Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: 1st December 2022
Time: 12:15pm
Location: MS teams

Agenda Number:	7.2.1
Title:	Review of People Committee Terms of Reference
Purpose: For decision	
Key Points for Discussion:	
The Committee Terms of Reference were approved by the ICB Board at the July 1st meeting. As part of the governance process the terms of reference of all ICB committees have been reviewed. Following this review the People Committee Terms of Reference have been amended as highlighted in the paper.	
Recommendations:	To approve the revised People Committee Terms of Reference
Previously considered by and feedback:	The Terms of Reference have been reviewed by the ICS People Committee and the ICB People Committee
Management of Declared Interest:	There are no potential or actual Conflicts of Interest.
Risk and Assurance:	There is a risk that without a change to increase the membership of the committee achieving a quorum may be challenging. This will affect the committee's ability to progress ICB governance business and provide the ICB with adequate assurance. The proposed amendment is intended to mitigate this risk. Unmitigated this risk is rated as 4 (probable) x 4 (major) = 16. The proposed mitigation reduces the risk score to 2 (unlikely) x 4 (major) = 8
Financial / Resource Implications:	The is a resource implication in relation to Non-executive Director time.
Legal, Policy and Regulatory Requirements:	The Committee is established by the ICB as a Committee of the Board in line with its Constitution and with Delegations made under section 65Z5 of the 2006 NHS Act as amended by the Health and Care Act 2022.
How does this reduce Health Inequalities:	The Committee will receive reports that relate to the reduction of health inequalities as part of its work programme

How does this impact on Equality & diversity	The Committee will receive reports that relate to the reduction of inequalities as part of its work programme
Patient and Public Involvement:	The Committee will receive reports that relate to the patient and public involvement as part of its work programme
Communications and Engagement:	The revised Terms of Reference will be added to the ICB website as part of the Governance Handbook
Author(s):	Sarah Carr, Corporate Secretary
Sponsoring Director:	Sarah Truelove, Chief Financial Officer

People Committee Terms of Reference

1. Introduction

Constitution:

The People Committee is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

Purpose:

The aims of the ICB are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The purpose of our People Committee is to support our Integrated Care System workforce of 50,000 people through our integrated care board team of 500 people and Partners in order to deliver and maintain the wellbeing of our 1,000,000 citizens in Bristol, North Somerset and South Gloucestershire.

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy and delivery of the ICS People Strategy and Plan and the People Strategy and Plan for the ICB specifically.

The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

The Committee has a dual purpose, as its role pertains both to ICS organisations across the system and specifically to the ICB employed staff.

ICS System-wide vision and purpose:

Our vision for every single person within our 50,000 to feel safe, valued and supported in their roles and responsibilities to successfully improve the health and wellbeing of our 1,000,000 citizens.

Oversee governance and resourcing of system and national workforce priorities and including the 10 People Requirements of an ICB and the People Promise and provide assurance of delivery against agreed Workforce Priorities through the People Steering Group

ICB Organisational vision and purpose:
Our vision is for every member of our 500 people to feel supported, empowered and motivated to improve the health and wellbeing of our 1,000,000 citizens.

Ensure that there is appropriate alignment between the ICS and priorities and those of the ICB pertaining to staff employed by the ICB, including:

- a relevant and robust ICB people strategy and plan which aligns with the ICS priorities
- the ICB's culture, inclusion and talent management approaches are targeted and monitored appropriately and that the ICB is "Well Led"

The Board may delegate further functions to the Committee as required

2. Delegated Authority

The People Committee is authorised by the Board to:

- Deliver its purpose as set out in these terms of reference
- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The committee may not delegate any of its accountabilities to such sub-groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the SoRD will prevail over these terms of reference other than the committee being permitted to meet in private.

3. Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than four members of the Committee including one who is a Non-Executive Member of the ICB Board. Other members of the Committee need not be members of the Board, but they may be.

Chair and Vice Chair:
In accordance with the constitution, the Committee will be chaired by Non-Executive Member of the ICB appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee. Committee members may appoint a Vice Chair from amongst the Non-Executive Member, partners or system NED members.

In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees:
Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee. The Chair of the ICB Board will be invited to attend. The Chair of the ICB Board will not be a voting member.

Meetings of the Committee may also be attended by individuals "in attendance" who are not members of the Committee for all or part of a meeting as and when appropriate. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers

4. The members of the People Committee are:

The membership of the Committee shall comprise membership which may include

a. ICS People Committee:

- Non-Executive Member of the ICB (chair)
- ICB Chief People Officer
- ICB Chief Medical Officer
- ICB Chief Nursing Officer
- ICB Chief Financial Officer
- Chair of People Committee* UHBW (NED role)
- Chair of People Committee* NBT (NED role)
- Chair of People Committee* Sirona (NED role)
- Chair of People Committee* AWP (NED role)
- Primary Care Representative
- ICB Local Authority Partner
- ~~Chair of People Programme Board [Steering Group]~~

b. ICB People Committee:

- Non-Executive Member of the ICB (chair)
- Non-Executive Member of the ICB (vice chair)
- ICB Chief People Officer
- Executive directors of the ICB

5. In attendance

a. ICS system wide:

- Chair of People Programme Board
- ICS People Programme SROs
- People Programme Officers as required.

b. ICB Organisation:

- HR and Inclusion Officers as required.

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair. Suitable alternatives can also attend for members in agreement with the Chair.

6. Administration

The Committee shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

7. Quoracy

~~For a meeting to be quorate a minimum of two people are required from the following: Non-Executive Members, ICB partners members or provider People Committee chairs members. One attendee must be the Chair or Vice Chair of the Committee.~~

For a meeting of either the ICS People Committee or ICB People committee to be quorate a minimum of three members of the Committee must be present and must include either the Chair or the Vice Chair

If any member of the Committee has been disqualified from participating on item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting:

Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

8. Frequency of meetings

The Committee will meet in private.

The Committee will meet alternate months for each of the two components, a) ICS People Committee, and b) ICB People Committee, and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

9. Remit and Responsibilities

The Committee's duties are as follows:

ICS People Committee:

- Develop and recommend to the ICB Board the ICS People Strategy and Plan and monitor its implementation across the system.
- Agreement of the formal governance and accountability arrangements for people and workforce functions in the ICS, including appointing senior responsible officers (SROs).
- Ensure there is appropriate trade union and staff engagement with the ICS People Programme
- Oversight of how and where specific people responsibilities are delivered and funded within the ICS and hold providers and SROs to account for delivery on agreed priorities
- Assuring the delivery of the 10 People Functions of an ICS which may change but currently include:
    1) Supporting the health and wellbeing of all staff
    2) Growing the workforce for the future
    3) Supporting inclusion and belonging for all
    4) Supporting leadership at all levels
    5) Educating, training and developing people, and managing talent
    6) Leading workforce transformation and new ways of working

7) Driving and supporting broader social and economic development
8) Transforming people Services
9) Leading coordinated workforce planning
10) Supporting system design and development

- Oversee the assessment of the ICS's readiness, capacity, and capability to deliver the people function.
- Oversee the ICS Leadership and Talent Board: accountable for the development and delivery of the ICS talent strategy.
- Ensure there is a clear understanding of the ICB and system strategic workforce priorities and that plans are in place to deliver these
- Provide assurance that legislative and regulatory requirements relating to workforce are understood and met.
- Challenge and scrutinise workforce risks, ensuring they are understood and mitigating actions are identified and implemented.
- Monitor key workforce metrics to ensure that the expected standards are being delivered;
- Provide assurance to the ICB Board on the ICBs' equalities and diversity strategy, and equality delivery systems.

ICB People Committee:

- Ensure that there is appropriate alignment between the ICS and priorities and those of the ICB pertaining to staff employed by the ICB, including:
  - Development of a relevant and robust people strategy and plan which aligns with the ICS priorities, and recommend that strategy to the ICB Board
  - Monitor the implementation of the ICB people strategy and plan
  - Ensure the ICB's culture, inclusion and talent management approaches are targeted and monitored appropriately and that the ICB is "Well Led"

10. Behaviours and Conduct

Benchmarking and guidance:
The Committee will take proper account of National guidance, best practice and appropriate benchmarking.

ICB values:
Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality diversity and inclusion:
Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

11. Reporting Requirements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders

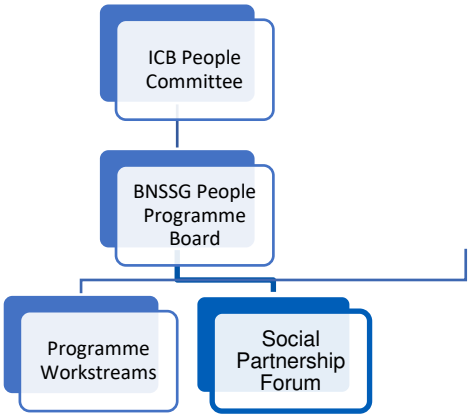
The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

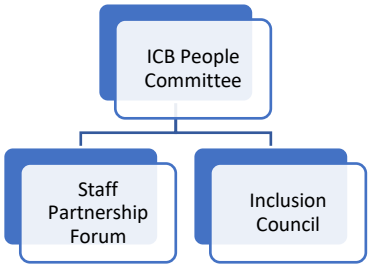
Accountability will be different for the ICS People Committee and the ICB People Committee

ICS People Committee

Delivery will be through the People Programme Board which will be accountable to the People Committee.



ICB People Committee:



12. Review of Terms of Reference

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval

25/08/22

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 5th October 2022 at 12.30, held face to face and virtually via Microsoft Teams

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Final Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People (Chair) BNSSG ICB	JC
Alison Moon	Non-Executive Member – Primary Care Committee, BNSSG ICB	AM
Colin Bradbury	Director of Strategy, Partnerships and Population BNSSG ICB	CB
David Jarrett	Director of Integrated and Primary Care BNSSG ICB	DJ
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Julie Bacon	Interim Chief People Officer BNSSG ICB	JB
Lisa Manson	Director of Performance and Delivery BNSSG ICB	LM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Apologies		
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
In attendance		
Becci Green	Business Manager (Committee administration support)	BG
Cath Lewton	Programme Administrator (minute taker)	CL
Lara Reading	HR Manager, CSU	LR
Sharon Woma	Inclusion Coordinator BNSSG ICB	SW

	Item	Action
1	**Welcome and Apologies** Jaya Chakrabarti (JC) welcomed everyone to the second ICB People Committee meeting and reiterated that this forum can present challenges and to make this Committee a meaningful group rather than just going through the processes. Dave Jarrett (DJ) asked if there should be a Staff Partnership Forum (SPF) representative in attendance. Julie Bacon (JB) replied that it would depend on what discussions are to be held. Shortly there will be the need to have a recognition agreement for the SPF and that could mean it would become more unionised. She proposed that for now, it would be more beneficial to continue to have updates from the SPF at future meetings as planned and to reconsider any decision about an SPF representative attending at a later date. The above apologies were noted.	
1.1	**Declarations of Interest** **None declared.**	
2	**Minutes of last meeting** JC confirmed that minutes will be circulated via email and there is a need to acknowledge these by reply of email. As long as members have sight of the minutes Jeff Farrar (JF) has confirmed this is adequate to take forward. **Minutes were approved.**	
3	**Actions Log** **All actions (1- 4) were agreed to be closed.**	
4	**ICB People Strategy and Plan – Status Report** JB updated on the ICB People Strategy and Plan. JB reiterated that the RAG rated excel plan will be brought to each committee meeting. Periodically the KPI will be refreshed, and the September data will be presented at the next meeting in December. The focus of the meeting today is around the RAG report and narrative. With limited resources to deliver the actions on the plan, there is a need to prioritise the first plan across 18 months. JB explained that most areas were green, which is normal when starting a new plan. The only item presently flagged as amber is recruiting to the Chief People Officer (CPO). AM noted that the KPI's had not been refreshed for reasons stated. But, asked if there was anything that is concerning from an operational context as the risk section on the cover sheet does not pull out any risks.	

	Item	Action
	AM asked if the start date for several projects for January was realistic due to potential operational pressures. She noted that once dates are agreed for delivery, these would be monitored at this committee. JB replied that the organisational transition had commenced today, and we need to review how much HR support will be needed for the change. Therefore, one of the risks that does need flagging is resource to deliver. By the end of this year there will be a HR impact assessment on the structure transformation, and this will highlight the resources required. The talent and learning manager post is vacant and an agency interim will be coming into resource this post, which will help with capacity. JC asked if the reasons why we did not appoint a Chief People Officer are clear, so that we understand what we are looking for this time. JB replied that we know what we are looking for and are using a head-hunter which will enable people to be reached that would not have actively seen the advert. RS observed that the executive team are not very diverse. JB confirmed that diversity and inclusion is part of the search remit, criteria for the search has also been changed to focus less on NHS or public sector experience, which may widen the pool.	
5	**Update from the Staff Partnership Forum (SPF)** JB updated on key points that were raised at the last SPF meeting that was held on 28th September. She explained that the SPF meets monthly and that within the ICB there are few formal union representatives. The SPF has ratios of representatives across each directorate, this will be reviewed with the realignment work that is commencing. Items that were raised at the last meeting were the clean air charge and how the ICB could support this from a sustainability point of view. Practicalities of how to claim the charge back on expenses if carrying out ICB business is also being reviewed. The SPF also raised the need to review the mileage rates paid and to be assessed and increased. JB explained that this has already happened in some partner organisations where some had increased rates and other thresholds, or both depending on the pattern of travel within each organisation. JB said she was also awaiting final comments from the SPF on hybrid working which were due in at the end of this week. Lisa Manson (LM) asked in terms of the clear air zone and mileage charges if the ICB would be offering a retention package as opposed to doing it in isolation. JB replied that there will be a contractual requirement to refund the	

	Item	Action
	clean air zone charge on business travel and were looking at retention as a system. AM suggested that it would be good to see everything that we have considered as an employer. JB replied that one of the things being looked at is the possibility of giving each staff member £5 to buy a blue light card.	
6	**Update from the Inclusion Council** Sharon Woma (SW) updated on the last Inclusion Council meeting that was held on 15th September and explained that the Inclusion Council manages equality, diversity inclusion with regards to the workforce. SW explained that refreshing the membership was discussed as there have been several people who have asked to join the Inclusion Council, but the membership needs more consideration. This is being worked on with JB. SW reported that the data from August's Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) highlighted the need to encourage the senior leadership and board members to update their equalities data. Data shows that 33% of the board have not stated their ethnicity and 52% have not stated whether they have a disability or not. Due to the fact that not all of the board are employees of the ICB there needs to be a way of capturing the data. This is currently being explored. In March the Council joined the Business Disability Forum (BDF), an organisation that supports businesses in being more disability inclusive. A group has been formed to deliver against actions that the BDF suggest. LR is producing a guide for managers and resources for staff to complete to declare their disabilities. 80% of staff feel that reasonable adjustments have been made and a consistent approach is needed to ensure staff are more supported. JC asked if the actions that BDF have suggested to be put in place can be shared due to today being a verbal update. SW confirmed that she can share documentation with the committee. SW explained that over the last year the Equality Impact Assessments have been reviewed starting with the CCG board to ensure that the EDI's are more robust, and support provided to complete them. SW presented this year's gender pay gap report to the Inclusion Council and explained that there is still a gender pay gap. There is overrepresentation of women, but the gender pay gap persists. More men have been employed.	**SW**

	Item	Action
	27% of part time employees are female, overall, there are combined factors resulting in the gender pay gap and a lot of initiatives have been carried out throughout the year A focus group will commence later this year with part time staff to see if there are any support actions required. LM asked where we compare in our scoring to other organisations. SW replied that last year's data is poor due to lack of submission. We are currently similar to other NHS organisations in the region. LM asked if there was guidance for reasonable adjustments for line managers. LR replied that she is currently forming the guidance document which will include guidance for individuals and line managers. Within the guidance there is an access to work application that the individual is encouraged to fill out with their own recommendations.	
7	**Workforce KPI report** LR presented two reports, the monthly dashboard which is provided to the SPF and the workforce report which is produced every 6 months. She explained that the purpose of bringing both reports to the committee is to decide which workforce metrics should be presented bimonthly. RS advised the committee that LR had provided her with a breakdown of her team and suggested that this would be a good practice to adopt in future. LR commented that the workforce reporting includes appendices on demographics which could be used. However, she stressed that we would need to be careful of sharing information across the organisation. AM commented that she acknowledged high level metrics are required for this committee, however, the metrics are very numbers based and not about how people feel working within the organisation. Which we do not want to lose sight of. AM commented whether we could strive to compare ourselves against high performing organisations rather than average and see how we can learn from their best practices. DES asked how we could attract the talent that we need. LR to review how we can capture within the Workforce KPI report the impact of cost of living on people's absence and wellness at work.	**LR**
8	**Staff Surveys** LR presented on the key points of the Staff Survey 2021 and in particular, what each directorate has been doing.	

	Item	Action
	Commissioning Directorate - three key areas that have been highlighted as top issues are conflicting demands, insufficient workforce, and staff burnout. To address these issues, regular one to ones for all staff have been introduced, executives or the deputy have been invited to localised team meetings. Additional resource is being looked at to help with capacity and an away day has been planned for November. Finance Directorate – three key areas of issues are team working and communication, the ability to influence change and understanding the changing environment and hybrid working. An away day has taken place, and focus has been on the financial development and how to take this forward into the system. Planning and priorities have been reviewed. Senior management are happy with hybrid working. FICS, Corporate Services and PMO – three key areas of issues are capacity, areas of support and support value. Focus has been on meaningful appraisals and a commitment within the team to raise issues. For wellbeing, the reissuing of thank you cards has been reintroduced. FICS BI – three key areas of issues are appraisals, development of soft skills and structure and roles moving forward. Work has commenced on effective appraisals and management skills. LR will be hosting workshops on both areas. BI are conducting their own temperature checks. FICS, Healthier Together – three key areas form the base line data is that staff wanted to be able to raise concerns, to feel more engaged. Mini staff engagement sessions have commenced. Area – key areas of issues are staff burnout and not looking forward to attending work. It has been discovered that burnout has been improved due to clarifying workloads and focussing on working as a team. Joanne Medhurst (JM) noted that social anxiety is prevalent after the Covid lockdowns. Medical (Referral Services) - key areas of issues are focussing on working flexibly, pay increase and protective time for learning and reading of articles. Medical Directorate (Clinical Effectiveness and Research (CE&R) team – areas of issues are appraisals, career development and realistic workloads. Focus has been on effective appraisals and line management training. Career development is included within the appraisal and making sure that workloads are not only discussed with line managers but across the CE&R team. Medicine Optimisation Team – areas of issues are staff wellbeing, workload and maintaining a positive position. Staff wellbeing has been promoted and	

	Item	Action
	resources highlighted that are available. Mapping current workloads is underway. Transformation Directorate, Service Redesign - areas of issues are workload management, workload allocation and motivation for work. One to ones have commenced and focus within conversation on wellbeing to be included. Transformation, Communication and Engagement – areas of issues are workload, development and culture and support. Internal skills sharing including Arbinger training and wellbeing checks have commenced. Nursing and Quality Directorate – areas of issues are communication/team support, development and culture and support. Regular team meetings have commenced. Supervision and line management training is ongoing and capacity concerns have been addressed. AM asked if we are comfortable that the next staff survey will be an improvement based on the impact that we have made through these actions. She noted that there are three areas that have not had an update on this round and asked if there was an issue around this. LR replied that the September updates are due in this week and will be showing on the next round. DES responded that there is a delay with some of the updates. Most directorates are doing their own internal temperature checks. This is not a static document, and we need to keep up issuing. RS commented that from her directorate away day there has been positive feedback. The need is there to keep a good check on staff. JM reflected on the value of what we have gained from these checks. She asked what are the cross-cutting things that we should pay attention to across all directorates and what things are emerging due to cost of living. RS reiterated that cost of living is very important, and we should not only ask how people are feeling but also provide support and help. ST commented that within her directorate there are significant differences with issues which is why a deeper level of analysis within the team was performed. JB responded that the approach to the staff survey has three pillars, and this is only one of them. Cross cutting themes are picked up within the People Strategy and Plan. RS commented that after the executive meeting today we should be thinking in terms of an OD plan for the organisation. JB replied that some of these actions are within the People Strategy and Plan.	

	Item	Action
	JB presented the staff temperature check deep dive and discussed the key points. She explained that results are from July and the request was for a deep dive into the narrative. Over the last few quarters, the focus for the localised surveys was on organisational change and how people are feeling about the transition. The survey provided the ability to add personal narrative and 57 people completed this and the deep dive is on the responses. She pointed out that 57 responses were a relatively small sample of opinion compared to the staff survey and so the report should be taken in that context. One key point that was raised was that staff who were on fixed term contracts worry about job security. Recently all staff who are employed on fixed term contracts but in substantive posts have been made permanent. Once the transition is completed there will be a better understanding of fixed term contracts which are funded with non-recurrent monies. JB explained that the transformation process has started and there are four phases of transition, and the emphasis is to avoid individuals being impacted in terms of job security. All phases are aimed to be completed by April 2023 and staff briefings will take place throughout October. JB said with regard to the comments about hybrid working, final discussions are being held with the SPF regarding hybrid working arrangements. The summary and findings of the deep dive is that there is consistency of what is being picked up around fixed term contracts, workload, and uncertainty of change. Plans for realigning the executive portfolios and the organisational change will address some of these issues. AM asked if rather than seeing this as standalone, we could triangulate what we know across the system. She also asked about the stance on secondments. JB replied that internal secondments have been discouraged as this drove the churn as where posts have been advertised as fixed term, substantive staff took them as a secondment so that they keep the security of their substantive post. LR presented on the NHS 2022 Staff Survey. She explained that the NHS 2022 Staff Survey launched on 3rd October and runs until 25th November. The survey is for staff employed from 1st September and excludes non-executive directors and anyone on a contract on an IR35 basis.	

	Item	Action
	The questionnaire has minimal changes from last year, but the key change is within the chief executive office as all directors will sit under the chief executive. Mid-February the report will be published where we can also benchmark against other ICB's. JM asked how we map people who will be in different directorates. LR replied that there is a list of people at present who are in the directorates, but the reporting will be done as a group.	
9	**Risks and Issues** JB explained that today this would be a general discussion. She highlighted that HR capacity is a risk to delivering the people strategy and also that with the changes announced around directorates there is the potential that people may become distracted from business as usual. ST added that the number of fixed term contracts in the ICB was due to the significant non recurrent funding made available through Covid. As this ceases, this will feel like we are reducing capacity. This is a risk. AM asked if the risk of turnover is worth mentioning because it is much higher than average and will interrupt business day to day. JB replied that we need to understand what the turnover for substantive roles is as opposed to fixed term contracts ending. ST responded that at the end of the Covid funding regime there will be an increase in turnover due to the contracts ending.	
10	**Matters for escalation or communication** No matters for escalation.	
	Any Other Business LM wanted to capture a possible emerging risk in the NHS England reconfiguration.	
9	**Date of Next Meeting** 7th December 2022 at 15:00 – 17:00	

Cath Lewton, Programme Administrator, September 2022

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 2nd November 2022 at 15.00, held face to face and virtually via Microsoft Teams

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Final Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People (Chair)	JC
Bernard Galton	People Committee Chair UHBW	BG
Ernie Messer	Non-Executive Director and Vice Chair, AWP	EM
Jeff Farrar	Chair of BNSSG ICB	JF
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Julie Bacon	Interim Chief People Officer, BNSSG ICB	JB
Kelvin Blake	Non-Executive Director, NBT	KB
Helen Holland	Labour Councillor, Hartcliffe and Withywood, BCC - Local Authority representative	HH
Apologies		
Sarah Truelove	Chief Finance Officer, BNSSG ICB	ST
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
In attendance		
Becci Green	Business Manager (Committee administration support)	BGr
Emma Wood	Chief People Officer for UHBW: SRO for Learning, Leadership and Wellbeing	EW
Sarah Margetts	Director of People & Development Sirona: SRO for the wellbeing workstream	SM
Denise Moorhouse	Associate Director of Nursing and Quality, BNSSG ICB: Deputising for Rosi Shepherd.	DM
Jacqui Marshall	Chief People Officer, NBT: SRO (workforce, planning strategy, supply & demand)	JMa
Corry Hartman	Senior Workforce Analyst, BNSSG ICB	CH
Matthew Foxon	People Programme Manager, BNSSG ICB	MF
Monira Chowdhury	Head of Equality, Diversity, and Inclusion, NBT: SR) for EDI workstream,	MC

Jean Scrase	Associate director of Education, UHBW: SRO (Learning and Leadership)	JS

	Item	Action
1	**Welcome and Apologies** JC welcomed everyone to the meeting of the Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) People Committee meeting. The above apologies were noted. JF mentioned the involvement of non-executive members in committees. A meeting was held with the chairs, where questions were raised regarding capacity, renumeration and purpose. JF has sent an email to all the chairs talking through options ensuring we are as inclusive as we can be.	
1.1	**Declarations of Interest** None declared.	
2	**Minutes of the last meeting** Minutes of the meeting on 7 September 2022, were approved as an accurate reflection of the meeting.	
3	**Action log** 1 - JB updated the group following a discussion with ST, regarding how to get money to enact the things we need to do, through the People Programme board. JB confirmed there is a piece of work which the Executive team are working on called the risk and decisions framework, which will be taken to the ICB Board. The framework would show how groups like the People Programme board would not request funds from this committee but would go to the Chief Executives group. Discussions are also being held on whether we could adopt a top sliced funding process, but we would struggle with this, for this year, as this year's finances have already been allocated. JB advised the committee she has heard that nationally they are re-thinking about how the funding is received from NHSE/I and HEE for specific things. They are considering giving the ICB's a pot of funding that the ICB would allocate to their local priorities, which would be welcomed. The other route would be through the Chief Executive group. JF thanked JB for the update. He stated this may need to be revisited by the ICB Board, because all the committees he sits on are saying that workforce and the people challenge is their greatest priority, as it's an enabler for everything else we are working towards. JF states he recognises that Chief Executives will want to invest in their own workforce, but the Board needs to heavily invest. JF to have a conversation with Shane Devlin regarding this	

	Item	Action
	JMa commented that she supports this, but stated we need a bridging structure from now until the end of the year to see us through the winter, given where we are with strikes, retention, and turnover, we cannot wait until then. JMa also stated about having a medium to longer term plan about having modern people services to fit with our modern workforce. BG added that funding is essential if we are to make progress. He supports JF but added that at a system level these committees need funding to add value. KB added that it is not just about funding, its what you do with the funding that is important. In terms of priorities, each organisation will be looking at it differently. KB raised the question on how we resolve those priorities and allocate funding through this committee and the Board. JF confirmed that its for ICB to do this, with the £3bn that flows through the ICB from NHSE. He confirmed that the strategy we do have looks clear. HH, commented that as its her first meeting, she was reflecting that its wider than the local authorities and our providers. Its about the VCS and the colleges and the diverse led providers as they can reach the part of our population that we as councils cannot attract. HH stated this is a system committee, not NHS or local government and the clearer the pathways are the better. EW confirmed that as a system we do know what our people priorities are, and the papers today outline the people programme. They have spent the last 10 months rationalising ambitions and we are not trying to do so many things poorly, we are trying do to a few things well. EW stated she would welcome a discussion on the things that are the greatest priorities which we have agreed collaboratively and therefore get the funding allocated accordingly. EM commented that he touched on this at the last meeting, where we need to think about workforce in a different way, shape, and form. We need to think volunteer, third sector and really out of the box. The next year things will become difficult, so we need to think differently about not just our own workforce but all. Also, the hard to reach places, where people don't engage with the NHS, but they do with the third sector. JC stated that as third sector had been mentioned many times, that we should have an action to take this forward. JF asked JC who the owner would be, and he asked JB if this has been discussed at Executive team with Shane Devlin. JB confirmed that if you look at the people programme and the work that has already been going on, the further you go out from the NHS the more difficult it is to understand the numbers and who's involved. This is evident in the data we are going to show you today. JB stated she could take the action to scope	

	Item	Action
	this further to see what the organisations are out there and what potential numbers they have. Action 1 to be closed and replaced with the two new actions from this discussion. Action 2 to be brought to the next meeting at the People Programme Board in October was cancelled, so the discussion has not been held. Actions 3 and 4 closed. Action 5, update to be requested and brought to the next meeting. **Action JF to speak with SD, to gain clarity on what the funding looks like from the CEO group and if we are to have a strategy that deals with all the issues that come out of all our committees, JF needs to know how, where and when the funds are coming to support that. If not, then a conversation at Board needs to be held as to why not.** **Action JB to scope further who the third sector organisations are and what are their potential numbers are**	**JF** **JB**
4	**ICS People Programme – Status Report** JB introduced the item by stating as this is a new committee it would be good for members to see what the people programme has already delivered. JMa was the main SRO, and she will talk us through the slides and then the SROs for the current priority workstreams will talk you through the highlights of what they are working and have delivered so far. JB explained that as the People Programme Board was cancelled in October, the full report was being brought to this committee so they can be reassured about the work that is taking place. Going forward the committee would receive a shortened highlight report. JMa, started the update reflecting on the workforce planning data, as that is key to where you start to deliver and understand our priorities. We do have an embryonic, immature 1,3- and 5-year plan. However, the point is that it is only showing AWP, Sirona and the two Trusts, we are missing at a from Primary and Community. Across the system we have had some great success with upskilling. Calderdale training is allowing us to look at the outcomes of what we need to deliver and work back. We do have some data for social and primary care which will support the 1,3- and 5-year plan and we will have more definition than we did last year, Dashboards also play an important part in our delivery so we can quickly see where we are going wrong so we can react and redistribute resources.	

	Item	Action
	We are establishing workforce models looking at the impact, where we have shortages. The shortages are effectively everywhere and particularly our community colleagues, as is our Band 2 and Band 3 workers. JMa gave an example of where the EDAs are turning over at 40%, which was challenging and highlighted the need for data. We have also got to look at how we deliver our services differently in wards and in the community and consider different skills sets as part of this. We have some exciting jobs coming up that are not just doctors and nurses, which leads me to recruitment, we need to get into schools and other places so we can say come and have a career in health, providing them with a clear pathway. Supporting with apprenticeships and registered nursing. JMa updated on Recruitment, where the cost of living crisis, is a real issue. She said that we have strong pipelines, which we need to grow more. Getting into our communities, and socially deprived areas. Focussing on the 13- and 14-year-olds and the career in health. We need to do a lot more on our employee value proposition and total reward package across the system. We need to consider and build in what generation x and y will what from their employer. We have done some great work with our Somalia community in the city centre where we are impacting on the educational and health outcomes. JMa then spoke about retention, the national framework puts constraints on what we can offer, so we need to think outside the box. We are losing nursing staff who are leaving Health completely. DM asked whether we have considered the some of the asks from colleagues, i.e., a hot meal when working a nightshift, not paying for parking or the congestion charge when out on business. JMa confirmed yes to all and there are other ideas they are looking into. EM asked are we looking into an attraction strategy, if so, is this being done in a sovereign way, as we might better looking at this collectively as a system. So, people can learn what we are all about. JMa confirmed that our employee values proposition looks at this. JC advised the group that she has set up Trello boards to capture these so conversations can continue outside the meetings. JMa final comment was that NBT are spending large amounts of funding on agency spend, which is where we should be getting the funding we need from. JC commented that JB and CH have done some really good work on costing attrition and hope to see this later in the AOB section.	

	Item	Action
	KB explained that the social care element is really important to getting the resourcing right and add it into the plan. HH added around future forecasting, both Universities in Bristol have only filled half the spaces in their social work courses this year. We need to address this and make it appealing. In local authorities, agency is an issue as many of our social workers are leaving and going to work for the agencies themselves as the salaries are higher. JC asked if members were sharing any work, they are doing with communities so we can have a joined-up approach. All agreed this was happening. JF asked the committee whether we have thought about having our own agency, as he did something similar in a previous role and saved around two thirds. JMa confirmed that the joint bank initiative is all about that. EW provided the group with an update on her pillars. Placement expansion has been going well, we have been able to accommodate an extra 108 nurses. Our skills passporting and aligned learning management system is well embedded, and we think we are saving considerable amounts of time and money by passporting skills. To date it has been costed at £160k New ways of working is looking at apprenticeships and out outreach. As a system we have 870 apprentices at the current moment. We have started a coaching and learning academy, we have had a few setbacks with regards to securing a coaching provider. EW confirmed that the risks within her pillars relate to funding and lack of substantive funding and clarity for funding next year. This is impacting on us securing placement leads and programme and project resources we need to deliver these risks are the same as discussed at the last meeting and remain unresolved. MC provided the committee with an update on her pillar. We have three equality, diversity, and inclusion priorities. Our first priority is Inclusive recruitment, where we have just manged to appoint a project manager. We were unsuccessful through open recruitment, so we went through a positive action traineeship using our race equality development pool. We are very excited to offer the role to a member of staff within the system, with lots of project management experience, with lived experience of recruitment and retention. We have circulated an inclusive recruitment framework and positive action guidance notes and we have held some workshops. Our second priority is talent development with a focus for Black, Asian and minority staff, and we have a race equality talent development programme called Believe. 10 participants out of 40 have gained promotion or permanent posts	

	Item	Action
	within the system. NHSE have extended the funding by 3 months so we can embed this programme and to look at the impact of more senior level disparities and vacancies in terms of Black and Asian staff. Our third priority is supporting our staff networks. We have conducted some surveys with individuals who do and don't belong to a range of staff networks who have identified barriers to participation in staff networks. Many of the partner organisations are offering protected time, many of the clinical staff feel pressurised with the shortage of staff to enable them to take the time to be involved in staff networks. MC explained similar to other areas within the programme many of the staff are on short term contracts when the programme of work is long term. Regardless of this we have made good progress and good system working and with the data now available, particularly for race, equality, and disability equality at a system level, which includes social care. We will share with you and the Chief Executives in due course. JB commented that within the ICB we are looking at our structure. The people programme is made up largely of fixed term roles, which is driven by the nature of funding from HEE for specific deliverables in a specific time. We do find that we receive non-recurrent funding on a recurrent basis. As part of the design process for the people function, the structure for the ICB is to have a much better balance with more substantive roles. This falls within the timeline the ICB have set, so we should be in a better position by the end of the year. JMa, added that annualising the HEE funding would reduce the impact the fixed term contracts are having on the system as staff move within the system and the region for their development. JC asked if there was action here. JMa, confirmed, yes. Raising this up through the system to region and national level about the impact the annualised funding is having. JB confirmed this has been raised repeatedly at workshops with senior staff. As she mentioned earlier in the meeting, they are taking this feedback on board. The action could then reflect keeping abreast of the development and reporting back to the committee. **Action, JB to keep abreast of regional and national conversations regarding HEE funding allocations and report back to this committee.** JF spoke at the covid 19 race report launch on Monday. He asked MC if the ICB is linked into this. He confirmed that at the last board meeting, the ICB agreed to develop an independent advisory group (IAG) on race. JF has secured some	JB

	Item	Action
	community interest funding through Elizabeth O'Mahoney, which he will use to fund a chair for the IAG. JF asked the group to start thinking of what they want to point in the direction of the IAG chair to take forward. **Action – All to consider items they wish to point in the direction of the IAG chair to take forward. Ideas to be sent to JF in the interim.** MC confirmed that on a personal level she is representing NBT as a member of the covid race equality group and has been part of this group since its inception. With regard to the IAG, we need to ensure expertise or interest in health inequalities and an understanding of health and social care issues. JF stated that once the chair is in post, they will do exactly that.	All
5	**Workforce Operating Plan – Status Report** JB stated that this would be a regular item at this committee. The system operating plan has a number of workforce targets which need to be monitored. The slides presented show our performance as at the end of quarter 2. The headlines are that there has been considerable slippage where we are looking at increasing the workforce and bridging the workforce gap. Although we have made some inroads into increasing workforce, we have found particular areas challenging, as we are not having the traction we hoped. We have some trajectories predicting where we think we will be at the end of the financial year. For instance, with registered nurses, we aimed to increase by 474 overall, but we will actually be around similar numbers at the end of March to where we started in April. It is the same with nursing support, we are unlikely to deliver the 171 extra we planned and will only deliver around half the growth of AHP's. The main reason for the lack of delivery has been the attrition. If we totalled up the ambition in the operating plan for workforce increase, then add what we need to cover attrition, it was a significant ask in any one year. Going forward we need to have different conversations about how we do the operating plan. A significant amount of effort is needed just to be able to mitigate the attrition and cost. If we really want to do workforce expansion it needs to be done over a few years, as its about expanding pipelines and clinical placements. Yesterday, we had our first planning day, where it was clear workforce is the most significant issue for all. It was agreed that we are only going to work out what is practical in anyone year. Importantly the trajectories are giving us a clearer baseline for next year.	

	Item	Action
6	**Workforce dashboard** JB stated the dashboard was useful context and background on some of the workforce trends as we are a new committee. The operating plan is over a year, whereas the dashboard covers longer term trends and more granular data. It also covers elements of the staff survey responses, so you have more qualitative data, but acknowledging what is missing is our primary, social and community care data. CH added turnover has been challenging, you can see the current rates are higher than anything we have experienced and for some providers it takes them back to April 2018. The dashboard shows that our nursing figures are slowly declining. Its showing in the September position where we have not delivered, we don't have the staff in post that we intended to have. April through to August the number of nurses in post is steadily declining, we are just not keeping up with the turnover rate. JC asked if we specifically know where all these people are going, especially to which agencies. JMa confirmed that we do, which is the worrying part. The top level data is only indicative, so you have to get underneath that. Nurses are leaving health completely, which is the biggest worry, so we are reliant in the short term on international recruitment. JMa stated that at NBT, staff are predominately leaving to join John Lewis and Amazon. Whereas our HCAs are going where the hourly rate is better. JMa commented that we are not inducting them right and making them feel like they want to stay. We are almost trying to fill the posts too quickly and too many and self-perpetuating this vicious circle. DM also commented that we do know why staff are leaving the profession, its in all the literature. John Lewis and Amazon, the appeal is it doesn't cost you to go to work. They do get a hot meal when working a night shift. It's the small things, they are nurturing at low cost. DM thinks the staff are looking for that sense of feeling valued, longer-term strategies that were mentioned earlier, are great. But it's not going to help at this time, there is a bigger cost element to go into work now for our healthcare staff than there was a year ago. HH added that Amazon also did a very aggressive targeted recruitment strategy. an example of this, is Amazon were stood at the Lawrence Hill bus depot handed out flyers. She also added that last year if you googled care jobs in Bristol the result was Amazon, because they paid to be the first, so we have to get out there. Some good news is that some of the staff are coming back into care.	

	Item	Action
	DM commented that the other big issue is compassion fatigue, the staff are exhausted. She understands the pull to Amazon, but she thinks they will come back to care if they are coming back into a working environment where they are of equal value to other people in society and for us to be considered fantastic employers. EY stated that he has been reflecting on the conversations we've been having around the supply side. When you look at the macro level, labour dynamics that we are dealing with is something that we as a system can really turn into a positive impact. EY mentioned there is tension between the activity we need to undertake in our organisations and where we absolutely need to have a limited number of things that were doing, doing once, doing well for the system. There is lots going on between what is at a system scale and what is being done at an organisational level. We need to bring more clarity, because I think all the things, we are doing around making people feel valued. There is also a risk that we will prescribe the wrong treatment. The things that make the difference are different for each individual, some want to feel valued, some want to have a career within BNSSG and never have to move. That is in our gift. We need to actively encourage people to work across organisations and our landscape. There are a number of things which are at macro level for the ICB, where it feels tentative. We have a range of initiatives at an organisational level, but if we were to be honest and think about what gives us grief, it's the supply side. What we are spending on agency and still not filling the shifts. When you think of productivity challenges we have and the issues to be able to recover, we have 15% in build costs because of the incentives. We need a system approach, do it once, do it well. EY stated that maybe its time to go back to the drawing board and really challenge whether we are doing the things that will shift the dial at an ICB level opposed to the aggregate of activity at an organisational level. If we do nothing else and make BNSSG the place that people want to come to, then as a group of people we will start to make greater inroads. JC commented that there is an action here, but it requires more thinking. EY to have a think and let JC know via email or online space as she doesn't want to let this go as EY is on to something. **Action EY to continue thoughts, and let JC know so these can be incorporated into future meeting agendas**.	EY

	Item	Action
	HH asked is it possible to add the council and care providers to the dashboard. CH advised that social care data is refreshed annually, and has recently been published for 2021, which does give us vacancy levels and such. But as its an annual update we will not see a dynamic picture. The data can be added to the slides, but after one month, it will become static for the next 11 months Primary care, we don't have any, but we can get staff in post numbers. But we don't know where they are and where they want to be. We could definitely add in current nursing and GP numbers if its helpful. **Action CH to add in social care and primary care data to the dashboard, where available.** JMa suggested as we mature the workforce plan, we have 4 to 5 really important data points and ask all organisations to collect them.	CH
7	**Learning Academy Update** JS asked the committee to note is the journey the learning academy business case has taken over the last year, as well as the progress which has been made by the academy to date. It has been mentioned earlier today, the risks of non-sustainable funding methodology for some of the activity of the academy and its core team. We would like the committee to note our ambition, which is a three phased business case for the future of the learning and leadership academy and part of that ambition is realising that some of the issues have already been identified today, its about having that USP for BNSSG in terms of our recruitment and our career development in order to retain our staff going forward. JC stated that JS has the support of the committee and is there anything they can do. JS commented that we are giving you the heads up that the business case is coming, and we would ask for the committee to engage in the development activities as we reach them and give them your due consideration. JC, absolutely, and the running theme for me has been opportunity cost, so wherever its required and with cuts, shortages and uncertainty going on, if we are able to talk in terms of what happens if we don't do this. JS confirmed that within the presentation there is a slide which identifies some of the risks and lost opportunity if we don't invest in core team going forward. Not only will we no longer be able to realise the benefits that we have gained, but we won't be able to develop our workforce for the future.	
8	**Well-being update**	

	Item	Action
	SM joined the call to present this update. SM started by introducing herself and confirmed that she is SRO for the mental health and wellbeing hub. The hub was set up as part of our response to the covid pandemic and we have 40 hubs across the country and are funded national through NHSEI to provide these services. You can see from the slides that thousands of staff have access the service and I think one unique thing about the way we did this in BNSSG has been to have a holistic service, which was provided to our acute trusts and Sirona, but we also managed to secure significant funding to provide health and wellbeing devices for social care colleagues, which we are really proud of. The data in the slides runs up to May, June time, but we know from speaking with the Hub that the demand is continuing. This is particularly around some of the trauma support that people are asking for. For the 8–12-week programme they can no longer continue to take referrals because of the funding issue we have. An away day was held in June, July time, where we looked at next steps for this service, knowing that the funding was coming to an end. There is some work happening in the background of diagnostic assessment of organisations across BNSSG to understand where we are with our wellbeing offer, including primary care and social care colleagues, then starting to shape that into a business case. SM commented that the risk from a system perspective is the funding issue. There are national conversations taking place around funding and whether there will be more to come. We expect to hear later in November. JC asked whether or not we have the figures to know if the traumas are experienced in work or out of work. EW confirmed that we can capture in categories, such as work related and personal. But it tends to be a really varied landscape, as people bring their problems to work. The biggest thing still here is a sense of burnout.	
9	**Cost of Living** JMa stated that we are all working on this and it's the bedfellow of everything that we are doing with wellbeing. We are all sharing best practices and we are all stealing with pride. Its basically looking at exactly what we have discussed, about reducing the cost of employment, making ourselves more attractive. It would look at financial, physical and physiology mental health and wellbeing, regular pension advice, money helper and employee assistance programme. There are also financial benefits, where we have offered to fund the bluelight card for staff. UHBW are looking at a food bank. We are looking at doing a pilot for school uniform recycling.	

	Item	Action
11	**Risks and Issues** JB stated the presentation circulated is a board briefing compiled by NHS employers in association with Capsticks, which tend to their legal advisors, which gives you some background and the timelines. JB explained that they have an indicative ballot, then a formal ballot, once the results are in, they have to give 14 days' notice of strike action. The first one to go out is RCN and the last one is BMA in January. JB updated the committee with further information that came out nationally the previous day. There is now a checklist, which NHSE will ask Trusts to complete to provide assurance of their readiness to manage any industrial action and also the ICB's role in supporting the planning and preparation. A lot of what has to be done, has to be done on the day and at a local level. However, there is a process in the NHS where we can try and agree derogations with the staff side and some of that will done nationally. What this does is agree exempt areas, which are usually clinically very high-risk areas. But staff may still choose to strike. JB confirmed we are now going into strong preparation mode through the emergency planning teams. She explained that, across the HRD community we have a focus on this at our weekly workforce action group meetings. We are entering the next steps and preparing for this as an eventuality as with nursing it could be as soon as the end of this month. SM wanted to clarify the slightly different position for the community. As we are a community interest company and not listed as an NHS employer as such, the legal advice from the trade unions is that they are not actually able to ballot and participate in industrial action. However, they can raise a separate dispute with us as the employer that operates under agenda for change terms and conditions. This may mean we have different periods of industrial action at different times affecting our acute and community.	
12	**Any Other Business** JC praised JB and CH for the work they have done on trying to articulate the cost of attrition. JB stated we don't really understand the cost of attrition, and its actually quite difficult to pin a label on, but we wanted to get an idea. So, we concentrated on band 5 nursing, and what it costs to lose our nurses. JB talked through the slides where they have made assumption of what it costs to recruit someone. This includes shortlisting where you would use clinical staff as well as admin staff. The biggest cost is how you fill the gap when they are not there, as there is usually a few months gaps between someone leaving and someone joining.	

	Item	Action
	Joiners Based on a Band 6 and Band 8 completing the shortlisting (2hours) and then interviews (3hours) The average for months January to August 2022 is 1.5wte per month Band 6 costs £5875 Band 8 costs £8015 **Leavers** Based on Band 6 Performing leaver process Average is 0.3wte per month would costs £1057 The cost for both of the above is £14,948 **Cost of filling the gap** Data available, indicates that for Band 5 nurses there was a total of 228wte joiners and 329wte leavers between January and August 2022. A monthly average is 28wte joiners and 41wte leavers. JB explained that based on full costs the values below provide an indication of the costs to fill a 1- and 2-month gap for each new starter and also to fill positions where there were more leavers in a month than starters.	

	1mth gap plus fill where leavers exceeded joiners	2mth gap plus fill where leavers exceeded joiners
Bank (night/Saturday rate)	£261,953	£418,459
Tier 3 (night/Saturday rate)	£285,725	£456,434

Overall costs

Each leaver would have substantive funding, which can be deducted from the agency spend as it is saved. The difference between funding available and filling the gap is detailed in the table below. The table indicates the additional costs needed.

	1mth gap plus fill where leavers exceeded joiners	2mth gap plus fill where leavers exceeded joiners
Bank (night/Saturday rate)	£145,685	£185,924
Tier 3 (night/Saturday rate)	£169,457	£223,899

So, with the cost of recruitment too, the ballpark cost of attrition for our band 5 nurses across the system is around a quarter of a million pounds.

	Item	Action
	JC asked members to check in with the two Trello boards she has set up so she can capture any thoughts or insights for the committee to consider prior to our next meeting. **Action – All to check in to the two Trello boards and add any thoughts or insights to the chair to consider prior to the next meeting.**	JC
13	**Matters for escalation or communication** HH commented that its something up and down, the locality partnerships are tackling the workforce issues as well and potentially in a more joined up way, because they are bringing in innovation, thinking about community teams. It would be good for them to know strategically it is being taken seriously and maybe we can hear from them. JC stated we need to think about the communication around that as a system. JF added that the funding issue needs to go to the board and also an update on the strike in the margins of the public board The only other one linked to funding is the agency costs and what we ae collectively doing about it. JC raised that she has set up Trello boards, it's a way of working up ideas that we have not been able to cover. They may end up being future agenda items. She confirmed she would open it up to all BNSSG chairs, so we are joined up	
	Date of Next Meeting 4th January 2023 15:00 – 17:00	

Becci Green Business Manager, November 2022