

Workforce Committee Chair's Report

25 September 2025

Public Board

Presented for:	Information and Assurance
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Previous Committees:	Workforce Committee, 10 September 2025

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	

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 providing a supportive culture, training, development and H&WB of our staff to retain the appropriate level of resource to	Cautious	↔ (same)

		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 (WFC) provides assurance to the Board on workforce performance and planning using the revised five 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 is supported by the Workforce Management Group, which sits within its supporting governance structures and provides oversight of 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 Committee heard that presentations had been received from Leeds Dental Institute (LDI) and Trauma Related Services (TRS), who were RAG-rated green and amber, respectively.

The Group had a good discussion on the actions taken to share learning following WMG and support CSUs to progress from red and amber to green, and concluded that the necessary assurance was not being provided. It was agreed that the actions and shared learning would be outlined clearly in the Executive Summary moving forward.

The update was received and noted.

Staff Story: Neuro Mediation

<https://www.youtube.com/watch?v=zcO-WFDyj3k>

The Committee viewed a video on the successful outcome of mediation undertaken in Neurosurgery, noting the link to the Team Commitment of Supporting our Teams to act with Kindness and Compassion.

The video featured reflections from Consultants on the challenges the Team had faced over a long period of time due to a breakdown in relationships and poor teamwork.

The Surgeons discussed the power of mediation and the transformative effect it had had on the service and improvements to patient care and service delivery, along with communication, team working and their own job satisfaction. They explained they had been empowered to have 'courageous conversations' and as a result were able to communicate effectively and work together to make positive changes to the department and improve patient care.

The video concluded with reflections from Dr Magnus Harrison, Chief Medical Officer, who stressed the importance of professional fulfilment and noted the links to burnout, inefficiencies and poor culture. He reflected on the success of the mediation and the unintended positive consequences which included reduction in waiting times for patients.

The Committee commended the vulnerability and reflections shown by those featured in the video and the success of the mediation. The Committee discussed the learning from this process and noted this could be used to support early intervention.

The update was received and noted.

Annual Workforce Report

The Committee were presented with the data for the Annual Workforce Report for information, noting that this provided an overview of the Trust's workforce changes over time. 2019 was used for comparison to provide a significant period of time and to avoid periods which would have been significantly impacted by COVID.

- There had been a 16.4% increase in WTE in comparison to June 2019; however, this had decreased by 1% in comparison to June 2024.
- The number of staff in the 45-54 age bracket had not changed significantly since 2019; however, the distribution had changed due to rises in the 35-44 and 55-64 brackets.
- Representation of BME staff in the overall workforce had increased over the last five years and was higher than in the population of Leeds.
- The gender profile was relatively unchanged with females representing approximately three-quarters of the workforce; however, the proportion of males in the workforce continued to increase with seniority.
- Representation of disabled staff in the workforce was lower than the local population; however, data quality issues persisted.
- Sexual orientation was generally representative of the local population, as were religious beliefs, except for Christianity.
- The proportion of less than full-time working had steadily increased over the previous three years, with the proportion of males working less than full-time increasing faster than females.

The Committee explored how the report was utilised within the organisation, with confirmation of its support to succession planning, to understand the impact of inclusive recruitment and to encourage staff to update their ESR records.

The update was received and noted, and is included as a blue box item at agenda item 12.4(ii).

Update on National Terms and Conditions

The Committee were provided with an update on National Terms and Conditions for information and assurance. The Committee discussed the complex industrial relations landscape, with the Trust continuing to work in partnership with Trade Union Colleagues.

The update was received and noted by the Committee.

Agenda for Change Job Evaluation Assurance

The Committee were presented with an update on the Agenda for Change (AfC) job evaluation process, following receipt of a letter from NHSE in May requiring Board assurance. The Committee were presented with an overview of the areas of risk and the mitigations but from the information presented, they were not in a position to provide assurance to report to the Board as required by NHSE hence this would be provided at the next Committee prior to flowing to the November Board.

Workforce Committee Metrics

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

- Total WTE was above trajectory.
- Bank and agency expenditure was not decreasing in line with trajectory.
- Turnover was stable, with voluntary turnover noted to be 5.89% in May compared to an end-of-year position of 5.9% for 2024/25.
- The number of job plans on electronic job planning (EJP) was increasing each month. However, the number of out-of-date job plans remained high.
- The percentage of rosters approved on time continued to be below target and had decreased in the previous two months.
- In month sickness absence rates were in line with SPC limits; however, sickness absence between April 2025 and July 2025 was higher than the corresponding period in 2024 and therefore rolling sickness absence rates had increased.
- Mandatory training compliance continued to be above target.
- Agenda for change appraisal uptake continued to increase. Likewise, medical appraisal completion was comparable with the previous year.

The Committee discussed whether there was a link between poor roster approval compliance and increased use of bank and overtime. The Committee heard that work was ongoing with four pilot CSUs with high variable pay spend to understand the reasons behind this and provide additional corporate support to CSUs to reduce spend in this area.

The Committee received and noted the update.

Health and Wellbeing People Priority:

Burnout

The Committee received an update on the activity undertaken to manage the risk of staff experiencing burnout or work-related stress as identified in CRR04: Health, Wellbeing and Safety of staff, for information and assurance. The key points noted were:

- A working group had been established in 2024 following increased reports of burnout in the workplace.
- No organisational increase in work-related stress and burnout was found, but some Teams did report they experience higher than average levels.
- The working group had reviewed existing organisational resources to manage burnout and identify any gaps. The Committee heard that no significant gaps were found, but there were opportunities for improvement in relation to Staff Clinical Psychology, with this not being available to all staff.
- The working group had been stood down with outstanding actions managed through the Trust's Health and Wellbeing Group. Levels of work-related stress and burnout and associated interventions would continue to be monitored through WMG.

The Committee discussed the importance of communicating the support available to staff and a robust communications plan was noted to be in place. It was noted that specific actions related to ensuring staff from all cultural backgrounds were aware of and were able to access support were being undertaken through the health and wellbeing group.

The update was received and noted.

Occupational Health

The Committee were presented with an overview of Occupational Health (OH) performance and activity for information and assurance. The key points noted were:

- A new system had been introduced in November 2024, which was able to provide capacity and activity data.
- Changes to pre-employment check activity using the Leeds Improvement Methodology (LIM) had been introduced. Engagement with OH prior to employment had improved from 27% to 100%.
- The timetable for OH clearance to be issued had reduced by 1.3 days on average, totalling 8400 days of lead time per annum. Likewise, the time to clear had reduced by 4.6 days on average, totalling 29000 days of lead time per annum.
- Seasonal peaks, such as Resident Doctor rotations, were challenging in terms of triage and therefore increased waiting times. The team were therefore working with resourcing to improve how to triage demands, noting that there was sufficient clinic capacity, but triage was a blocker.
- The Trust had agreed to the full range of occupational vaccines in line with UKHSA guidance. In January 2025 a campaign to provide pertussis (whooping cough) vaccinations for staff in high-risk areas was undertaken. The OH team were working with Infection Prevention and Control to approach staff who were not up to date with their vaccinations.
- COVID-19 vaccinations would not be offered as part of the winter 2025/26 vaccination programme in line with UKHSA guidance. Therefore, only the flu vaccination would

be offered. A correlation between flu vaccination uptake and reduced sickness absence was presented. This data was being shared with CSUs to improve front-line vaccination rates by 5%.

The Committee commended the progress made by OH following improvements. The Committee also discussed the flu vaccination rates and plans to increase this by 5%. There was a discussion to review previous actions and learning from peers as to historic activity that had resulted in higher rates of uptake, noting there was a need to align understanding across the organisation of the financial impact. It was agreed that an action plan with time scales be presented to WMG, with assurance provided to the Committee in the executive summary.

The update was received and noted.

Sickness Absence Assurance

The Committee were provided with an update on the management of sickness absence for information and assurance. The key points noted were:

- The rolling sickness absence rate was noted to be 5.19%, above the 4.9% target.
- Absence rates were highest in Outpatients, Estates and Facilities, Theatres and Anaesthesia, and Chapel Allerton.
- The highest absence rates were noted to be within Additional Clinical Services and Estates and Ancillary. Medical and Dental absence rates remained the lowest.
- Long-term absence was noted to be the main driver of sickness absence rates, with mental health the leading cause.
- The top five absence reasons were noted to be anxiety/stress/depression, cold/cough/flu, gastrointestinal, musculoskeletal and other causes.
- The Trust's rate was noted to be lower than most Shelford Group Trusts in the North and Midlands and below the West Yorkshire average but was above the national average for large teaching hospitals. Therefore, the team were contacting peers to understand if there was any shared learning.
- Targeted support and assurance processes were in place, with further improvements planned for consultant absence reporting and wellbeing

The Committee discussed the link between sickness absence, variable pay, and cancelled activity, and examined the additional support provided to teams to manage absence effectively and identify root causes. The Committee was informed that HR was working with colleagues in Finance to help CSUs understand the financial and operational implications of sickness absence and to offer targeted support.

The update was received and noted.

Workforce Planning People Priority:

Progress Against the WTE Plan

The Committee received an update on the delivery of the workforce plan for 2025/26 for information and assurance. Progress continued to be monitored through the Workforce Plan Delivery Group, with the Group meeting weekly. The Group continued to focus on variable pay, sickness absence management, compliance with Electronic Job Planning and roster management.

The update was received and noted by the Committee.

Workforce Implications of the 10 Year Plan

The Committee were presented with a gap analysis of workforce actions arising from the Fit for the Future – NHS 10-Year Health Plan for England and a comparison to the previous NHS Long Term Workforce Plan for information. The Committee heard that the workforce implications had been assigned an Executive owner, and an operational lead had been allocated but required further discussion for ownership, with further work required to conduct a full assessment of opportunities and risks and to engage further with workforce leads. It was noted that further clarity was required regarding actions that would be led nationally or through the ICB, including the implications of shifting care from secondary care to the community.

The Committee discussed that whilst an implementation plan had not yet been released, it was positive that the Trust were considering the actions and implications already. The update was received and noted.

Staff Survey Process Assurance

The Committee were presented with an update on the actions taken following the 2024 Staff Survey for information and assurance. The key points noted were:

- CSUs had been asked to outline their staff survey action plans in their Operational Workforce Action Plans OWAPs, with 13 CSUs having done so. Senior HR Business Partners were working with the remaining CSUs to complete this.
- Common action themes related to standards of behaviour, speaking up, belonging and inclusion.
- The Committee were provided with an example action plan from Urgent Care.
- Assurance on CSU progress was gained through the Joint Accountability Assurance Framework (JAAF), the Staff Engagement Group and WMG.

The Committee discussed the information provided and were not assured of the process. They requested further information including assurance that all CSUs and corporate functions had developed robust action plans. Where this was not in place, the Committee sought assurance on the support being provided and the risks associated with this. It was agreed that this would be presented to the Committee in November 2025.

3. Risk and Governance

Internal Audit Assurance

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

- An extension had been requested in relation to the Job Planning Audit until 31 March 2026 to allow monitoring of the changes and provide assurance that these were well embedded.
- An extension had also been requested in relation to the Staff Immunisation Policy until 31 December 2025. This was to facilitate the considerable consultation required with clinical teams and ensure the policy reflected organisational need.

The Committee discussed the Internal Audit forward plan and noted that the Committee had not been provided with an update following the audit of Healthcare Scientists. It was requested that an update be presented to the next Committee for assurance.

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
September 2025