

Workforce Committee

Annual Workforce Demographic Report

June 2023

Introduction

- The purpose of this report is to highlight key workforce metrics to help us understand the demographic of our workforce and to understand if the work we are doing to shift our demographics is having an impact, such as retention of our more experienced workforce or increasing diversity in our senior roles.
- We hope this report is also helpful for any new colleagues to Workforce Committee by evidencing the scale and complexity of our organisation and we hope this enables the committee to fulfil its assurance role as effectively as possible.

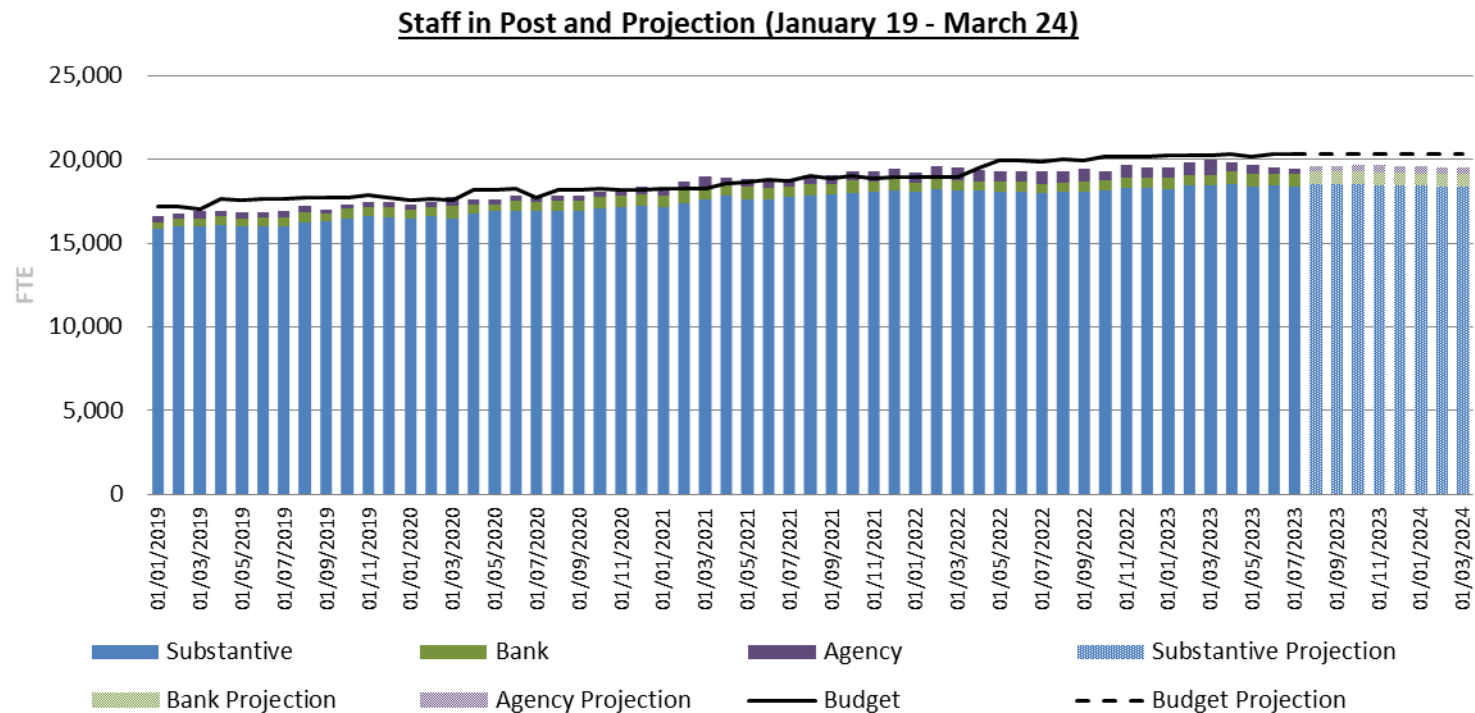
Executive Summary

- The report highlights that we have seen a growth in our workforce of 13.43% (FTE) since 2019. A cost base review process is underway across CSUs to identify areas of expenditure and staffing growth since 2019 specifically focusing on management and administration expenditure. This will be included as part of CSU WRP plans to be implemented from the end of September 2023.
- For protected characteristics we have used comparative data from the last four years:
 - In terms of the proportion of workforce by Age, the 65+ and 55-64 age bands has remained static with slight decreases in the 45-54 and 00-25 age groups.
 - Our BME workforce representation is 25.2% compared to Leeds population representation of 15%. We are seeing year on year improvement in our BME representation across AfC bands 4-7 in both clinical and non-clinical roles however there remains underrepresentation at band 8a and above.
 - The female workforce continues to outnumber the male workforce across all bands apart from in the medical consultant workforce however female representation amongst medical consultant workforce is increasing year on year.
 - There remain significant data quality issues for our LGBT+ workforce and similarly for disabled staff along with the breakdown of workforce by religion. Actions is being taken to address this as part of National Inclusion Week running from 25th September 2023.
- We have seen voluntary turnover reduce over the period from 8.91% in June 2022 to 8.03% June 2023. As part of the Trust's 7 Cs, all CSUs are completing A3s focused on retention with actions to sit in their operational workforce plans. We are also making changes to enhance our Exit Interview process as well as progressing work on Stay Interviews. Our top reasons for leaving over the last year have been due to 'relocation' and 'work/life' balance.
- With regard to Electronic Job Planning (EJP) for Consultant Medical Staff we now have 479 job plans (42.1% of our consultants) on EJP covering 22 medical specialties with a further 10 in progress. The Medical Workforce team continue to work closely with CSUs to support the medical workforce

planning to identify longer term solutions to cover junior doctor gaps. This has included further development of the Advanced Clinical Practitioners (ACPs) in some CSUs which is now supported by an LTHT Advanced Practice and Medical Associated Professions Strategy.

- For workforce availability, we have seen our annual leave levels return to pre-pandemic levels in 2022/23, we are also seeing covid levels and other sickness absence decreasing however, scenario modelling has been undertaken to support winter planning.
- Our workforce planning model has developed to support operational challenges aligned to workforce and we continue to advance support for new Advanced Practice and Medical Associate Professions across LTHT.

Staff in post compared to plan January 2019 - June 2023



What the data is telling us:

- There has been an increase in FTE from January 2019 to July 2023 of 13.43% (2312.69 FTE).
- Whilst we have had colleagues from Villa Care TUPE to the Trust, other workforce increases have occurred across the Trust and CSUs are now being asked to review workforce increases as part of a cost base review process that has commenced.

Action being taken

- Monthly meetings take place between HR and Finance to monitor the FTE against the 5-year workforce plan trajectory.
- A cost base review process has commenced across CSUs to identify areas of expenditure and staffing growth since 2019 specifically focusing on management and administration expenditure. This will be included as part of CSU WRP plans to be implemented from the end of September 2023.
- Operational Workforce plans are aligned to finance and service delivery.
- The 5-year financial planning process is underway, and this will establish the 2023/24 FTE trajectory.

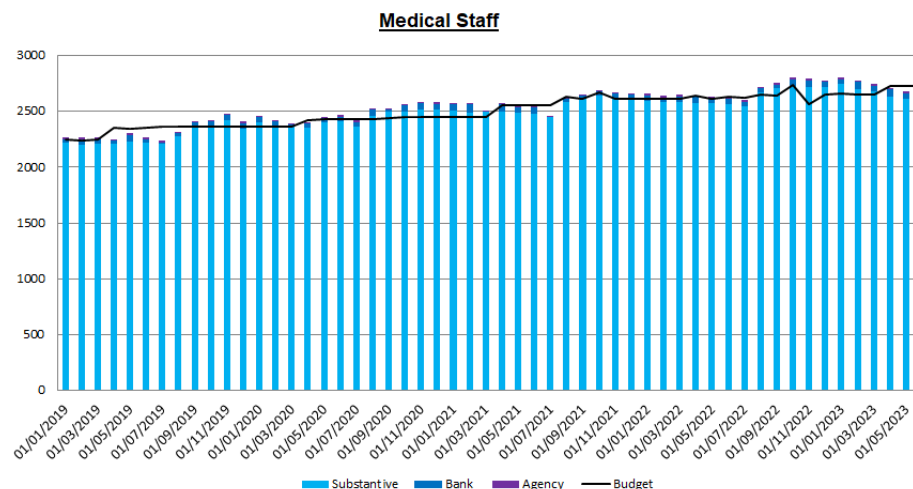
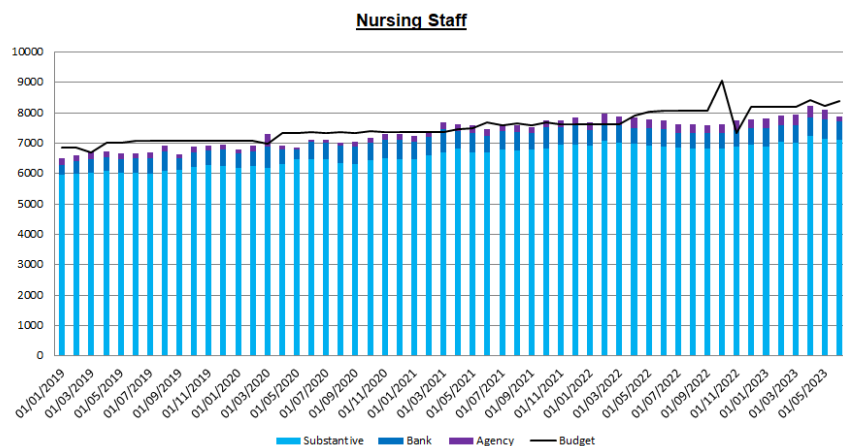
Staff in Post by Staff Group Compared to Plan | January 2019 to June 2023

What the data is telling us:

- The differences between staff groups are shown on the following graphs (using the same legend as above). Unidentified cost improvement is not shown at a staff group level although that pressure will still exist in the system.
- The staff group 'Other Support Staff' includes CSWs along with Porters and Ward Housekeeping workforce. This staff group were above budget until December 2022 due to agency staffing.
- The 'Medical Staff' workforce group shows as being above budget in FTE terms until April 2023. However, the increase and dip reported in October and November 2022 is an incorrect adjustment made in October 2022 and subsequently corrected in November 2023.
- There are a number of specialties reporting over establishments in medical workforce e.g. (GIM, Gen Med, A&E). This is as a result of correcting the budget following ESM splitting to UC & SIM, however, there has also been a sizable increase in Lower Tier Deanery trainees in General Medicine.
- There has been a growth in the general and senior manager workforce since 2019, the biggest increases have been in Pathology, R&I and Corporate areas such as Informatics, HR and COO along with hosted services.
- Budgets within cost centres can be amended to move establishment from under established groups to over-established groups.

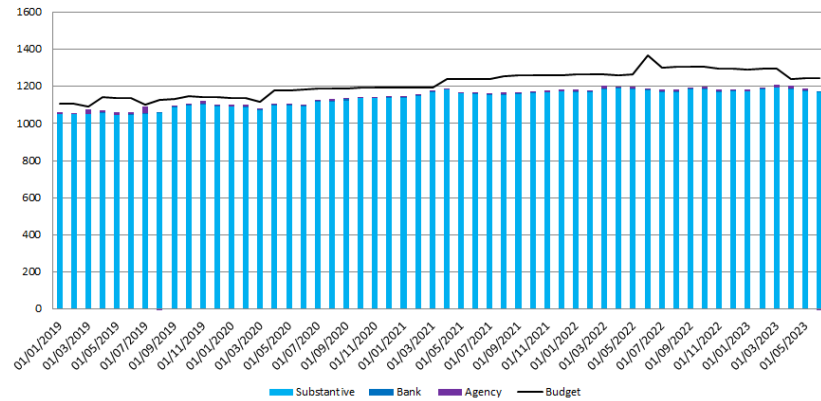
Action being taken:

- Monthly meetings occur between Finance and HR to monitor the workforce FTE against the 5-year Financial Plan to identify any action that may be required to address FTE increases. In addition, this information is discussed at Resource Management Group to ensure support and action where necessary, from the different Professional Workforce Leads.

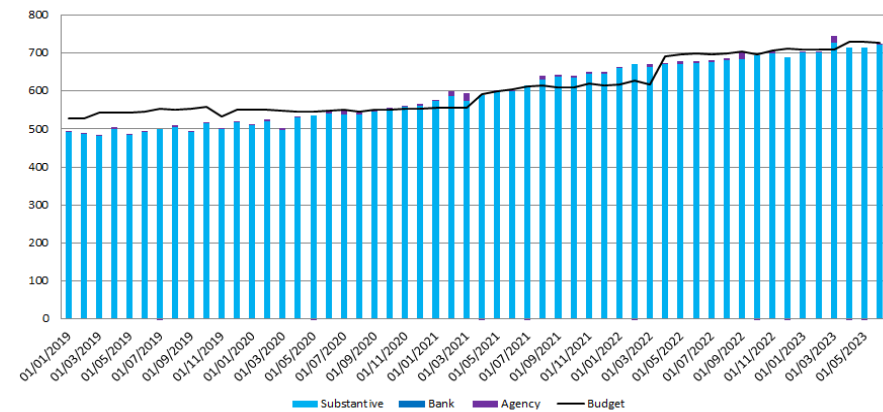


Staff in Post Compared to Plan by Staff Group | January 2019 to June '23

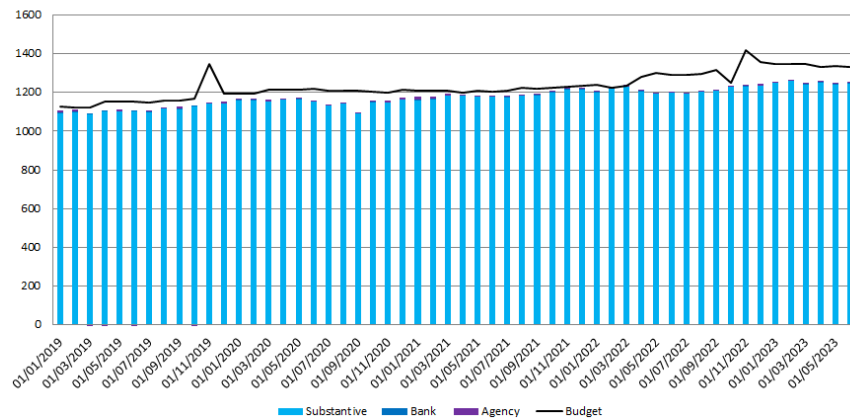
AHPs



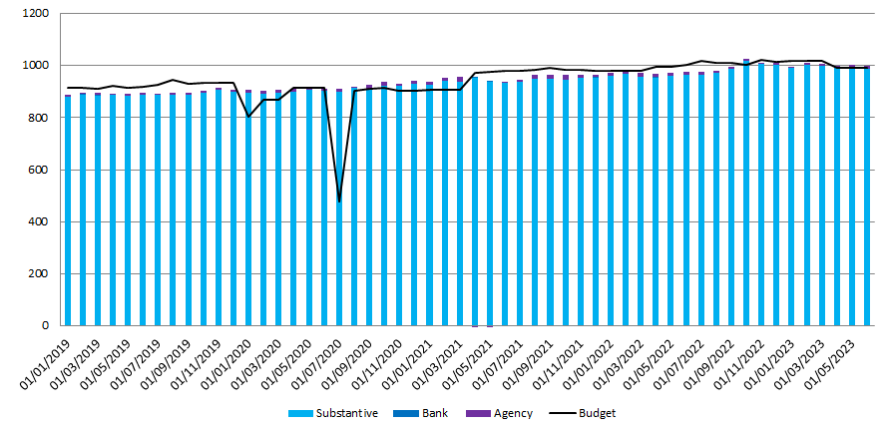
General & Senior Managers



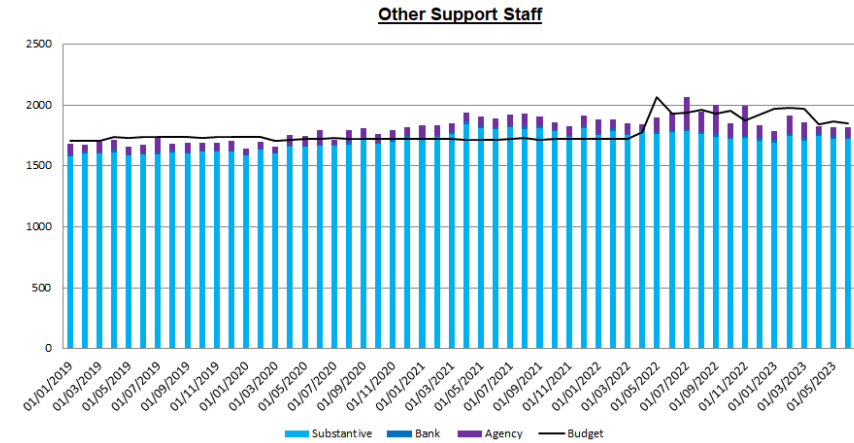
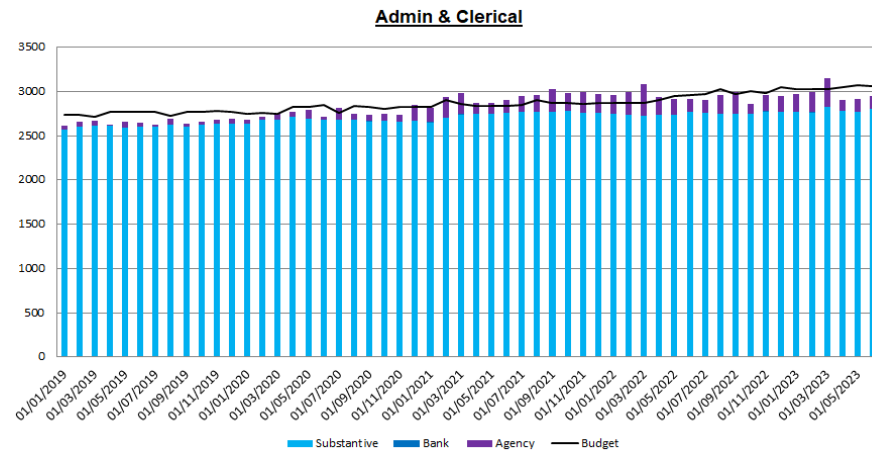
Professional & Scientific



Professional & Technical



Staff in Post Compared to Plan by Staff Group | January 2019 to June '23



Employed Staff in Post - Contracted FTE and Headcount | June 22 vs. June 23

(Please note the professional group titles are different to the above graph titles - the above graphs are taken from the Financial Ledger; the table below is taken from ESR and both use different headings for workforce).

Staff Group	Jun-22		Jun-23		LTH Change	
	FTE	Heads	FTE	Heads	FTE	Heads
Add Prof Scientific and Technic	784.6	910.0	818.7	933.0	4.3%	2.5%
Additional Clinical Services	3166.6	3679.0	3250.7	3679.0	2.7%	0.0%
Administrative and Clerical	3366.5	3777.0	3451.7	3807.0	2.5%	0.8%
Allied Health Professionals	1321.1	1517.0	1325.5	1516.0	0.3%	-0.1%
Estates and Ancillary	1546.1	2376.0	1566.6	2246.0	1.3%	-5.5%
Healthcare Scientists	726.6	802.0	768.3	842.0	5.7%	5.0%
Medical and Dental	2381.5	2870.0	2488.6	2993.0	4.5%	4.3%
Nursing and Midwifery Registered	4477.9	5058.0	4677.0	5204.0	4.4%	2.9%
Overall	17770.9	20989	18347.0	21220	3.2%	1.1%

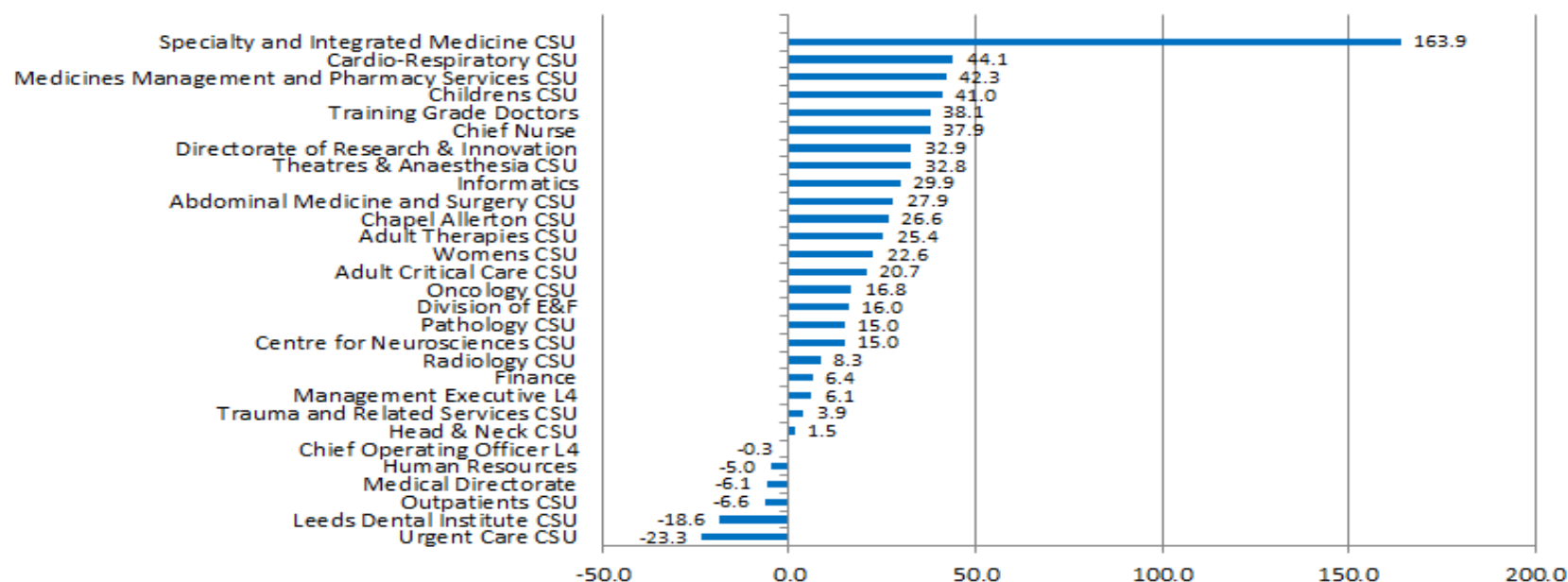
What the data is telling us:

- The table above shows the growth of the workforce over the last 12 months using ESR data. Staff in Post has increased by 576.1 FTE in the last 12 months with increases across all staff groups. The overall numbers of Registered Nursing staff have increased by 199.1 FTE in the past 12 months.

Action being taken:

- A cost base review process has commenced across CSUs to identify areas of expenditure and staffing growth since 2019 specifically focusing on management and administration expenditure. This will be included as part of CSU WRP plans to be implemented from the end of September 2023.

The chart below shows the net change in the substantively employed workforce in FTE by CSU from June 2022 to June 2023.



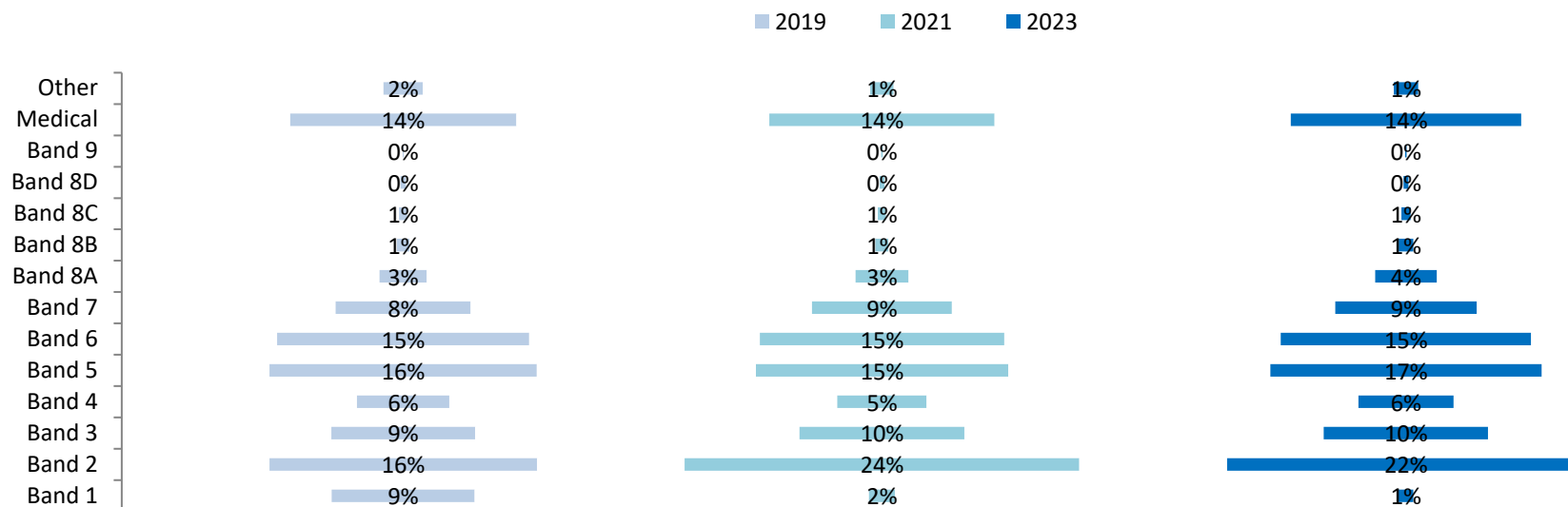
What the data is telling us:

- SIM have seen the greatest increase in their substantively employed workforce which is due to the transfer of Villa Care Wards to SIM along with an intake of 62 international nurses across the period in question. They have also closed the gap in vacancy rates across the RN and CSW workforce.
- Urgent Care and the Leeds Dental Institute have seen a slight decline in their substantively employed workforce. LDI have seen high turnover amongst their qualified Dental Nurses due to the pull from community and private dental practices.
- For Urgent Care, they have seen a slight decline in their substantive workforce due to the nursing establishment being reduced across 2 wards and the CSU are currently using bank to fill the vacancy gaps.

Action being taken:

- Senior HR Business Partners work closely with their CSUs to support the actions that arise from the Operational Workforce Plans. CSUs are embedding the actions from their Retention A3s into their workforce plans.

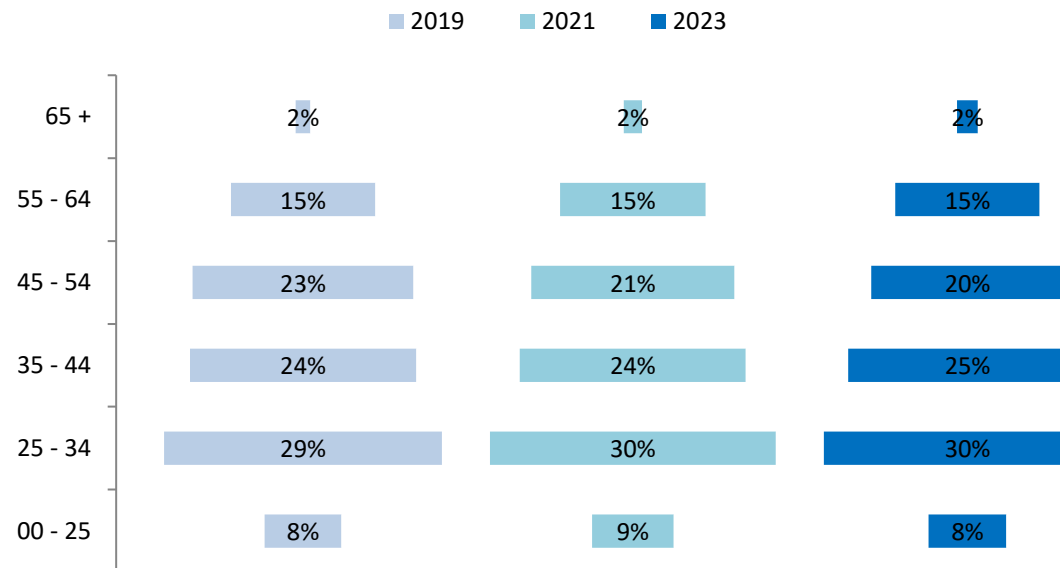
Band Profiles | June 2019, June 2021, June 2023



What the data is telling us:

- There has been minimal change across the band profiles from June 2019 to June 2023 and this position is reflected across all job roles.
- The increase in Band 5 profile is linked to nursing, healthcare scientist and admin and clerical roles.
- For our band 2 workforce, we can see a decline in band 2 roles since 2021 with band 3 roles remaining the same since 2021. Due to the development of our clinical band 2 workforce, we are seeing progression into band 3 roles where we are actively increasing skill mix on wards to support the registered workforce.
- There has been an increase in the 8a profiles in nursing linked to the increasing use of the Medical Associate Profession roles such as Advanced Clinical Practitioners to close gaps in junior doctor rotas.

Age Profile | June 2019, June 2021, June 2023



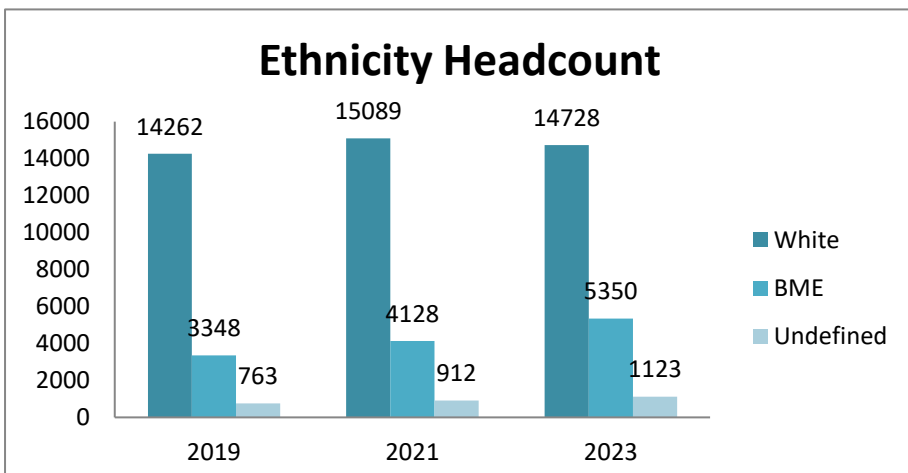
What the data is telling us:

- The chart above shows the change in age profile over the last 4 years. The 65+ and 55-64 age groups have remained static. We have seen a slight decrease in the 45-54 and 00-25 age groups.
- Due to shifting national demographics and the changes in the NHS pension scheme, we expect to see more workers in the older age brackets over the next 10 years +. This will bring benefits to the workforce as skills and knowledge can be retained in the organisation for longer periods. It may also mean additional flexibilities need to be offered to an ageing workforce.

Action we are taking:

- To support increased flexible working opportunities across the Trust, a Flexible Working Project chaired by Jenny Lewis, Director of HR & OD is underway with dedicated support from a Senior Project Manager within the Trust. The project is expanding on the positive work already undertaken around flexible working by providing focussed support for some specific CSUs to expand flexible working opportunities. Learning from the work of these CSUs will then be shared across the Trust.

Ethnicity Profiles by Band | June 2019, June 2021, June 2023

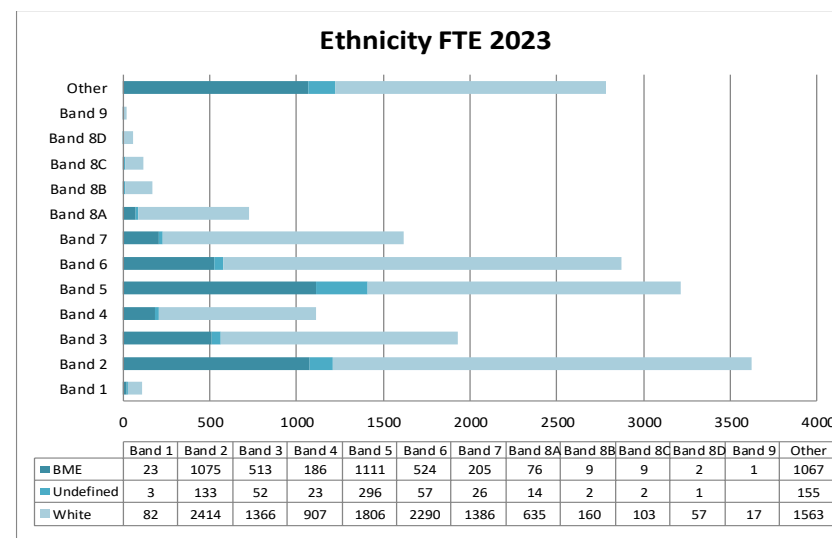
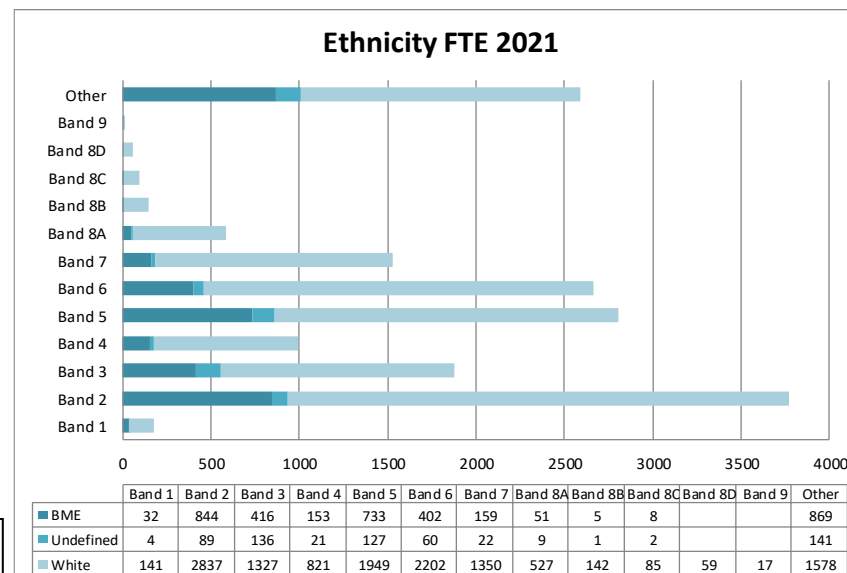


What the data is telling us:

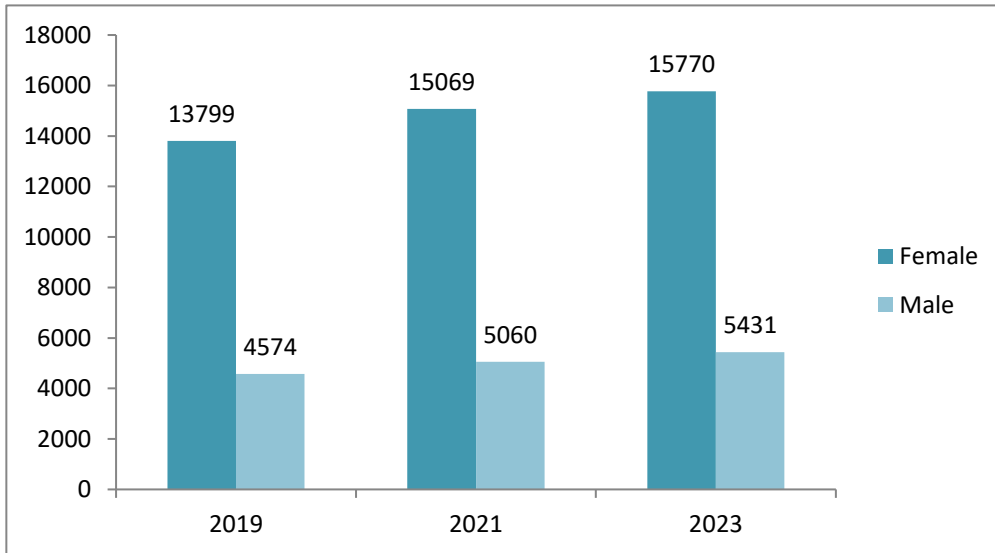
- There has been slow but steady improvement in BME representation across AfC Bands 4-7 (clinical & non-clinical). The 'other' workforce includes medical and apprenticeship roles. The improvement in this category is due to representation within the apprenticeship roles.
- The LTHT BME workforce representation is 25.2% compared to Leeds BME population of 15%.
- There remains significant underrepresentation at Band 8a roles and above.

Action we are taking:

- We are debiasing our recruitment processes with the development of a toolkit to support managers to consider accessibility and fairness when advertising roles. The role of Inclusion Ambassador is also being scaled up and they will challenge recruitment panels in their decision making to ensure it is robust and based on merit without prejudice.
- Embedding a culture of inclusion by normalising discussions around feeling included in the workplace through Amplifying Voices, Mending Divides books.
- We are taking positive action to grow the programmes which look to empower all BME staff in successfully applying for promotion within the Trust such as 'Moving up, Moving Forward, Ready You, Nurture You, Springboard Reciprocal Mentoring'.



Gender Profiles by Band | June 2019, June 2021, June 2023

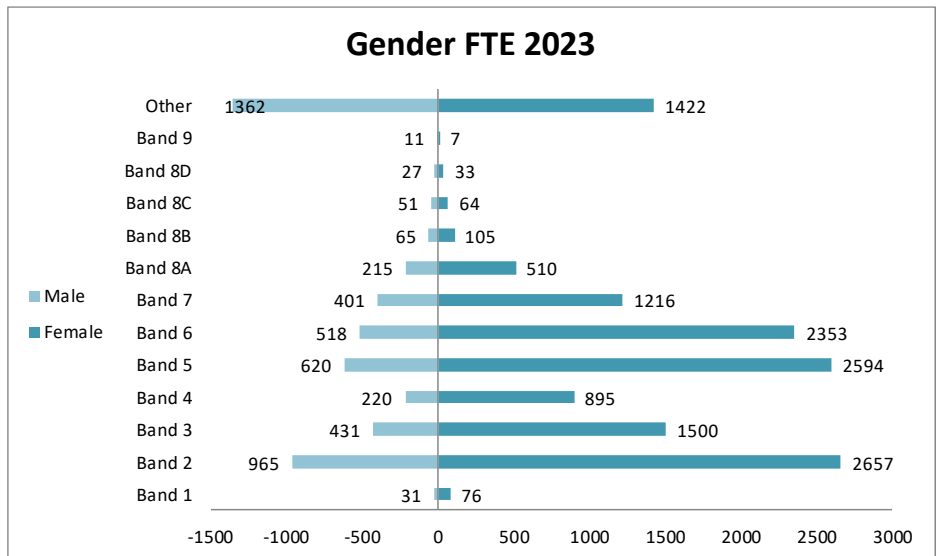
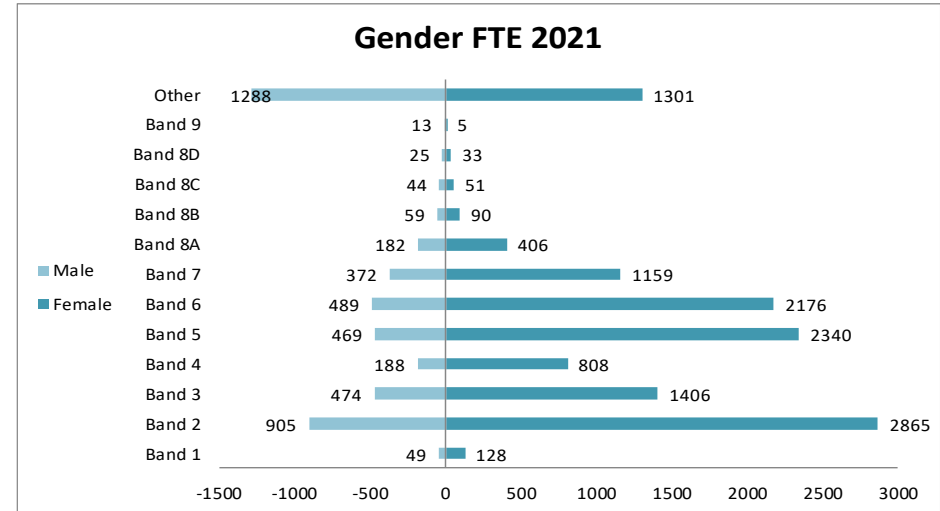


What the data is telling us:

- Women occupy the majority across most bands.
- The 'other' group is made up of medical workforce and apprenticeships. There is a majority of female workforce in every role in this group apart from medical consultant roles with a split of 39% female in 2021 increasing to 41% female in 2023.

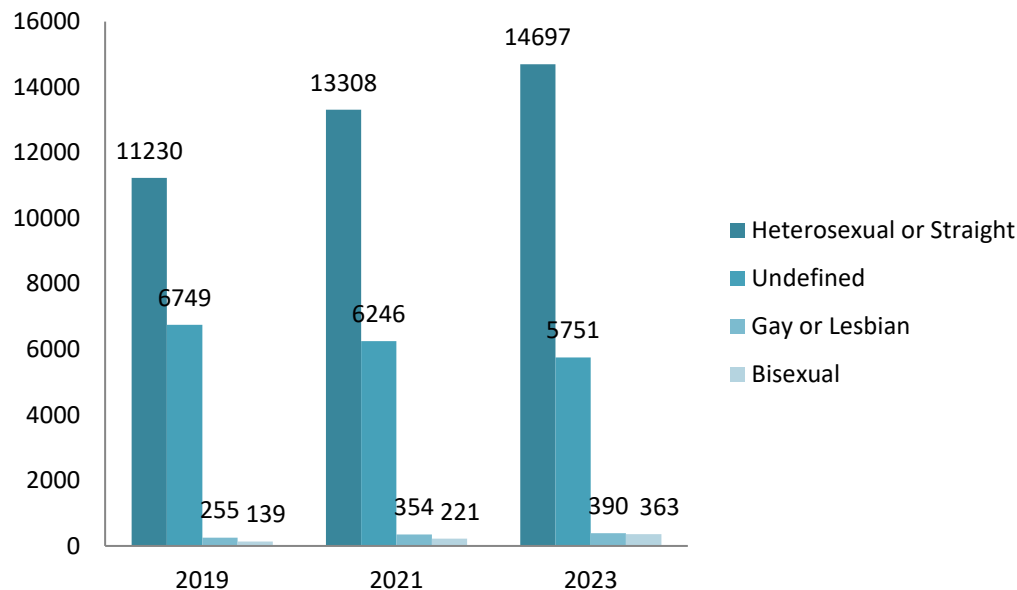
Action we are taking:

- Promoting progression of women into leadership roles utilising the Female Leaders Programme.
- 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 flexible and agile working solutions.
- Actively encouraging women to apply for CIAs.



Sexual Orientation and Disabled Profiles | June 2019, June 2021, June 2023

Sexual Orientation Headcount



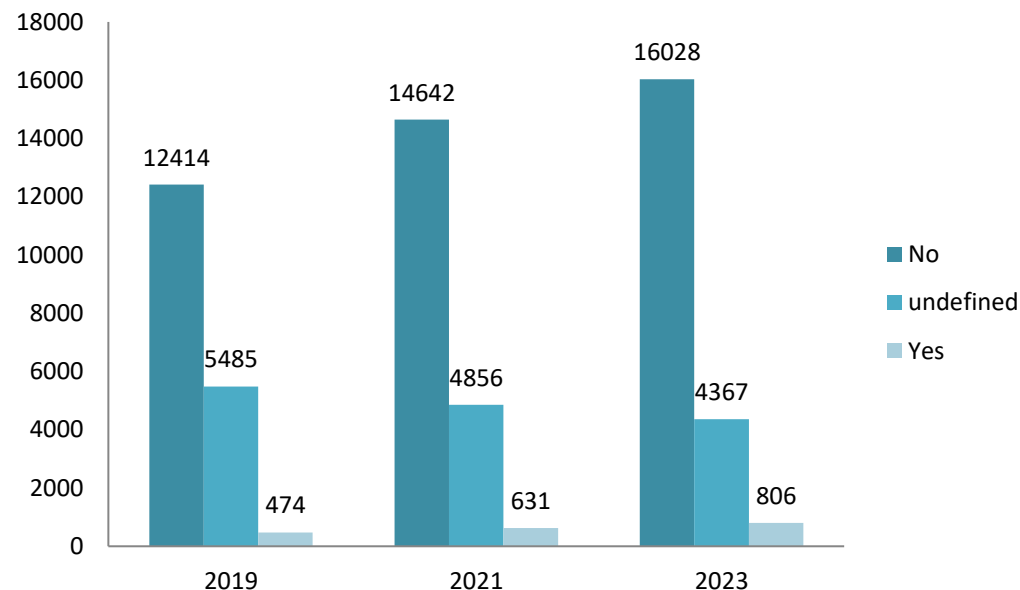
What the data is telling us:

- Declaration rates remain a significant challenge. The percentage of our workforce who provide information in respect of their sexual orientation grows slightly year on year.

Action being taken:

- To increase self-declarations, during National Inclusion Week (25th September 2023), there will be Trust wide communication about why we collect data and a 'how to video' / or PDF showing how to go and check your information and myth busting regarding what needs managerial approval and what line managers see if staff update their ESR record.
- The reciprocal mentoring programme has been extended to LGBT+ staff.

Disability Headcount



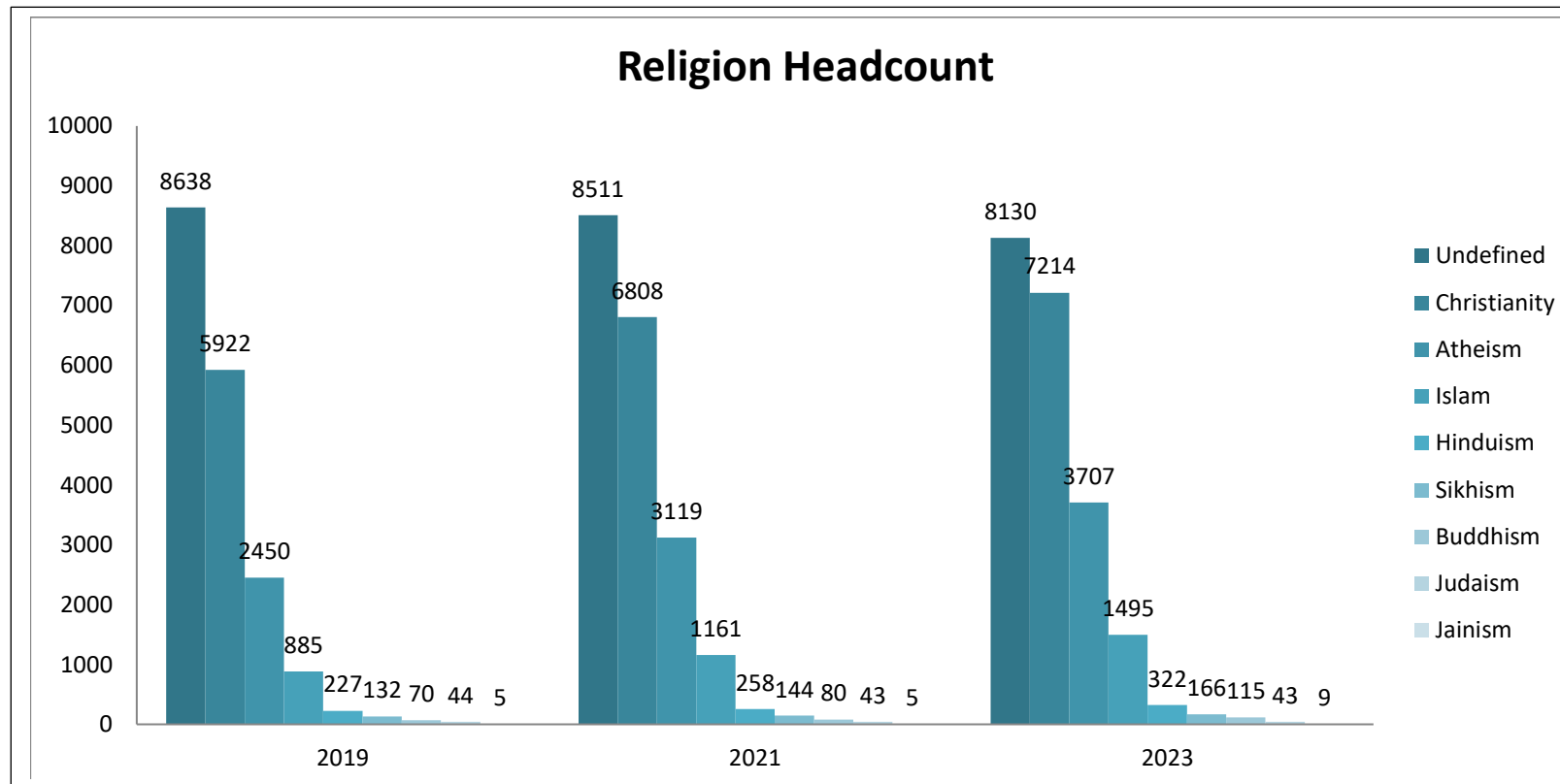
What the data is telling us:

- Declaration rates (currently at 3.8%) remain a significant challenge in truly determining how reflective we are of the disabled population of Leeds (7.6% Leeds population identify as disabled). The percentage of our workforce who provide information in respect of disability on ESR continues to grow year on year, which has resulted in an overall increase.

Action being taken:

- Debiasing our recruitment processes to support managers to consider accessibility and fairness.
- Embedding a culture of inclusion by publicising access to support for all staff including flexible working and reasonable adjustments.
- The reciprocal mentoring programme has been extended to disabled staff.

Religion Profiles | June 2019, June 2021, June 2023



What the data is telling us:

- Declaration rates remain a significant challenge. The percentage of our workforce who provide information in respect of their religion grows slightly year on year.

Action we are taking:

- To increase self-declarations, during National Inclusion Week (25th September 2023), there will be Trust wide communication about why we collect data and a 'how to video' / or PDF showing how to go and check your information and myth busting regarding what needs managerial approval and what line managers see if staff update their ESR record.
- We have the Trust's Faith & Belief Network which is an umbrella network for all faith / nonfaith and belief groups. This sits as part of the EDI Strategic Group so any specific needs from this network will be fed into the Trust's wider EDI work.

Turnover | June '22 vs. June '23

The table below shows the changes to the Trust's 12 month rolling turnover rate by staff group over the last 12 months.

Note: Junior doctors in training and students are not included in this information.

Staff_Group	Jun-22		Jun-23		Change	
	Turnover	Voluntary	Turnover	Voluntary	Turnover	Voluntary
Add Prof Scientific and Technic	12.08%	8.70%	10.86%	8.36%	-10.15%	-3.85%
Additional Clinical Services	12.93%	10.98%	12.43%	10.16%	-3.85%	-7.47%
Administrative and Clerical	14.52%	12.06%	11.58%	9.76%	-20.29%	-19.13%
Allied Health Professionals	9.16%	8.48%	10.33%	9.72%	12.72%	14.58%
Estates and Ancillary	8.62%	6.42%	10.47%	6.51%	21.34%	1.30%
Healthcare Scientists	9.68%	7.51%	8.78%	7.96%	-9.32%	5.95%
Medical and Dental	19.23%	7.61%	17.80%	7.05%	-7.45%	-7.38%
Nursing and Midwifery Registered	7.79%	6.71%	6.51%	5.62%	-16.52%	-16.21%
Trust	11.55%	8.91%	10.54%	8.03%	-8.72%	-9.83%

What the data is telling us:

- Turnover is calculated by taking the FTE of leavers over a 12-month period divided by the average FTE over the same time frame. For these purposes fixed term contracts ending, dismissals and retirements have been excluded from voluntary turnover rate, however, it should be noted that employees do have flexibility and choice in relation to their retirement dates.
- Voluntary turnover has reduced over the period from 8.91% in June 2022 to 8.03% June 2023.
- There is some significant variation in turnover levels between the different professional groups. The greatest increase in voluntary turnover was seen in the AHP workforce and this aligns with the challenges we are seeing in some areas such as Radiography where there is a national shortage of radiographers with some opting to leave for the private sector where there are better terms and condition. This picture is similar across the AHP workforce. There is a similar picture for Healthcare Scientists and there is focused work to address this.
- For the medical and dental workforce overall turnover at 17.80% is high which is as a result of fixed term contracts however the voluntary element of turnover reduces this percentage significantly to 7.05%.
- The greatest decrease in turnover has been in the Admin and Clerical (A&C) workforce and over the last year we have seen an increased recognition for our A&C workforce such as our Celebrating Admin Awards.

Action we are taking:

- As part of the Trust's 7 Cs, all CSUs are completing A3s focused on retention with actions to sit in their operational workforce plans.

Top 3 reasons for leaving | June '22 to June '23

<u>Staff Group</u>	<u>Leaver Reason</u>	<u>Leaver FTE</u>
Add Prof Scientific and Technic	Voluntary Resignation - Relocation	21.1
	Voluntary Resignation - Work Life Balance	18.49
	Voluntary Resignation - Promotion	14.25
Additional Clinical Services	Voluntary Resignation - Work Life Balance	102.34
	Voluntary Resignation - Relocation	70.89
	Voluntary Resignation - Health	42.07
Administrative and Clerical	Voluntary Resignation - Promotion	106.52
	Voluntary Resignation - Work Life Balance	68.27
	Voluntary Resignation - Relocation	52.72
Allied Health Professionals	Voluntary Resignation - Relocation	64.85
	Voluntary Resignation - Promotion	33.63
	Voluntary Resignation - Work Life Balance	27.72
Estates and Ancillary	Voluntary Resignation - Work Life Balance	32.82
	Retirement Age	30.1
	Voluntary Resignation - Other/Not Known	18.16
Healthcare Scientists	Voluntary Resignation - Relocation	21.22
	Voluntary Resignation - Work Life Balance	16.15
	Voluntary Resignation - Promotion	11.6
Medical and Dental	End of Fixed Term Contract	343.53
	End of Fixed Term Contract - Completion of Training Scheme	125.99
	End of Fixed Term Contract - Other	106.27
Nursing and Midwifery Registered	Voluntary Resignation - Relocation	126.21
	Voluntary Resignation - Work Life Balance	72.16
	Voluntary Resignation - Promotion	38.64

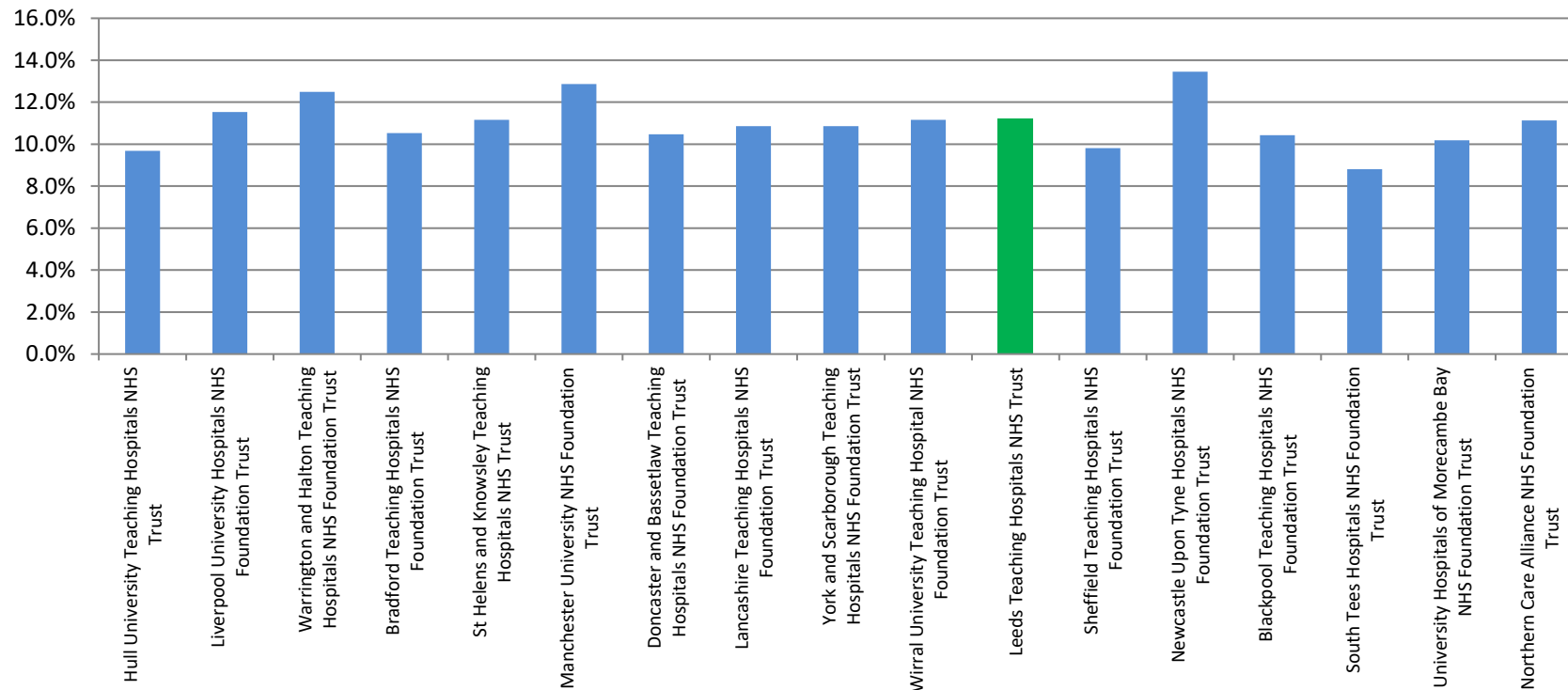
What the data is telling us:

- The table below shows the top 3 leaving reasons for each staff group over the last 12 months. Relocation, Work/Life Balance and Promotion are the top 3 reasons for leaving across all staff groups apart from the Medical and Dental workforce and Estates and Ancillary workforce.
- Medical and Dental workforce includes junior doctors on rotation who are on fixed term contracts.
- Estates and Facilities have retirements as a reason for leaving in their top 3 along with 'other/not known'.

Action we are taking:

- Whilst exit interviews are undertaken across the Trust, we recognise our processes can be improved. We are creating a standard on-line exit interview template for all CSUs to use. A standard template will create consistency in information received on why colleagues are leaving.
- The on-line form is intended to create greater ease of access to the exit interview questionnaire for managers to complete with a member of staff in a 1:1 exit interview.
- There are instances where staff decline a 1:1 exit interview; in these circumstances, a link to the on-line exit interview will allow them to complete this on their own.

Turnover | Leeds vs. Acute Teaching Trusts in North England | March '23 (latest available at time of production)



What the data is telling us:

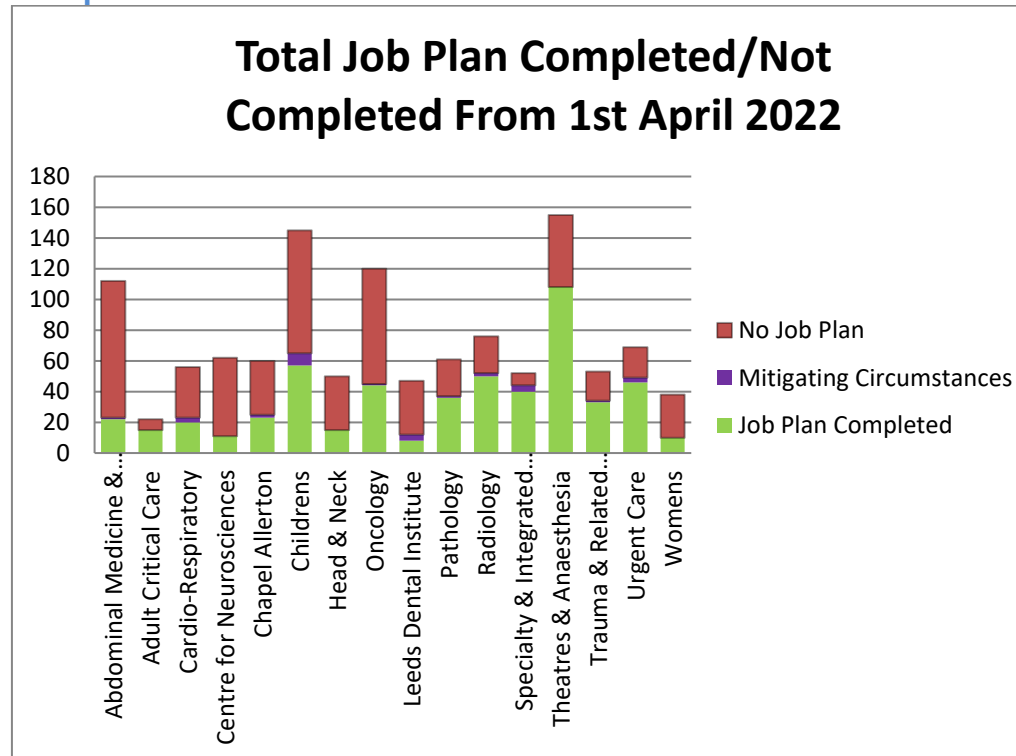
- The chart above shows the LTHT position against benchmark Teaching Hospitals Trusts in the North of England as of March 2023 (latest available, source NHSE). It should be noted that the NHSE methodology for calculating turnover is different to that used for internal purposes therefore this chart uses NHSE methodology.

Action we are taking:

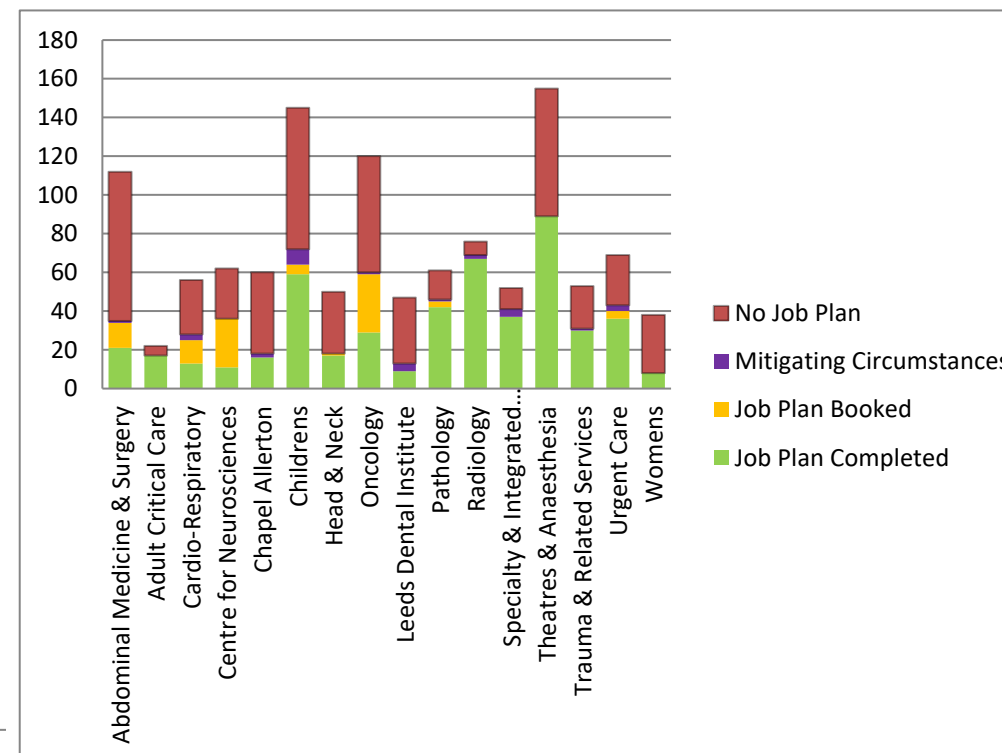
- With our focused in-year commitment on Retention we would hope to see our turnover position continue to improve overall and in relation to our peers.

Consultant Job Plans

Completed - Year to Date



Completed - Rolling 12 months



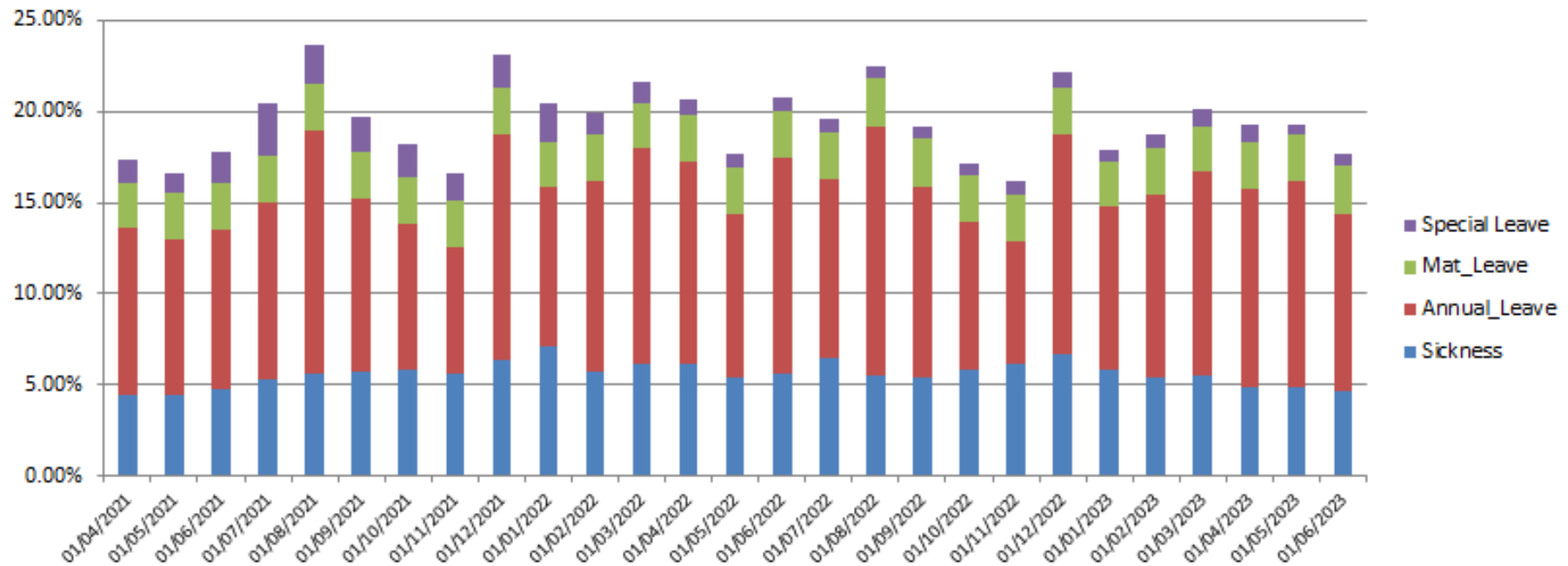
What the data is telling us:

- The Associate Medical Director - Workforce and the Medical Workforce Team have engaged with CSUs throughout the job planning year to ensure all job plans are reviewed annually and doctors are engaging with the job planning process. The majority of job plan reviews for existing consultants take place in Q3 & Q4 to align with Clinical Service Units business plans for 2023/2024. We started to add Consultant job plans on EJP in the summer of 2021. We now have 479 job plans on Electronic Job Planning (EJP) covering 22 medical specialties with a further 10 in progress.

Action being taken:

- The implementation of EJP has been paused and we are currently planning and preparing for when this can be restarted. We are working with the CSUs who are on EJP to offer help with 23/24 job plans and training requirements. The CSUs are now expected to update any further job plans on the system.

Workforce Unavailability



What the data is telling us:

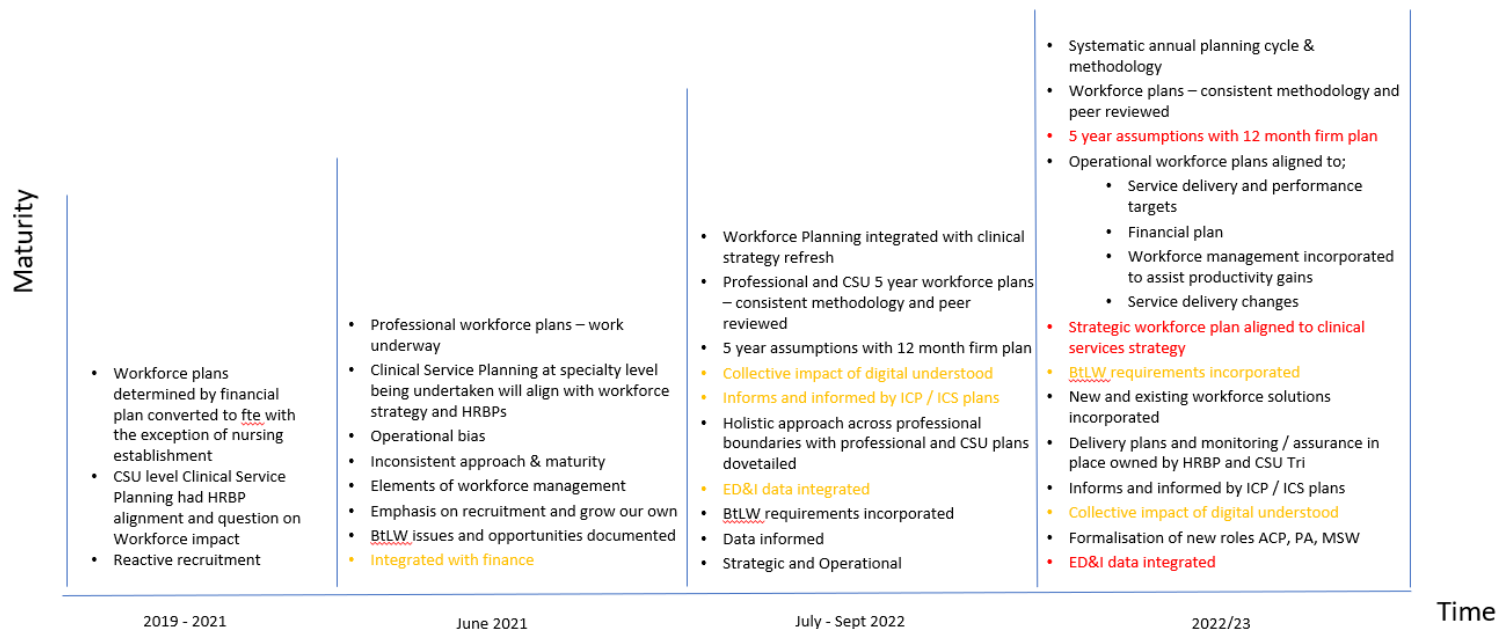
- The chart above shows the percentage of the workforce unavailable each month.
- Special Leave includes Isolation due to COVID as well as shielding where it was in place.
- The levels of special leave have decreased in 2023 with levels of sickness absence also decreasing.
- Annual Leave use in 20/21 was lower than previous years and presented a cost pressure to the Trust.
- Levels of Annual Leave have increased back to pre-pandemic levels in 22/23 so far.

Workforce Planning

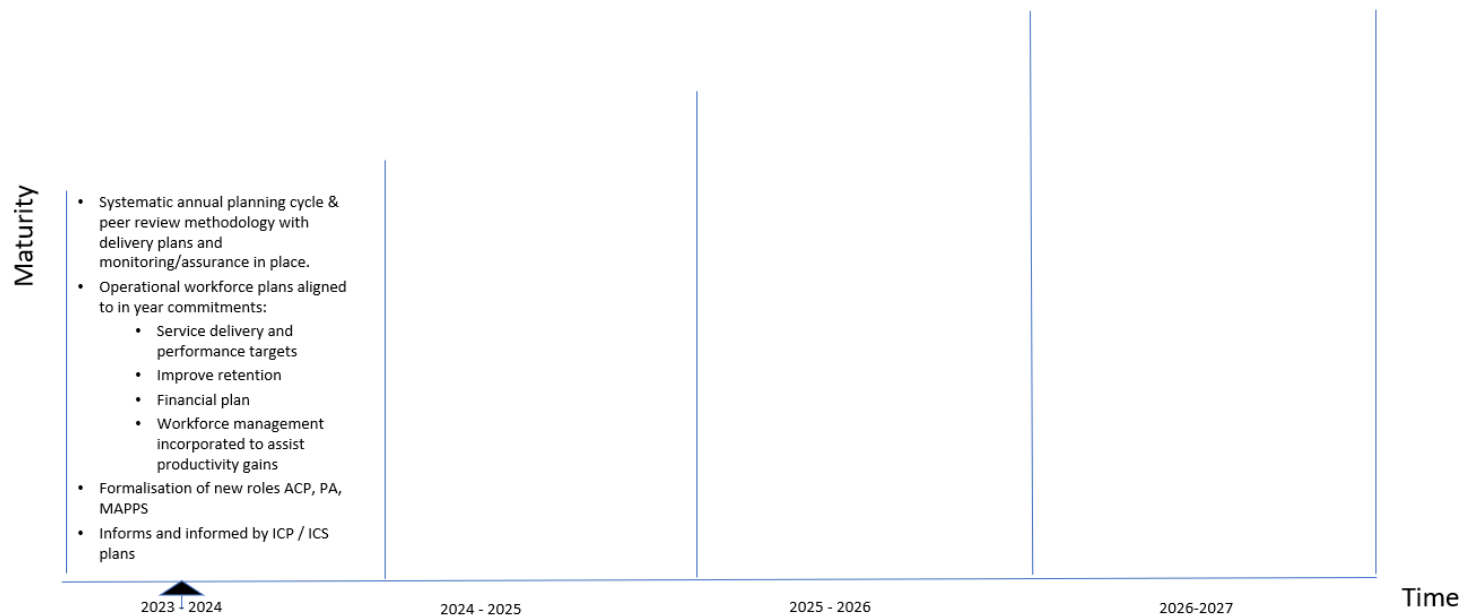
Our 2023/24 People Priorities areas of focus are aligned to the Trust's 7 in-year Commitments:

1. Continue to mature our workforce planning approach aligned to achieving service delivery and financial goals and in-year commitments.
2. Identify the determinants of unwanted staff turnover and implement the right strategies to encourage our talent to remain working for LTHT.
3. Embed systems and processes to ensure that our unplanned absence is managed optimally meeting the needs of the organisation whilst taking a personalised approach to keeping our staff in work.
4. Develop a high performing and positive brand for our Occupational Health and Wellbeing Service to meet the needs of the organisation and positively impact staff wellbeing.

Progress against our Workforce Planning Maturity Programme



The points in Red text are actions that we have not yet achieved and require further work. The points in amber are areas where work is still in progress.



A number of projects are being progressed to support workforce planning at LTHT and across the Leeds Health and Care System:

- Flexible working and team-based rosters
- CSW City-wide project – Entry Level Requirements
- Optimal Attendance Management Project (now incorporated in BAU)
- Community Diagnostic Centre & Aseptics – WYAAT workforce plan
- Advance Practice and Medical Associate Professions (new roles) Workforce Strategy
- Roster Management and e-job plan
- Health & Care Academy Talent Hub
- Exit interviews/stay interviews

CSUs are ensuring their actions to support retention are incorporated into their Operational Workforce Plans.

Workforce Planning Risk

Currently is one Workforce Planning Risk on the Corporate Risk Register which incorporates all workforce risks into one:

- CRRW4 – Insufficient staff to provide treatment, care and services to patients

Workforce Risk	Statement	Risk Appetite Scale
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
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
Workforce Retention Risk	We will deliver safe and effective patient care through supporting the 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
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
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 and safety guidelines.	Minimal