Minutes of the Workforce Committee
Thursday 6 June 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 Mrs Kaneez Khan, Non-executive Director Ms Nichola Sanderson, Director of Nursing and Professions Mr Darren Skinner, Director of People and Organisational Development
In attendance:	Ms Mubina Ahmed, Head of HR Operations (for item 10) Mr Oliver Beckett, Public Governor (observing) 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

Action

Welcome and Introduction

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

24/038 Apologies for absence (agenda item 1)

No apologies were received from members or attendees of the Committee.

The Committee was quorate.

24/039 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.

24/040 Minutes of the meeting held on the 15 April 2024 (agenda item 3)

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

24/041 Approval for the minutes of the meeting held on the 15 April 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 April 2024 were suitable to be uploaded to the Trust's external website.

24/042   Matters Arising (agenda item 4)

There were no matters arising.

24/043   Cumulative Action Log (agenda item 5)

The Committee agreed that actions 226 and 233 were complete and could be removed from the log.

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

24/044   Board Assurance Framework (agenda item 6)

Mrs Edwards confirmed that the refreshed and updated version of the Board Assurance Framework (BAF) with the new controls and actions was included in the pack and that this version would be reviewed at each Committee meeting until it was next due for an update.

The Committee **reviewed** the BAF so that it could be mindful of its responsibility to assure that Strategic Risk (SR) 3 was being adequately controlled through the course of the meeting. The Committee was **assured** that SR3 was being adequately controlled; **considered** whether it was receiving assurance on any gaps through the reports it was already receiving; and **agreed** that it did not require any further assurance on the way in which SR3 was being managed.

24/045   People and Organisational Development (POD) Governance Group Chair's Report (agenda item 7)

Mr Skinner presented a verbal chair's report from the recent POD Governance Group meeting. He summarised the discussion that had taken place on the Workforce Race Equality Standard (WRES) data and noted that although there had been some improvements in the figures, they had identified adverse results in terms of the Trust recruiting staff from BAME backgrounds. He went on to explain that the figures showed that appointable candidates from white backgrounds were offered roles over appointable candidates from BAME backgrounds. The Committee noted that further analysis would be undertaken to understand and address this, and that progress would be monitored via the WRES action plan, with an update on this scheduled for the August meeting as per the Committee's cycle of business. The Committee also noted that the WRES findings had been discussed at the Board's strategic session earlier that week.

The Committee then received an update on the Oliver McGowan training. Mr Skinner informed the Committee that the Trust's current Learning Disability and

Autism e-Learning package would be discontinued from 12 June 2024 and would be replaced with the Oliver McGowan Tier 1 e-Learning module, handbook, and webinar. He went on to explain that the Leeds Health and Care Academy had been commissioned to co-ordinate and deliver the webinar portion of the new training programme and were awaiting further information from NHS England regarding the content of this. The Committee noted that the Trust had committed to identifying a subject matter expert and people with lived experience to contribute to the development of the programme. Mr Skinner reassured the Committee that staff who had already completed the training on Learn would have their compliance transferred to the new Tier 1 training. The Committee noted the update provided and agreed to keep a watching brief on this.

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

Mrs Khan joined the meeting.

24/046 **Update on national, regional, and local networking** (agenda item 7.1)

Mr Skinner provided an update on the conversations taking place at a regional and national level regarding the NHS Long Term Workforce Plan and apprenticeships. He noted that meetings were taking place at a regional level regarding the use of the apprenticeship levy and that work was taking place in the Trust to ensure this was utilised to the fullest.

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

24/047 **New People Plan** (agenda item 8)

Dr Dodd delivered a presentation outlining the new People Plan for 2024-27 as per the four NHS people ambitions. Dr Dodd described the commitments within each ambition and explained how progress would be measured for each one. The Committee was assured as to the processes in place for measuring and tracking performance against the People Plan and received assurance regarding how the People Plan linked with other Trust strategies.

The Committee then discussed the link between the People Plan and the Culture Dashboard and whether this needed to be strengthened. Mr McNichol explained that the metrics he had contributed to the Culture Dashboard directly correlated with the People Plan dashboard and that the Culture Dashboard featured on the People Plan roadmap. The Committee was reassured to note this and agreed that simple and consistent language needed to be used across both the People Plan and Culture Dashboard to maximise engagement from staff.

Mrs Forster Adams identified a possible gap regarding the employment of people with lived experience of a mental illness and / or learning disability. She felt this area needed to be strengthened in the Improving Health Equity Plan and Care Services Strategic Plan before being aligned to the People Plan. The Committee also noted that the Board Strategic Discussion earlier that week had generated some points of consideration for the People Plan regarding workforce race equality and health inequalities which the team would be taking forward.

The Committee thanked Dr Dodd for the presentation and noted that an update on the delivery of the People Plan would be reported to the Committee on a six-monthly basis as per its cycle of business.

The Committee **received** the presentation outlining the new People Plan for 2024-27 and **supported** the commitments detailed within it.

24/048   Workforce Performance Report (agenda item 9)

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 April 2024 and went on to provide an update on personal development reviews, clinical supervision, and compulsory training compliance, all of which had maintained a positive position. He also reported positive reductions in sickness absence and linked this to an improved use of rostering at a local level.

The Committee first discussed the graph detailing the cost of bank and agency spend and noted this was cumulative over the financial year and had restarted in April 2024. However, Mr McNichol reassured the Committee that agency usage in the Trust was down overall and linked this to the introduction of the Vacancy Management Panel and the work to address non-clinical agency commitments. The Committee noted the positive position at this early stage in the year.

Ms Burns-Shore then highlighted the increase in band 5 'other' nursing vacancies in April and asked what had caused this. Mr McNichol explained that 'other' referred to nursing posts outside of inpatient settings and that the vacancy position was affected by the re-setting of budgets in the new financial year. Ms Sanderson added that vacancies in the speech and language therapy workforce were also included within this category and that those vacancies were expected to reduce in the May 2024 reporting period when new staff started in post. The Committee was assured by the explanation provided.

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

24/049   Non-Clinical Dataset (agenda item 9.1)

The Committee **discussed** this item under any other business.

24/050   Sickness Absence Report (agenda item 10)

The Committee received the report which provided detailed analysis of sickness absence within the Trust for the period 1 April 2023 to 31 March 2024. The Committee noted that the Trust's absence target was 4.7% and that as of 31 March 2024 the Trust's overall absence rate for the period was 6.1% which was higher than the average sickness absence rate for mental health and learning disability trusts across England at 5.42%. The Committee noted that the reasons for

sickness remained constant and were fairly consistent with national data. The Committee also noted the information provided on the cost of sickness to the Trust.

Mr Skinner then discussed the findings of a research exercise which had been undertaken by colleagues in Yorkshire and Humber into sickness absence across the country. He informed the Committee that the North-East, Yorkshire and Humber regions were outliers nationally, both within the NHS and across the workforce generally, and that this had been linked to multiple deprivation factors such as crime and poverty affecting local areas from which some of the working population derives. The Committee agreed that the Trust's approach to sickness absence should hold this in mind and was reminded of the Trust's role as an anchor institute. The Committee also agreed that it was important to look at other organisations in the region with lower levels of sickness absence for learning and best practice, taking into account differences in sickness absence policies.

The Committee then discussed sickness absence by service lines. Mrs Forster Adams was concerned by the higher levels of sickness in clinical services and said she would welcome seeing sickness absence data by service line from neighbouring mental health trusts for comparison. She highlighted that the flexible and home working arrangements in place for corporate and specialist staff were largely not available to clinical staff and that sickness absence was the highest in areas where staff were rostered on inpatient wards. The Committee agreed that it was important to understand the reasons for this in more detail. The Committee also agreed that under-reporting and flexible working arrangements meant it was not surprising that there were lower levels of sickness absence in corporate services.

The Committee noted that sickness absence data had been broken down by other demographic areas such as length of service, age, gender, and ethnicity and was reassured to note that this had not presented any notable themes or trends. Ms Burns-Shore then suggested it might be helpful to split mental health absence into work related stress and home related stress for the Committee to better understand what was within its remit to influence; however, it heard that this was not possible for reporting purposes as the data could not be separated on the e-Roster system. Ms Tetley suggested that the Absence Improvement Group look at how to triangulate intelligence on work related stress from other sources such as Occupational Health and feedback from management teams.

Next, the Committee queried the Trust's absence target of 4.7% which it considered to be low and was below any of the national and regional averages. The Committee heard that this was a historical target which had been superseded by the Trust's objective to reduce sickness absence by 1% year-on-year as part of its efficiency drive. The Committee then noted the actions that were currently underway to address sickness absence and the important correlation with the Trust's efficiency target and agreed to review an update on progress with the actions at its next meeting in August.

MA

The Committee **noted** the absence data provided and **identified** areas which required further focus and assurance.

24/051   Wellbeing Guardian Report (agenda item 11)

Ms Small presented the Wellbeing Guardian Report and summarised the key points for the Committee to note. Firstly, the Committee discussed the update on the Sexual Safety Charter action plan and noted that progress with this would be reported to NHS England in July 2024. The Committee also heard that work was taking place to reduce discrepancies between Datix data and Staff Survey data in relation to sexual safety and was assured to note that as of 1 April 2024, Datix had new categories for reporting which now differentiated between staff and patient incidents which would ensure that all incidents were correctly categorised in a consistent way. The Committee agreed that it was important to cross-reference the outputs of the two separate workstreams for staff and patients and to consider the data as a whole. The Committee also noted the plans to develop a communications campaign about the Sexual Safety Charter and acknowledged that this would likely generate an increase in reporting during the first year.

Mrs Khan then highlighted that none of the work-related calls received by Health Assured from December 2023 to March 2024 appeared to relate to bullying, harassment, or disciplinary procedures. She noted that this did not correlate with other datasets such as the WRES and asked if this was a reporting issue or if it highlighted that further work needed to be done to build trust between staff and their Employee Assistance Programme. The Committee heard that work was taking place as part of the review of the Wellbeing and Attendance Policy to support managers to signpost staff to the available wellbeing offers in a timely way.

The Committee then discussed the ongoing work regarding exit interviews which Ms Third had updated the Committee on at its previous meeting. The Committee heard that funding had been received for a People Promise Manager who would work across the Provider Collaborative and focus on staff retention. Ms Small confirmed that this retention data would be triangulated with the Trust's wellbeing data and that they would look to develop an integrated report in due course.

Mrs Forster Adams also highlighted that the report showed there were fewer referrals to Occupational Health (OH) for mental health reasons than would be expected given the staff sickness data in the previous report. Ms Small responded that she was undertaking a piece of work with Ms Ahmed and OH around supporting managers to make better referrals to OH with more clarity around signposting to support services. Mrs Forster Adams also highlighted that outdated staff categories were being used to report the OH referrals data and asked if this could be corrected. Ms Small explained that there were restrictions with the current system being used which meant that staff categories could not be changed; however, a new system would be in place from November 2024 which would be able to provide accurate organisational level 4 data.

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.

Mrs Khan left the meeting.

24/052 **Self-assessment against the Violence Prevention and Reduction Standard** (agenda item 12)

The Committee received the six-monthly update on compliance with the Violence Prevention and Reduction (VPR) Standard. The Committee noted that the Trust was rated partially compliant when self-assessed against the standard; however, good progress had been made since the last update in December 2023 with a further seven more actions completed including the ratification of both the VPR strategy and VPR policy. The Committee noted that the majority of the outstanding actions involved establishing monitoring processes throughout the Trust and had a target for completion of November 2024, when the next six-monthly report would be taken through the governance structures. Dr Dodd discussed next steps which included triangulating VPR data with data on equality, diversity and inclusion and progressing the operational aspects of the work. The Committee thanked Dr Dodd for the update and assurance provided.

> The Committee **reviewed** and **agreed** the self-assessment against the VPR Standard and accompanying Excel spreadsheet with actions.

24/053 **Consultant and SAS doctors' compliance – Compulsory Training and Job Plans** (agenda item 13)

The Committee received the paper which outlined the work taking place within the Medical Directorate to improve compliance with job planning and compulsory training. The Committee first discussed compulsory training compliance and noted that this was around 80% for the medical workforce which was consistent with other staff groups in the Trust, albeit still below the Trust's target of 85%. The Committee heard that a recovery plan to achieve compliance was being worked on and asked for further information and assurance on this.

The Committee then discussed medical job planning and noted the systems and processes that had been put in place to improve compliance which was now at 63%. Dr Hosker explained that factors such as industrial action and Covid-19 had affected compliance over recent years. The Committee understood that all new doctors joining the Trust had to have a job plan completed within the first three months of starting in post and that this was reviewed on an annual basis thereafter. Dr Hosker went on to explain some of the barriers to the timely annual review of job plans which were noted by the Committee. Mr Skinner then highlighted that outdated job plans may include incorrect information about Additional Programmed Activities and therefore could lead to under or over payments. Ms Burns-Shore also queried there being two separate processes for the annual appraisal and job planning and Dr Hosker explained that this was nationally mandated and therefore could not be streamlined into one process.

The Committee thanked Dr Hosker and his team for the update provided and agreed to review progress with the recovery plan to address job planning and compulsory training compliance in six months' time at its December meeting. It was also noted that the outcomes and recommendations from a recent internal audit into medical job planning would inform future reports to this Committee.

CHos

The Committee **supported** the work undertaken so far and **noted** that further work was required to improve compliance with job planning and compulsory training.

24/054 Key messages and/or any matters to be escalated to the Board of Directors or other Board subcommittees (agenda item 14)

The Committee **agreed** the items to be included in the Chair's Report to the next public Board of Directors' meeting on the 25 July 2024.

24/055 Any actions agreed today that ameliorate the strategic risks for which the Committee is assurance lead (agenda item 15)

The Committee **considered** if any actions agreed in the meeting ameliorated the strategic risk for which it is assurance lead. The Committee **agreed** that there were no new actions linked to Strategic Risk 3.

24/056 Any other business (agenda item 16)

The Committee received the Non-Clinical Dataset (agenda item 9.1) and noted the data provided. Mr McNichol reassured the Committee that there were no areas of concern to highlight. The Committee discussed which staff were included in the non-clinical group and therefore included in this dataset and heard that Mr McNichol was undertaking a piece of work to define corporate staff groupings more clearly which was welcomed by the Committee. The Committee noted that this dataset would be presented to the July Council of Governors' meeting alongside the Workforce Performance Report and the Workforce Committee Chair's Report.

Finally, the Committee noted that it was Dr Dodd's last Workforce Committee before she left the Trust and thanked her for her hard work and contribution to the work of the Committee.

The Committee **received** the latest non-clinical dataset for information ahead of the July Council of Governors' meeting. The Committee also formally **acknowledged** that it was Dr Dodd's last meeting.