

Workforce Committee Annual Report (2022/23)

Public Board Meeting

25 May 2023

Presented for:	Information and Assurance
Presented by:	Phil Corrigan, Interim Chair of Workforce Committee
Authors:	Phil Corrigan, Interim Chair of the Workforce Committee Jenny Lewis, Director of HR & OD Ronnie Alexander, Workforce Committee Serving Officer
Previous Committees:	None 4 May 2023 Audit Committee meeting

Our Annual Commitments for 2023/24 are:	
Effectively develop and deploy new assets (buildings, equipment, IT)	✓
Reduce healthcare associated infections	✓
Improve staff retention	✓
Deliver the financial plan	✓
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	✓
Support a culture of research	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Supply Risk We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply Workforce Deployment Risk	Cautious	↔ (same)

		<p>We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required</p> <p>Workforce Retention Risk</p> <p>We will deliver safe and effective patient care, through supporting and training, development and health and wellbeing of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services</p> <p>Workforce Performance Risk</p> <p>We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce</p>		
Operational Risk	✓	<p>Health & Safety Risk</p> <p>We will protect the health & wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines</p>	Minimal	↔ (same)

Key points	
<p>1. Terms of Reference</p> <p>The Committee Chair, along with the Committee has reviewed the Terms of Reference to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.</p> <p>The Committee has discharged its duties in line with the ToR set out in Appendix A.</p>	Assurance
<p>2. Reporting Requirements</p> <p>The Terms of reference for Workforce Committee state the focus of the Committee is;</p> <p>To provide assurance to the Board on workforce performance and planning using the seven People Priorities and the agreed annual areas of focus to determine the forward plan for the Committee. It does this principally through analysis of the current and future workforce through the lenses of engagement, health and wellbeing, equality diversity and inclusion, training and education, Leeds place and WYAAT workforce challenges, financial and operational performance pressures; and scrutinises assurances provided in respect of key workforce performance indicators against the Trusts People Priorities reported to the Trust Board in the IQPR.</p> <p>This report provides an annual review on the delivery of the Committee's work programme.</p>	Assurance

<p>3. Work Plans</p> <p>The Board of Directors approved the Committees Work Plan for 2022/23, Appendix B and reports assurance against items received during the year, (or stating where it cannot provide assurance).</p> <p>The Committee sets out its draft Work Plan for the coming year in Appendix C, seeking approval from the Board.</p>	Assurance
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1. Purpose

The purpose of this paper is to provide assurance to the Audit Committee that the Workforce Committee has discharged its duties in accordance with its Terms of Reference, completed its Work Plan for 2022/23, and delivered against the defined objectives, and sets out the proposed Work Plan for 2023/24.

2. Committee Membership

Phil Corrigan is the interim Chair of the Workforce Committee (WFC), with membership from Laura Stroud, Non-Executive Director (NED), Mark Burton Associate NED, and Rachel Woodman (noting that during the year Rachel agreed with the Trust Chair that she would stand down from being a full member of the Committee, would receive agenda and papers for the meeting and would attend for items seeking further assurance). Twelve other members of staff are defined within the Terms of Reference.

During 2022/23 the following Committee Membership changes occurred:

- Tom Keeney stood down as Chair of the WFC on 16th September and resigned as a NED on 18th October
- Phil Corrigan became interim Chair from September to March 2023
- Amanda Stainton became Chair in March 2023 and an Associate NED on 1st November 2022
- Mark Burton joined the Committee as an Associate NED on 11th April 2022
- Rachel Woodman, an Associate NED, commenced a sabbatical on 30th September 2022 with a proposed return to her committee duties in May 2023

Appendix A details the updated ToRs that confirm the changes which were approved at Board on 30th March 2023.

The WFC met formally on six occasions during 2022/23: 19th May, 13th July, 15th September, 9th November 2021, 5th January, and 14th March 2023. The meetings were quorate at all times. The timing of the meetings enabled flow of reporting to the Board meeting taking place two weeks later.

3. Committee Effectiveness

The Committee has been effective during the year, with assurance and information from the Committee flowing to the Board via verbal and a written Chairs report. Full minutes are received in the Blue Box, Board Workshop.

At the end of each meeting the Chair seeks feedback from members and other attendees to gather as much insight and how we improve the effectiveness of the Committee.

A formal audit was undertaken by PwC to ensure that the Committee was meeting its duties and responsibilities as set out in its Terms of Reference. The auditors observed the September 2022 Workforce Committee meeting, held discussions with Non-Executive Directors and reviewed meeting papers and key governance documents.

The overall conclusion of the audit was that the WFC was meeting its primary duties and responsibilities as set out in its Terms of Reference, however, 4 findings were highlighted and recommendations for improvement made:

- **Terms of Reference**
- **Actions raised by Sub-Committees**
- **Quality of Papers**
- **Wider Picture**

A summary of the recommendations and actions can be seen in the table below.

Findings	Recommendation	Actions
Terms of Reference	A structured process to be implemented for the preparation of the work on an annual basis as well as regular intervals where updates may be required. This should be circulated to the relevant committee attendees and used as necessary to develop the individual agenda's for the meetings. The Terms of Reference should be amended to make reference to the fact that annual objectives will be set. The current statement under the 'objectives section' should be removed. The annual objectives should be revisited to make sure they are SMART.	Two common statements will be added to all Workforce Committee Terms of Reference:- 1. Each Committee of the Board has a formal work plan that is approved by Board, which will be used by the Committee Chair and Respective Executive for developing agendas for preparation towards the committee meeting. 2. The Committee shall be accountable to the Board and examine assurances relating to digital and informatics performance. The Committee will set annual objectives which will be agreed by the Board.

Actions Raised by Sub Committees	Sub-Committees and groups should have a standardised minutes format, with standing agenda items in place to ensure topics for discussion with the WFC are not missed. This includes a section dedicated to actions that need to be raised at WFC. The work plan of the WFC should be reviewed alongside those of the sub-committees to ensure that there is adequate separation of detail and information from assurance provision.	<p>A review of minutes of sub-committees and groups will take place to ensure standardisation, including a section for actions to be raised at WFC</p> <p>The work plan of the WFC and sub committees is reviewed annually. At the next scheduled review, the work plans will be reviewed to ensure that there is adequate separation of detail and information from assurance provision</p>
Quality of papers	Papers for the WFC meeting need to clearly set out assurance that is being provided through clear explanations of underlying causes, focused actions to address these causes and more information on the impact of actions that have happened. Papers should also be presented with the same clear focus on the assurance that is being provided.	<p>The HR Team are reviewing the standard work taken to develop agendas and supporting papers. During the development of the agenda, agreement will be obtained as to how each item should be presented e.g paper, presentation or data.</p> <p>A standard template for presentations has been developed which will include a standard template of a slide to summarise assurances, escalations and recommendations to the Committee will be produced to key information is shared in a simple format.</p>
Wider Picture	During WFC meetings discussions, linkages and connections should be made by both the NEDS and the Executive team to wider work going on in the Trust where this relates to key priorities for the Board.	We have confidence that Committee members are fully engaged in wider work and activity and therefore on this specified occasion we did not make an explicit connection

On completion of the Internal Audit the proposed recommendations and actions were discussed and agreed with the Chair of the Workforce Committee, the Director and Deputy Director(s) of Human Resources and Organisational Learning and the Company Secretary.

The implementation of the recommended actions has improved the effectiveness of the Workforce Committee.

4. Delivery Against Terms of Reference

As previously reported in the conclusion from the PwC Internal Audit report, the WFC was meeting its primary duties and responsibilities as set out in its Terms of Reference, but with improvement recommendations that are being implemented.

5. Amendments to Terms of Reference

Due to the change in Committee Membership, detailed at item 2, and the recommendations and actions from the PwC Audit report, the ToRs have been amended to reflect the changes and were approved at Board on 24th November 2022. See Appendix A

6. Committee Objectives

The proposed Committee Objectives for 2022/23 were originally shared and signed off but following feedback received from the Audit Committee they needed to be refined to reflect, alignment with other Committees' objectives, the ways in which the committee would provide assurance over the activities that the Trust is taking to achieve its objectives, and they could be measured. The amended objectives were reported to Board and approved and are detailed at Appendix D.

The Committee has made significant progress to meet the objectives for 2022/23 with assurance given through the updates provided by the HR & OD Director on the Joint Accountability Assurance Framework and the People Priorities Dashboard.

The objectives for 2023/24 are detailed at Appendix E and will focus on the areas to help support and achieve the new LTHT Annual Commitments.

7. Work Plan

The Committee has regularly reviewed its workplan to ensure the most relevant issues are being discussed whilst the Committee has attempted to balance this with assuring the future people strategy against our people objectives. It has a well-established 'Work Plan & Calendar of Key Events' which sets out its annual cycle of work and reporting. This is kept under regular review and often updated and prior to each meeting the Chair formally reviews the planned agenda separately with both the HR Director and the Company Secretary.

The updates are annotated on the workplan, see Appendix B, using red text. If an agenda item is written in red text, it signifies the item has been added to the workplan, if there is a strikethrough it has been deleted.

The Committee has a standing agenda item to ask all members if there are any issues they wish to escalate to the Board, other Committees (including Risk Management Committee) or Corporate Risk Register from any information they have received and discussed during the meeting.

In addition, the Chair takes part in the regular meeting held by the Trust Chair of all Trust Board Committees to discuss governance arrangements and their implementation and efficiency.

The members of the Committee are also encouraged to report back on their other sources of assurance for triangulation i.e. membership of and attendance of other Board Committees, chairing consultant interviews, and ward visits that connect “Ward to Board”. Committee members have also attended other meetings, such as Health and Wellbeing, various staff networks, weekly tactical operational update, Report Outs, inductions, to ensure that contact with the hospitals was retained despite COVID-19 restrictions. In addition to this each Committee meeting has a ‘Staff Story’ section where the Committee hears directly from staff on relevant issues which have impacted them and/or their colleagues.

The following section sets out the specific issues discussed.

National/Regional/Operational Issues

The Committee was provided with regular information and assurance on the implementation of national agreements where they existed, and local arrangements following discussions with WYATT and other Leeds partners, via verbal updates and Report Papers.

National Terms & Conditions (T&C)

At every meeting an update and assurance was provided regarding T&C with a focus on areas of greatest risk to ensure, where possible, the T&C and engagement of staff helped to support the delivery of high quality care.

Of note were the following:

- Successful implementation of the Pay Award 2022/23
- Pension scheme updates
- COVID sickness absence
- Messenger Leadership Review
- Industrial Action

Regional/Operational /Local issues

Industrial Action

Updates and assurances was provided on the work of the Planning Resilience Group and how the Trust had planned and considered the impact of industrial action on the care of

patients, and put in place supportive measures that were appropriate to help minimise disruption. It included local engagement with trade union representatives, maintaining staff engagement, and the Committee were cognisant of the Trust wanting to support staff in taking lawful industrial action. The Corporate Risk Register CRR04 was also updated to include the risk of industrial action.

Pensions

The Committee received updates regarding the impact of the annual and the lifetime allowance of the Pension Taxation, noting it had been an issue for several years but so far the impact on service delivery had been small. The issue was supported by a survey that had been conducted to gain insight to the potential impact of consultant choices; either to retire early, do additional work or reduce their PAs. It highlighted that during the next financial year there could be a significant reduction regarding job plans and a substantial step change would be required to mitigate the emerging risk.

It was noted that the issue would need to be addressed in workforce plans and the introduction of pensions recycling alone would not mitigate the risk. The Committee reflected on the on-going lobbying required nationally for wider understanding on the impact of tax rules.

People Priorities

CSU People Priority Measures Dashboard

The CSU People Priority Measures Dashboard provided an up-to-date reflection on where the CSU's were rated against the People Priorities. The Dashboard formed part of the conversation between the HR Business Partners (HRBPs) and CSUs during the Joint Accountability Assurance Framework (JAAF) meetings and the Integrated Accountability Framework (IAF) with the Executives. The workforce metrics continued to be reported to Board through the Integrated Quality and Performance Report (IQPR). The Dashboard was reviewed by the Committee at every meeting with further assurance and detail provided with the deep dives of each People Priority. An example of the dashboard is shown in Appendix F.

People Priority Deep Dives

The deep dives were used to provide the Committee with the assurance on the progress of CSUs against the People Priorities, outline the operational risk and mitigating actions in place. There were two deep dives per meeting which allowed time for a thorough meaningful discussion.

Workforce Planning People Priority

Several presentations highlighted the on-going work regarding Workforce Planning to ensure the Trust had the right capacity, skill mix, resolved gaps in staffing to deliver the best patient safety, quality and experience. It explained the design and roll out of a Workforce Template to provide operational plans for the next 12 – 18 months and the progress and positive impact made by the Finance Mitigation Workstream group to

achieve the financial mitigations on variable pay and vacancies. It reported that the level of rosters being approved on time had decreased due to the increase of scrutiny of rosters which had a positive impact on the reduction of duties being requested. It also explained how the improvement to roster management was having a positive impact on staff health and wellbeing. The timeliness of signing rosters was creating more time to plan and fill gaps leading to better staff experience and therefore better staff care.

HR Metrics

The Committee was also informed of a focus to monitor and utilise key HR Metrics (detailed below) and actions to improve those metrics which will help determine the progress being made across a number of our People Priorities.

Sickness Absence

- Regular assurance meetings are taking place between managers in CSUs and the HR Advisory team. The focus is to reduce the number of people breaching any of the sickness absence thresholds whilst maintaining a PPM approach.
- There is extensive work being undertaken by the Occupational Health and Wellbeing teams to support staff back into work where appropriate and possible.
- Based on the projected reduction in Sickness Absence in 23/24, the Trust may achieve savings of £1.5m if the savings are realised.

Voluntary Turnover

- Monitor Voluntary Turnover and use Statistical Process Charts for the In-Month Voluntary Turnover Rates.

Vacancy

- HRBPs are working closely with CSUs and corporate teams to ensure operational workforce plans include actions to address high vacancies and exploring alternative recruitment options e.g. alternative roles (ACP, PA, Nursing Associates) along with apprenticeship options.
- Where a special cause for concern around vacancies is identified, a deep dive is undertaken to identify the reason.

Staff Engagement

- Culture: Strengthening the culture, behaviours and values through the Living the Leeds Way campaign, following the Summer of Connecting.
- Empowerment: Supporting CSU Tri Teams to move from Transactional to Transformational engagement, seeing People as the solution to all challenges.

Building the empowerment of individuals and teams via the Living the Leeds Way campaign, and providing greater ownership of local staff survey results to better inform continual team engagement activity.

- Basics: Prioritising improvement activity around 'Getting the Basics Right' for our People. Multiple projects assured via the Staff Engagement Group.
- Communication: To build greater awareness and recognition of the value of employee voice tools and their impact via strong 'You said... together we're doing...' communication campaign.

Agency Spend

- Continue to monitor agency spend through the Finance Mitigation Project Group.
- CSUs have included actions in their workforce plan to reduce bank and Agency rates.
- Work is now being undertaken to look at the return on investment of the work that has been undertaken as part of the Financial Mitigation project in SIM, Urgent Care, Neuro, TRS and AMS and a further roll out plan will follow once the results has been analysed.

Health & Wellbeing People Priority

Sickness Management

Presentations highlighted the on-going work in relation to sickness management with an emphasis on, creating a positive work environment where health & wellbeing is supported and managers provide proactive support to understand reasons for absence to help individuals return to work and improve the level of attendance. It provided an update on its approach and what was going well, detailed the current sickness absence position informing that there was higher sickness absence across all CSU's and the cost of living crisis and winter pressures was having a detrimental impact It also summarised the challenge of the Occupational Health Service and provided actions that had been put in place to help mitigate.

Free From Discrimination People Priority

Freedom to Speak Up

Updates and assurances were provided on the progress for the plan of work for improving and strengthening processes for, speaking up linked to the People Plan, addressing key concerns from staff in the Summer of Connecting and meeting the IQPR measures.

It highlighted several key issues and priorities which included:

- Creating a FTSU culture
- A review and update of current processes, policy, and roles of the FTSU champions and leads
- Approval of the NHSE/I FTSU review tool
- Increase and improve the communication and engagement of staff, with a focus on the listen/review/reset approach

Equality Diversity & Inclusion

The Committee was reminded of the Trust aim to have a culture of inclusion and belonging, where all staff wake up inspired, feel safe at work and contribute the best of their authentic selves in pursuit of excellence for our patients and staff.

Insight was provided to the EDI delivery plan and the areas of focus was to, debias processes, engender a fully inclusive culture, deliver positive action for minority groups and to review and improve the Trust process of Equality Impact Assessment.

Reports were received and discussed on the progress and positive impact relating to the:

- Delivery Plan
- Inclusive Recruitment
- Inclusive Conversations
- Mandatory Training
- Staff Networks

Gender Pay Gap

In accordance with legislation the Committee received a presentation which provided data relating to the Gender Pay Gap. The data referred to employees paid by LTHT in March 2022 but didn't include Bank / agency staff and any overtime payments.

It highlighted the following:

- LTHT gender profile was unchanged since 2021 and that women made up 75% of the workforce.
- The Mean pay gap was in favour of men at 19.97% which was a slight improvement from 2021.
- The Mean gender pay gap in the wider public sector was 13.6%, the Trust reported 19.7%. Typically biased in NHS due to large female workforce, predominantly in lower banded roles and there was a slight improvement to a gap of 6.37% in 2022 from 6.52% in 2021, also women occupy the majority of roles across all quartiles.

The presentation also detailed the actions LTHT were taking to reduce the gap which included:

- Promoting progression of women into leadership roles
- Encouraging attendance of women across the full range of leadership and development opportunities provided by the Trust

- Enabling access to the Springboard programme - a development programme for women to enhance their skills and build confidence and assertiveness.
- Promoting the Trust flexible and agile working solutions
- Continue to implement Inclusion Ambassadors to ensure inclusive recruitment and selection experience

Most Engaged Workforce People Priority

Staff Survey

Under the Most Engaged Workforce People Priority the Committee received presentations which provided, an update on the outcomes of the refresh of the Leeds Way through the 'Summer of Connecting' activities; details of the preliminary and final 2022 NHS Staff Survey results, the next steps for engaging managers and their teams with the results utilising the 'What 3 Things' conversation framework.

It was confirmed that the staff engagement score was the fourth consecutive year it had deteriorated and was now benchmarking amongst the average for the NHS.

Actions were also highlighted that would improve staff engagement which included:

- Staff Engagement and Development discussions taking place at Executive Meetings, Executive Management Group and Senior Leaders, to achieve agreed and collective accountability and action which would shape the Trust priorities for 2023/24.
- Trust level 'Getting the Basics Right' projects would continue to be a part of the Staff Engagement Group priority and Forward Plan.
- HRBPs would continue to support bespoke adoption within CSUs.

Assurance was provided of the information that would flow to teams and CSUs with their local results to use and triangulate with the feedback from the Summer of Connecting and take forward to address areas of improvement.

Remote Working

The Committee was shown a presentation that highlighted the Trusts ambition to implement remote working capabilities aligned with the strategic drivers of the Estate Strategy, People Strategy and BtLW Program. It explained the commissioning of the Remote Working Project and its remit, what actions had been implemented and what were the next steps.

Violence & Aggression to Staff

The Committee was given a presentation that highlighted the issues, data and impact of violence and aggression on staff and services. It provided assurance to the on-going

collaborative work across disciplines to address the root causes and make meaningful change in relation to, challenging behaviours and reducing violence and aggression. It also highlighted the strengthened governance structures being put in place to ensure LTHT met its responsibilities as set out in the new NHS Violence Prevention and Reduction Standard and the requirement for the Trust to self-assess against them.

Clear Performance Expectations People Priority

Talent Management

An update was received on the Agenda for Change (AFC) Appraisals and its impact as an effective performance development tool as it is seen as one of several 'gateways' available to managers to enable performance for their teams.

The update highlighted changes that had been implemented for 2022 which were designed to start to create a step change around performance and development conversations, so that they were viewed as a regular and on-going occurrence through the daily management of work and not a single intervention once a year.

The Appraisals also provide an insight into the Personal Development Plans needs of our Staff, which feeds into the Organisational Learning Needs Analysis which informs the annual Learning & Development Prospectus.

Education & Training People Priority

Presentations that provided insight and context in the need, development and planned implementation of the Learning, Education and Training Strategy with a focus of bringing everyone together as a partnership, the training needed to do core business, the requirement of Board Level support and leadership and all based around the combination of three key factors:

- Clinical quality
- Learning, Education & Training
- Research & Innovation

Health & Care System

Recruitment

Updates were received on the work taking place across the city in collaborative partnership with Leeds Community Healthcare to support the recruitment and training of International Nurses, Social Workers and Support Workers to reduce workforce gaps. Also summarised was the review that had taken place regarding, flexible working models, recruitment processes and talent pipelines. And the value of working with organisational partners and the impact it has had across the system.

The Committee received and noted the work taking place in all the deep dives and the assurance provided.

Work Plan 2023/24

The workplan for 2023/24 will be initially using the areas of focus from the 2022/23 workplan and will be updated to align with the outcomes from the Goal Deployment work being undertaken by the Executive Team in March 23.

8. Other Issues Addressed by the Committee in Year

Other areas the Committee discussed and sought assurance on in 2022/23 included:

West Yorkshire Vaccination Programme

9. Risk Management

The Committee provided assurance to the Board on the key workforce issues and risks. The workforce risks held on the Corporate Risk Register was reviewed at every meeting with regular updates and mitigating actions in place associated with the risk. The key focus was the health and wellbeing of staff given the staff and operational pressure and sickness absence exacerbated by COVID – 19. The triangulation to risks was also sought by ensuring staff feedback, received by Non-Executive and Executive members during their visits to CSU's was shared.

The specific issues discussed at meetings which required assurance was:

Focus on CRR 04 Health and Safety of Staff

A regular update was provided regarding the risk score and that following a review at the Risk Management Committee it was increased from 12 to 15. The reason for the increase was explained, related to the monitoring of Covid numbers which had plateaued and the potential increase in staff absences due to industrial action. It was also noted that the work on attendance management was continuing, a weekly steering group had been established to monitor any actions due to the likelihood of industrial action, and the cost of living crisis was still a cause for concern.

Focus on CRRS1 Inadequate Nurse Staffing Levels

The Committee was provided with an update on the registered nursing staff which also included a reflection on the growing risk with the unregistered workforce. The key highlights included:

- Safe Care – a system in place to monitor, manage and mitigate any shortfalls in staffing levels and provide assurance the workforce is distributed safely.
- Increase in nurse and CSW establishment
- Approval of funding to recruit more international nurses
- Implementation of 'New to Care' program

- Impact of Finance Mitigation Workstream – reduction in bank spend and agency rates

Focus on CRRS2 Insufficient Medical Staff to Deliver Service

The Committee received periodical updates on medical staffing and it highlighted the key issues which included:

- Learning from working with covid as it presented different workforce issues and required different skills
- Trainee capacity – covering on-call rotas and the requirement not to work full time
- Pay – pay rates set by the BMA, the variable regional pay rates, and the pension tax

It also highlighted the collaborative work between HR, Medical Directorate, Corporate nursing was strengthening which was helping to address and resolve the challenges.

Risk Appetite

It was agreed at the Board meeting on 21st October 23 that each Committee would review the relevant Risk Appetite Statements and consider any recommendations for amendments.

Detailed at Appendix G is the Workforce Committee Risk Appetite Review paper that was sent to all the committee members to review and consider any recommendations for amendments. No amendments were received and it was agreed to keep the current risk appetite and no adjustments required to the statements with the rationale that multiple actions were in place that helped to stay within the 'Cautious' risk appetite.

10. Internal Control Environment

Relevant to the Committee are the assurance mechanisms in place in relation to the Workforce Risks detailed in the Trust's Risk Management Framework specifically the four, Level 2, Workforce Risks (Workforce Supply Risk; Workforce Deployment Risk, Workforce Retention Risk; and Workforce Performance Risk) and the Level 2 Health and Safety Risk under the heading of Operational Risk.

In relation to the Workforce Supply Risk and Workforce Deployment Risk are the Nursing and Midwifery Quality and Safety Staffing Report.

As detailed in item 9 the Workforce Committee receives assurance reports in relation to Workforce Risks on the Corporate Risk Register, specifically:

CRRS1 – Inadequate Nurse Staffing Levels

CRRS2 – Insufficient Medical Staff to Deliver Service

CRRS17 – Staff health, safety and wellbeing during the Covid-19 Pandemic.

The outcome measures for the seven People Priorities are reported in the Well Led section of the IQPR and this is reported directly to the Board.

11.Publication Under Freedom of Information Act

This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision.

Final report

This paper has been made available under the Freedom of Information Act 2000.

12.Recommendation

The Audit Committee and the Trust Board is asked to receive the Annual Report and be assured the Workforce Committee has acted in accordance with its Work Plan for 2022 to 2023 and Terms of Reference, and is asked to approve the Work Plan for the coming year for 2023 -2024.

13.Supporting Information

The following papers make up this report:

Appendix A Terms of Reference

Appendix B – Work Plan for 2022/23

Appendix C – Proposed Work Plan for 2023/24

Appendix D - Committee Objectives 2022/23

Appendix E – Proposed Committee Objectives 2023/24

Appendix F – People Priorities Dashboard

Appendix G – Workforce Committee Risk Appetite Review 2022

Phil Corrigan

Interim Chair of the Workforce Committee

May 2023

APPENDIX A – Terms of Reference – Workforce Committee

1. Main Authority / Limitations

- 1.1 The Board has resolved to establish a Committee of the Board to be known as the Workforce Committee (“the Committee”). The Committee is comprised of Non-Executive Directors, accounts to the Board shall have Non-Executive responsibilities, powers, authorities and discretion as set out in these terms of reference. The purpose of the Workforce Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances to ensure (i) LTHT delivers the aspirations set out in the Interim People Plan of the NHS Long Term Plan 2019, (ii) along with the Trusts the seven People Priorities (Workforce Planning, Clear Performance Expectations, Health & Care Systems, Free from Discrimination, Education & Training, Health & Wellbeing, Most Engaged Workforce), (iii) the sub Committee structure will provide further assurance and these groups will report to the Workforce Committee as set out in Appendix 2
- 1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its objective. The Committee may appoint, employ or retain such professional or legal advisors the Committee consider appropriate. Any such appointment shall be made through the Company Secretary. All Board Members shall be entitled, should they wish to do so, to see the advice received from the Committee’s advisors.
- 1.3 The Committee will report annually on the delivery of its work programme. Reports will specifically comment on progress and performance both against national policy and the seven priorities of LTHT People Plan, with suitable performance metrics to measure progress.
- 1.4 Approved minutes of the Committee are circulated to the Board for information at the first formal meeting of the Board after approval. The minutes are also circulated to those regularly in attendance. The Committee Chair provides the Board with a brief summary of the Committee’s work at the first available Board meeting opportunity after each Committee meeting. The Chair of the Committee will escalate matters to the Board as deemed appropriate and, if necessary, to the trust Board Chair prior to a Board meeting.
- 1.5 Each Committee of the Board has a formal work plan that is approved by the Board, which will be used by the Committee Chair and respective Executive for preparing agendas for preparation towards the Committee meeting.
- 1.6 Trust Standing Orders and Standing Financial Instructions apply to the operation of this Committee. The Committee will set annual SMART objectives which will be agreed by the Board.

2. Objective

- 2.1 The Committee shall be accountable to the Board and examine assurances relating to financial and operational performance.

3. Primary Duties and Responsibilities

- 2.1 To oversee and provide assurance on workforce performance. In providing such oversight and advice to the Board the Committee shall oversee (i) current and forward-looking workforce, financial and operational performance pressures; (ii) consider future, workforce, financial and operational strategy, (iii) scrutinise assurances provided by management in respect of key workforce performance indicators against the Trusts the seven priorities of the People Priorities (Workforce Planning, Clear Performance Expectations, Health & Care Systems, Free from Discrimination, Education & Training, Health & Wellbeing, Most Engaged Workforce).
- 2.2 To consider and advise the Board on the risks associated with any material workforce issues as required from time to time by any Director in consultation with the Chairman and Chief Executive. In preparing such advice the Committee shall satisfy itself that a due diligence appraisal of the proposition is undertaken, focusing in particular on the implications for workforce, financial and operational performance, and is within the risk appetite and tolerance of the Trust, drawing on independent external advice where appropriate and available, before the Board takes a decision whether to proceed.
- 2.3 To require regular workforce reports from management, against each of the seven priorities of the People Priorities which enable the Committee to consider the workforce, financial and operational risks involved in the Trust's business and how they are controlled and monitored by management.
- 2.4 To work closely with and support the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework.
- 2.5 To consider, within its agenda, material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
- 2.6 To review and endorse the content of the workforce data within the annual report and accounts for submission to the Board.
- 2.7 To undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from time to time entrust to the Committee.
- 2.8 The Committee shall review annually the Committee's terms of reference and its own effectiveness and recommend to the Board any necessary changes arising therefrom.
- 2.9 To report to the Board on matters set out in these terms of reference and how the Committee has discharged its responsibilities.

- 2.10 The Chair of the Committee shall provide an annual report to the Chair of Audit Committee confirming the effectiveness of the Committee and fulfilment of its objective, and to the effect that the Committee has reported to the Board financial or operational performance which could adversely affect achievement of corporate objectives.
- 2.11 Where there is a perceived overlap of responsibilities between the Trust's Finance & Performance Committee, Quality Assurance Committee, Digital & Informatics Committee and Building Development Committee usually in consultation with the Director of Human Resources & Organisational Learning, the respective Committee Chairman shall have the discretion to agree the most appropriate Committee to fulfil any obligation.
- 2.12 Where the Committee's monitoring and review activities reveal cause for concern or scope for improvement, it shall make recommendations to the Board on action needed to address the issue or to make improvements.

3. Duties and Etiquette

- 3.1 The duties of the Chairperson of the Committee shall be to:
- keep the Board informed regularly of any material matters which have come to the Committee's attention;
 - ensure that minutes of the Committee are an accurate reflection of discussion;
 - attend or designate another member of the Committee to attend public meetings of the Trust to answer any questions related to the work of the Committee;
 - submit an annual report on the work and effectiveness of the Committee to the Board; and
 - ensure that all significant risks are discussed and where necessary escalated in line with LTHT's Risk Management Policy.
- 3.2 The duties of members and attendees shall be to:
- attend and contribute;
 - have read the papers and materials in advance and be ready to work with them;
 - actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide;
 - disseminate the learning and actions from the meetings;
 - to attend at least 75% of meetings of the Committee per year.

4. Constitution

- 4.1 The Committee shall meet with such frequency and at such times as it may determine. It is expected that the Committee shall meet a minimum of four times per year with normal practice of meetings bi-monthly.

- 4.2 The quorum for meetings shall be two non-Executive Directors, one of whom should be the Committee Chairman, unless he or she is unable to attend due to exceptional circumstances. In the absence of the Committee Chair a decision will be taken in advance of the meeting as to which independent Non-Executive Director who is a member of the Committee shall chair that particular meeting.

5. Membership and attendance

- 5.1 The Membership shall be disclosed in the Annual Report and shall be three independent Non-Executive Directors of the Board. At least one of the members shall have recent and relevant HR experience. There shall be no deputies allowed in the absence of a member attending. Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum. The Members shall be:

- Amanda Stainton (Chair)
- Laura Stroud
- Mark Burton

- 5.2 The Director of Human Resources & Organisational Development, both Deputy Director of Human Resources, Chief Executive, Chief Medical Officer, Medical Director for Professional Standards and Workforce Development, Director of Strategy (for items relating to workforce planning), Chief Digital & Information Officer or his Deputy, Director of Estates & Facilities, and Company Secretary shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate and agreed with the Committee Chairman. The Chief Medical Officer and Chief Nurse will also be in attendance with representation by agreement with cover arrangements between them – hence will not be in attendance at the same time.

- 5.3 In order for decisions taken by the Committee to be valid, the meeting must be quorate. This will consist of two members of the Committee being present at the point when any business is transacted. [See 6.1 above].

- 5.4 The Committee is serviced by Secretariat which organises meetings. Papers shall be available at least five clear days before each meeting. Papers shall not be tabled unless it is essential and only with the Committee Chair's prior agreement.

- 5.5 Terms of reference are reviewed annually or in the light of changes in practice or national/local guidance.

6. Version Control

Version Control	Date	Comments
V8	29 Sept 2022	Updated NED membership
V9	24 Nov 2022	Updated NED membership, SMART objectives, agenda review process
V10	30 March 2023	NED membership and Chair update

Document Owner

The Company Secretary is the owner of this document and of any Board Minute authorising any amendment.

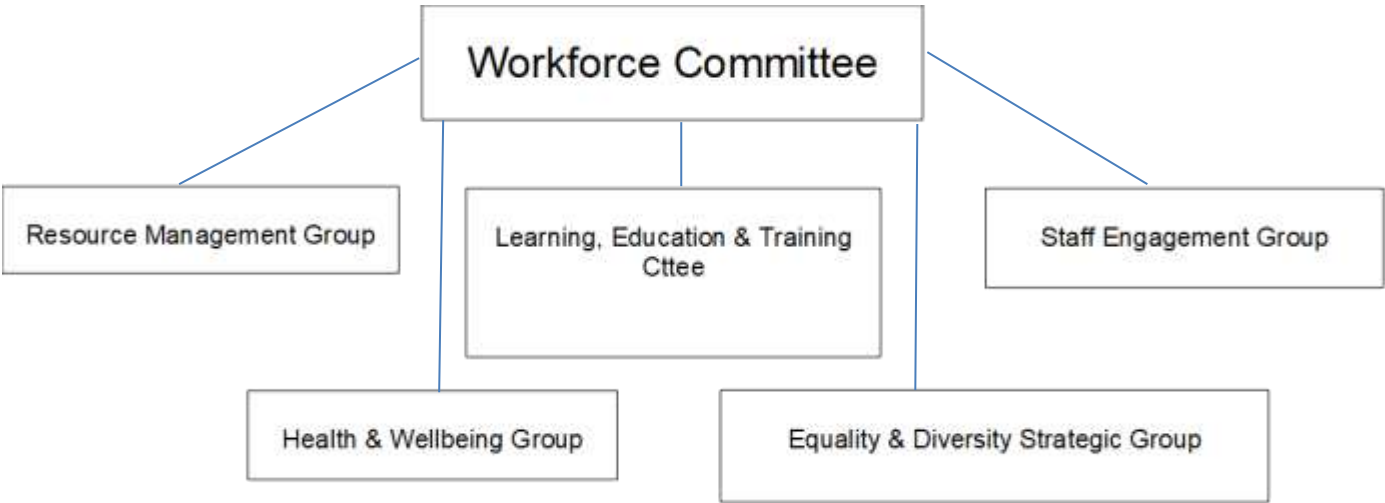
Appendix 1

Our Priorities

1. Our **workforce planning** will ensure that we have the right skill mix and diversity to resolve gaps in staffing so that we can deliver the best for patient safety, quality and experience.
2. We will set **ambitious performance expectations, clear priorities** and support our staff to improve and be the best they can be.
3. We will enable our people to work across **the health and care system** with our partners to improve the health and wellbeing of the local population.
4. By working in a way which is **inclusive and free from discrimination** we will value and recognise the contribution of every employee, volunteer, and student.
5. We will provide **excellent education, training and development** so that people are skilled to do their job and realise their full potential.
6. We will enable **staff to maintain mental and physical wellbeing** with a diverse and wide ranging offer of activities so that everyone can meet the demands of their role
7. We will be **the most engaged workforce** in the NHS working in partnership in an outstanding health and care system.

Appendix 2

Sub Committee/Groups Reporting to the Workforce Committee



Appendix B - Workplan for 2022/23

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
1. Standing Items													
1.1 Welcome and Introductions; Apologies for Absence; and Declarations of Interest Annual Statement of Independence	X	X		X		X		X		X		x	
1.2 Approval of Minutes of the Previous Meeting	X	X		X		X		X		X		x	
1.3 Matters Arising and review of Action Tracker	X	X		X		X		X		X		x	
1.4 Items from other Board Committees	X	X		X		X		X		X		x	
2. Briefings													
2.1 Chair of the Workforce Committee	X	X		X		X		X		X		x	
3. Risk and Governance													

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
3.1 Focus on CRR04 Health & Safety of Staff	X	X		X	1 Sept Audit Cttee	X		X		X		x	
3.2 Focus on CRRS1 Inadequate Nurse Staffing Levels		X		X				X				X	
3.3 CRRS2 Insufficient medical staff to deliver service		X		X				X				X	
3.4 Variable pay and vacancy control - finance mitigation work streams (assurance/escalation)						X				X			
Level 1 risk reviews Supply, Deployment, Retention & performance risks - Director of HR&OD - Audit Cttee 1 Sept 2022													
3.2 Health and Wellbeing Dashboard To report new issues as required	X	X		X		X				X			
4. National Issues													
4.1 NHSI Oversight Framework—workforce	X	X		X		X		X		X		X	

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
4.1 National, Regional and Operational Update (combined update from September 2022)	X	X		X		X		X		X		X	
4.3 National Update (normally verbal)	x	x		x		x		*		*			
4.2 Terms & Conditions Update - Blue Box (if applicable)	X	X		X		X		X		X			
4.5 Regional Update (normally verbal)	X	X				X		X		X			
4.3 Leeds Vaccine Programme	X	X				x				X			
Final report to be provided at September WFC													
4.6 Operational Update (normally verbal)													
4.4 Review of Disciplinary Procedures													
Annual report to be provided													
5. People Priorities													
5.1 CSU People Priority Measures Refreshed Dashboard March 2022	X	X		X		X		X		X			
5.2 Workforce Report - Annual										X			

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
5.3 Workforce Planning Strategic Workforce Planning Development International Recruitment - TBC		X		X		X	22/23 Oct Board			X			
5.4 Clear Performance Expectations Leading the Leeds Way				X								X	
5.5 Health & Care Systems Academy Annual Plan - Annually from 2023		X				X		X					
5.6 Free from Discrimination 21/22 Oct Board timeout session deep dive - 90 mins	X					X	22/23 Oct Board timeout					X	22/23 Oct Board timeout
5.7 Education & Training Digital Medical Schools Council - TBC		X						X		X	Flow to Board		
5.8 Health & Wellbeing Reset and Recovery: HWB				X						X			

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
5.9 Most Engaged Workforce (<i>Jan</i> - preliminary staff survey results; <i>Mar</i> - full staff survey result; <i>May</i> - violence and aggression to staff; <i>July</i> - update of activities; <i>Sept</i> - Violence and aggression to staff; <i>Nov</i> - update on revisions to staff survey;) <i>Flexible and remote working</i> <i>Summer of Connecting Update</i>	X	Violence and aggression to staff		update of activities		Violence and aggression to staff		update on revisions to staff survey	X	preliminary staff survey results	Results to flow to 22/23 Board	full staff survey result	
6. Operational Issues													
The aim of the Cttee is to function as an assurance Cttee of the Board – we will work hard to ensure that operational issues are addressed in other appropriate meetings	X	X		X		X		X		X			
7. Corporate Governance Reports													
7.1 Review the workforce information within the Annual Report		X											
7.2 Assurance of the work programme and effectiveness of the Committee to report annually to the Audit Committee in conjunction with attendance by the Chair at Audit mtg (review prior to attendance)										X			

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
7.3 Review of Committee Effectiveness (survey monkey or other – to feed into Cttee annual report for Audit Cttee March) Review following September Committee				X		X		X ?					
7.4 Freedom to Speak Up Self- Assessment (reports to Board May & Nov) needs assurance via Cttee before Board		X	Annual Report 26 May Board					X	Flow to Board as blue box				
7.5 Review WFC Objectives for 2022/23		X											
8. Blue Box (assurance from Sub Cttee structure)													
Each of these Cttee will need to provide an annual report to Workforce Cttee for assurance (and make ref in the Cttee own A/R)										X			
8.1 Resource Management Group minutes	X	X		X		X		X		X		X	
8.2 Learning, Education & Training Group minutes	X	X		X				X		X		X	
8.3 Health & Wellbeing Group minutes	X	X		X		X		X		X		X	
8.4 Staff Engagement Group minutes	X	X		X		X		X		X		X	

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee
8.5 Equality & Diversity Group minutes	X	X		X		X		X		X		X	
8.6 Leeds One Workforce Strategic Board minutes		X				X		X		X		X	
8.7 Leeds Health and Care Academy Portfolio Delivery Group minutes		X				X		X		X		X	
9. Final Items													
9.1 Issues to escalate to the CRR or impact to risk appetite framework	X	X		X		X		X		X		X	
9.2 Issues to seek legal advice	X	X		X		X		X		X		X	
9.3 Issues to escalate to CQC, NHSI/E	X	X		X		X		X		X		X	
9.4 Issues to raise with other Board Committee's	X	X		X		X		X		X		X	
9.5 Strategic Issues to Escalate to the Board in the Chairs Summary Report	X	X		X		X		X		X		X	
Other items													
Any other business	X	X		X		X		X		X		X	
Date of next meeting	X	X		X		X		X		X		X	
10. Other Issues to Note													

Work Plan 2022 and through to March 2023													
Dates Agenda Item	16 March 2022	19 May 2022	Flow to BoD or Cttee	13 July 2022	Flow to BoD or Cttee	15 Sept 2022	Flow to BoD or Cttee	09 Nov 2022	Flow to BoD or Cttee	5 Jan 2023	Flow to BoD or Cttee	16 March 2023	Flow to BoD or Cttee

Appendix C - Proposed Workplan for 2023/24

The workplan for 2023/24 will be initially using the areas of focus from the 2022/23 workplan (See Appendix B) and in support of the new LTHT Annual Commitments.

Appendix D - Committee Objectives 2022/23

Workforce Committee Objectives 22/23 (as of 15 May 2022)

- To ensure the Committee develops to function as an Assurance Committee of the Board with focused reports underpinned by data
- To seek assurance of progress towards delivering the 7 People Priorities
- To seek assurance of the maturity of workforce planning with assurance reporting to WFC and F&P Cttee to support, affordability, delivering activity and recovery (aligning with data reporting to F&P and not duplicating).
- To seek assurance of the activities and progress of the re-launch of the Leeds Way to improve staff engagement across the organisation
- To provide assurance of progress on operational of aspects; Optimal management of unplanned absences
- Ensure that recruitment and promotion processes, that are underpinned by inclusive conversations to debias, and improve our EDI outcome measures
- Ensure managers are equipped (knowledge, skills and confidence) to support their staff and teams to be the best they can be
- To test the Trust's risk appetite statements against the assurances received, alongside seeking assurance of the mitigations set out in the Workforce Risks held in the CRR

Appendix E - Proposed Committee Objectives 2023/24

The objectives for 2023/24 will be in support of the new LTHT Annual Commitments:

Our Annual Commitments for 2023/24	Committee Objectives to support delivering Commitments
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	To seek assurance on compliance of mandatory training with a focus to IPC.
Improve staff retention	To seek assurance of the determinants of unwanted staff turnover, implementation of the right strategies to encourage our talent to remain working for LTHT.
Deliver the financial plan	To seek assurance that systems and processes are embedded to ensure that our unplanned absence in managed optimally, meeting the needs of the organisation whilst taking a personalised approach to keeping staff in work. To seek assurance on workforce planning, focussing on use of bank and agency to deliver the financial plan, alignment to service delivery targets.
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	
Support a culture of research	

Appendix F – People Priorities Dashboard

People Priorities Dashboard Jan 23

		Abdominal Medicine and Surgery CSU	Adult Critical Care CSU	Adult Therapies CSU	Cardio-Respiratory CSU	Centre for Neurosciences CSU	Chapel Allerton CSU	Childrens CSU	Division of E&F	Head & Neck CSU	Leeds Dental Institute CSU	Medicines Management and Pharmacy Services CSU	Oncology CSU	Outpatients CSU	Pathology CSU	Radiology CSU	Speciality and Integrated Medicine CSU	Theatres & Anaesthesia CSU	Trauma and Related Services CSU	Urgent Care CSU	Womens CSU
Workforce Planning	Activity																				
	Voluntary Turnover	7.6 %	5.5 %	11.2 %	8.6 %	10.5 %	6.1 %	7.6 %	6.4 %	5.7 %	10.7 %	9.6 %	9.1 %	9.0 %	8.4 %	8.2 %	11.1 %	4.7 %	11.2 %	13.8 %	8.4 %
	Trend	→	↓	↓	↓	↓	↓	↑	↑	↑	↓	→	↓	↓	→	↑	↓	→	↓	↓	↑
	Vacancy	11.1 %	21.1 %	5.6 %	14.0 %	11.2 %	13.4 %	5.2 %	10.3 %	9.8 %	1.1 %	9.8 %	10.3 %	12.5 %	2.4 %	8.0 %	20.5 %		18.2 %	18.2 %	4.9 %
	Trend	↓	↑	↑	↓	↓	↓	↓	↓	↓	→	↑	↑	→	↓	↑	↑		↓	↓	↑
Health and Wellbeing	Activity																				
	Overall Sickness	6.3 %	6.3 %	5.0 %	6.2 %	5.3 %	6.9 %	5.3 %	8.1 %	5.8 %	6.7 %	4.7 %	5.9 %	10.1 %	6.0 %	5.7 %	7.7 %	7.8 %	6.1 %	6.5 %	6.4 %
	Trend	↑	↑	→	↑	↑	↓	↑	↑	↑	↑	↑	→	↓	→	↑	↑	↑	↑	↑	→
Free From Discrimination	Activity																				
	BAME Staff 8A+	2	1	3	1	2	1	3	1	3	1	27	4	0	6	1	3	0	1	2	1
	Trend	→	→	→	→	→	→	→	→	→	→	↑	→	→	→	→	→	→	→	→	↑
Most Engaged Workforce	Activity																				
	Staff Engagement	6.83	6.37	7.13	7.14	6.25	7.49	7.02	6.49	7.68	6.20	6.72	6.47	6.93	6.46	6.4	6.5	6.1	5.6	5.6	6.9
	Trend	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Clear Performance	Activity																				
	Medical Appraisal	75.3 %	71.0 %		75.9 %	85.5 %	70.9 %	78.9 %		79.7 %	85.0 %		68.7 %		82.6 %	85.1 %	83.8 %	80.7 %	78.3 %	80.9 %	90.2 %

Expectations	Trend	↑	↑		↑	↑	↑	↑		↑	↑		↑		↑	↑	↑	↑	↑	↑	↑
	Annual Appraisal	88.9 %	92.2 %	93.3 %	91.6 %	82.5 %	88.4 %	86.1 %	93.4 %	94.8 %	94.1 %	92.7 %	88.9 %	91.4 %	94.1 %	88.1 %	85.2 %	91.3 %	91.9 %	87.5 %	86.8 %
	Trend	↑	↓	↑	↑	↓	↓	↑	↓	↑	↑	↑	↑	↑	↑	↑	↑	↓	↑	↑	↑
	Local Induction	75.3 %	89.7 %	94.1 %	72.2 %	56.2 %	60.9 %	75.5 %	79.7 %	82.8 %	78.8 %	94.4 %	80.9 %	79.0 %	97.6 %	89.2 %	73.8 %	91.9 %	74.3 %	68.6 %	81.6 %
	Trend	↑	↑	↑	↑	↓	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Training and Education	Activity																				
	Mandatory Training	87.5 %	90.2 %	92.8 %	88.0 %	87.1 %	86.3 %	87.8 %	82.3 %	92.8 %	85.9 %	92.3 %	88.9 %	93.0 %	90.6 %	90.1 %	88.9 %	90.9 %	86.0 %	85.3 %	91.0 %
	Trend	↑	↑	→	↑	↑	↑	↓	↑	↑	↑	↓	↑	↑	↑	↑	↑	↑	↑	↑	↓

x

x

x

x

30-Dec

o

All data points on dashboard are self assessed by HRBPs in conjunction with CSU Tri Teams and are not comparators against peers

Key

→	Score maintained / no significant change since last Dashboard
↑	Score Improved since last Dashboard
↓	Score regressed since last Dashboard

Output

High	Major concern,impact on service delivery. Well below/above IQPR measure
Medium	Concern but manageable.Requires monitoring. May have impact on service delivery. Just below/above IQPR measure
Low	No concern. Well below/above IQPR measure



(for activity, put a 3 for green, 2 for amber and 1 for red)

Appendix G – Workforce Committee Risk Appetite Review 2022
Workforce Committee
Risk Appetite Review
November 2022

Presented for:	Discussion
Presented by:	Jenny Lewis, Director of HR & OD
Author:	Ronnie Alexander Head of Learning & Apprenticeships
Previous Committees:	None

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Supply Risk We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	↔ (same)
Workforce Risk	✓	Workforce Deployment Risk We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required	Cautious	↔ (same)
Workforce Risk	✓	Workforce Retention Risk We will deliver safe and effective patient care, through supporting and training, development and health and wellbeing of our staff to retain the appropriate level of resource to	Cautious	↔ (same)

		continue to meet the patient demand for our clinical services		
Workforce Risk	✓	Workforce Performance Risk We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce	Cautious	↔ (same)
Operational Risk	✓	Health & Safety Risk We will protect the health & wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines	Minimal	↔ (same)

Key points		
This report sets out for the Committee		
<ul style="list-style-type: none"> Review of the risk appetite for the level 2 Risks that have been allocated to the Committee 		Discussion
It is recommended that the Committee agree that it has:		
<ul style="list-style-type: none"> Reviewed the proposed risk appetite assessment Confirm the risk appetite 		Decision

1. Introduction

This report details the proposed risk appetite for the Workforce Risk and Operational Risk (Health & Safety) for the Committee to review.

2. Background

Trust Board first agreed its risk appetite statement in March 2019, reviewing those risks described in both the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

The Board commissioned a Task and Finish Group in October 2020 to further develop the Risk Management Framework, focusing specifically on the Trust's approach to setting and embedding its risk appetite and risk categories, supported by a Non-Executive Director and working in collaboration with commercial partners at Yorkshire Building Society. The work of the Task and Finish Group was presented to Trust Board in March 2021, including the revised risk categories and risk appetite statements, which were approved by the Board.

A document was published; Risk Appetite 2021/22, to be used as a resource for staff working in the Trust to support them in adopting the risk appetite categories and risk appetite statements, to implement this in practice.

At its Time-Out In October 2022, the Board agreed that each governance Committee should review the risk appetite for its associated risks.

3. Proposal

The table below outlines the assessment of Workforce & Operational risks allocated to the Workforce Committee.

Risk Category and Risk Appetite Statement						
Workforce Risk is ‘the risk of unsafe or ineffective patient care resulting from inadequate systems and processes associated with the Trust’s workforce supply, skills & capacity, performance and retention, within an appropriate culture’						
Operational Risk is ‘the risk of direct or indirect loss resulting from inadequate or failed internal processes and systems or from external events’						
Level 2 Risk Type	Exec Owner	Statement	Risk Appetite current	Risk Appetite proposed	Rational for the change/no change in risk appetite	Factors to influence Risk Appetite
Workforce Supply Risk	Jenny Lewis	We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	Cautious	No change proposed The risk is closely monitored by the following actions: Risk is a standing agenda item with consideration of issues to escalate to the Corporate Risk Register. Workforce Committee receives regular assurance reports on the <ul style="list-style-type: none"> • Workforce Planning People Priority 	National shortage-challenge to recruit nurses/medical staff/CSW

					<ul style="list-style-type: none"> • CRRS1 – Inadequate Nurse Staffing Levels • CRRS2 – Insufficient Medical Staff to Deliver Service • CRR04 – Health & Safety of Staff <p>JAAF Review process between CSU/HRBP and Director of HR & OD</p> <p>Monthly review of IQPR</p>	
Workforce Deployment Risk	Jenny Lewis	We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required	Cautious	Cautious	<p>No change proposed</p> <p>As above</p>	Vacancies & sickness having impact on capacity and opportunities to upskill
Workforce Retention Risk	Jenny Lewis	We will deliver safe and effective patient care, through supporting and training, development and health and wellbeing of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Cautious	<p>No change proposed</p> <p>As above</p> <p>Assurance reports and deep dives received on the 7 People Priorities and from their associated sub-committees.</p>	Declining Staff Survey Engagement score; sustained operational pressures; vacancies & sickness; strike action regarding pay and working conditions; retirement;

Level 2 Risk Type	Exec Owner	Statement	Risk Appetite current	Risk Appetite proposed	Rational for the change/no change in risk appetite	Factors to influence Risk Appetite
Workforce Performance Risk	Jenny Lewis	We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce	Cautious	Cautious	No change proposed As above	Having the appropriate system & processes in place; triangulation of data
Health & Safety	Phil Wood/ Jenny Lewis	We will protect the health & wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines	Minimal	Minimal	No change proposed As above	

It is proposed that the risk appetite statements are not adjusted.

4. Recommendation

The Committee is asked to consider the proposed risk appetite for the level 2 risks and risk appetite descriptions and approve these for reporting back to the Board.