

People Committee Chairs Summary Report

Public Board
24 September 2026

Presented for:	Alert, Advice, and Assurance
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Previous Committees:	13 August 2026

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Support and develop our people
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Shared Direction and Culture Workforce Equality, Diversity and Inclusion Freedom to speak up
<u>Regulatory Impact</u>	Regulation 9: Person-centred care Regulation 16: Receiving and acting on complaints Regulation 17: Good governance Regulation 18: Staffing Regulation 19: Fit and proper persons employed

Key points	Purpose
This report provides a summary of the key highlights from the People Committee meeting and seeks to alert, advice and provide assurance to the Board on the areas discussed.	Alert, Advice and Assurance

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
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	Operating within
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	Operating within
Workforce Retention Risk	We will deliver safe and effective patient care, through providing a supportive culture, 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	Operating within

Workforce Performance Risk	We will deliver safe and effective patient care through having the right systems and processes in place to manage the performance of our workforce.	Cautious	Operating within
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.	Cautious	Operating within
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

1. Introduction

Following its last meeting the Committee has considered significant issues and key areas to highlight to the Board under three key categories Alert, Advice, Assurance (AAA):

- Alert - areas which the Committee wishes to escalate as potential areas of non-compliance, which need addressing urgently, or that it is felt Board should be sighted on.
- Advice - any new areas of monitoring or existing monitoring where an update has been provided to the Committee and there are new developments.
- Assurance - specific areas of assurance received warranting mention to Board.

2. Alert

- The Committee received no matter to alert the Board at this meeting.

3. Advice

- The Committee received and scrutinised an update on Employee Relations activity, including 2025/26 appeals and conduct cases involving Black and Minority Ethnicity (BME) colleagues. Members noted that 19 of 21 appeals heard (90%) were not upheld, while two were upheld and resulted in reinstatement. The Committee noted a significant disparity in conduct outcomes, with BME colleagues accounting for 44.9% of conduct cases compared with 32% of the workforce and being 3.3 times more likely than white colleagues to be dismissed once in the conduct process. While the Committee was assured that the individual dismissal decisions reviewed were supported, members emphasised the need for continued oversight to establish whether wider systemic or procedural factors contributed to the disparity. The Committee welcomed the proposed actions, including enhanced Authorised Disciplining Managers (ADMs) and manager training, regular monitoring of BME conduct cases and thematic review of dismissals, and agreed that the issue would be reported regularly rather than solely through the annual Employee Relations annual report. The Committee advises the Board to note the findings and support continued scrutiny of conduct outcomes, inclusion, decision-making and the effectiveness of the actions implemented, with further assurance to be provided through regular reporting and evidence of impact.
- The Committee considered the Trust's workforce position against plan and noted that staffing remained above the planned establishment, alongside continued pressures from sickness absence, bank, agency and overtime expenditure. While the Committee recognised the actions underway to strengthen workforce controls, reduce reliance on temporary staffing and improve attendance, members identified the need for further assurance on the effectiveness of vacancy controls, the drivers and management of sickness absence, and the value and productivity associated with overtime and temporary staffing. Particular concern was raised regarding Theatre workforce utilisation, including the relationship between overtime expenditure, workforce capacity and cancelled operations. It was noted that further scrutiny is required to ensure workforce deployment is appropriately aligned to patient demand, productivity, quality and financial sustainability, and was agreed that the Theatre utilisation and overtime position be escalated to the Finance and Performance Committee, with further assurance on vacancy controls, sickness absence and workforce utilisation to be provided as appropriate.

- The Committee received the progress against the NHS England Resident Doctor 10-Point Plan and noted that four of the ten requirements were rated green, with the remainder subject to ongoing work. Members recognised progress in areas including exception reporting, payroll accuracy, work schedules, training, resident doctor representation and the Safe Learning Environment Charter, while noting that lockers, rota and work schedule compliance, sexual safety and meaningful resident doctor engagement remained areas requiring further attention. The Committee emphasised the importance of demonstrating not only technical compliance with the requirements but also evidence that the actions were improving the experience and working lives of resident doctors. The Committee requests that the Board notes the progress made and the remaining areas for improvement, with continued focus on achieving full compliance and demonstrating that the changes are translating into meaningful improvements in resident doctors' experience and wellbeing which is reported at agenda item 11.4 as required by NHSE.
- The Committee noted the progress made since its June 2026 deep-dive into the Mandatory Learning control environment and noted strengthened governance, accountability, learning needs analysis, data quality and escalation arrangements. Members welcomed the improved visibility of the underlying causes of variation and the development of a standardised approach to determining learning requirements, while recognising that the improved assurance reflected stronger controls and understanding rather than a material change in compliance performance. The Committee emphasised the importance of ensuring that the arrangements were sustainable and provided reliable assurance of mandatory learning requirements, including appropriate linkage to appraisal processes. The Committee advises the Board to note the progress made in strengthening the Mandatory Learning assurance framework, the further work planned through March 2027, and the Committee's continued oversight of its implementation and effectiveness.
- The Committee considered and approved the proposed Trust-wide Leadership Development Framework, noting its aim to establish compassionate, inclusive and effective leadership as a core expectation for leaders at all levels and to support delivery of the Leeds Way values and Inclusion and Belonging agenda. Members welcomed the move towards a consistent organisation-wide offer, aligned with national leadership development provision and supported by appropriate governance and monitoring arrangements. The Committee asks the Board to note the development of the Framework, with implementation planned for January 2027, and the Committee's expectation that its outcomes and impact will be regularly monitored and reported through measures including the PIF, NHS Staff Survey, Freedom to Speak Up data and team performance.
- The Committee received the findings and actions arising from the limited assurance report from the Internal Audit of Exposure Prone Procedures (EPP) clearances, noting three high-risk and one medium-risk findings, principally relating to guidance, safeguards, line manager decision-making and governance. Members welcomed the removal of EPP clearance decisions from line managers and the introduction of additional Occupational Health checkpoints, alongside strengthened guidance, SOPs and clinical oversight. The Committee noted that the actions were progressing through an appropriate action plan and that arrangements were in place to identify and address gaps in EPP clearance and health surveillance. The Committee advises the Board that the identified audit risks were being appropriately addressed and that strengthened controls were in place to ensure colleagues undertaking EPP have the required clearance at commencement of employment, thereby reducing the risk of transmission of blood-borne viruses to patients as far as reasonably practicable.
- The Committee considered the Trust's response to Lord Mann's recommendations on tackling racism and antisemitism within the NHS and was assured of the progress made in developing the associated action plan. Members noted actions across leadership and

accountability, organisational capability, inclusive practice, colleague support and protection, and the use of workforce data and insight to identify and address emerging issues. The Committee was assured that appropriate arrangements were being established to embed the recommendations within the Trust's Inclusion and Belonging agenda, with ongoing oversight through the Committee and regular reporting on progress to the Board.

- The Committee reviewed the Trust's Freedom to Speak Up (FtSU) approach, recognising the need to strengthen organisational accountability for how concerns are raised, responded to and followed through to action. It was noted that concerns relating to behaviours, staff wellbeing and line management remained key themes and the importance of strengthening managerial capability, transparency and colleague confidence in the process was emphasised. The Committee supported the direction of travel to embed speaking up within the Trust's Inclusion and Belonging agenda and Leeds Way values, while highlighting the need for meaningful colleague engagement in shaping the revised approach. The Committee explored a review of its terminology and branding, to ensure it enables effective two-way dialogue, strengthens confidence in raising concerns and demonstrates that concerns lead to meaningful action and improvement.
- The Committee noted the Trust's response to the NHS Staff Standards arising from the NHS 10 Year Health Plan and acknowledged that these would be embedded within existing organisational priorities, including the Trust values, Inclusion and Belonging agenda and wider People improvement work, rather than established as a separate programme. Members welcomed the proposed approach, including baseline assessment, prioritised actions, strengthened colleague engagement and workforce intelligence to monitor progress and reduce variation in colleague experience. The Committee noted the proposed approach to embedding the NHS Staff Standards within existing organisational priorities and supports regular assurance reporting and a Blue Box update within the Board agenda.
- The Committee received an update on the implementation of the Applicant Tracker System (ATS) also known as JobTrain and noted positive progress since its previous consideration in April 2026. The integration with ESR, improved workforce intelligence, including data on BME and disabled applicants, and the extensive support provided to managers during implementation was welcomed. The Committee noted that further work was required to address variation in recruitment practices across CSUs, including panel composition and consistency of interview processes. The Committee noted the positive progress in implementing JobTrain and supports its continued development, particularly in strengthening recruitment data, consistency and inclusive recruitment practices.

4. Assurance

- The Committee received the People Improvement Framework (PIF) report and was assured that it provided a consistent mechanism for monitoring workforce performance, identifying trends and supporting targeted interventions across CSUs and Corporate Functions. Members noted positive movement across a number of metrics, alongside continued challenges with sickness absence, which remained the principal area of focus, with targeted interventions being implemented where sustained adverse performance was identified. The Committee welcomed the analysis of absence triggers, progress in local induction and the ongoing refinement of the PIF and noted that findings were being triangulated through Integrated Accountability Meetings to strengthen accountability and action. The Committee was assured of the progress in embedding the PIF and its effectiveness in supporting workforce oversight, identification of areas that require intervention and the overall delivery of improvement.
- The Committee reviewed the Trust's response to Lord Mann's recommendations on tackling racism and antisemitism within the NHS and was assured of the progress made in developing the associated action plan. Members noted actions across leadership and accountability,

organisational capability, inclusive practice, colleague support and protection, and the use of workforce data and insight to identify and address emerging issues. The Committee was assured that appropriate arrangements were being established to embed the recommendations within the Trust's Inclusion and Belonging agenda, with ongoing oversight through the Committee and regular reporting on progress to the Board.

- The Committee acknowledged the Trust's response to the NHS Staff Standards issues by NHSE and was assured that the Standards would be embedded within existing organisational priorities, including the Leeds Way values, Inclusion and Belonging agenda and wider People and Culture improvement work, rather than being implemented as a separate programme. Members noted the proposed governance, baseline assessment, prioritised action planning, colleague engagement and workforce intelligence arrangements, including the use of Staff Survey data to monitor progress and identify areas for targeted improvement.

5. Risk review

There was no risk to highlight from the meeting.

6. Recommendation

The Board are asked to receive and note the content of this report and be assured that the People Committee is fulfilling its assurance function as delegated from the Board and as defined within its Terms of Reference.