**Minutes of the Workforce Committee
Monday 15 April 2024 at 1pm via Teams**

Present: Ms Zoe Burns-Shore, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Dr Chris Hosker, Medical Director
Ms Nichola Sanderson, Director of Nursing and Professions
Mr Darren Skinner, Director of People and Organisational Development

In attendance: Mr Edward Braisher, Interim Health and Safety Consultant (for item 7)
Ms Rose Cooper, Deputy Head of Corporate Governance (meeting support)
Dr Frances Dodd, Associate Director for People Experience
Mrs Clare Edwards, Associate Director for Corporate Governance
Mr Andrew McNichol, Head of People Analytics and Temporary Staffing
Mrs Fiona Sherburn, Associate Director for People Resourcing and Organisational Development
Ms Victoria Small, Head of Wellbeing
Ms Holly Tetley, Associate Director of Employment
Ms Jo Third, Talent and Retention Lead (for item 13)

Action

Welcome and Introduction

Ms Burns-Shore opened the meeting at 1pm and welcomed everyone.

24/018 Apologies for absence (agenda item 1)

Apologies had been received from Mrs Kaneez Khan, Non-executive Director, who is a member of the Committee. No apologies were received from attendees of the Committee.

The Committee was quorate.

24/019 Declaration of any conflicts of interest in respect of agenda items (agenda item 2)

No one present declared any conflicts of interest in respect of agenda items.

24/020 Minutes of the meeting held on the 15 February 2024 (agenda item 3)

The Committee **agreed** that the minutes of the Workforce Committee meeting held on the 15 February 2024 were a true record.

24/021 Approval for the minutes of the meeting held on the 15 February 2024 to be uploaded to the Trust's external website (agenda item 3.1)

The Committee **agreed** that the minutes of the Workforce Committee meeting on 15 February 2024 were suitable to be uploaded to the Trust's external website.

24/022   Matters Arising (agenda item 4)

There were no matters arising.

24/023   Cumulative Action Log (agenda item 5)

The Committee confirmed that actions 224, 227, 229 and 230 were complete or closed and could be removed from the log. The Committee discussed action 226 relating to consultants' compliance with mandatory training and job plans and agreed to schedule an update on compliance for the next meeting in June 2024.

The Committee **received** the action log and **noted** the updates provided.

24/024   Board Assurance Framework (agenda item 6)

The Committee **reviewed** the Board Assurance Framework so that it could be mindful of its responsibility to assure that Strategic Risk 3 was being adequately controlled through the course of the meeting.

24/025   Health and Safety Update (agenda item 7)

The Committee received the update on the current workstreams of the Health and Safety Team and the recruitment of a Head of Health and Safety for the Trust. The Committee noted that the report provided an interim position but felt there was a lot of work still to do and agreed to review a further update on health and safety in six months' time at its October meeting. It was also agreed that Mrs Edwards and Mr Braisher would review Strategic Risk 5 of the Board Assurance Framework with Mr Jon Campbell, Associate Director of Estates and Facilities, to ensure that it adequately covered the health and safety risks and reflected the current level of progress with health and safety matters.

EB

CE / EB

The Committee highlighted that ward managers and departmental heads would be trained to carry out health and safety audits and complete risk assessments as per the new process outlined in the paper. The Committee was concerned that this would take up staff resource in front line services and asked how this would be managed. Mr Braisher responded that the new process was still in the early stages of development, and it was his recommendation that the inspection and audit regime would be determined by a risk rating rather than a requirement for all sites to be assessed every year.

The Committee **noted** the updates provided.

24/026 **People and Organisational Development (POD) Governance Group Chair's Report** (agenda item 8)

Mr Skinner presented the POD Governance Group Chair's Report which provided an update on workforce planning and industrial relations. Further to the update in the paper, Mr Skinner informed the Committee that Speciality and Specialist doctors had voted for industrial action following their rejection of the government's pay offer, with dates for action yet to be announced.

The Committee noted that the workforce mobilisation plans had seen some slippage in recruitment due to difficult to fill roles. Mr Skinner confirmed that it was the same hard to fill roles that the Committee was already aware of and provided reassurance that they had seen some improvement as a result of out-of-region recruitment. The Committee requested a further update on progress with filling these roles in the next report to the June meeting including what additional actions could be undertaken if the roles continued to be unfilled.
DS / CG

The Committee also noted the requirement for the Trust to reduce its agency spend to 3.2% of establishment. Mr Skinner explained that agency usage was now overseen by the Workforce and Agency Group which would be developing a trajectory to achieve the target reduction in spend. Ms Burns-Shore asked that the Committee monitor this on an ongoing basis. She also suggested that the quality implications of reducing agency usage may be something for the Quality Committee to consider at a future point.
DS

> The Committee **noted** the updates provided.

24/027 **Update on national, regional, and local networking** (agenda item 8.1)

> The Committee did not receive any additional updates on networking.

24/028 **Our People Plan 2021-2024** (agenda item 9)

The Committee received the update on the Trust's People Plan for 2021-24 which outlined the progress made, key performance measures, as well as in-depth case studies from each of the four priorities. The Committee noted the development of the People Plan for 2024-27 which was due to be launched later in April and would be presented to the next Committee meeting in June. Mr McNichol also summarised the data in the accompanying key performance indicator (KPI) dashboard included as appendix one and provided an update on the more detailed performance dashboard which sat behind this.

The Committee highlighted the positive changes detailed in appendix one, discussed the positive impact of the People Plan and the feedback from staff, and thanked those colleagues involved in delivering the plan. Mrs Forster Adams shared some concerns regarding increased staff sickness rates, particularly for frontline staff who worked in services which provided care 24/7 and did not have access to home working. The Committee agree to consider this further as part of the 'deep dive' on sickness absence scheduled for the June meeting.

Ms Burns-Shore asked to review the data on how the new Spotlight platform was being used across the Trust on a bi-annual basis going forward, noting that this was to become the main reward and recognition mechanism for staff. Dr Dodd supported this suggestion and added that the Spotlight platform offered additional flexibility which the team were looking to utilise further. She added that the team were also looking at what existing benefits were already available to staff which could be advertised more clearly.

FD / TN

Ms Burns-Shore highlighted the large number of objectives listed under the four priority areas for the 2024-27 People Plan and asked if this could be reviewed to clearly identify key items for delivery in light of the Trust's financial constraints and ongoing staffing pressures. Dr Dodd explained why this number of objectives had been identified and presented in this way and noted the suggestion which could be considered as part of the next three-monthly review.

> The Committee **noted** the delivery and success of the Trust's People Plan for 2021-24 and the accompanying performance measures and KPI dashboard and **thanked** all those involved in delivering the People Plan.

24/029 Workforce Performance Report (agenda item 10)

The Committee received an update on performance against the Trust's high-level metrics and mandated standards. Mr McNichol noted that the report provided data up to February 2024, and went on to provide an update on personal development reviews and mandatory training compliance for March 2024, both of which had maintained a positive position. He also provided an update on clinical supervision rates and informed the Committee that supervision pilots had been introduced in some services and were having a positive impact on compliance. He also informed the Committee that they were looking into why bank and agency usage was staying the same despite the reduction in the number of vacant posts, noting that the Committee planned to monitor agency usage in more detail.

Mrs Forster Adams was pleased to note the reduction in vacancies, particularly for Band 5 nurses. She highlighted that there were 13 vacancies for medical trainee grade staff against the original establishment and queried if this was as a result of recruitment or if the establishment had changed. Dr Hosker confirmed that the number of vacancies had reduced.

Ms Burns-Shore thanked Mr McNichol for the updates provided; however, she felt that the report was missing intersectionality with other datasets such as safer staffing and bank and agency use and felt there was further work to do in terms of how the Committee uses performance data to make decisions.

> The Committee **received** the report and **noted** the latest performance data.

24/030 Non-Clinical Dataset (agenda item 10.1)

The Committee received the report and noted the data provided. Mr McNichol highlighted the differences in sickness absence for corporate services compared

to clinical and noted that long-term sickness was coming down in corporate areas. Ms Burns-Shore thanked Mr McNichol for the information provided and noted that it was not unusual for the levels of sickness in corporate functions to be lower than those for frontline staff.

The Committee also noted that the data showed a growth in non-clinical workforce over the course of the year and understood this was largely a consequence of the targeted work to reduce the number of agency staff in corporate teams. Ms Burns-Shore felt this may need to be explained more clearly in the narrative to the Council of Governors. Mr McNichol also explained why a small number of staff were paid on Band 1 contracts and how this was monitored.

> The Committee **reviewed** the latest non-clinical dataset for information ahead of the April Council of Governors' meeting.

24/031 Wellbeing Guardian Report (agenda item 11)

Ms Small presented the Wellbeing Guardian Report and summarised the key points for the Committee to note. She also drew the Committee's attention to the statement from Health Assured, the Trust's Employee Assistance Programme (EAP), which was included in the papers. She provided reassurance to the Committee following conversations with Health Assured and noted that the Trust was above their target for counselling calls. The Committee supported Ms Small's proposal to explore how best to get feedback from staff who use the EAP and Occupational Health (OH) services.

Ms Small then referred to the Sexual Safety Charter and action planning work linked to this which she would provide an update on in the next report to the Committee. She added that NHS England had provided resources and toolkits to support all organisations to improve sexual safety which would be built into this. The Committee then discussed the results of the Staff Survey questions on sexual safety and the Trust's benchmark position, noting that this was compared against all trusts nationally and not just mental health trusts. The Committee suggested that being a purely mental health and learning disabilities trust may impact on the benchmark results but emphasised that the priority going forward was to track internal data over time to see reductions. Mr McNichol added that the Staff Survey may provide useful peer group information once the benchmarking work was complete. He also discussed the actions being taken in response to the higher levels of unwanted behaviour toward bank staff compared to substantive staff.

Ms Sanderson then informed the Committee that similar violence reduction and sexual safety initiatives were being developed for service users and asked that any national guidance and learning from the Trust's sexual safety and violence reduction work for staff were shared to support and inform this work for patients. Ms Small noted this and added that she was working closely with colleagues in the nursing directorate to join up the various workstreams and create a consistent campaign across the Trust.

The Committee also noted the delays in getting information and data from the Trust's OH service and asked for more detail on the reasons for this. Ms Small outlined the issues, which had already been raised internally, and explained they were reviewing the service level agreement and looking to develop a more

proactive approach with colleagues at South West Yorkshire Partnership NHS Foundation Trust. The Committee noted the position and the steps being taken to resolve the issue.

> The Committee **received** the Wellbeing Guardian Report and was **assured** on the work that was taking place across the Trust to improve staff health and wellbeing. The Committee also **reviewed** the statement issued by Health Assured and **confirmed** that no further clarifications or reassurance was needed and **supported** Ms Small exploring ways to gain feedback on EAP and OH services.

24/032 Collective Leadership Update (agenda item 12)

The Committee received a six-monthly update on phase two of the work to support Collective Leadership across the Trust. The Committee asked how the impact and success of the work could be measured and heard that this would be captured through surveys such as the Relational Coordination Survey and Staff Survey and observed through differences in decision making and reductions in sickness and turnover. Mrs Sherburn added that a set of metrics had been developed to monitor the impact of the Collective Leadership programme and it was agreed that these would be included in the next report to the October meeting. **FS**

Ms Sanderson noted that phase two of this work focused on senior leaders and asked how those at a more junior level were being supported to become good leaders, specifically those with clinical backgrounds who may not have received training in this area. Mrs Sherburn explained that they were building some of the Collective Leadership modules into the Manager 360 programme and that phase three of Collective Leadership would start in 12 months' time for middle managers and first line managers. She also reminded the Committee about the Mary Seacole programme and asked executive directors to encourage staff to make use of the available training packages on Learn.

The Committee also noted that the 72 staff involved in the phase two cohort were managing competing priorities, and this may be affecting attendance at Collective Leadership events. It was agreed that this would be discussed in more detail by Mrs Forster Adams and Mrs Sherburn outside of the meeting to look at ways to maximise attendance.

> The Committee **noted** the update provided and **supported** the work undertaken to co-create the conditions that support Collective Leadership across the Trust.

24/033 LYPFT Leaver Data and Exit Interview Pilot Update (agenda item 13)

Ms Third presented the paper which provided the Committee with an overview of the leaver data for the Trust over the last 12 months drawn from the national Electronic Staff Record (ESR) system and outlined the progress and findings of the six month Exit Interview Pilot. The Committee reviewed the Trust's leaver data and noted that overall, it was consistent with national NHS leaver data trends in terms of when and why staff were leaving the organisation. The Committee also noted there had been good engagement with the Exit Interview Pilot and reviewed the data provided. The Committee supported the next steps which included cross

referencing the information with other datasets and ensuring that the issues identified were already covered by existing action plans. The Committee also felt it would be interesting to look at the differences in results between care and corporate services in terms of how people's experiences at work and different working arrangements affect their reasons for leaving.

The Committee then discussed how the data would be collected after the pilot had ended and noted the time-consuming manual requirements to gather and analyse the data via Smart Survey and the likelihood that it would transfer to the automated option using ESR. The Committee noted this option would be a more sustainable approach for the long term as it enabled quick and accurate data analysis and improved reporting functionality.

The Committee thanked Ms Third for the information and assurance provided and agreed to review a further update in 6 months' time when more data and trend analysis would be available.

JT

> The Committee **thanked** Ms Third for the assurance provided and **supported** the next steps as outlined in the paper.

24/034 Workforce Committee Annual Report (agenda item 14)

The Committee reviewed its Annual Report which provided an outline of the governance processes in place and the work undertaken during 2023/24. The Committee had no comments or amendments and agreed that the Annual Report could be submitted to the Board of Directors' meeting on 20 June 2024.

> The Committee **reviewed** and **approved** its Annual Report ahead of submission to the Board of Directors in June 2024.

24/035 Key messages and/or any matters to be escalated to the Board of Directors or other Board subcommittees (agenda item 15)

> The Committee **agreed** the items to be included in the Chair's Report to the next public Board of Directors' meeting on the 30 May 2024.

24/036 Any actions agreed today that ameliorate the strategic risks for which the Committee is assurance lead (agenda item 16)

> The Committee did not agree any actions linked to Strategic Risk 3.

24/037 Any other business (agenda item 17)

> The Committee did not discuss any other business.