits   ● Special Cause - Concern   ● Special Cause - Improvement
● Special Cause - Neither

% Long Term Sickness Absence Rate (In Month) - Trustwide starting 01/06/2021

Omicron

— % Long Term Absence   — Mean   ······· Target
— — Process Limits   ● Special Cause - Concern   ● Special Cause - Improvement
● Special Cause - Neither

% Short Term Sickness Absence Rate (In Month) - Trustwide starting 01/06/2021

Omicron

— % Short Term Absence   — Mean   ······· Target
— — Process Limits   ● Special Cause - Concern   ● Special Cause - Improvement
● Special Cause - Neither
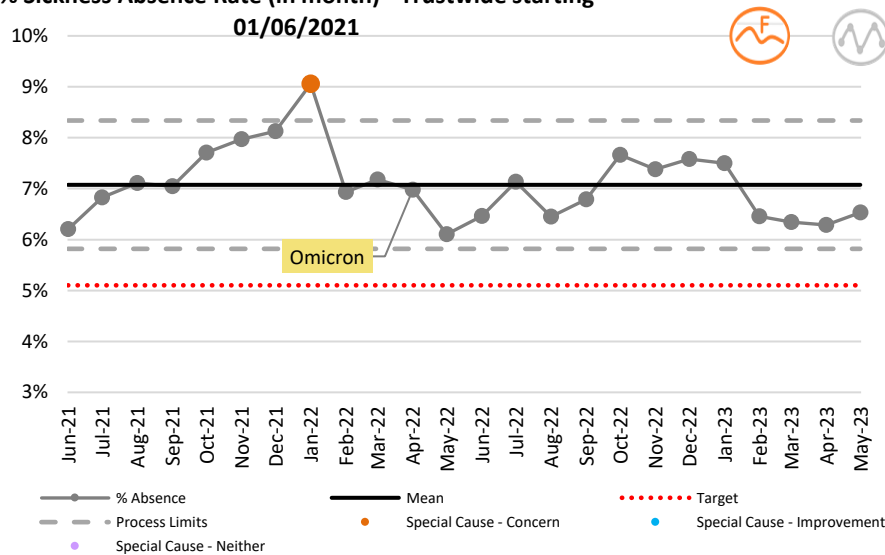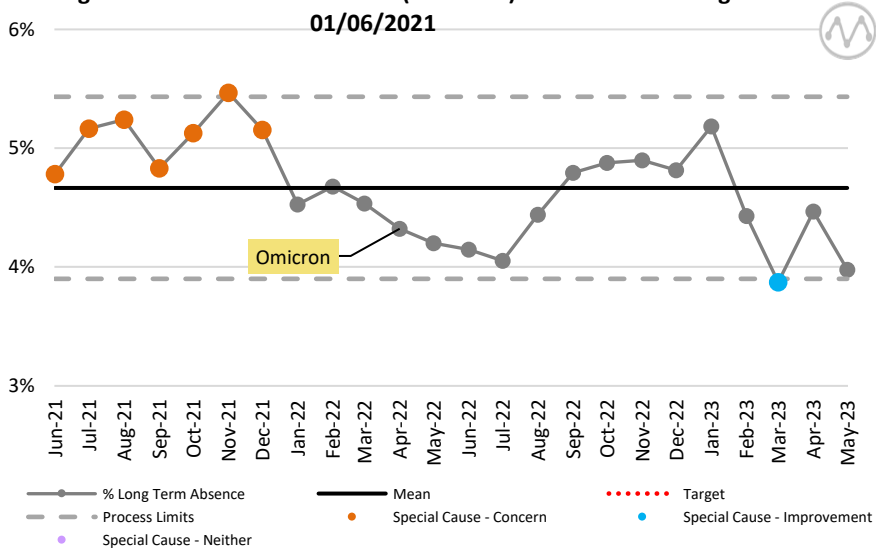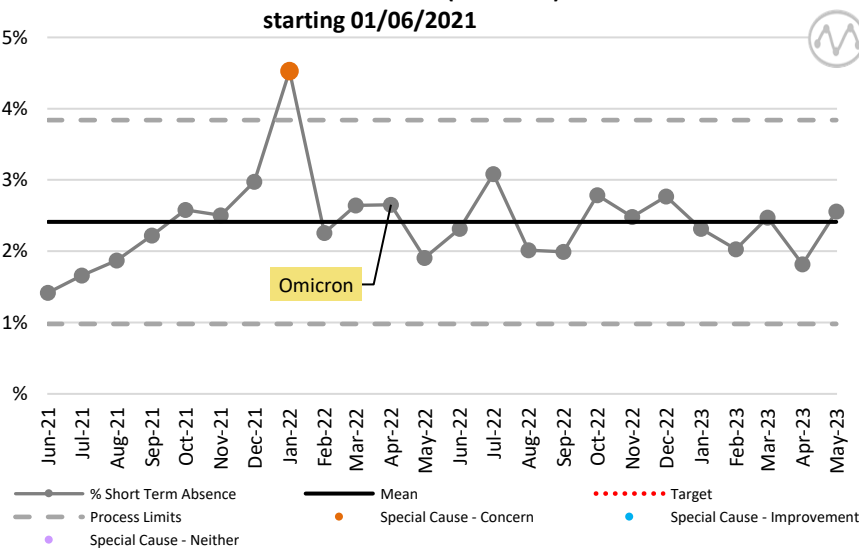
Narrative

Slight rise in Sickness for May 2023 to 6.53%. Still operating within parameters but above the 5.1% Target set by the Organisation.

Short Term Sickness is still operating below the previous 2 year mean average and just above the lower performance threshold.

Long Term sickness however has risen slightly from 1.82% to 2.56% from April to March.

Continued efforts to reduce sickness are ongoing as part of the Absence reduction project which is governed through the Agency reduction CIP Programme.

New Workbooks are being piloted to capture and manage long-Term sickness.

Long-term Sickness will be monitored on a case by case basis and support offered on a monthly basis to managers to support colleagues back to work with reasonable adjustments.

S10 – Stress/Anxietydepression continues to be the highest reason for sickness accounting for 38% of all absence reasons.

2,809
CurrentHeadcount

2,413
Current FTEs ESR

6.5%
Sickness rate

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Reporting Month

2023 - 05

Organisation Level Drill Down

- [ ] Add Prof Scientific and Technic
- [ ] Additional Clinical Services
- [ ] Administrative and Clerical
- [ ] Allied Health Professionals
- [ ] Estates and Ancillary
- [ ] Medical and Dental
- [ ] Nursing and Midwifery Registered
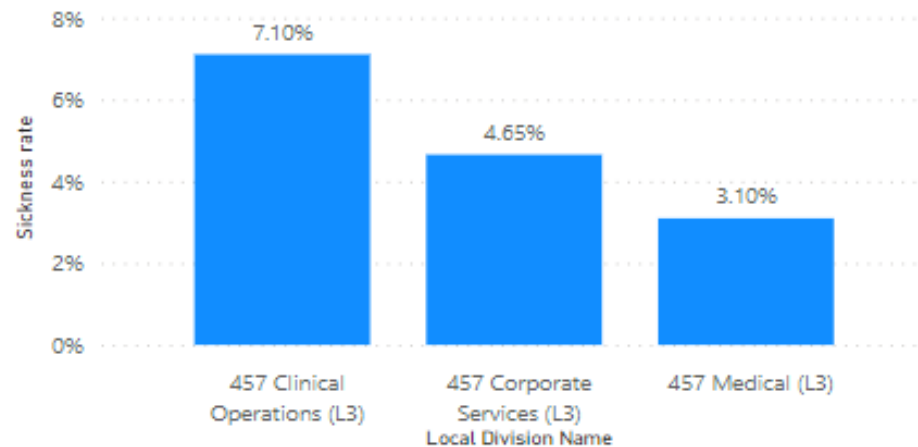- [ ] Students

Organisation Level Drill Down

All

This report shows sickness rate by Department (all levels), presented in a column chart (top left), and a scatter plot (bottom). On the right top total sick days have been broken down by reason for sickness
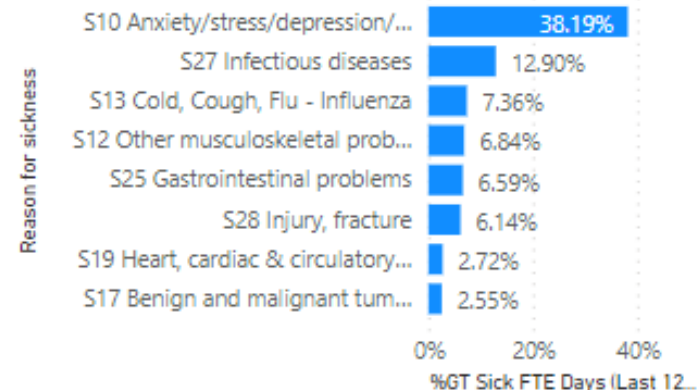
When hovering above the column chart, the drill options are presented to you. This will allow you to drill down to deeper org levels.

The scatter plot shows the sickness rate (y-axis) by staffing levels (x-axis). Every bubble represents a org level group/depratment, with the size of the bubble relating to the total number of FTE sick days
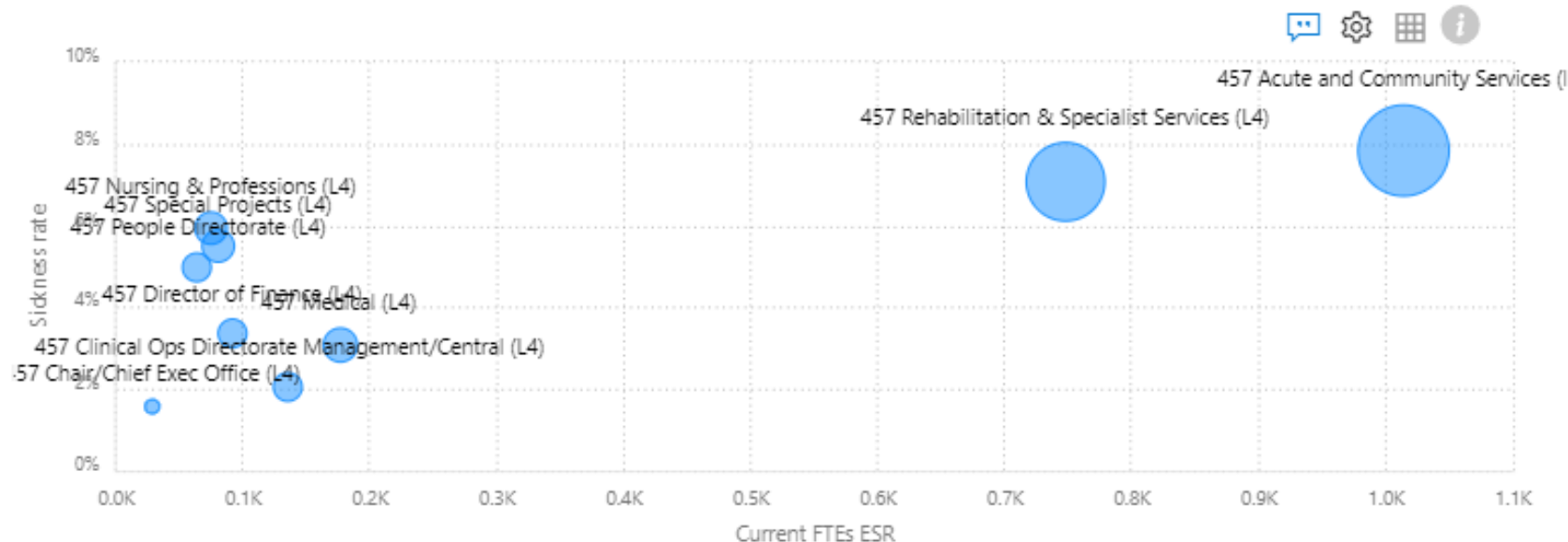
Sickness rate by Local Division Name

%GT Sick FTE Days (Last 12 mths) by Reason for sickness

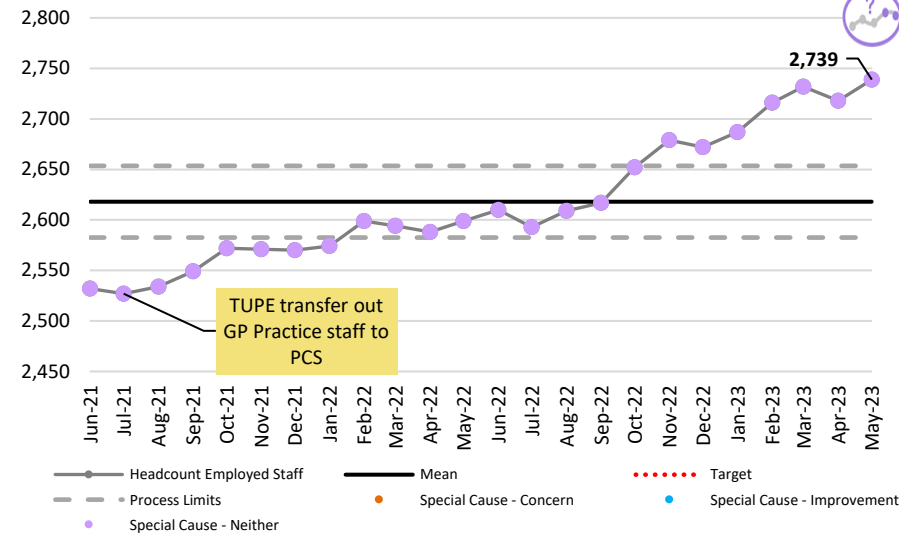| Reason for sickness	%GT Sick FTE Days
S10 Anxiety/stress/depression/...	38.19%
S27 Infectious diseases	12.90%
S13 Cold, Cough, Flu - Influenza	7.36%
S12 Other musculoskeletal prob...	6.84%
S25 Gastrointestinal problems	6.59%
S28 Injury, fracture	6.14%
S19 Heart, cardiac & circulatory...	2.72%
S17 Benign and malignant tum...	2.55%

Current FTEs ESR, Sickness rate and Sick FTE Days (Last 12 mths) by Local Directorate Name

Well Led | Staffing

Headcount - Trustwide starting 01/06/2021

TUPE transfer out GP Practice staff to PCS

2,739

Legend: Headcount Employed Staff — Mean — Target — Process Limits — Special Cause - Concern — Special Cause - Improvement — Special Cause - Neither

WTE - Trustwide starting 01/06/2021

TUPE transfer out GP Practice staff to PCS

2,410

Legend: WTE Employed Staff — Mean — Target — Process Limits — Special Cause - Concern — Special Cause - Improvement — Special Cause - Neither
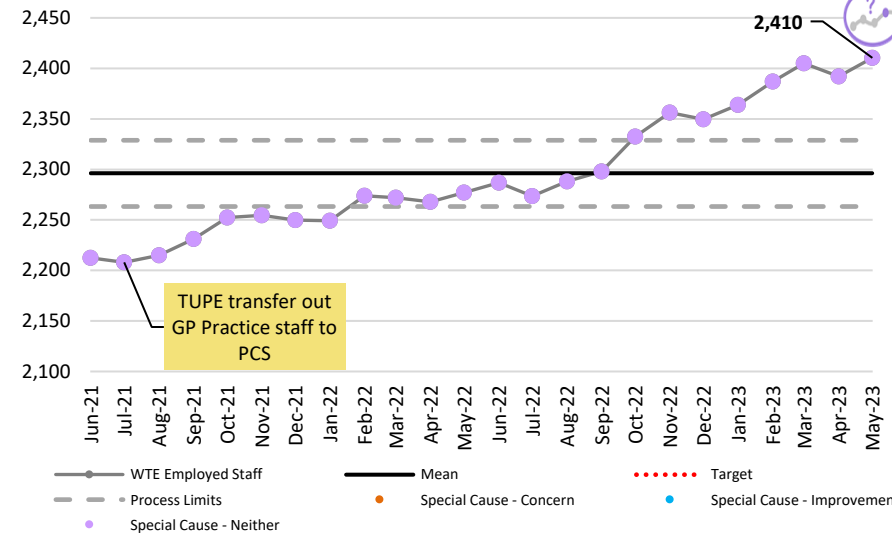
Narrative

Headcount and WTE continue to rise and are above the upper threshold once again.

Turnover rate remains around 15% - This includes TUPE transfers of AHP staff and Doctors rotation. With these staff groups removed our turnover rate is around 12.99%

Vacancies split by directorate. Working on a split by org L5 (department for next people committee :

Medical – 17.1% of all vacancies

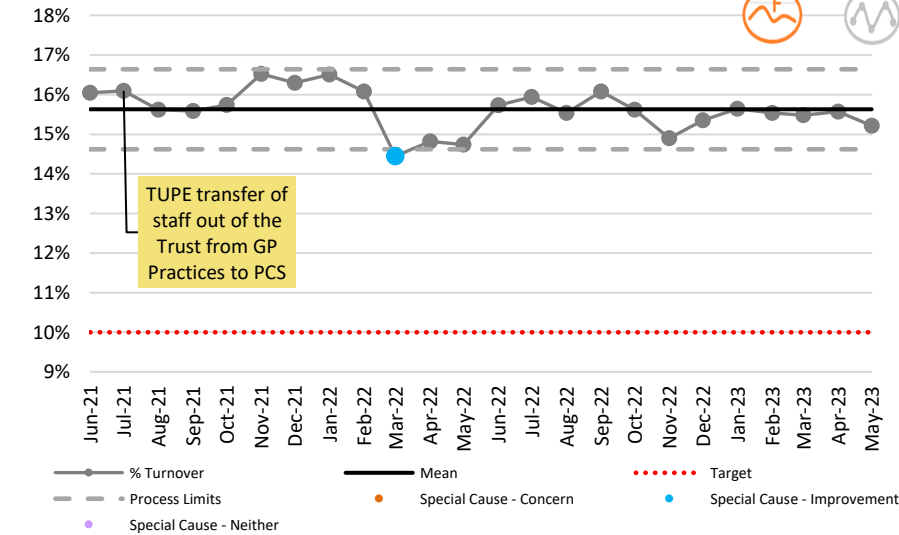Clical Ops – 56.4% of all vacancies

Corporate – 31.3% of all vacancies

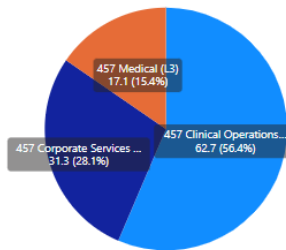The breakdown of the vacancy rate per Org L3

Medical – 8.5%
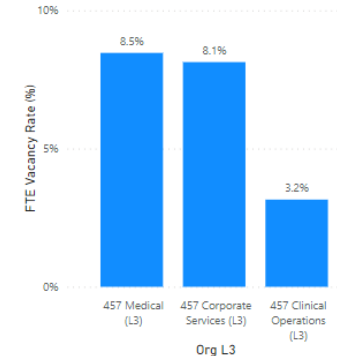
Clinical Ops 3.2%

Corporate – 8.1%

Turnover Rate (12m FTE rate) - Trustwide starting 01/06/2021

TUPE transfer of staff out of the Trust from GP Practices to PCS

Legend: % Turnover — Mean — Target — Process Limits — Special Cause - Concern — Special Cause - Improvement — Special Cause - Neither

FTE Vacancies: % Split by Org Level

457 Medical (L3) 17.1 (15.4%)
457 Clinical Operations... 62.7 (56.4%)
457 Corporate Services ... 31.3 (28.1%)

FTE Vacancy Rate (%) by Org L3

457 Medical (L3) 8.5%
457 Corporate Services (L3) 8.1%
457 Clinical Operations (L3) 3.2%

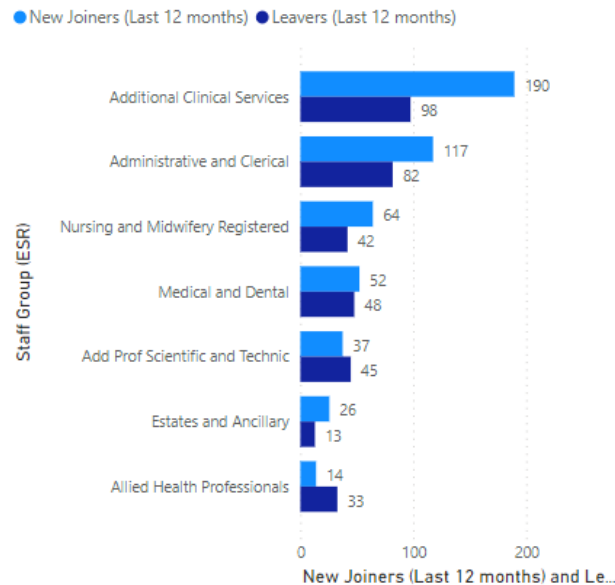## ESR Staff in Post
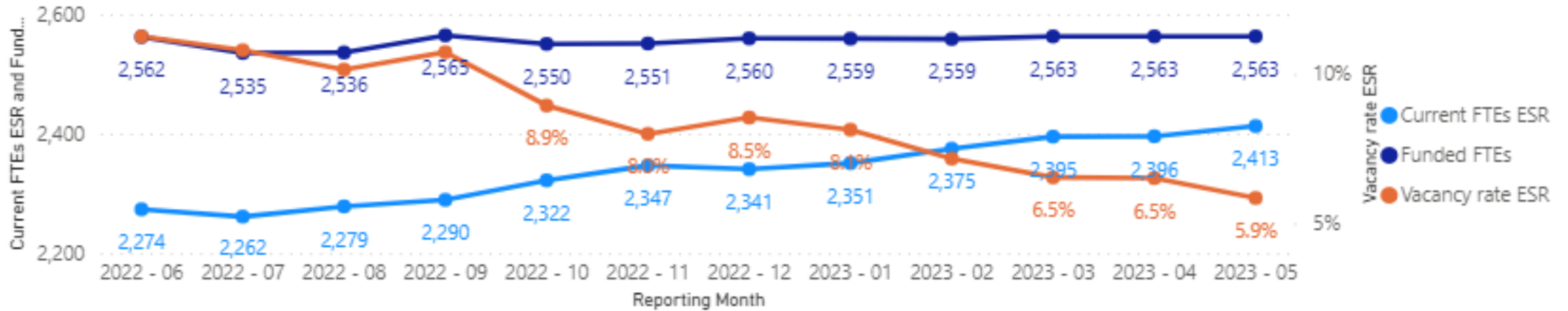
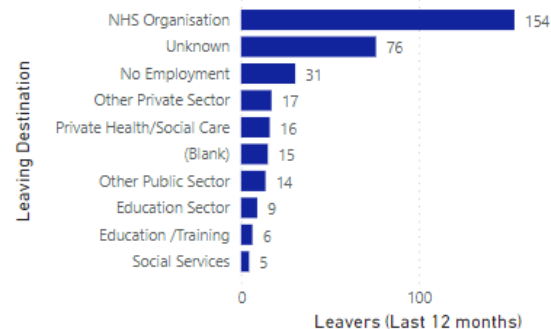## New Joiners (Last 12 months) and Leavers (Last 12 months) by Staff Group (ESR)

● New Joiners (Last 12 months) ● Leavers (Last 12 months)

Staff Group (ESR)	New Joiners	Leavers
Additional Clinical Services	190	98
Administrative and Clerical	117	82
Nursing and Midwifery Registered	64	42
Medical and Dental	52	48
Add Prof Scientific and Technic	37	45
Estates and Ancillary	26	13
Allied Health Professionals	14	33

New Joiners (Last 12 months) and Le...

Leavers (Last 12 months) by Leaving Reason

Leaving Reason	Leavers (Last 12 months)
Voluntary Resignation - Promotion	52
Voluntary Resignation - Work Life Balance	37
End of Fixed Term Contract - Completion...	37
Retirement Age	30
Flexi Retirement	28
Employee Transfer	24
Voluntary Resignation - Relocation	23
Voluntary Resignation - Better Reward Pa...	21
End of Fixed Term Contract	20

Leavers (Last 12 months) by Leaving Destination

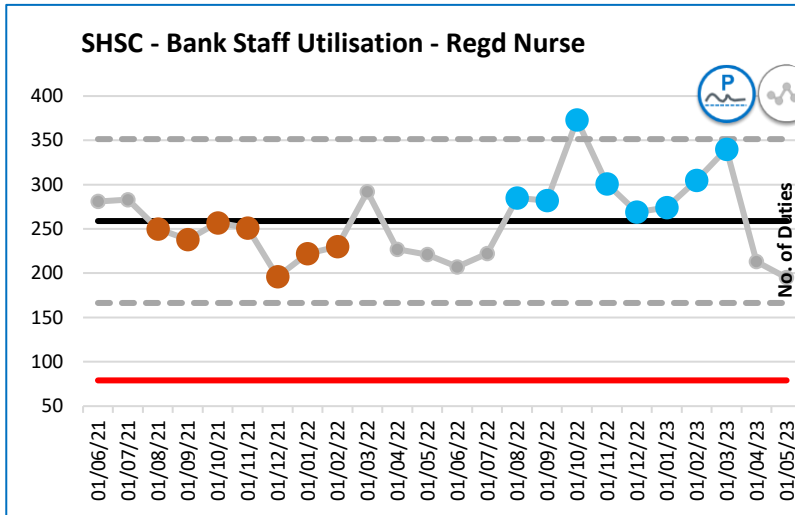| Leaving Destination	Leavers (Last 12 months)
NHS Organisation	154
Unknown	76
No Employment	31
Other Private Sector	17
Private Health/Social Care	16
(Blank)	15
Other Public Sector	14
Education Sector	9
Education /Training	6
Social Services	5

Narrative

Our vacancy rate has dropped to 6% with continued effort around recruitment to previously hard to fill roles and a sustained effort to recruit HCSW which were the largest contributors to our Agency spend. This has seen a reduction in Agency spend.

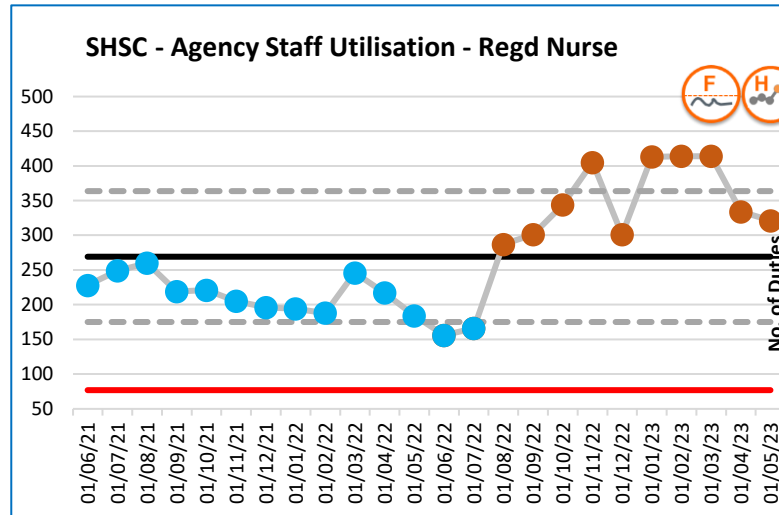An increase in WTE by 17 has contributed to the drop.

We are seeing a positive out turn in retention for all staff groups except AHP and Allied Health professionals. We had a large number of AHPs Tupe out of the organisation which is contributing to this.

Overall we have had 500 new joiners in the last 12 months and only 359 leavers.
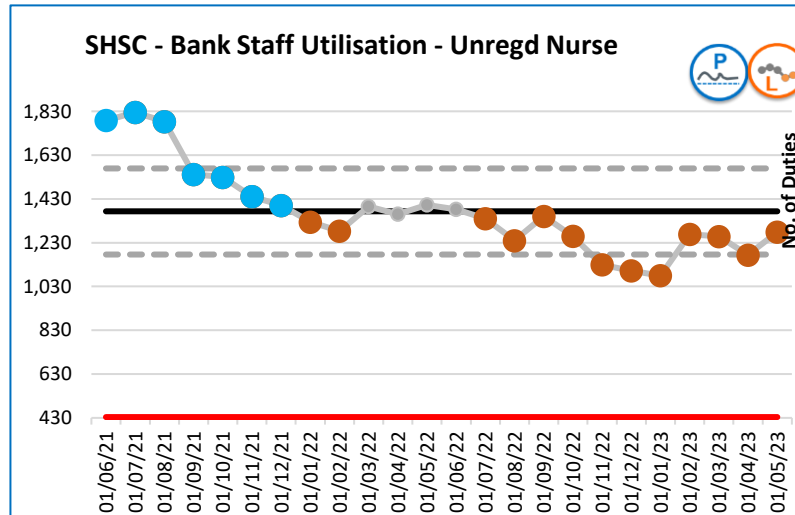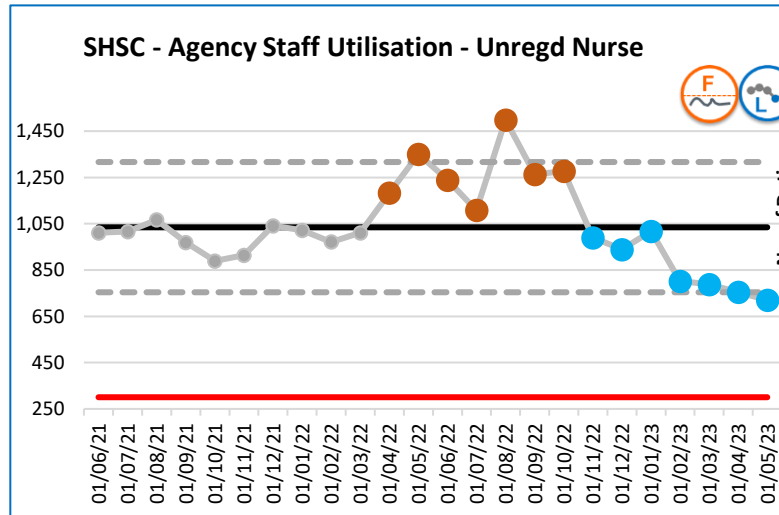
Bank – SHSC Trust – Registered Nurses

SHSC - Bank Staff Utilisation - Regd Nurse

Agency – SHSC Trust – Registered Nurses

SHSC - Agency Staff Utilisation - Regd Nurse

Bank – SHSC Trust – Unregistered Nurses

SHSC - Bank Staff Utilisation - Unregd Nurse

Agency – SHSC Trust – Unregistered Nurses

SHSC - Agency Staff Utilisation - Unregd Nurse

	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Number of above Tier 3 Cascade duties	395	392	332	230	221	189	201	94	63

Narrative

Registered Agency usage has reduced in the past 2 months with more controls being introduced. And although above the upper threshold, Bank and Agency usage for registered staff is within the budgeted establishment. Our aim now is to replace Agency shifts with bank shifts and substantive recruitment to reduce costs.

We have 20+ preceptees who will shortly be available for posts as well as Internationally educated Nurses that will arrive shortly.

Agency Usage is on the cusp of breaching the lower threshold after sustained effort to reduce Agency usage by decreasing substantive vacancies across the org and implementing Agency controls. We are already at a level of usage to hit CIP target at the end of 2023/24.

E Roster is now 100% implemented enabling benefits realisation and efficiency savings.

The number of above tier 3 Agencies being used has been reducing month on month reducing to the lowest use of above Tier 3 Agencies (Above price cap) in May of just 63 duties.

Recruitment

1st April 2023 - 30th June 2023

OU1 Name	Vacancy raised		Vacancy completed		Applicants								
	Eps	Posts	Eps	Post	App	Interview	Success	Cond. offer	Cond. offer re-sent	Check comp	Starting letter	Starting letter re-sent
Acute and Community Services	91	201.74	61	118.37	669	236	105	93	2	63	52	2
Chair/Chief Exec Office	3	3	3	3	28	11	2	2	0	2	0	0
Clinical Ops Directorate Management/Central	12	72	12	45.4	156	15	72	70	2	4	3	0
Director of Finance	13	15	7	9	143	46	14	8	0	4	3	0
Medical	20	30.2	14	17.8	95	42	20	16	1	9	8	0
MH Community Transformation (8244)	8	11	1	1	4	3	1	1	0	0	0	0
Nursing & Professions	4	4	3	3	26	7	3	2	0	5	5	0
People Directorate	21	157	8	7.6	166	59	24	19	0	8	6	0
Rehabilitation & Specialist Services	62	83	60	151.93	744	155	36	28	1	41	41	0
Special Projects	9	8.7	5	5	81	9	1	1	0	1	1	0
(no costcode)	3	4	1	1	1	0	1	1	0	2	1	0
Total	246	589.64	175	363.1	2113	583	279	241	6	139	120	2

Episodes is number of vacancy requests.

Posts is number of roles requested on the vacancies.

Recruitment Currently in Progress - As at 4th July 2023
Data Currently Active in Trac

OU1 Name	Authorisation	Advert	Longlisting	Shortlisting	Interview	Offer pending		Employment checks		Checks done		Started		Total
						Prop. FTE	Head count	FTE	Head count	FTE	Head count	FTE	Head count	
Acute and Community Services	28	4.1	2	6.7	11.6	1	1	56.7	59	45.8	46	19.6	20	175.4
Chair/Chief Exec Office	0	0	0	0	0	0	0	1	1	1	1	0	0	2
Clinical Ops Directorate Management/Central	1.4	1	0	11	0	0	0	66.4	67	0.8	1	7	7	87.6
Director of Finance	1	1	0	0	2	0	0	3	3	2	2	0	0	9
Medical	1.6	1.2	0	0	4	1.4	2	8.5	10	5.8	6	0	0	22.5
MH Community Transformation (8244)	8	1	0	0	0	0	0	2	2	0	0	0	0	11
Nursing & Professions	0	0	0	0	1	0	0	1	1	1.5	2	0	0	3.5
People Directorate	50	16	12	41	35	5	5	34	34	3	4	36	39	232
Rehabilitation & Specialist Services	11.2	8.8	0	2.8	9.4	2	2	12.3	15	6.7	9	7.2	8	60.4
Special Projects	0.7	3	0	2	1	0	0	1	1	0	0	0	0	7.7
(no costcode)	1	0	30	0	0	0	1	2	2	2	2	0	0	35
Total	102.9	36.1	44	63.5	64	9.4	11	187.9	195	68.6	73	69.8	74	646.1

Narrative

The data shows the current recruitment activity in Trac as at 4th July 2023.

The top chart details the applicants That have been moving through the offer stages during this period. We processed 241 conditional offered candidates and had 159 candidates who have completed checks and about to start or have started.

The second chart shows the vacancy and candidate status as at 4th July 2023. With 102.9 roles in authorisation stage and 36.1 roles out for advert.

195 candidates are currently going through employment checks and 73 are ready to start. Approximately 102 candidates are part of the preceptor and Trainee Psychology programmes, due to start between September and January.

Work continues on improving speed of employment checks, which is the longest part of the recruitment process. We continue to experience with DBS reports being returned, being held up with police checks, this is not unique to SHSC. The team continue to follow up on outstanding checks and work on progressing candidates as soon as possible.

Row Labels	Average of Lapse time
⊟2023	70.62
⊟Qtr2	70.62
⊞Apr	72.78
⊞May	68.05
⊞Jun	69.85
Grand Total	**70.62**

Recruitment Time to Hire
Days from Vacancy to Unconditional Offer

Average Time to Hire
Between June 2022 - March 2023
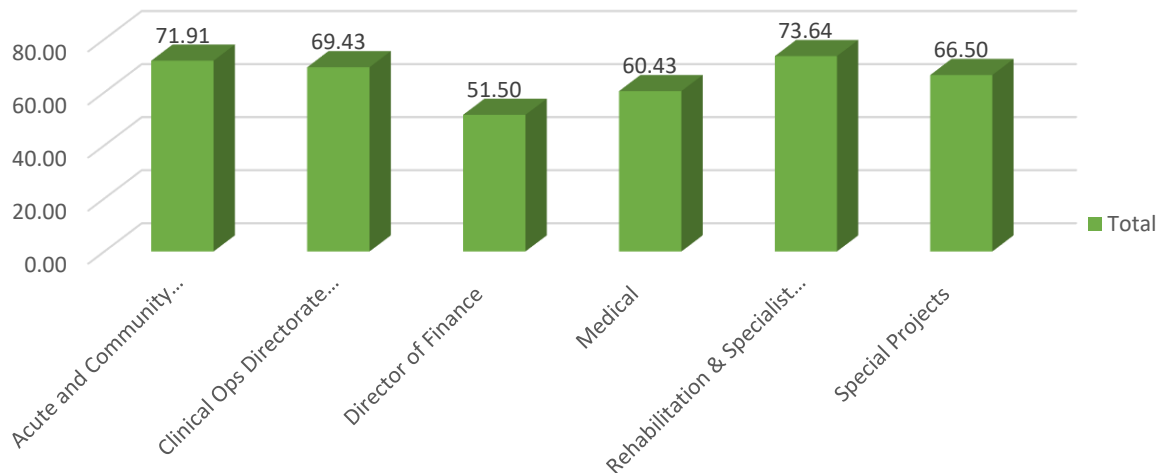
Narrative

Time to hire Target = 60 days

The data shows the main recruitment time to hire KPI. This measures from Vacancy approved to Unconditional Offer Sent. This is a new KPI target agreed by ICS, which all SY Trusts will report against to enable comparison and benchmarking. The first group reporting will be done for April's figures. Follow on from this we are expecting a benchmark time to hire and the ability to compare our performance against other Trusts.

The trust wide average time to hire for Q1 2023 was 70.62. Return of DBS checks and confirmation of start dates provide one of the largest delays in the progress. The recruitment team continue to follow up and progress new hire checks with candidates and managers where possible.
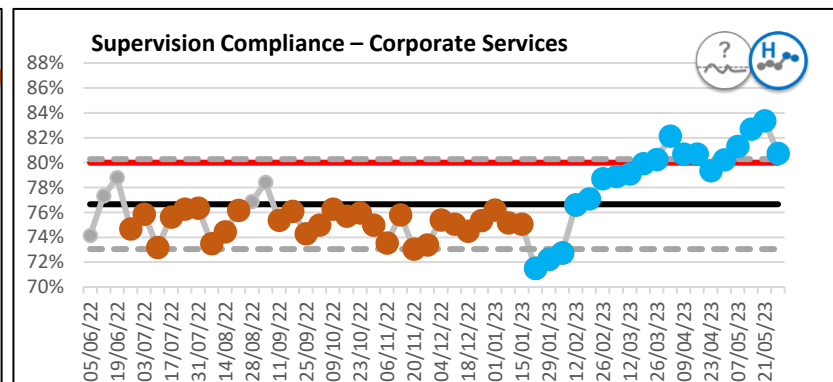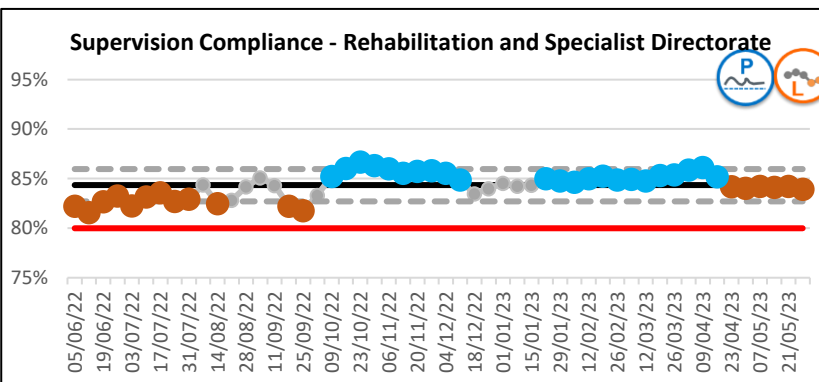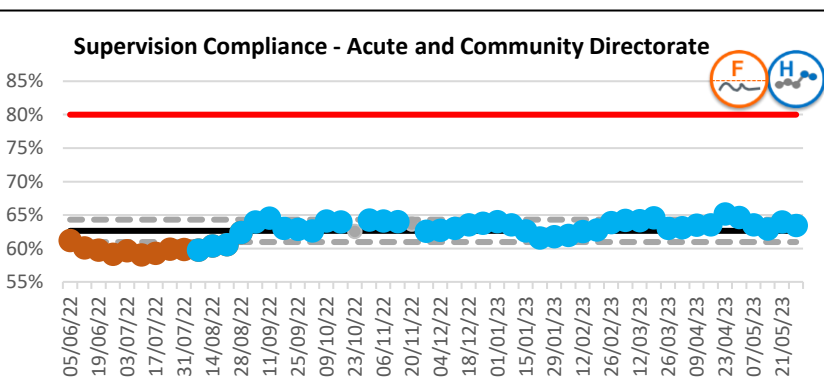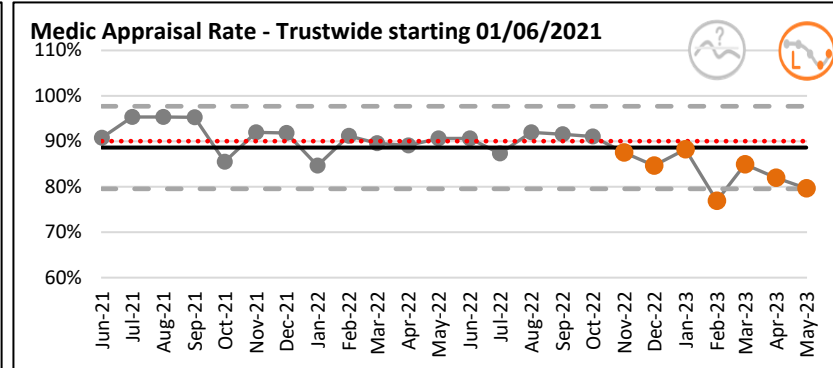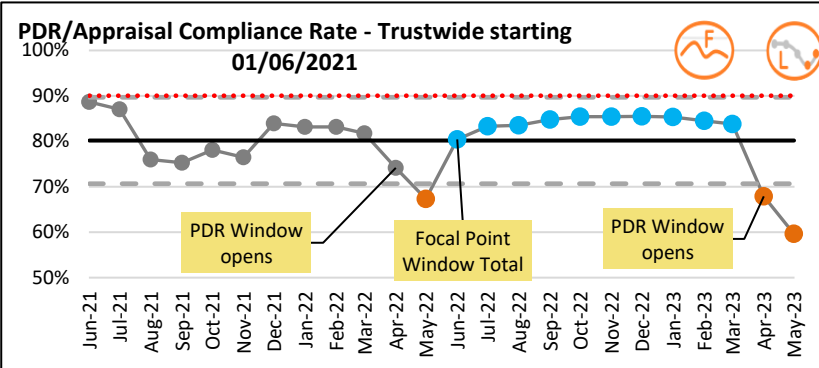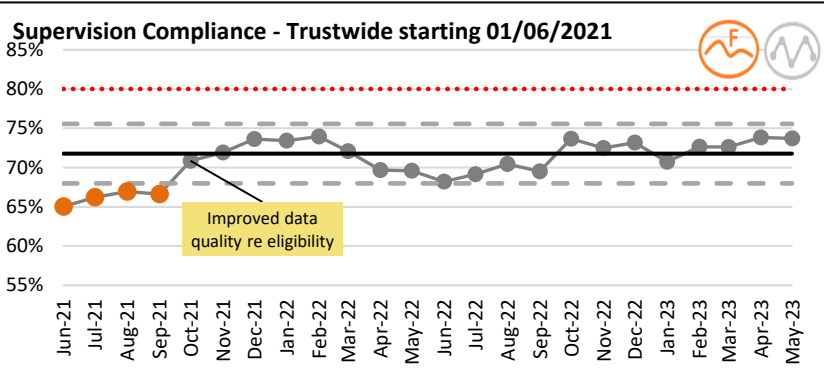
The bar chart shows the average time to hire during Q1 months by directorate. We can see Rehab and Specialist has the largest time to hire at an average of 73.64. Work is being done to understand the differences between directorates and where possible bring this in alignment. Acute and community has the largest volume of recruitment ongoing.

Please note the time to hire figure does not include the following groups:

Medical
Bank
Preceptors – as bound by education and group start dates
Trainees – as bound by education and group start dates
Healthcare Support Worker Campaign recruitment

This is in line with the ICS guidelines, and enables us to provide a clearer picture of the recruitment process time to hire.

Supervision Compliance - Trustwide starting 01/06/2021

Improved data quality re eligibility

PDR/Appraisal Compliance Rate - Trustwide starting 01/06/2021

PDR Window opens

Focal Point Window Total

PDR Window opens

Medic Appraisal Rate - Trustwide starting 01/06/2021

Supervision Compliance - Acute and Community Directorate

Supervision Compliance - Rehabilitation and Specialist Directorate

Supervision Compliance – Corporate Services

AIM

We will ensure that 80% staff have received at least the required minimum of 8 supervisions in a 12-month period (6 for part time staff), and that it is recorded in and reported on from a single source – the Supervision webform.

Narrative

As at 31 May 2023, average compliance with the 8/12 target is:

Trustwide   **73.72%**
Clinical Services **72.12%**

Weekly updated information is monitored and reviewed weekly by Directors and Service Leads. Clinical Directorate Service Lines and teams performance is monitored each month at Directorate IPQR reviews; Corporate Services at triannual performance reviews.

A recovery plan is in action for our acute and PICU wards, updates on progress will report to the People Committee from July onwards (previously monitored through the Back to Good Board).

atory Training

Mandatory Training Compliance - Trustwide starting 01/06/2021
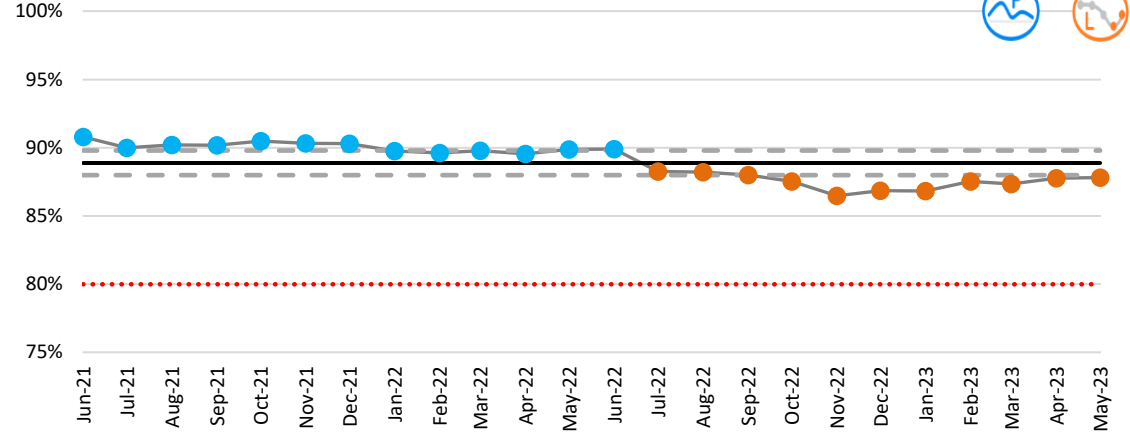
Narrative

Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings. Corporate services report their mandatory training position into triannual Performance Reviews.

AIM

We will ensure a Trust wide compliance rate of at least 80% in all Mandatory Training, except Safeguarding where compliance of at least 90% is required and Information Governance where 95% compliance is required.

COMPLIANCE – As at date	02/05/2023	23/05/2023
Trustwide	**87.77%**	**87.82%**
Directorate/Service Line		
Corporate Services	82.34%	82.47%
Medical Directorate	86.00%	85.04%
Acute & Community – Crisis	89.48%	89.38%
Acute & Community – Acute	89.36%	89.13%
Acute & Community – Community	91.63%	91.86%
Acute & Community – Older Adults	84.72%	85.52%
Rehab & Specialist – Forensic & Rehab	92.20%	91.98%
Rehab & Specialist – Highly Specialist	91.38%	91.60%
Rehab & Specialist – Learning Disabilities	90.78%	89.97%
Rehab & Specialist – IAPT	93.75%	94.93%
Rehab & Specialist – START	84.26%	82.79%

SHSC Workforce
Training

85.78%

Compliance %

Report date

6_23/05/23

Division (Level 3)

All

Staff Group
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

Assignment Category
- ☐ Bank
- ☐ Fixed Term Temp
- ☐ Non-Exec Director/Chair
- ☐ Permanent

Subject Type
- ☐ CSTF
- ☐ LOCAL
- ☐ MAND

Subject Type 2

Normal

Starter
- ■ No
- ☐ Yes

Subject Name	Clinical Operations	Corporate Services	Medical	Total
Autism Awareness	95.55%	85.88%	88.72%	**93.13%**
Clinical Risk Assessment	76.81%	62.16%	72.22%	**75.49%**
Community Mental Health Act	85.50%	50.00%	60.00%	**82.83%**
Dementia Awareness	98.50%	92.35%	95.49%	**97.02%**
Deprivation of Liberty Safeguards	80.09%	66.55%	74.71%	**78.09%**
Domestic Violence and Abuse	94.79%	82.32%	90.00%	**92.82%**
Employee Risk Assessment	87.86%	80.95%	79.70%	**85.97%**
Equality, Diversity and Human Rights	91.95%	87.41%	91.73%	**90.96%**
Fire Safety	93.90%	85.03%	91.73%	**91.88%**
Health, Safety and Welfare	92.35%	87.76%	88.72%	**91.18%**
Information Governance and Data Security	88.81%	84.01%	87.22%	**87.69%**
Medicines Management Awareness	68.01%	66.67%		**67.83%**
Mental Capacity Act	58.17%	57.51%	43.56%	**57.46%**
Moving and Handling	87.46%	80.81%	82.71%	**85.70%**
NHS Conflict Resolution (England)	94.10%	87.41%	90.23%	**92.47%**
Preventing Radicalisation	91.69%	79.74%	88.89%	**89.88%**
Rapid Tranquilisation	78.42%	50.00%	81.82%	**74.71%**
Reducing Patient Falls Risk Factor	87.50%		59.09%	**66.67%**
Resuscitation	81.84%	73.42%	75.36%	**79.95%**
Safeguarding Adults (Version 2)	79.34%	50.00%	66.13%	**76.51%**
Safeguarding Children	87.31%	81.67%	80.72%	**85.98%**
Total	**87.12%**	**81.13%**	**82.29%**	**85.78%**

SHSC Workforce
Training

Report date: 6_23/05/23

Division (Level 3): All

Staff Group
- ☐ Add Prof Scientific and Technic
- ☐ Additional Clinical Services
- ☐ Administrative and Clerical
- ☐ Allied Health Professionals
- ☐ Estates and Ancillary
- ☐ Medical and Dental
- ☐ Nursing and Midwifery Registered
- ☐ Students

Assignment Category
- ☐ (Blank)
- ☐ Bank
- ☐ Fixed Term Temp
- ☐ Non-Exec Director/Chair
- ☐ Permanent

Subject Type
- ☐ CSTF
- ☐ LOCAL
- ☐ MAND

Subject Type 2: Normal

Starter
- ☐ No
- ☐ Yes

Subject Name	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Students	Total
Autism Awareness	96.50%	89.43%	87.70%	96.72%	87.29%	83.04%	94.25%	100.00%	90.68%
Clinical Risk Assessment	83.93%	81.82%	45.45%	76.56%		74.51%	69.05%		74.27%
Community Mental Health Act	72.55%	86.14%		93.94%			81.11%		82.02%
Dementia Awareness	98.25%	95.24%	94.48%	97.54%	93.37%	92.86%	97.29%	100.00%	95.69%
Deprivation of Liberty Safeguards	86.15%	77.80%	77.57%	85.11%	63.92%	65.22%	72.89%	50.00%	76.38%
Domestic Violence and Abuse	96.98%	90.49%	91.64%	98.26%	94.12%	78.90%	91.55%	100.00%	91.56%
Employee Risk Assessment	89.86%	78.12%	83.28%	86.89%	79.01%	78.57%	88.16%	100.00%	82.95%
Equality, Diversity and Human Rights	97.20%	90.91%	90.85%	94.26%	83.98%	88.39%	86.80%	100.00%	90.29%
Fire Safety	95.45%	89.11%	93.69%	95.08%	82.32%	90.18%	91.37%	100.00%	91.09%
Health, Safety and Welfare	96.15%	90.91%	91.64%	92.62%	86.74%	83.93%	87.65%	100.00%	90.47%
Information Governance and Data Security	93.01%	86.58%	91.32%	93.44%	70.72%	84.82%	84.43%	100.00%	87.06%
Medicines Management Awareness		50.00%	75.00%	100.00%			66.73%		66.67%
Mental Capacity Act	52.46%	69.84%	73.68%	31.40%	68.79%	30.91%	38.54%	100.00%	57.40%
Moving and Handling	90.59%	83.64%	86.38%	89.86%	84.53%	69.64%	81.14%	100.00%	84.10%
NHS Conflict Resolution (England)	96.50%	92.49%	90.22%	92.62%	81.77%	88.39%	91.71%	100.00%	91.41%
Preventing Radicalisation	93.96%	85.88%	86.64%	93.86%	88.24%	84.40%	89.95%	100.00%	88.29%
Rapid Tranquilisation	100.00%		100.00%			86.90%	68.98%		74.45%
Reducing Patient Falls Risk Factor						63.16%			63.16%
Resuscitation	84.91%	76.20%	83.16%	89.08%	68.07%	71.09%	75.63%	100.00%	77.80%
Safeguarding Adults (Version 2)	85.71%	70.91%	61.54%	87.13%		69.72%	69.49%		74.47%
Safeguarding Children	83.85%	90.15%	89.96%	84.26%	86.21%	79.19%	70.90%	100.00%	84.23%
Total	**88.99%**	**85.38%**	**88.21%**	**87.67%**	**80.10%**	**77.38%**	**79.72%**	**96.88%**	**84.35%**

SHSC HR Employee Relations Casework Dashboard
27/06/2023

Total Cases

Policy Area	Fact-find	Hearing	Investigation	Grand Total
Disciplinary	4	1	6	11
Unacceptable behaviours	3			3
Grand Total	7	1	6	14

Trust Area	
Community & Acute	8
Rehabilitation & Specialist	4
Corporate	2
Grand Total	14

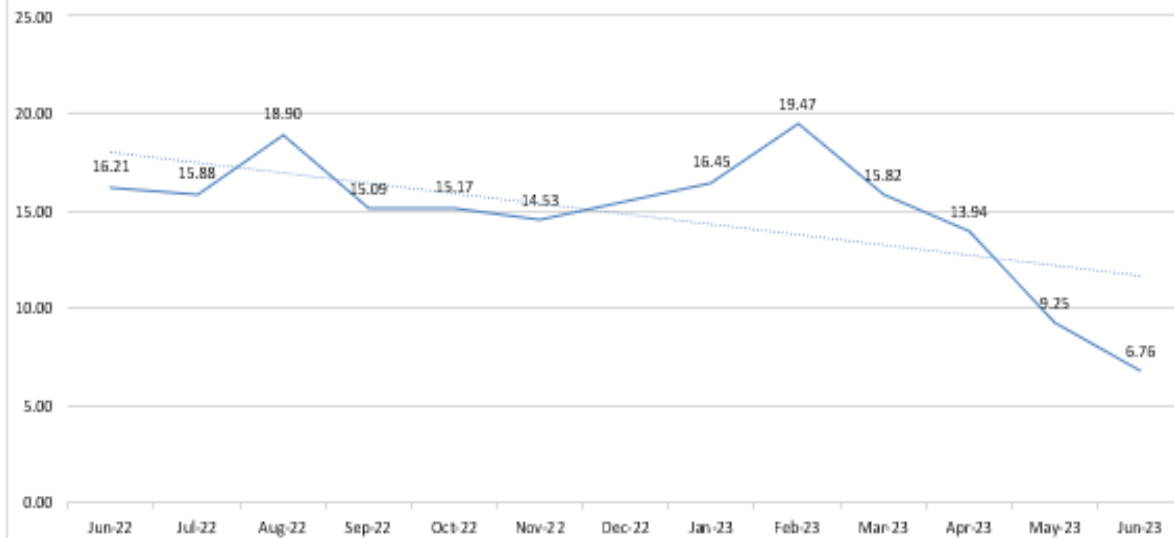| Total Suspensions	3

ER casework

Employee relations casework has vastly reduced over the last 12 months, with a total of **14** live cases.
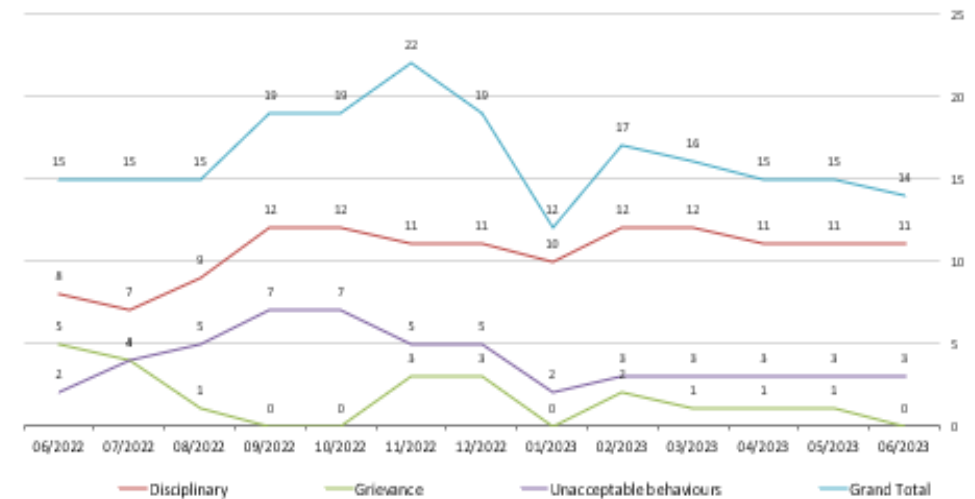
ER Cases Raised per Month
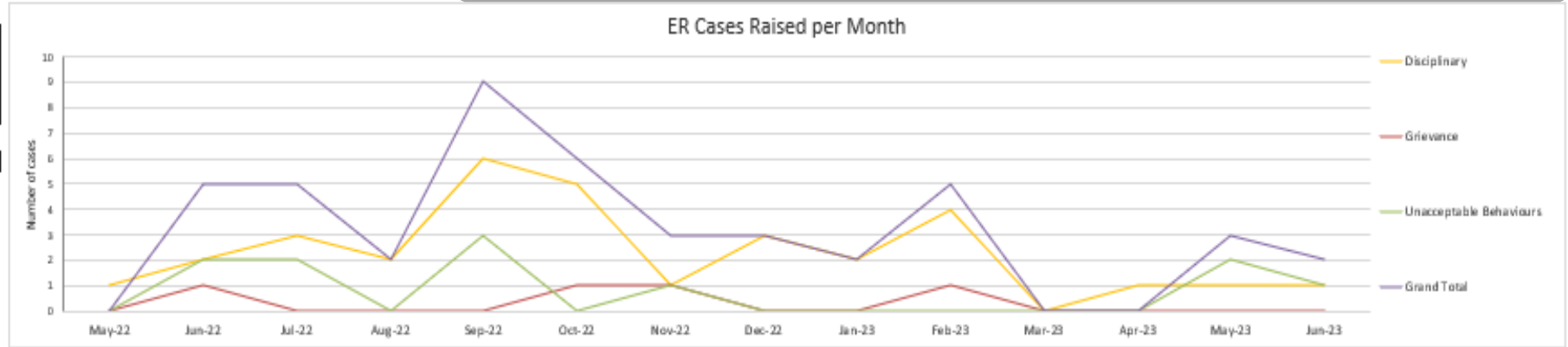
Average Case Length (Weeks)

Historical Case Trend

Average Number of Weeks Case Open

Policy Area	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Current v 22 week target
Disciplinary	18.38	14.04	15.81	15.82	14.33	16.87	17.41	22.21	15.56	11.57	11.31	10.85	49%
Grievance	18.25	27	27	0	0	5.14	0	3	6.14	7.7	4.3	0	0%
Unacceptable behaviours	12	9.61	13.89	14.36	16.59	13.96	12.14	15.43	22.21	22.57	12.13	9.42	43%
Overall Average Total	16.21	15.88	18.90	15.09	15.17	14.53	16.45	19.47	15.82	13.94	9.25	6.76	31%