

Workforce Committee Chair's Report

Public Board
30 November 2023

Presented for:	Information and Assurance
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Previous Committees:	Workforce Committee, 22 November 2023

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)	Impact
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 – Management Fundamentals Toolkit

<https://youtu.be/AqkPum1cnhw>

The Committee received a video that focused on the Management Fundamentals Toolkit. The video heard from two managers within the Trust and what they believed to be the benefits. They explained that the Toolkit enabled managers to access a wealth of information in one easy to use centralised place and allowed staff to access training and information that they otherwise may not have been aware was available. The information provided was said to be presented in easy to digest summaries with links provided for additional information and reading.

They both explained that the toolkit was particularly helpful to support new managers in the development of skills and knowledge needed to successfully manage staff and teams. In particular, it was noted that the inclusion of information on how to conduct one-to-one meetings and appraisals, or how to support individuals' health and wellbeing and flexible working requests were very useful. It was explained that for this reason that the Toolkit had been included in the local induction of managers within Urgent Care CSU.

The video concluded with a call to all managers, whether experienced or new to management, to access the toolkit to help both themselves and their Teams.

The Committee also heard how the Toolkit was promoted via posters and business cards with QR codes linked to the Toolkit. They also heard that the team had received positive feedback from staff regarding its utility, including from Lead Clinicians following its usage at the Lead Clinicians Development Day.

The toolkit was praised by the Committee and the importance of equipping managers with skills to effectively manage staff was noted.

Update on National, Regional and Operational Issues:

The Committee were provided with an update on the NHSE Domestic Abuse and Sexual Violence Charter and were informed that Jenny Lewis was the nominated Executive lead. The Committee heard that a Steering Group had been established with staff volunteers from across the organisation and they had met for the first time in November to scope the challenge from both patient and staff perspectives.

It was agreed that an update would be presented to the Committee in due course.

Update on National Terms and Conditions

The Committee were informed of the current pause in national BMA industrial action due to ongoing negotiations between the union and the Government.

The Committee were informed that the Junior Doctor BMA had successfully balloted their members and their mandate for industrial action had been extended until 29 February 2024. The BMA SAS Doctors in England were balloting their members for industrial action, if successful, the mandate would last to June 2024. Likewise, the BMA Consultants were re-balloting their members to extend their mandate for industrial action.

An update on local issues was provided within the report and discussed by the Committee, noting that these were Trust and CSU specific.

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 Committee were informed the Trusts agency usage was significantly lower proportionally in comparison to other Trusts in West Yorkshire and therefore we are in a stronger position to achieve the NHSE agency cap target. It was noted that this was partly due to the ongoing collaborative work with CSUs over the last 5 years to align workforce to service and financial plans.

The Committee explored the most prevalent reasons for sickness absence, which were noted to be gastro, musculoskeletal and 'other'. It was agreed that there were opportunities to learn from successful initiatives in other organisations to understand the detail behind the binary categories and help reduce absence related to these issues.

The Committee discussed the reduction in voluntary turnover and whether this was due to the increased focus on retention or whether there was a cyclical pattern. The Committee were informed that benchmarking with other trusts had taken place and similar patterns were noted, however, all trusts were utilising the national guidance and therefore drawing conclusions of causality was difficult.

The update was received and noted by the Committee.

Workforce Planning People Priority:

The Five Year Plan - Update

Further to the 5 year workforce planning narrative shared at the September committee the Committee were presented with an update on the Five Year Plan which was developed annually in line with the multi-year goals and operational context in order to achieve these. It was noted that the internal five year planning process had been completed and the Committee were provided with an update on the associated assumptions around future WTE projections.

They Committee were informed that for 2024/25 the plan showed a reduction in the workforce of 50.76 WTE which was calculated using the proportional waste reduction targets and offset by the WTE increases associated with investment schemes.

An in-depth discussion took place regarding the projected increase in the LTHT workforce by 2028. It was explained that LTHT were undertaking work on behalf of other organisations which would result in an increased headcount, but that this was isolated to specific areas of the organisation, such as Wharfedale, Neonates, Genomics and the WYAAT aseptic project, and was not as a result of underlying growth in established services. It was explained that due to the increased focus on flexible working and the associated benefits of attracting and retaining staff, that this needed to be monitored carefully due to costs potentially off setting the benefits.

The update was noted and received by the Committee.

International Recruitment and Retention

A presentation on the role of international recruitment in the future of LTHT's workforce planning was provided to the Committee. It was explained that as outlined in the NHS Long Term Workforce Plan, the NHS needed to reduce it's reliance on international recruitment and reduce the proportion of new joiners to the NHS from international recruitment from the current 24% to 9-10.5%. Instead, the focus would be given to increasing training placements and apprenticeship routes to 'grow our own'. The Committee were informed that LTHT's international recruitment was below the proposed target levels with nursing below 10% and medical staff at 3.5% respectively providing assurance that we have not breached the new target and still providing some headway to use oversea recruitment where the trusts workforce plan requires it

The retention initiatives for existing international staff were described, which included pastoral support, increased support from the International Recruitment Team, support networks and away days. Support for internationally trained nurses working as CSWs to meet the NMC requirements was also ongoing.

A good discussion around the need to triangulate workforce plans and training and education to support career development, particularly for AHPs, and future workforce needs took place. It was noted that this was included in the action plan developed following the NHS Long Term Plan Gap Analysis and that actions would be tracked through the Resource Management Group and assurance provided to the Committee.

The Committee received and noted the assurances within the report.

Healthcare Scientists Workforce Planning

A presentation on Healthcare Scientists (HCS) workforce planning was given to the Committee to provide assurance on the workforce planning actions taken since 2019 to mitigate the current risks in relation to services dependent on HCS and the ongoing work to improve structures and leadership within the HCS workforce.

The Committee heard that due to the specific requirements of each speciality, there were a number of unique HCS roles across LTHT which had resulted in 'hyper-specialisms', a fractionated workforce spread across the Trust and siloed working. It was noted that often teams were small in size and therefore lacked resilience, and recruitment patterns meant LTHT were under establishment for a significant proportion of the year.

Feedback had been sought from HCS across LTHT to better understand the challenges and aid retention. Themes included lack of promotional opportunities, inability to access training, poor relationships with management, imposter syndrome and a feeling of not being heard by senior managers.

Actions taken to address these issues included the delivery of a bespoke leadership programme to develop management and leadership skills and to improve relationships between staff and managers. A new HCS workforce group was also established to represent the workforce, review workforce planning and provide assurance that the workforce was being delivered appropriately across the Trust.

The next steps were explained to be the strengthening of the leadership structure of the HCS workforce group and the leadership culture across the organisation, promoting collaboration instead of siloed working. The focus would also continue to be on fragile services and exploring ways to increase resilience. It was concluded that assurance would continue to be gained through the Resource Management Group.

The Committee explored whether other staff groups were in a similar position in terms of feeling isolated, but it was concluded that clear coding and allocation of workforce groups meant that others professions often felt aligned to their CSU and their profession.

The Committee noted the update and agreed to ensure HCS were covered by internal audit and be included at the Quality Assurance Committee.

Education and Training People Priority:

Education and Training: Progress Against the Strategy

The Committee heard an update on the progress of the Education and Training Strategy that launched in July. The bedrock principles were explained to be:

- Learning and education as a core function of LTHT's business
- Investment in learning, education and training
- Learner-centred learning

The Committee were informed of the workstream and sub-committee structure, with assurance provided to Workforce Committee.

The key updates were:

- The Learning Prospectus continued to be developed to reflect the needs of staff and the organisation. Both internal and external partners and expertise were utilised to deliver a wide range of courses
- The Leeds Dental School had been rated as 'Outstanding' by Ofsted for the delivery of the Level 3 Dental Nurse Apprenticeship. Scoping was taking place to understand the feasibility of becoming an Employer Provider for other apprenticeships.
- A 'Year of Learning' has been organised for 2024 to raise the profile of the excellent, learning and teaching. Events were scheduled to take place across different departments and would feature themed weeks and topics, taking into account specific National and International initiatives.
- State-of-the-art education and training facilities had been included in the plans for the LGI with facilities to be included both in the main hospital build and as a standalone facility, with renovation of the Old Medical School being the preferred location.
- It was clear there was an urgent need to improve facilities at SJUH. The Learning, Education and Training Committee had established a working group with Executive leadership to scope out the needs for the space with the aim to outline a proposal by the end of 2023.
- Learning materials were spread over multiple learning platforms, therefore, a Learning Management System (LMS) Steering Group had been established to seek resolution for a unified platform. Due to contractual commitments, it was not financially viable to procure a single LMS in the short term. However, it was agreed that a replacement for the Training interface that met CSUs needs was urgent.
- A working group was collaborating with the Leeds Hospitals Charity to identify an annual grant that could be used to support learning and education across the Trust.
- A project was underway to develop a new dashboard for the education and training page of the IQPR that provides relevant information and assurance to the Board.

The Committee received the update and noted the assurances within the report.

Most Engaged Workforce People Priority:

Staff Survey Update

The Committee received an update on the Staff Survey response rate, which was noted to be 51.7% at the time of meeting (with paper based responses yet to be added into this data). They heard that this was above the Trust's average of 37%, the national average of 43% but below the Trust's target of 65% and the response rate of 59% achieved in 2021.

The Committee heard about the initiatives taken to increase the response rate across the Trust, including direct communications from Dr Magus Harrison to medical staff, which had resulted in a 3% increase in medical responses.

The Committee commended the efforts taken to achieve the target response rate and noted that the preliminary results would be received at the Committee in January 2024.

Assurance Against In-Year Commitment for Retention: Theatres and Anaesthetics

An update on the assurance against the in-year commitment for retention was provided and it was noted that voluntary turnover had reduced to 7.53% in September 2023. The Corporate retention focus remained on exit interviews, stay conversations, career conversations and flexible working. The key points noted were:

- Following a review of the exit interview process, six CSUs were taking part in a pilot to strengthen the collective exit interview process and enable a breakdown of data
- Exit interview themes were reviewed at themed-point of the in-year commitment, with the top five reasons for leaving being career development/promotion, relocation, issued with colleagues/team, work life balance and lack of career development
- Stay conversations were being launched in a number of CSUs and there were opportunities to embed Scope for Growth conversations in MMPS and Women's CSUs
- The Flexible Working Steering Group continued to progress, with support being provided to four CSUs with complex challenges. Work was underway to further grow and improve support resources and Trust branding to align with national and system wide activity

The Committee also heard a presentation from Theatres and Anaesthesia CSU on the retention work undertaken. Joan Ingram, Head of Nursing, explained that the Triumvirate Team had hosted an engagement event to inform staff of the Seven Commitments, including retention, and provide an opportunity to give feedback. During the event, updates on the revised Education Strategy were provided, opportunities for skills development were communicated and staff were informed of the electronic exit interview process which allowed feedback to be directly received by the senior leadership team.

The CSU had focused on skills development of staff, such as university accredited anaesthetic courses for nursing staff, non-academic anaesthetic courses, the Aphenia Course and civility training.

Other retention initiatives undertaken by the CSU included the Staff Engagement and Health and Wellbeing Groups, which provided a forum to provide feedback and disseminate messages. A review of standards of behaviour and culture within the CSU was underway with a WayFinder campaign taking place to ensure the current standards remained relevant. The CSU had also hosted awards nights and CSU conferences and utilised social media to share, recognise and celebrate the work of colleagues within the CSU.

The Committee commended the work undertaken within the CSU and stressed the benefit of seeing work come to life through CSU input to the Committee.

3. Risk and Governance

Freedom to Speak Up Bi-Annual Report

The Committee received the Freedom to Speak Up Bi-Annual Report which provided an update on the actions agreed by the Board in May 2023. They heard that concerns remained in line with other large organisations regulated by the CQC and that the majority of cases were closed to satisfaction.

The report updated the Committee on the central principles of 'Speak up', 'Listen Up' and 'Act up' and the incorporation of these into existing workstreams. This focused on 'listening up', with the agreed message of 'Listen Up – Let's Turn Concerns into Improvements'. It was noted that this required a shift in mindset and for managers to take a step back, think and seek advice before dismissing concerns. It was noted that a communications and engagement plan was in place to disseminate this message.

The Committee were provided with an update on the work led by the FTSU guardian to following the verdict of the Lucy Letby trial. This included the increase in the numbers of champions, a barriers to speaking up survey and resultant actions regarding fear and futility, consolidation of champions and advisor roles and data collection to improve learning and thematic analysis.

The Committee reflected on the discussion held at Board in September 2023 and the need to dovetail the work of the FTSU Guardian with the actions of the Executive Team to provide further assurance on the at the initial actions taken following the recent publication of the Thirlwall report.

It was agreed that a verbal update would be provided by the Chief Executive to the Board in November 2023, with a further update to the Committee in January with a revised report providing clarity of an action plan, relevant triangulation to workforce and quality metrics and timescales to address the required actions from NHSE.

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 as set out in the report.

7. Supporting Information

No supporting information

Amanda Stainton
Chair of Workforce Committee
November 2023