

**Minutes of the Workforce Committee
Thursday 2 December 2021 at 1pm
Via Zoom**

- Present:** Miss Helen Grantham, Non-executive Director (Chair of the Committee)
Mr Cleveland Henry, Non-executive Director
Dr Chris Hosker, Medical Director
Mrs Joanna Forster Adams, Chief Operating Officer
Mr Darren Skinner, Interim Director of HR
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions
- In attendance:** Ms Rose Cooper, Corporate Governance Officer
Ms Alex Cowman, Head of Wellbeing
Dr Frances Dodd, Associate Director for People Experience
Mrs Angela Earnshaw, Interim Deputy Director of Workforce & OD / Associate Director of People and OD
Ms Cassie Good, Strategic HR Resourcing Manager
Mrs Cath Hill, Associate Director for Corporate Governance
Mr Andrew McNichol, Workforce Information Manager
Dr Sharon Nightingale, Director of Medical Education
Ms Holly Tetley, Associate Director of Employment
Ms Rita Dawson, Service User Governor (observing)
Mr Bryan Ronoh, Carer Governor (observing)

Action

Welcome and Introduction

Miss Grantham opened the meeting at 1pm and welcomed everyone.

21/110 Apologies for absence (agenda item 1)

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

The Committee was quorate.

21/111 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.

21/112 Minutes of the last formal meeting on the 5 October 2021 (agenda item 3)

The Committee **agreed** that the minutes of the Workforce Committee meeting held on the 5 October 2021 were a true record.

21/113 Approval for the minutes of the meeting on the 5 October 2021 to be uploaded to the Trust website (agenda item 3.1)

The Committee **agreed** that the minutes of the Workforce Committee meeting held on the 5 October 2021 were suitable to be uploaded to the Trust's external website.

21/114 Matters Arising (agenda item 4)

There were no matters arising.

21/115 Cumulative Action Log (agenda item 5)

Regarding action 72, Ms Tetley explained that a letter was being sent to all 26 individuals involved with the details of the learning review and expectations following this. They had also undertaken an internal assurance check to confirm that all 26 individuals had received an induction to their new role as well as a recent appraisal and participated in regular clinical or management supervision. The Committee agreed that this action could be closed.

Regarding action 90 from the Audit Committee, the Committee received assurance around the process of referrals to the Disclosure and Barring Service (DBS), particularly relating to healthcare support workers. The Committee noted that the Safeguarding Annual Report also had oversight of referrals made. It was agreed that this action could be closed.

Regarding action 91 from the Finance and Performance Committee, Mr Skinner explained that the agency costs for healthcare support workers were relatively low as the majority of these staff came through the internal bank. He confirmed that the highest proportion of agency usage was locum medical staff. Mr Skinner would provide the Finance and Performance Committee with a breakdown of the use of agency across the organisation by profession.

DS

Regarding action 86, the Committee agreed that this would be superseded by a new action to review and develop the workforce performance reporting and align the metrics (both qualitative and quantitative) to the Trust's new People Plan.

AMN

Regarding action 33 from the Quality Committee, the Committee agreed that this action could be closed as the management of change work was now covered under business as usual. It was noted that an evaluation of the change process would come to a future Committee meeting via the normal governance route.

Finally, the Committee noted a new action from the November Quality Committee meeting which related to receiving assurance around mandatory training packages for staff. Miss Grantham added that at some point she would like this to be extended to all staff training.

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

21/116 Briefing paper on training placement capacity in LYPFT medical workforce (agenda item 6)

The Committee received a briefing paper on training placement capacity in the Trust's medical workforce and plans to improve training vacancies. The paper also set out the trainee journey for those undertaking postgraduate medical training in psychiatry through to consultant psychiatrist level. The Committee noted that this paper did not cover the quality assurance of medical training placements which was directly reported to the Quality Committee.

Dr Nightingale outlined some of the current challenges which included the relatively high dropout rates between core training and speciality training and the number of vacancies in learning disability and older people's services which was mirrored nationally. The Committee discussed some potential solutions to these issues which included talent spotting in the new medical workforce to develop the next set of trainers. The Committee noted that additional support needed to be offered to trainers to help prevent burnout.

The Committee heard that the Trust had received consistent positive feedback on the quality of its medical workforce placements from the General Medical Council. Unfortunately, there had been a drop this year due to issues relating to facilities and estates, but the Trust was still above the national average. Dr Nightingale also highlighted a concern relating to out of hours provision and the pressure associated with the lack of beds which was becoming difficult for some of the higher trainees to manage and could have wider implications for day-to-day service function. The Committee noted that this was being looked at and that processes were in place such as exception reporting which junior doctors were being encouraged to use.

The Committee noted that there were challenges relating to the supply of trainees not meeting the demand across the country and discussed potential opportunities for partnership working across the integrated care system patch.

The Committee agreed that the key points from this report needed to be included in the People Plan action plan. The Committee also suggested that this report was sent to the Board of Directors for information.

**DS
CHi**

The Committee was **assured** by the update provided.

Dr Nightingale left the meeting.

21/117 People Plan 2021-2024 (agenda item 7)

The Committee received the final version of the Trust's People Plan for 2021-2024 which was aligned to the NHS People Plan and the 7 People Promises as described nationally. A performance framework had also been developed to support the delivery of the Plan and to track progress across the key areas of activity using realistic outcome measures. The rollout and implementation

of the Plan would be overseen by the People and Organisational Development (POD) governance framework.

The Committee discussed who was represented by the Plan, for example did it include outsourced services provided by Mitie, Trust volunteers, and partner organisations that the Trust interfaced with. It was agreed that this would be considered outside of the meeting and reflected in the document.

DS

The Committee also noted that a business case was being taken to the Executive Management Team asking for additional resource to support the directorate with the launch of the Plan and to improve their capacity and resilience to deliver business as usual.

The Committee discussed how it would continue to receive assurance on progress with the Plan going forward. It was suggested that the Committee received an annual report, and more thought would be given as to the frequency and format of the progress reports throughout the year and how these would link to the development of the workforce performance report.

AE /
AMN

The Committee fully **supported** the Trust's People Plan and accompanying roadmaps for 2021-2024 and **agreed** to recommend that it was approved by the Board of Directors at its December meeting. The Committee also **thanked** those involved in the Plan for the high standard of work, the collective approach, and the pace at which it was developed.

21/118 Workforce risks – proposal for strategic risk three (agenda item 7.1)

The Committee discussed the new strategic risk relating to wellbeing which would sit alongside the existing workforce risk which covered recruitment and retention. The Committee agreed that the wording around *people working in an unsafe environment* needed to be revised.

DS

The Committee noted that robust wellbeing assessments had been introduced across the workforce, and these had been encouraged to take place as part of ongoing supervision arrangements. Mr Skinner advised that as of today the Trust's compliance rate for clinical supervision was at 68%.

The Committee **considered** and **approved** the suggestion of a new strategic risk in relation to workforce, subject to the agreed amendment.

21/119 HR & OD Support - Professional Leadership, Clinical Leadership & Clinical Governance (agenda item 8)

Mrs Earnshaw introduced the paper which outlined the Human Resources and Organisational Development support provided to the Executive Management Team, senior colleagues and individual leaders impacted by the recent changes to the Clinical Leadership and Professional Leadership structures in collaboration with the Clinical Governance review.

The Committee noted that this paper covered professional, clinical & operational leadership roles and that an item was already scheduled to come back to a future meeting around support for managers as a profession.

The Committee **received** the paper for information and assurance and **noted** that an evaluation piece would come back to the Committee in due course.

21/120 Workforce Performance Report (agenda item 9)

Mr McNichol introduced the report and summarised some key areas for the Committee to note. He also provided the current data for compulsory training (86%) appraisals (67%) and vacancies (6.18%) across the Trust.

Mr McNichol provided some assurance around the accuracy of the Trust's data which often compared favourably and integrated well with the data from other NHS trusts as part of the Workforce Taskforce with health and social care partners across Leeds. Mr Skinner added that the Trust's model for bank staff and the development of the responsive workforce team were being used as examples of good practice by the Taskforce. However, the Committee noted that issues relating to data quality in the social care sector would have an impact on collaborative working across the system.

Dr Hosker noted that clinical supervision was still well below target at 68% and would discuss this in more detail with Eli Joubert (Clinical Director) to see if a more targeted approach could be implemented.

CHos

The Committee **reviewed** and **noted** the content of this report.

21/121 Wellbeing Guardian Report (agenda item 10)

The Committee received the Wellbeing Guardian Report and Ms Cowman highlighted some key areas of work for the Committee to note. This included the circulation of Wellbeing Z-Cards to give staff easy access to key parts of the wellbeing offer at work and a new working group to tackle violence and hate crimes in the Trust.

As per the action from the October meeting, the report also contained more detailed information on the occupational health offer for staff, including the range of support and assurance as to whether this could be accessed in a timely way. However, Ms Cowman noted that Occupational Health were still struggling with capacity due to Test and Trace responsibility being moved into their area but a process to fast-track urgent referrals had been set up.

The Committee looked forward to receiving an evaluation on the pilot scheme to train a cohort of 11 colleagues to be facilitators in the Critical Incident Support Pathway (CrISSP). The Committee discussed the importance of this pathway which would sit alongside the Wellbeing Hub and provide timely support to staff suffering from issues such as post-traumatic stress disorder.

The Committee also noted that a clear protocol had been developed for staff off work with issues such as anxiety and depression which included an immediate referral into Occupational Health and signposting to additional support.

The Committee **considered** and **endorsed** the actions and progress undertaken within this report and continued to be **assured** across all nine aspects of the Wellbeing Guardian Framework.

21/122 Board Assurance Framework (agenda item 12)

The Committee reviewed the Board Assurance Framework (BAF) and noted that Strategic Risk 3 had been updated to be more representative of the issues outlined in the NHS People Plan.

The Committee **reviewed** the risk as detailed in the Assurance Framework and was **assured** that this was being adequately controlled.

21/123 Assurance and escalation reporting (agenda item 13)

Mr Skinner discussed some of the staffing challenges faced by the social care sector in Leeds. The Committee noted that the Trust had responded to a request from the local authority for funding assistance from health partners in the system to support them to bring forward the introduction of the national living wage. Mr Skinner added that they were also looking at other ways to support the social care sector in terms of recruiting staff.

The Committee **received** the verbal update.

21/124 NHS Mandatory Vaccinations (agenda item 13.3)

Mr Skinner explained that mandatory vaccinations were likely to apply to most staff as clinical and social contact with service users would happen at the majority of Trust sights. The current position was approximately 406 staff who had not yet received any vaccinations, but the team were writing out to those staff to check their vaccination status in the first instance. The Committee noted the tight timelines for those still needing their first jab.

The Committee **received** the verbal update and was **assured** that the appropriate plans were being put in place.

21/125 People and OD Group Chair's Report (agenda item 13.1)

The Committee **received** the verbal update and **noted** that there were no issues to escalate to the Workforce Committee.

21/126 Cumulative escalations log – for reference only (agenda item 13.2)

The Committee **reviewed** the cumulative escalations log.

21/127 Any Other Business (agenda item 14)

The Committee discussed a document recently published by NHS England setting out a 10-year strategy for the future of NHS human resources and organisational development. Mr Skinner advised that the document had been shared with the team and confirmed that a lot of the work was already covered by the Trust's People Plan. A report would be presented to the Committee on how they planned to take forward the recommendations from the strategy in due course.

The Committee thanked Mr Henry for standing in as a non-executive member of this Committee after Mr Andrew Marran left the Trust and looked forward to welcoming Merran McRae as the new non-executive director and member of this Committee from 1 January 2022 onwards.

The Committee **noted** the items of other business.

Ms Good joined the meeting.

21/128 Workforce Planning Update (agenda item 11)

Ms Good introduced the report and outlined the process that was followed to develop the clinical and corporate workforce plans and the Committee noted that the planning sessions had been well received by staff. Ms Good explained that the workforce plans had been aligned to individual services' financial submissions and this had worked well. Mrs Forster Adams felt it would be useful to link the plans with the preparatory financial rebasing work that was currently being done. The Committee also noted that Trust-wide learning needs analysis had been developed alongside the workforce planning process which would align the development pathways to the key priorities in the Strategic Workforce Plan.

The Committee discussed the governance arrangements and noted that the work would primarily be reported through the People Resourcing and Retention Group. Ms Good would also carry out quarterly and annual reviews of the clinical and corporate plans which would clearly map the progress made. Mrs Woffendin also suggested that this work linked into the New Roles Group.

Mrs Forster Adams asked Ms Good if she could do further work with the Leeds Autism Diagnostic Service and the Attention Deficit Hyperactivity Disorder Service as she felt there was an opportunity to develop these services further through workforce planning.

CG

Mrs Woffendin asked if the Trust could allocate specific funding for development opportunities which could link into the longer-term workforce strategy and supplement the Health Education England (HEE) funding. Ms Good responded that she had requested an annual schedule of workforce development funding opportunities from HEE to help with forward planning. The Committee also noted that funding may need to move into different budget streams in the future. Ms Good then discussed the ongoing medical recruitment challenge and different ways of addressing this.

It was agreed that Ms Good would link with the Head of Equality at Leeds City Council to explore opportunities for migrants to work for the Trust.

CG

The Committee also discussed the numbers of administrative and clerical leavers over the last two years and noted the impact that high turnover in this area could have on services and care. Ms Good informed the Committee that work had been done to support any administrative staff who were interested in moving into healthcare support worker roles. She added that there were plans to bring in a minimum standard for administrative staff with every new recruit being offered a band 2 business administration apprenticeship qualification.

The Committee **noted** the proposed approach and **received** significant assurance on the ongoing strategic workforce planning and monitoring for the Trust.

21/129 Key messages and/or any matters to be escalated to the Board of Directors (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 27 January 2022.