

Workforce Committee Chair's Report

Public Board
28 September 2023

Presented for:	Information and Assurance
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Previous Committees:	Workforce Committee, 13 September 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	Cautious	↔ (same)

		supporting the training, development and 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 – Let’s Talk Suicide <https://youtu.be/R-m4gOFYmNE>

The Committee received a video that focused on four members of staff and their experiences with conversations about suicide and their own application of Mental Health First Aider (MHFA) training. The video described the stigma associated with mental health and suicide and noted the power of providing appropriate signposting and resources to staff, which could ultimately save lives.

Two members of staff spoke of the personal benefits of the MHFA training and explained that it had not only helped them support their peers, but they had been able to use the skills they had developed to support themselves.

The video stressed the importance of having difficult conversations about mental health and suicide in order to adequately support staff, and the role of MHFA training in equipping staff with the skills to do so. The video concluded that whilst some conversations may be tricky, staff could not be supported if difficult questions weren’t asked.

The Committee discussed the forthcoming display of the Yorkshire Suicide Quilt in the Bexley Wing atrium and agreed that this was a great way to start conversations around suicide in a compassionate way. The Committee heard that feedback from staff who had been touched by suicide, felt that the Trust did not provide enough support in this area. Therefore, a Task and Finish Group, comprising of staff who had been touched by suicide, had been established to review prevention and postintervention and a comprehensive communication plan had been developed. The Committee heard that the direction of the work had been led by the Group and this included the development of a step by step support guide for managers who had lost staff through suicide.

The Committee heard how support for staff in HR cases was provided from a health and wellbeing lead but explored whether formal changes to Trust policies and procedures, such as the timing of conversations and hearings, were required.

The update was received by the Committee and the power of the staff stories within the video was commended.

Update on National, Regional and Operational Issues:

Self-Assessment Against the NHS Long Term Workforce Plan

An initial self-assessment against the NHS Long Term Workforce Plan was presented to the Committee. It was explained that the Plan was split into three sections; train, retain and reform.

The key points noted were:

- A self-assessment would be completed by Leeds Health and Care Academy and reported to the Committee via the Leeds One Strategic Board minutes in the Blue Box
- There was a need to work closely with external providers to deliver the plan, particularly in relation to AHPs and Apprentice Nurses
- GP training placements would be reformed with all training taking place in the community, which would potentially impact service delivery within LTHT.
- The Plan referred to the reform of placements, making them less onerous and reducing the length of training required. Whilst this was beneficial from a capacity and operational point of view, it would be important to be aware of the competency of the individual.
- There was a strong emphasis on apprentices which played to LTHT's strengths as an OFSTED 'Outstanding' Apprentice training provider, however, the conversion of posts into apprentice roles could result in a reduction of clinical capacity.
- The importance of 'growing our own' was acknowledged, however the reduction in CPID monies meant that this was a concern.

The Committee discussed how assurance against actions would be gained, with each aspect of the report aligned to and fed back through the sub-Committee structure through to the Workforce Committee. It was noted that the Learning, Education and Training Committee (LETC) would provide oversight of new training developments with the minutes from LETC included in the Committee's Blue Box for assurance.

The Committee noted and received the report, and this was to be received at Public Board.

Update on National Terms and Conditions

The Committee received an update on the implementation of the Agenda for Change (AfC) National Pay Award which had been implemented in June. They were informed that the Medical and Dental pay award would be implemented in the September 2023 pay, and that the pay award for Very Senior Managers had been announced with final confirmation awaited from NHSE.

The Committee were updated on industrial action and 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.

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

The update was received and noted by the Committee.

Annual Workforce Report

The Committee were informed that the purpose of the report was to highlight key workforce metrics and demographics.

The key points noted were:

- There had been a growth in the workforce since 2019 with a cost based review process underway across all CSUs to identify areas of expenditure and staffing growth
- The proportion of staff aged 55-64 and 65+ had remained static with a slight decrease in the 0-25 and 45-54 category
- The BME workforce representation was 25.2% compared to 15% representation within the Leeds Community. It was noted that there had been an improvement in BME representation across AfC bands four to seven in both clinical and non-clinical roles, but that underrepresentation remained at band 8a and above.
- The female workforce continued to outnumber the male workforce across all bands apart from within the medical consultant workforce. However, it was noted that this was increasing year on year.
- Data issues related to LGBT+, disabled staff and religion remained but actions were being taken to address this as part of National Inclusion Week in September 2023
- There had been a reduction in voluntary turnover from 8.91% in June 2022 to 8.03% in June 2023. Changes were being made to the exit interview process to standardise the process across the Trust. The main reasons for leaving were cited as 'relocation' and 'work/life balance'
- Annual leave levels had returned to pre-pandemic levels in 2022/23

- COVID and sickness levels were decreasing and scenario modelling was being undertaken to support winter planning

The Committee agreed that whilst the demographics did not change significantly each year, the paper was a helpful reference piece for the Committee members.

The Annual Workforce Report is received by the Board in the Blue Box at agenda item 11.2(iii).

Workforce Planning People Priority:

The Five Year Plan

The Committee were presented with the Five Year Plan which was developed annually in line with the multi-year goals and operational context in order to achieve these. They were informed that the paper was not complete due to the full financial information not being available at the time of writing, and therefore would be updated once this was received.

It was agreed that the report would be discussed at the Board Timeout in October 2023 and an update would be provided to Workforce Committee in November for assurance.

Pension Flexibility – Impact on Staff Availability

The Committee received a summary of the recent pension changes in the Spring Budget 2023 and the opportunities that this presented in terms of retention, particularly in relation to senior medical and dental staff. It was explained that HR were reviewing policies and procedures to ensure there was alignment with the changes and that colleagues were appropriately signposted and supported to access these flexibilities.

There was a wider debate regarding the promotion of the national work and the part LTHT played in the change of pensions, and how this could be communicated across the organisation. It was agreed that further reflection on this was required.

The Pension Flexibility Report would be summarised in the closed Board Workshop meeting.

Most Engaged Workforce People Priority:

Violence and Aggression to Staff

The Committee received an update on the violence prevention and reduction work undertaken in accorded with the NHS Violence and Prevention Standard, noting the requirement to report twice yearly to the Board.

The key points noted were:

- Incidents and reports were relatively stable with an increase in physical assaults in June and July 2023 due to an increase in admissions of patients without capacity, with mental health issues or repeat offenders.
- DATIX categories had been streamlined to provide clearer data, including amendments to make reporting assault my manager or sexual assault was easier.

- Good progress had been made in relation to staff training with 99% compliance with personal safety (lower risk) and 81% trained in Level 3 Conflict Resolution.
- Good progress had been made in regards to support with all staff contacted with the offer of support following a reported incident. The 'report to support' and 'work without fear' campaigns had been well received.
- The Committee were informed of a recent prosecution following an incident report and noted the importance of feeding this back to staff to encourage reporting of incidents.
- A Violence Protection and Reduction Co-ordinator had commenced in post. It was explained that a thematic review of all incidents would be undertaken to identify hot spots and complete root cause analysis (RCA) to learn from and prevent future incidences.

An update was provided on the receipt of the NHSE Sexual Safety Charter. It was agreed the Charter would be reviewed and determine how this would be factored into existing work. It was noted that Jenny Lewis would be Executive Lead for Sexual Assault and Abuse but that the work also required the active support of other Executives and this would be reviewed once the new Chief Nurse and Chief Medical Officer were in post.

The Committee received and noted the assurances within the report.

The Violence and Aggression twice yearly Report is received by the Board at agenda item 11.2(ii)

Staff Engagement Research and Approach for 2023 Staff Survey

The Committee heard an update on the research conducted by Dr Richard James, Public Health Registrar, which focused on why staff chose to or chose not to participate in engagement campaigns. They were informed that the research had focused on staff from across the Trust, including Training Grade Doctors, Estates and Facilities, Head and Neck, Research and Innovation and Finance and HR. The results indicated that factors such as belonging, visible leadership, alignment to values and the possibility of potential solutions determined the likelihood of participation. The importance of different methods of communication, such as emails, face to face interaction, staff notice boards and social media to maximise engagement and involve all staff was discussed.

The Committee were informed that the research would be utilised to help achieve the Trust target response rate of 65% in the 2023 Staff Survey, a figure more in keeping with private sector levels of engagement. It was noted that a combination of Trust wide and local communications would be utilised to help achieve the target. Staff networks would be utilised to disseminate information and drive engagement, with a focus on closing the loop to ensure staff were aware of local level improvements. A central communications hub had been developed in order to help Engagement Champions with this work in their own area.

A discussion of scale and national nature of the Staff Survey took place, and it was acknowledged that some staff groups may not feel that the survey was applicable to them making engagement challenging. The Committee reflected on the organisations power due to its size and explored whether they would be able to influence upwards to ensure that the survey kept pace with the changing nature of the NHS workforce.

The Committed received and noted the update and commended Dr Richard James on the research. Jenny Lewis noted the overview of this research that was to be shared with the Board in their Workshop meeting.

Assurance Against the In-Year Commitment for Retention: Pathology and Blood Sciences

The Committee were updated on progress against the Retention A3. The key points noted were:

- The exit interview process was being standardised with a centralised template produced to produce an overall organisational picture
- Stay Interviews had commenced within some CSUs but further work was required to standardise the process across the Trust
- Flexible working was cited as a common theme across CSU A3s, with support from required from HR to understand and overcome challenges in this area
- Assurance on progress was gained through HR Business Partners, the Integrated Assurance Framework and CSU Engagement Leads who were required to report out at the Staff Engagement Group

The Committee also heard an update from Blood Sciences within Pathology. It was explained that recruitment of Biomedical Sciences was a significant challenge both locally and nationally, and the training of inexperienced staff took a considerable time. The retention challenges were described and related to the increased workload, rostering and the unsocial hours commitment of the role.

It was explained that Leeds Improvement Methodology was utilised during two workshops held with HR and the KPO team as well as members of the team in order to determine actions and assess these in terms of impact v effort. The actions taken to improve retention included the recruitment of five additional Biomedical Scientists to support 24/7 working, review of exit interview data, changes to rostering including flexible working patterns and the introduction of four MHFAs.

The Committee commended the work undertaken in Blood Sciences and noted the importance of corporate support to help CSUs with local issues.

3. Risk and Governance

Focus on 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 had been reviewed and remained at 16
- The recent changes to pension tax regulations affected all staff groups and therefore this risk would be captured under general workforce risks
- There was a need to fully capture all AHP workforce risks that sat outside of Adult Therapies.
- There was a need to understand the impact of flu/COVID modelling with Emergency Department attendances and periods of staff annual leave

- International nurse recruitment had been paused, with the programme having been a huge success in recruiting 800 nurses and closing the nursing vacancy gap

The Committee were reminded that each CSU had their own workforce risks on their individual risk registers with local mitigations and action plans in place and that assurance on these was gained through Risk Management Committee (RMC). A detailed discussion took place in relation assurance and the risk to patients, with the agreement that care quality outcomes, such as mortality and serious incidents, in the context of staffing and ward assurance were discussed at Quality Assurance Committee and this would be updated in the risk.

The Committee also discussed the need for clearly defined measures and controls within the risk that would enable a change in the risk score. It was agreed that this would be raised with RMC.

The Committee noted and received the update.

Less Than Full Time (LTFT) Medical Workforce Risk

The Committee received a presentation on the impact of the new flexible working policy implemented in April 2023 for Junior Doctors in Training. It was noted that whilst previously Junior Doctors in Training required a reason to apply for LTFT training, this was no longer the case.

The approval process for LTFT applications was discussed and the Committee were informed that this was carried out with the Deanery with minimal influence from LTHT.

It was explained that an increased number of trainees had opted to work LTFT and the risks associated this, such as in increased gaps on on-call rotas were described. The increased workload on administrative and HR staff was also discussed, noting that LTFT trainees often had more complex rota patterns.

Mitigations such as filling rota gaps with locums or locally appointed doctors to ensure service delivery were discussed. However, with the Trust receiving 50% salary contributions for Junior Doctors in training, it was noted that this would create a cost pressure for the Trust. The usage of the non-medical workforce, such as Advanced Care Practitioners (ACPs), Physician Associates (PAs) and Anaesthetic Associates (AAs) to mitigate risk was also discussed, though it was cautioned that there was strong feeling against this from some medical colleagues.

The Committee received the report and noted the mitigations outlined.

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

The following papers make up this report:

Board Agenda Violence and Aggression Update Report
[Board Agenda Annual Workforce Report](#)

Amanda Stainton
Chair of Workforce Committee
September 2023