

Workforce Committee Chair's Report

27 November 2025

Public Board

Presented for:	Information and Assurance
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Previous Committees:	Workforce Committee, 12 November 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 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 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 (WVG) meeting and an Executive summary. Kate Sims reflected on the meeting and noted that she was meeting the senior HR team to review the work of the Group and ensure it was fulfilling its purpose in relation to assurances and reporting to the Committee.

The Committee heard that a presentation had been received from Pathology CSU, which was RAG rated red. The CSU was noted to have undergone a significant period of transformation and were entering a reset phase with a 'road out of red' plan developed. The Committee heard that the presentation provided an opportunity to triangulate workforce challenges with other metrics to enable corporate functions to provide targeted support to the CSU.

The Group had also received reports on the Workforce Metrics, the Equality, Diversity and Inclusion action plan, the Freedom to Speak Up Guardian Bi-Annual Report, the Prevention

of Violence and Aggression Bi-Annual Report and progress against the WTE plan, all of which were noted to flow to the Committee for discussion.

The Committee had a good discussion on the purpose of WMG and reporting to the Committee, noting there was a need to balance the level of information and detail provided to the Committee to ensure adequate assurance was received without overloading the Committee with operational detail. The Committee agreed that reports flowing on to the Committee should be updated to capture the discussion within WMG to provide assurance to WFC and fulfil the purpose and requirement of assurance or escalation to the Committee. It was agreed this would be reviewed for future meetings.

The update was received and noted.

Staff Story: Trauma Related Services – ‘Say My Name’

<https://www.youtube.com/shorts/RtYKWdnapbo>

<https://www.youtube.com/shorts/153jtPP8P48>

The Committee viewed two short videos from Trauma Related Services (TRS) which focused on their Equality, Diversity and Inclusion (EDI) week and the ‘Say My Name’ Campaign. It was noted that the videos had been produced with social media in mind, with the CSU using this forum to promote the campaign.

The Committee heard that the CSU had organised events and the campaign in response to disappointing feedback with some staff reporting that they had shortened or changed their names so that they were easier for colleagues to pronounce.

The ‘Say My Name’ video highlighted that names are part of individuals culture and identity, with correct pronunciation showing respect and inclusion. The video featured staff from across the CSU pronouncing their name with encouragement to call colleagues by their preferred name. The second video featured a highlight reel of activities across the CSU during EDI work, including sharing of food, displaying of flags and traditional dress.

The Committee commended the powerful campaign and the importance of the topic. The Committee reflected on psychological safety and the nervousness some staff felt in asking how to pronounce names, noting that in asking all colleagues how they wanted to be addressed, everyone would feel included and respected. The Committee noted that this was also applicable to other topics, such as disability, and stressed that it was important staff felt confident and empowered to ask.

The update was received and noted.

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 and August requiring Board assurance. In September, the Committee were presented with an overview of the areas of risk and the mitigations however, further assurance was requested. The key points noted were:

- Following the previous Committee, a further assessment had been undertaken with the Trust’s position against each criterion RAG rated, action plans, owners and target dates agreed.

- 12 out of 20 criteria were rated green. The remaining eight criteria were rated as amber.
- Action plans were in place with named leads and target dates for completion for six criteria rated amber.
- The two remaining amber criteria were rated as such on a strict criteria basis. However, LTHT were satisfied with current practice and would rate these as green based on local context and risk assessment. A plan was in place to maintain current practice in these areas, as further changes would introduce disproportionate risks for other activities such as patient care, service delivery or resource challenges.
- Ongoing monitoring and reporting would be completed for continued assurance, with regular updates to the Board and Executive Team.

The Committee discussed the complexity of the AfC job matching process and the vast number of job descriptions within LTHT and commended the robust process in place. The Committee received and noted the assurances within the report. The Committee could therefore report, as required by NHSE, that there was 'clear Board ownership (via WFC) of local job evaluation and that Board are assured it is being implemented correctly'.

Workforce Committee Metrics

The Committee reviewed and scrutinised the workforce metrics aligned to the People Priorities, noting that additional information had been provided to the Committee for assurance. The key points noted were:

- Total WTE was above trajectory. Bank and agency expenditure had not decreased in line with trajectory.
- 94% of job plans were on Electronic Job Planning (EJP), but the number of out of date job plans remained high, with an increase over the previous two months.
- In month sickness absence rates were within SPC levels but sickness between April 2025 to September 2025 was higher than the corresponding period last year and therefore rolling rates had increased.
- Mandatory training compliance remained above target. However, compliance related to Paediatric Resuscitation was still a challenge and was being addressed as part of the CQC action plan. Compliance with Moving and Handling Level One and Preventing Radicalisation were noted to be low as these had recently launched.

The Committee discussed the detail of the report and the need to balance operational detail with assurance. It was agreed that an assurance summary of the data, risks, progress against actions and associated timescales would provide improved assurance to the Committee. It was agreed this would be provided in future reports.

The slow progress in relation to Paediatric Resuscitation Training was noted by the Committee, with this remaining RAG rated as red. The Committee noted that actions taken to address this and the timescales for improvement were unclear. This prompted a wider discussion on compliance with mandatory training, and it was agreed that this required escalation to the Board.

The Committee received and noted the update.

Equality, Diversity and Inclusion People Priority: Review and Improvement Plan

The Committee received an update on the Equality, Diversity and Inclusion (EDI) improvement plan and metrics, noting the regulatory requirement to publish this annually.

The Committee heard that the plan had been developed in collaboration with the EDI Steering Group and had been published on 31 October 2025 following discussion and agreement at WMG. It was noted that progress against the plan would be monitored through metrics and feedback loops such as listening events, surveys and the LTHT staff networks.

The Committee reflected on the language and the shift to inclusion and belonging and agreed that the strategy needed to be collectively owned across all disciplines and the Board.

The Committee also had a good discussion about the need to ensure alignment with actions arising from the externally commissioned desk top review by Enei, the MSSP EDI review into Maternity and CQC Well-led report, noting that a single plan with key actions, owners and review dates needed to be established and agreed. It was agreed that the frequency of reports to the Committee on the progress would be increased to provide assurance. The Board would receive an update at agenda item 10.2(ii).

The update was received and noted by the Committee.

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. The Committee were informed that progress continued to be monitored through the Workforce Plan Delivery Group, with the Group meeting weekly. The Group continued to focus on understanding reasons for staff unavailability, opportunities to reduce variable pay and improve productivity. However, the Committee heard that the Trust was above trajectory and therefore assurance that the plan would be delivered could not be provided.

It was agreed that the position against the plan would be escalated to Finance and Performance Committee and the Board for further discussion. It was confirmed that this would be covered within the update on the Q2 Fundamental Financial Review update to the private Board meeting.

Staff Survey Process Assurance

The Committee were presented with an update on the actions taken following the 2024 Staff Survey for information and assurance, noting that further information had been requested at the previous Committee. The key points noted were:

- 18 out of 19 CSUs had aligned their Staff Survey action plans with their Operational Workforce Action Plans (OWAP), an increase from the 13 CSUs reported in September. The remaining CSU was being supported by the HR Business Partner to complete this.
- CSU themes focused on standards of behaviour, Freedom to Speak Up and belonging and inclusion.
- Corporate departments had not previously been required to have an OWAP in place due to their size. The Committee heard that WMG had discussed whether this should be mandated, and it was agreed that this would be discussed with the Executive Team.

- All nine Corporate departments had some form of meaningful Staff Survey action plan in place. Themes focused on civility, communication, engagement, belonging, autonomy and empowerment.

The Committee discussed the output of actions and the metrics that CSUs were aiming to influence. They also reflected on the time scales associated with the national Staff Survey and the importance of using feedback to make improvements and close the loop with teams to drive further engagement.

The Committee received and noted the assurance provided in relation to Staff Survey action plans.

3. Risk and Governance

Prevention of Violence and Aggression Bi-Annual Report

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:

- There had been an increase in reports of violent and aggressive incidents in the Trust in line with the national picture.
- The Trust's Prevention and Management of Violence and Aggression (PMVA) team continued to provide training and support, with a targeted focus on areas who were caring for patients with complex needs, such as the Emergency Department.
- Improved DATIX reporting had been introduced alongside a new Criminal Offence Procedure. This aimed to improve the quality of the information documented about incidents, allowing for improved analysis and targeted support. All incidents were reviewed daily targeted support provided to staff involved within 12-24 hours.
- A communication plan was in place, with videos produced for patients to promote expected standards of behaviour.

The Committee had a good discussion about training and targets associated with this. It was agreed that the aim was for all clinical staff to complete training, but the Committee were cautious about making the training mandatory, with the mitigation of additional support from Security, lockdown procedures and body worn cameras noted. The Committee also discussed the increased reports of violence and aggression and reflected on whether this was due to improved reporting mechanisms or multiple incidents related to specific long stay patients. It was noted that the improved reporting system would be able to provide this data for future reports.

The Committee commended the work of the PMVA team and received and noted the assurances provided.

The Violence Against Staff Bi-Annual Report is received by the Board at agenda item 12.4(iii).

Freedom to Speak Up Guardian's Bi-Annual Report

Alan Sheppard, Freedom to Speak Up (FtSU) Guardian presented an update on the progress for quarter one and two of 2025/26 for information and assurance.

The Committee heard that the number of reports to the Guardian remained stable, but there had been an increase in anonymous reporting of concerns following the introduction of the online portal. It was noted that this would continue to be monitored with it currently being unclear as to whether this was due to perceived increased accessibility of the portal or an indicator of lack of trust in the speaking up process. The themes were noted to predominately be related to worker wellbeing, inappropriate attitudes and lack of communication.

There had been an increase in trained Champions, with 120 in place across the organisation. However, due to all training being delivered by the FtSU Guardian there was a backlog of Champions awaiting training. The Committee heard that consideration was being given as to how this could be addressed.

The Committee reflected on the number of different Champion roles in the organisation and noted there was a need to review and streamline to ensure staff were able to speak up easily. CSUs had also been asked to nominate FtSU Leads to support a new FtSU framework, with a meeting planned for the near future.

The Committee also discussed the themes, noting the links to the EDI review. It was agreed that CSU level data would be provided in future to enable triangulation with other metrics such as grievances and patient safety metrics, and that this would be updated to include in the report that flowed to Board.

The Committee received and noted the information and assurances within the report. The Freedom to Speak Up Guardian's Bi-Annual report is received by the Board at agenda item 12.4(ii).

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:

- The final report for Healthcare Scientists audit had been agreed with a rating of moderate.
- The review of the Supporting Attendance Policy had been completed and formally approved on 17 September 2025.
- All other actions were either complete or on track to meet the original or extended completion date.

The Committee discussed the forward plan for 2025/26 and it was noted that the terms of reference of audits needed to be reviewed and agreed to ensure they were appropriate and effective.

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.

The Board is asked to note the following escalations:

- Limited progress in relation to Paediatric Resuscitation mandatory training.
- Position against the Workforce Plan 2025/26
- The importance of agreeing meaningful objectives for all Board members as part of the action plan for Inclusion and Belonging

7. Supporting Information

No supporting information.

Amanda Stainton
Chair of Workforce Committee
November 2025