

## Workforce Committee Chair's Report

**Public Board**  
**25 January 2024**

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| <b>Presented for:</b>       | Information and Assurance  |
| <b>Presented by:</b>        | Amanda Stainton, Chair of Workforce Committee<br><br>Jenny Lewis, Director of Human Resources and Organisational Development |
| <b>Author:</b>              | Rachel Booth, Business Support Manager – Staff Engagement  |
| <b>Previous Committees:</b> | Workforce Committee, 17 January 2024   |

| <b>Our Annual Commitments for 2023/24 are:</b>                       |   |
|--|---|
| 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  |   |

| <b>Risk Appetite Framework</b> |            |  |                              |               |
|--------------------------------|------------|--|------------------------------|---------------|
| <b>Level 1 Risk</b>            | <b>(✓)</b> | <b>Level 2 Risks</b>   | <b>(Risk Appetite Scale)</b> | <b>Impact</b> |
| 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 the training, development and   | Cautious                     | ↔ (same)      |

|                  |  |   |          |          |
|------------------|--|---|----------|----------|
|                  |  | H&WB of our staff to retain the appropriate level of resource to 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 and 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   |                               |
|--|-------------------------------|
| 1. This summary provides an overview of significant issues of interest to the Board, highlights key risks discussed, key decisions taken and key actions agreed. | For information and assurance |

## 1. Introduction

The Workforce Committee provides 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, alongside the seven Trust annual commitments. 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. The Committee also scrutinises assurances provided in respect of key workforce performance indicators against the Trust's People Priorities reported to the Trust Board in the Integrated Quality Performance Report (IQPR).

## 2. Significant Issues of Interest to the Board

### Staff Story – Retire and Return

<https://youtu.be/QmZCDCcgnTo>

The Committee received a video that focused on the experience of two members of staff of retiring and returning.

The Committee heard how two members of staff had retired and returned on reduced hours following significant service with the Trust. Both members of staff discussed the benefits of retiring and returning, both to themselves and the organisation. They described how returning on reduced hours had helped them achieve an improved work-life balance, health and wellbeing along with financial stability. They explained that the policy had allowed them to continue to utilise their skills and knowledge for the benefit of the organisation and support succession planning.

The Committee explored the costs associated with retire and return, including the potential increased headcount. The policy was commended by the Committee with assurance of the review process in place to monitor this moving forward.

## **Update on National, Regional and Operational Issues**

The Committee heard that the West Yorkshire ICB had established a Workforce Forum to support the implementation of the NHS Long Term Workforce Plan. It was noted that Jenny Lewis had volunteered to represent WYAAT on the group and an update would be provided to a future Committee once established.

## **Update on National Terms and Conditions**

The Committee were provided with an update on the recent industrial action taken by Junior Doctors and heard how the organisation had safely managed this period through contingency planning and collaborative work with partners across the City and WYAAT. However, it was stressed that the effort and planning required to ensure Junior Doctors were able to have their voice heard in the Leeds Way could not be underestimated.

An update on local issues was provided within the report and discussed by the Committee, noting that these were Trust and CSU-specific. The Executive Team were asked to review one specific issue.

The Committee received and noted the update.

## **Workforce Committee HR Metrics**

The Committee received an update on the HR metrics that were to be reported to the Board within the IQPR. It was noted that all metrics were in line or better than the trajectory. The key points noted were:

- The Five-Year Plan data indicated that for 2024/25 there would be a reduction in 50.75 WTE due to waste reduction schemes totalling 563 WTE offset by investment schemes of 512 WTE, such as the Elective Care Hubs, Neonates and WYAAT Aseptics
- The indicative workforce implications of the Five-Year Plan against professional groups had been modelled, with the WTE of all staff groups set to increase aside from the non-clinical workforce which would reduce due to waste reduction schemes, such as cost-based review and robotic process automation
- The committee asked that the 2023/24 plan also be reported to see the improvement in our aligned finance and workforce plans. Progress against the plan will be reported at every Workforce Committee
- The NHSE 2023/24 agency cap of 3.7% of the total pay bill had been achieved for the first eight months of the financial year. A more challenging internal target had been developed based on 2022/23 expenditure levels less WRP schemes and was monitored by HR and Finance
- The Trusts sickness absence rate in November was 5.37% and remained below the target for 2023/24
- Rolling voluntary turnover had reduced ahead of forecast throughout 2023/24 so far. Whilst positive, it is yet unknown as to whether this is a result of the work undertaken in relation to the in-year commitment of retention
- The gap between establishment and staff in post was approximately 900 WTE. HR Business Partners continued to work closely with CSUs to ensure operational workforce plans included actions to address high vacancies and explore alternative recruitment options

- The embargoed preliminary Staff Survey result were reviewed, noting these would be shared more widely with the Board in March when the embargo was lifted.

The update was received and noted by the Committee.

### **Workforce Planning People Priority:**

#### **Clear Performance Expectations: Succession Planning**

The Committee was provided with an update on the good progress made to close the gaps in the Achieving Potential the Leeds Way Framework. It was noted that since 2021 a successful Well Led Programme had been introduced that included Shadow Boards, a provision of career learning bursts and a network of internal coaches. The paper summarised a draft proposal to grow our own Executive/Senior Leadership pipeline with succession planning, as an indication of the work in progress, which needed to be addressed along with identifying funding. The Executive Team would carry out more work and report back to the Committee in due course.

The Committee received and noted the report.

### **Health and Wellbeing People Priority:**

#### **Occupational Health Performance**

The Committee were reminded that the capacity of the Occupational Health (OH) department to manage demand for referrals had been previously raised on Corporate Risk CRR04: Staff Health, Safety and Wellbeing. They received an update on progress made to manage capacity against demand.

The key points noted were:

- Leeds Improvement Methodology had been used within the OH department to identify areas of process improvement
- Improvements had reduced waiting times from 79 days to 49 days
- 25% of referrals received same day advice to enable managers to take local action
- Through the discharge with advice process, when fully staffed, capacity in the OH Team met demand
- Next steps were to increase awareness of when and how to refer to OH to ensure that managers felt empowered to take local action without OH intervention
- Further work was also required to review submitted referrals to identify if further groups of referrals could be provided with early advice to enable managers to take local actions

The Committee discussed the OH departments capacity to meet current and future demand at length and noted that whilst significant improvement had been made, a backlog of referrals still existed and required review. It was noted that a cultural change was required to educate managers and reduce referrals and that this would take time to have a tangible impact on the departments ability to meet demand. Therefore, it was concluded that the Committee were assured that progress had been made, but further work was required for assurance that the issues had been resolved.

## **Most Engaged Workforce People Priority:**

### **Preliminary Staff Survey Results**

The Committee received the preliminary Staff Survey Results that were under embargo until March 2024. It was noted that comparisons could only be made to Trusts that utilised Picker as their provider, which was approximately 50% of Trusts.

The Committee received and noted the update.

### **Assurance Against In-Year Commitment for Retention: Speciality Integrated Medicine** <https://www.youtube.com/watch?v=7zjMLDfIT60>

The Trust has established seven annual commitments for 2023/4. The Committee received a presentation for assurance against the in-year commitment for retention (Improve staff retention). The key points noted were:

- All Trust level retention metrics had improved, however greater variation in retention was seen at CSU level
- A meeting between Organisational Development and Culture and the HR Business Partners was scheduled for January to triangulate and preliminary staff survey results with other key retention metrics to inform any required central targeted action and support at a CSU level
- CSU level assurance continued to be gained through the Staff Engagement Group with all CSUs required to present assurance throughout the year
- LTHT had been accepted as an NHSE Exemplar for retention and engagement, which would provide the Trust with dedicated support and peer learning opportunities

The Committee also received a video presentation from Speciality Integrated Medicine (SIM) on the work the CSU had undertaken in relation to retention. The Committee heard that retention work included the creation of a CSU brand, including logo and hashtag to promote a sense of belonging, a celebration event and the launch of the ROSE (Recognition of Outstanding SIM Excellence) Awards to recognise and celebrate their staff. The CSU had also introduced staff champions in areas such as equality, diversity and inclusion and the Head of Nursing had hosted coffee mornings for international nurse recruits. There had also been an emphasis on growing and developing the workforce with a Band 6 development pathway commenced in September 2023 and protected time for staff to attend training sessions and programmes, such as the Excellence in Practice.

Having been established two years ago, the CSU recognised that there was still work to be done. This included an increased focus on the staff survey results and produce individualised action plans based on ward/departmental results. Exit interviews were in use and the data was utilised to improve retention. Likewise, a pilot for Stay Interviews was due to launch in February 2024. Plans for Shared Decision Making Councils to be implemented and embedded were also underway.

A number of health and wellbeing initiatives were planned to support retention, which included action plans to increase the number of Professional Nurse Advocates (PNA) within the CSU, as well as introduce Legacy Mentors and Stay and Thrive Ambassadors. A space for a wobble room had also been identified and funding from Leeds Hospitals Charity had been sought.

The Committee heard how the CSU had increased their focus on closing the loop and communicating improvements to their teams to aid retention. This included collaborating with the Communications team, increasing their social media presence, introducing a quarterly CSU newsletter, #SIMply Audible audio bites to communication health and wellbeing information as well as communicating through formal and informal meetings.

The Committee commended the CSU on the work undertaken and noted and received the assurances provided.

### **3. Risk and Governance**

#### **CRR04: Health, Safety and Wellbeing of Staff**

A report was provided to the Corporate Risk CRR04 which noted that the original risk controls were structured around the HSE advice on managing staff absence during the COVID pandemic, with Industrial Action controls subsequently added. Following review at Risk Management Committee (RMC) in December 2023 it was agreed that:

- The Industrial Action aspect of the risk was moved to CRRW4: Insufficient Staff to Provide Treatment, Care and Services to Patients to ensure effective workforce oversight
- The reduction of COVID as a risk provided an opportunity to revisit CRR04 and review the risk description and controls to look purely at staff absence
- Once the format of the risk had been reviewed at Health and Wellbeing Committee, the revised risk would be presented to RMC in February 2024 to be rescored, with a view to be removed from the corporate risk register
- The risk score would remain at 15 until the risk format had been revised

Key points from the risk were noted as:

- Further work was planned to better understand the professional groups utilising Money Buddies and correlate this data with those seeking funding from the Employee Support Fund
- Further work was required to level up Psychology support services and to develop a post incident pathway
- Plans were in place to increase the number of staff vaccinated for Flu/Covid by offering a roving vaccinator model during January 2024.
- A review of moving and handling provision was underway to identify legislative requirements and best practice for delivery

The Committee received and noted the work that would take place to update the risk and mitigation and controls.

#### **CRRW4: Insufficient Staff to Provide Treatment, Care and Services to Patients**

A report and assurance of mitigations was provided to the Corporate Risk CRRW4 and the key points noted were:

- The risk score remained at 16 with a target score of 8
- Nursing and Midwifery staffing levels were monitored regularly and triangulated with quality metrics. There were no significant areas of staffing risk, however, work with

Speciality Integrated Medicine and Urgent Care was being undertaken to review and reduce their bank and agency usage

- Medical staffing levels were monitored through requests for locums and escalations from Clinical Directors and Lead Clinicians
- Meetings with each CSU to discuss workforce, gaps and risks was underway, with the main risks resulting from poor national pipelines in areas such as Paediatric Cardiac Surgery, Occupational Health, Stroke and General Internal Medicine (GIM)
- The Industrial Action aspect of the risk of CRR04 had been added to the risk to ensure effective workforce oversight. Industrial Action remained a significant risk. The Trust had developed a standardised response to planning to ensure safety
- A centralised exit interview process which allowed for central reporting and thematic analysis had been launched in January 2024 following a successful pilot

The Committee noted that there is a significant amount of work in progress however the format of the paper did not provide assurance on actions, progress and timescales as these were not clear. It was agreed that the paper would be revised and presented to RMC prior to further discussion by the Committee to ensure the gaps and controls were clear to provide assurance.

### **Internal Audit Assurance**

The Committee heard an update on the 2023/24 Workforce Internal Audits, including their scope, key findings and agreed actions to be addressed. The key points were:

- All workforce Internal Audit actions due to be completed in 2022, when this control was established, had been completed and the in-year schedule of workforce audits being completed was on plan
- All actions due to be completed by 2023 had been completed or were on track except for three which had requested extensions. These actions had the oversight and agreement of the relevant Executive Lead and were on track and expected to meet the extension dates
- The role of the Audit Committee was to seek assurance that Internal Audit actions were completed and where this is not the case, to approve the required extension date for delivery as recorded and reported via the Internal Audit database. At the Audit Committee meeting on 13 December 2023, it was escalated to Workforce Committee to seek their assurance on the outstanding actions relating to workforce related internal audits.
- It was agreed that Internal Audit Actions would remain as an agenda item twice a year and a Blue Box item in the intermediate meetings. If there was a request for extension, this would be discussed at Workforce Committee to provide Audit Committee with the assurance of risks associated with the extension and that the in-year schedule of workforce audits being completed was on plan

The Committee received the update and noted the assurance provided within the report and confirmed assurance as requested by the Audit Committee.

### **Freedom to Speak Up Assurance**

The Committee were provided with an update on plans to strengthen the Trust's approach to ensuring we have a speaking up, listening up and acting up culture, consistently across the organisation and the Assurance Framework to Trust Board. The update also set out the

clear distinct accountabilities of the Executive Team, the Trust Board and the role of the Freedom to Speak Up (FTSU) Guardian in light of the Letby verdict.

The key points noted were:

- It was the role of the Trust Board to ensure there is a consistent speaking up culture across the organisation and ensure assurance mechanisms were in place with regards to the maturity and progress
- The role of the FTSU Guardian was crucial to helping progress this work, however, for assurance purposes the Guardian was required to report to Trust Board the number of FTSU cases, the themes and any lessons learned for the organisation
- LTHT continued to use the National Guardian's Office (NGO) toolkit to guide actions and assess our maturity about achieving a consistent speaking up culture across the organisation
- A maturity matrix self-assessment was provided to the Committee which used the toolkit presented to the Board in March 2023. A summary of progress against the actions was also provided
- The Trust Board had discussed the need to reflect on the maturity of the speaking up culture considering the Lucy Letby case and to ensure that the learning and actions from the subsequent Thirlwall Inquiry built into the approach
- A group was to be established, led by Jenny Lewis, to oversee and deliver an annual self-assessment against the NGO toolkit, make recommendations to the Executive Directors for improvements and ensure the improvements were made with clear delivery dates. The group would include colleagues from Quality, Workforce, Risk, Communications and the FTSU Guardian
- It was not clear how the NGO intended to refresh the FTSU toolkit in light of learning from the Thirlwall Inquiry or other external reviews. Therefore, the group would work in parallel with the Thirlwall Inquiry to ensure the learning and requirements were captured in the FTSU toolkit, thus using the toolkit as a single place to guide efforts, assess the FTSU maturity and provide assurance.
- Actions from the NHSE letter following the conviction of Lucy Letby would be incorporated into the toolkit

It was noted that the FTSU Guardian was required to report directly to the Board twice a year. It was agreed that this would be augmented with an annual assurance report using the NGO toolkit from the Executive Team to the Workforce Committee and then Trust Board.

The Committee received the update and noted the assurance provided within the report.

#### **4. Standing Agenda Items**

There were no new issues to escalate to the Corporate Risk Register, no issues required legal advice, or escalated to NHS England, WY ICB/Leeds ICB, CQC and issues to escalate to the Board are set out in the report.

The information received within the meeting reported the Trust remained within its defined risk appetite.

#### **5. Publication Under Freedom of Information Act**

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



## **6. Recommendation**

The Trust Board is asked to receive and note the assurances received by the Workforce Committee and note the further work requested as set out in the report.

The Committee concluded that the establishment of a Workforce Management Group, that would report to the Workforce (assurance) Committee would be beneficial moving forward. This would be modelled on the assurance and management reporting for Quality via the Quality Assurance Committee and the Quality and Safety Management Group.

## **7. Supporting Information**

No supporting information

**Amanda Stainton**  
**Chair of Workforce Committee**  
January 2024