

## Workforce Committee Chair's Report

### Public Board

30 January 2025

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Amanda Stainton, Associate Non-Executive Director Jenny Lewis, Director of Human Resources and Organisational Development
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<b>Previous Committees:</b>	Workforce Committee, 09 January 2025

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	✓
Strengthen participation and growth in research and innovation	
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

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 H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	↔ (same)

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 (WFC) provides assurance to the Board on workforce performance and planning using the revised six 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 and, 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).

The Workforce Committee, as agreed by Board has reviewed its purpose and re-focus for assurance. A Workforce Management Group has been established within its supporting governance structures, with the aim of oversight to operational management.

## 2. Significant Issues of Interest to the Board

### Workforce Management Group Summary

The Committee were provided with the minutes from the most recent Workforce Management Group (WMG) meeting and an executive summary. The key updates noted were:

- December's meeting had been stood down due to operational pressures.
- The Group had a good discussion about the proposed regulation of NHS Managers and the vulnerability felt by Managers at all levels across the organisation. The Committee heard that the Department of Health and Social Care (DHSC) consultation was open until 18 February 2025. The aim appeared to be a desire to strengthen the current Fit & Proper Persons Test requirements.
- An update had been presented on the forthcoming Employment Rights Bill, the internal process to be used to review and implement changes and identify any additional risks. Regular reports would be presented to WMG with assurance provided to WFC where required.
- The Trust had again been asked by the Yorkshire Deanery to increase the intake of Resident Doctors, however, there were financial implications associated with this due

to funding arrangements. The issue highlighted the difficult decisions the Executives had to consider in terms of balancing workforce and finance.

- Following an escalation from Quality Assurance Committee, the Group had received a deep dive on the Mandatory Training Executive Assurance process. The Group were informed of the assurance mechanisms in place to monitor compliance and ensure mandatory training was effective and had the desired impact.

The update was received and noted by the Committee.

### **Staff Story: Resident Doctor Onboarding**

**<https://youtu.be/Vbv4Ve6eks4>**

The Committee were presented with a video describing the collaborative work undertaken in August 2024 by HR Resourcing, Medical Deployment and Payroll to improve the onboarding of Resident Doctors.

Ellie Burnell, Medical Staffing, explained that in August 2024 948 Resident Doctors details were received from NHSE. She explained that previously, over 50 spreadsheets would be required to ensure all doctors' placement details were recorded on ESR and issued with a rota. Work was often duplicated as a result and therefore a live shared workspace for the Teams had been developed. The improved process resulted in efficiencies and positive feedback from Resident Doctors.

Freya Chapman-Othen described how Medical Deployment had utilised Microsoft Forms to gather information directly from Resident Doctors to improve accuracy of data, reduce delays in the onboarding process and improve communications with CSUs to finalise rotas thus facilitating the issuing of work schedules. As a result, the number of work schedules issued on time had increased.

Nicola Cavanagh, Payroll, described how the work had reduced the need for multiple spreadsheets, improved communications between teams to resolve queries quickly and effectively and prevented payroll errors. As a result, August 2024 saw a reduction in pay-impacting errors to 18 from 47 in August 2023. She concluded by noting the links to the Leeds Way Values and stressed the importance of continuing the work to ensure Resident Doctors felt empowered and were able to use their time effectively to support the delivery of excellent patient care.

The Committee discussed the power of engaging teams in the Leeds Improvement Method (LIM) and noted that those who had made the significant changes were not senior leaders in the organisation. The Committee commended the work and noted that it had been highlighted as good practice during the recent Deloitte review into Improving the Working Lives of Doctors in Training.

The update was received and noted by the Committee.

### **Workforce Committee Metrics**

The Committee reviewed and scrutinised the workforce metrics aligned to the People Priorities. The key points noted were:

- The Five-Year Plan had been set in January 2024 based on assumptions at the time. The graph had been revised to reflect Waste Reduction Programme (WRP) schemes that had been transacted without the assumed FTE position. Months five, six and

seven had shown a FTE increase, due to increases in the Paediatric medical workforce, backdating of agency in Pathology appearing in month six and increased bank usage due to operational pressures. Month eight had seen a reduction in FTE, with agency usage increasing due to the Pathology LIMS project which was offset by a reduction in bank.

- Agency usage remained below the NHSE agency cap but was tracking above the best-case scenario. The Committee discussed the reasons for this, which included the Pathology LIMS project and increased operational pressures. It was noted that discussions with the Finance Team were planned to understand the level of overspending above budget.
- 60% of job plans were noted to be on Electronic Job Planning (EJP) with a target of 100% by March 2025. The Committee heard that a Medical and Dental Optimisation Programme had been established, with workstreams focusing on job planning, rostering and governance to support the rollout of EJP and progress the work related to the Improving Working Lives of Doctors in Training letter.
- Sickness absence was noted to have increased. When comparing November 2023 to November 2024, there had been a decrease in absences due to cold and flu, but an increase in absences related to gastrointestinal and musculoskeletal issues. It was noted that further analysis of the December 2024 date would be undertaken to understand if there was a correlation between the reduction in uptake of the flu vaccination and absences related to flu and respiratory illnesses.

The Committee received and noted the update.

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

#### **Workforce Planning: Five Year Plan and Operational Workforce Plans**

The Committee were presented with an update on workforce planning considerations associated with the Five-Year Financial Plan and assurance on the progress of CSU Operational Workforce Plans (OWP).

The Committee heard that all CSUs had completed OWPs by 30 November 2024 with plans aligned to the in-year commitments, finance and service delivery, embedding of new roles and the NHS Long-Term Workforce Plan. CSUs were supported by Senior HR Business Partners and signed off by the Deputy Director of HR and Director of Operations, with feedback given to support continuous improvement. Areas for improvement included the need for regular review to ensure OWPs were live documents, stronger links to finance and sub-Tri Team ownership of actions. The Committee were presented with an example of a CSU's OWP for information and assurance.

The full Financial Five-Year Plan had been completed and presented at the Finance and Performance Committee in November 2024. The indicative workforce implications of the plan were being modelled on the financial data and take CSU WRPs where pay is impacted, and any significant workforce shifts required into account. The LTHT Five-Year FTE Workforce Plan would be reviewed at the appropriate sub-Committee groups and presented at WFC in March 2025 for assurance. The ICB workforce narrative will be submitted to the ICB in March 2025 to accompany the annual operational planning related to finance, activity and workforce information.

The Committee discussed the triangulation with the financial plan and quality of the CSU OWPs and commended the progress made. The update was received and noted by the Committee.

## **Compassionate, Inclusive and Effective Leadership Priority:**

### **Leadership Update**

The Committee were presented with an update on the progress on the progress of the new 'Compassionate, Inclusive and Effective Leadership' People Priority for information and assurance.

The Committee heard that compassionate, inclusive and effective leadership was critical to high-performing healthcare organisations and therefore had been included as a People Priority in 2024. The aim of the People Priority was to provide clarity of expectations, roles and responsibilities, create consistency through a unified approach and cultivate and recognise the importance of successful leadership in driving organisational culture.

Progress had been made in terms of setting expectations for good leadership, leadership development for LTH staff and leadership succession planning. The risks noted included Organisational Development resource limitations, operational pressures and financial challenges. A business case was being developed to secure an initial two-year funding for the dedicated resource required, however, the current financial climate and operational context meant that securing the funding remained challenging.

The Committee had a good discussion regarding the need to support and develop middle managers and stressed the importance of appropriate financial support to facilitate this. The Committee also recognised that whilst staff were supported to attend leadership and development programmes, only those on the radar of the leadership team were being supported to do so. Therefore, the importance of further identifying talent within the organisation to strengthen succession planning was stressed.

The Committee acknowledged the assurance on the progress made thus far but recognised the significant amount of work still required in this area.

### **Preliminary Staff Survey Results (Embargoed)**

The Committee received the preliminary Staff Survey Results that were under embargo until March 2025. The Committee had a good discussion regarding the results and noted that further analysis would take place following the lifting of the embargo.

The Committee received and noted the update.

### **Progress against the In-Year Commitment of Retention**

The Committee were presented with an update against the In-Year Commitment of 'to be in the top 25% of performing trusts for staff retention' for assurance. The key points noted were:

- The In-Year Commitment of Retention had been in place for two years and therefore a strategy was being scoped to engage key stakeholders and support retention activity to be embedded as business as usual throughout the organisation regardless of the next People Commitment.

- Key stakeholders were noted to include Commitment Executive Sponsors, Senior Leads, CSU Retention Leads and HR Business Partners.
- The strategy would utilise the 2024 Staff Survey results to inform ongoing Commitment work to create a continuous and embedded cyclical process.

The Committee discussed the importance of continuing and embedding the excellent work, but cautioned against the risks associated organisational stagnation and reduced opportunities for career progression should turnover be reduced significantly.

The update was received and noted by the Committee.

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

#### **Committee Risk Appetite Review**

The Committee were presented with a review of the risk appetite statements and tolerances. It was agreed that all Level One Workforce risks would remain the same, aside from 'Workforce Retention'. It was noted that retention was not a product of just training, development and health and wellbeing and therefore the Committee agreed that this would be revised to *'We will deliver safe and effective patient care, through providing a supportive culture, training, development and health and wellbeing for our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services.'*

The update was received and noted by the Committee and would flow into the review by all Committees, reporting back to the Board in March.

#### **Internal Audit Assurance**

The Committee received an update within the Blue Box on the current and planned Workforce Internal Audits for information and assurance. The key points noted were:

- All actions were complete or on track to meet the original extended completion dates.
- The forward plan for internal audits included a review of the Health Scientists Workforce, job planning for Medics and staff immunisations.

The update was received and noted by the Committee.

### **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 WFC and note the further work requested as set out in the report.

## **7. Supporting Information**

No supporting information.

**Amanda Stainton**  
**Chair of Workforce Committee**  
January 2025