

## BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 7<sup>th</sup> September 2022 at 14.30, held face to face and virtually via Microsoft Teams

### Final Minutes

<b>Present</b>		
Jaya Chakrabarti	Non-Executive Member – People (Chair)	JCh
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Julie Bacon	Interim Chief People Officer	JB
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
<b>Apologies</b>		
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
Eugene Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Lisa Manson	Director of Performance and Delivery	LM
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
<b>In attendance</b>		
Andrew Mitchell	HR Manager CSU	AM
Becci Green	Business Manager (Committee administration support)	BG
Cath Lewton	Programme Administrator (minute taker)	CL

	Item	Action
1	<p><b>Welcome and Apologies</b></p> <p>Jaya Chakrabarti (JC) welcomed everyone to the first meeting of the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) People Committee meeting.</p> <p>JC confirmed that the purpose of the Committee was to support the ICS workforce of around 50,000 people and the ICB workforce of 500 people as well as delivering the improved wellbeing outcomes for the 1,000,000 citizens in Bristol, North Somerset and South Gloucestershire. JC highlighted the importance that Committee members had the right experience to support people in a strategic way. JC noted that the Committee was expected to be flexible to evolve as the system developed.</p> <p>The above apologies were noted.</p>	
1.1	<p><b>Declarations of Interest</b></p> <p>None declared.</p>	
2	<p><b>Committee Terms of Reference Review</b></p> <p>Joanne Medhurst (JM) wanted to check quoracy and if a break down between executives and non-executives to maintain the three executives required. JC confirmed that at present it is sufficient to have three people, but this can be changed at a later date.</p>	
3	<p><b>Staff Partnership Forum Terms of Reference (ToRs)</b></p> <p>Julie Bacon (JB) explained that the main reason for this meeting on this occasion was for signing off governance. One of the groups which reports into the ICB People Committee is the Staff Partnership Forum (SPF). In many organisations it is the joint committee with union members, but the ICB does not have many unions representatives. The CCG had the SPF, and this arrangement has now been rolled into the ICB. JB explained that the ToRs presented for approval today have been agreed with the SPF members.</p> <p>JB also added that by the end of this year, the ICB will need to have formal recognition agreement. This is a requirement of all ICB's. The ToRs show that union members are invited. The ICB needs to have a functioning SPF as there are legal duties that this group must discharge for example formal consultation on organisational change, formal TUPE consultation and consultation on policies.</p> <p>Jeff Farrar (JF) asked if it was usual for the organisation with 500 people to have no union representation. JB responded confirming there are people who are union members and that there are some people who classify themselves as trade union representatives. However, the ICB would not be able to muster enough trade union representatives to have a functioning all-union SPF. This is the same for most ICB's. This is an issue, as we are part of the national collective bargaining framework that recognises NHS unions so there is an expectation from them that we will legally recognise them locally. JF</p>	

	Item	Action
	<p>commented that there is obviously a distinction between formal negotiation with unions themselves and staff networks. He asked how the representation on the SPF was made up. JB replied that the representatives on the SPF are spread across the organisation and have a rotating co-chair. JM asked why BMA are not included on the list of union representatives. JB replied that within NHS Trust's the BMA have separate arrangements and do not normally attend an SPF, but she did not know the background to this here. Andrew Mitchell (AM) stated that this is separate within the Ambulance Trust's. JB stated that the BM are welcome to attend. JM noted they could be a helpful partner. JB explained that the recognition agreement should recognise all unions which are recognised nationally by the NHS and that the BMA would be included in the recognition agreement.</p> <p><b>People Committee approved the Staff Partnership Forum Terms of Reference.</b></p>	
4	<p><b>Inclusion Council Terms of Reference (ToRs)</b></p> <p>Sharon Woma (SW) explained that the Inclusion Council meets monthly it is a strategic forum for discussion of inclusion and diversity matters and a place for staff networks to engage.</p> <p>The proposal is to transition the Inclusion Council which existed in the CCG into the ICB and to also transition the existing four staff networks listed. It is proposed that the Inclusion Council reports in to the ICB People Committee.</p> <p>JC noted she had been in contact with Matthew Jordan regarding the Independent Advisory Group and asked if there was any connection with the Inclusion Council. JF stated this will be discussed on Friday as a meeting is set with SW and Matthew Jordan. JF explained that there will be a paper going to board on 6<sup>th</sup> October which will be recommending an advisory group to report into the board and the remit will cover health and social care. SW will be the conduit for this. JM noted that the medical directorate was not represented on the ToRs and asked where Adwoa Webber fitted into the Inclusion Council. SW replied that health inequalities fit across the organisation. JM asked if AW should be involved. SW explained that she does not have a direct agenda for health and inequalities and that a group is still forming. SW explained that the Inclusion Council membership is being refreshed and she will consider how to incorporate a representative from each directorate. SW to keep the committee updated regarding this.</p> <p>Ellen Donovan (ED) asked if lessons had been learned from the CCG's Inclusion Council moving forward into the ICB. She also applied the same comment to the SPF. JB explained that largely both forums had been brought across from the CCG in their current form to get them up and running in the ICB. However, the intention was to review them both fairly quickly.</p>	SW

	Item	Action
	<b>The ICB People Committee approved the Inclusion Council Terms of Reference.</b>	
5	<p><b>ICB People Strategy and Plan</b></p> <p>JB introduced the ICB People Strategy and plan and explained that it has been developed over the last four to five months. It focussed in detail on what was required over the next 18 months in supporting the workforce and becoming an effective organisation in the short and medium term. The strategy signposts activities for 3 years' time. However, by then the organisation will have matured and it would be expected that a new strategy would be developed.</p> <p>JB added that as the organisation is new, it is important to set out the vision of being an attractive employer, valuing staff and being a trusted organisation. People can use that to hold you to account. The People Strategy has been developed with extensive staff engagement and has been through various formal committees such as the Strategic Development Forum, Staff Partnership Forum, and the Executive Team. Drop-in sessions were attended by more than 200 people over a two-week period.</p> <p>JB explained that the model used for the strategy has themes around the central core.</p> <p>The detailed implementation plan is built around these themes and has the aim, key actions and steps that will be taken to deliver the actions. It also has an action owner, timeline, and impact KPI. This excel format will be used to regularly report progress to the ICB People Committee.</p> <p>JC asked about the relative impact and priorities and whether these are dictated by staff members. JB replied that to an extent they were and have been reflected. It also includes what is needed as an organisation. JB explained that it is important that the ICB is an attractive employer but is also an organisation that delivers it's objectives. The People Strategy has to balance both of those things. ED commented positively that the spreadsheet showed sufficient detail and good milestones. She explained her interest in the ICB's capacity, structure and role design and reflected on a potential link between the timing of the structure being embedded and when the next staff surveys would be delivered. JB explained that the plan was for the appointed executives to work through the portfolio realignment next week. Some areas are moving to new directorates or splitting across a few functions. Staff have been informed of the timescale and it has been made very clear that the intention is to avoid a full organisational change, which can be destructive, but to focus on realignment and do this in a supportive way. The intention is to complete this by the end of September with changes to commence in October. Consideration will be given to the best way to undertake team building for newly formed teams. There could be some local adjustment to structures with most areas being settled by Christmas. JC asked what was happening with fixed term employment contracts. JB explained that that the degree of fixed term contracts and secondments within the organisation is unusual. The</p>	

	Item	Action
	<p>realignment should help teams to be stabilised. Some of the fixed terms were because of likely future changes to the structure. Completing this work will decrease the need for fixed term contracts. The other initiative that will help is developing generic project and programme roles. Instead of appointing individuals to specific projects, they can be employed more flexibly and once that project is completed, they can move on to a new programme. This is the capability approach we want to adopt. JC commented that it would be terrible if we lost the skill base and experience. SW suggested using the accessibility checker on the word document.</p> <p><b>The BNSSG ICB People Committee approved the ICB People Strategy and Plan and recommended it to the ICB Board for adoption. It was noted that the strategy and Plan will be adjusted as the organisation develops.</b></p>	
6	<p><b>Business as usual agenda/reports</b></p> <p>JB explained that this first meeting was about signing off governance and is an opportunity to agree the business-as-usual agenda (BAU) agenda. A suggested one had been circulated with the papers.</p> <p>JC noted that the timings will evolve as we become more effective. ED reiterated the importance of retaining a strategic focus and noted the impending organisation changes. JF commented that this meeting is made of two parts. Part one is about the ICB organisation and the proposed agenda fits. With the second meeting the agenda will be different and will be more system wide. They should not have the same agenda. ED noted that there are links to the Remuneration Committee and asked if we did actually, need to meet every month. JC stated that the ICB People Committee will be meeting every other month. ED suggested that once the organisation changes it could change to a quarterly meeting. JC stated that the intention is to only do what we need to. We can adjust accordingly. Sarah Truelove (ST) mentioned that the Finance Committee has deep dives on specific topics linked to an overall work programme which work well. JC reported her intention to do as much outside of the meeting, so the meeting itself could focus on the important things JM commented on the cost-of-living crisis impacting staff, which could be a standard agenda item. JC agreed. JF suggested that the staff survey should be a standing agenda item. It is not something that should be done just once per year. JB explained that we have an annual staff survey in line with the NHS, but that we undertake temperature checks quarterly. JC suggested including the cost of living in the surveys. JB reported that the impact of cost of living is something that is being looked at across the system. JC commented that this is a risk.</p> <p>JC asked what worked well before. JB explained that the CCG did not have a People Committee as it was part of the Strategic Finance Committee agenda.</p>	JB

	Item	Action
	<p>ED enquired if Hybrid working was being planned for. JB replied that discussions at the executive team have commenced to work through the principles and that there is a big demand for hybrid working amongst the staff. A draft proposal for embedding hybrid working is with the SPF for feedback and will then go back to executive team. JC commented about the cost of living of working from home and asked if the ICB paid electricity costs. JB replied that the ICB did not pay towards electric and noted that staff were not having to pay travelling costs to work. ST suggested that there are tax deductions available. JM commented that people will be making a judgment about whether it is more cost effective to travel to the office or work from home.</p> <p>ED asked about the items for the ICB Board. JF replied that this reflects a conversation that was held yesterday, and an email will be sent tomorrow to all non-executives. He suggested that at the end of each meeting the committee consider what to take to the board for discussion or decision. JF also explained that the ICB Board will be delegating some responsibilities at the People Committee. He stressed that not everything needs to go to the board. JM asked if the group should recommend items for the ICB board or the chair. JF replied that the chair should action this by summarising what had been covered that day by asking the committee what they would like to take to the board. JF commented that there will be things coming down from the board as well. JF explained that he intended to cancel the board in December and organise a seminar day to have topic discussion instead. JC asked the committee if there was anything that had come up from today's meeting. JB noted that the strategy needs to go to the board. JC commented that the committee needed to be sighted on staff temperature checks and surveys. ED enquired if an internal ICB strategy needed to go to the board. JF replied that if it needs signing off for the statutory board then it does need to go the board. He suggested the committee chair, or the executive needed to liaise with Sarah Carr as she has already set the agenda for the ICB People Strategy and Plan to go to board in October. JF stated that he will write to everyone who has attended today as well as the wider membership to state his reflections on the board meeting in September. Logistically the board meeting went well but the content and contribution could be improved. The People Committee needs to be the forum that can present challenges to get people to contribute. JM suggested that the strategies and polices that are non-contentious such as an internal people strategy could be signed off by Shane Devlin and JF, on behalf of the board where the committee is happy with it. ST replied that a piece of work is being carried out now to consider whether policies need to be approved by the board. But there will be polices that are statutory that will need to legally go to the ICB board. JB noted that there may be more items which need to go to the ICB board from the ICS People Committee.</p> <p>RS noted that one of the hot topics for discussion now is attrition rates with students nursing and the experience around racist behaviour towards them.</p>	

	Item	Action
	We need to have an honest conversation about this and talking about the cultural issues around how our workforce is to each other and our patients. JF agreed that this is exactly the space we need to occupy. JC agreed this should be raised. (Post meeting note: This item would be more relevant for the ICS People Committee, not the ICB People Committee)	JC
7	<b>Risks and Issues</b> JF asked what the committee intended to do for this item. JB suggested that as there is already a corporate risk register which contains people risk, it may be more beneficial to have a general discussion about risk.	
8	<b>Any Other Business</b> There was none	
9	<b>Date of Next Meeting</b> 5 <sup>th</sup> October 2022 at 12:30 – 14:30	

**Cath Lewton, Programme Administrator, September 2022**

## BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 7<sup>th</sup> September 2022 at 15.30, held face to face and virtually via Microsoft Teams

### Final Minutes

<b>Present</b>		
Jaya Chakrabarti	Non-Executive Member – People (Chair)	JC
Bernard Galton	People Committee Chair UHBW	BG
Ernie Messer	Non-Executive Director and Vice Chair	EM
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Julie Bacon	Interim Chief People Officer, BNSSG ICB	JB
Sarah Margetts	Director of People & Development, on behalf of Sirona People Committee (and deputising for JMa in her SRO role)	SM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
<b>Apologies</b>		
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Helen Holland	Local Authority Representative	HH
Jacqui Marshall	SRO (workforce, planning strategy, supply & demand)	JMa
<b>In attendance</b>		
Becci Green	Business Manager (Committee administration support)	BGr
Cath Lewton	Programme Administrator (minute taker)	CL
Emma Wood	Chief People Officer for UHBW	EW



	Item	Action
1	<p><b>Welcome and Apologies</b></p> <p>Jaya Chakrabarti (JC) welcomed everyone to the first meeting of the Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) People Committee meeting.</p> <p>JC explained the importance of our workforce and that it underpins all that we do and the importance of this committee. As INEMs here with the ICB we cannot see across the entire system and not all metrics are agreed so these will change as we go along in order to measure what really matters to give the output that is needed. One of the key challenges is that if targets are set, they must be realistic. We need to be creative, “entrepreneurial” and open to challenge.</p> <p>The above apologies were noted.</p>	
1.1	<p><b>Declarations of Interest</b></p> <p>None declared.</p>	
2	<p><b>Committee Terms of Reference Review</b></p> <p>Ernie Messer (EM) commented on the mention of the involvement of the third sector organisations in the papers. He advised that if we are to reach out to communities that are difficult to connect with then we need to think about the best way to do this. JC noted that at a recent meeting, St Peters Hospice attended and commented that their data had not been included in the figures. Julie Bacon (JB) advised that the comment in the papers relates to the People Programme Board, not this committee. Jeff Farrar (JF) commented that we may want to look at specific work issues where the third sector is involved in the conversations. At partnership board there is a process that has been running for 5 months where 6 or 7 spaces have been offered to the third sector on the board. This has not been agreed yet and we need to be realistic. JC noted that this is not required for quoracy, but the door is open. Joanne Medhurst (JM) commented that it depends on how wide our system becomes. Maybe in 3-6 months we should review this. JC noted that the networks do already exist and is worth looking at.</p> <p><b>The ICS People Committee approved the Committee Terms of Reference with the above points noted.</b></p>	
3	<p><b>People Programme Board Terms of Reference</b></p> <p>JB explained that the People Programme Board Terms of Reference (ToRs) have come to the ICS People Committee for signing off as it will report to this committee. The ICS people programme has been in existence for 2 years and has been led by the People Steering Group but now needs to report into this committee and change to a Programme Board. The ToRs have been taken to the People Programme Board in August and further comments have been received subsequently and are now reflected in the paper. Two things have been highlighted, representation and the scope of the people programme. In particular, whether the scope should remain as the existing people programme</p>	

	Item	Action
	<p>and priorities or if it needs to report on the workforce element of the operating plan and the capacity and demand work. JC and JM agreed this should be reviewed now. JC added it wasn't clear where the locality partnerships fit in, which is critical if we are going to be fully representative. JC noted the lack of financial director representation other than AWP and that the agenda requires investments that the People Committee has no authority to oversee or make. Consideration needs to be given to how we join up the financial delivery of some of these responsibilities. JB commented that there are two routes. We produce business cases, but it is useful to have finance involvement early on. She reported that a system wide joint chief finance officer and HRD/CPO's meeting had been arranged to try and have these conversations. JF commented that it is not good to bounce around committees. Emma Wood (EW) stated that the best methodologies are when CFO's and CPO's are in the same group which enabled funding to be discussed. She felt that she could not ensure that people priorities in the system were funded and allocated. And, that the ToRs should reflect that the CFO's attend. JF commented that on a system level this becomes ten times harder. EW suggested inviting Sarah Truelove (ST) into this committee. BG noted that this is one of the major challenges that will be experienced within this committee. We need finance to be involved but at a system level. JF replied that funding tends to be on operational priorities. ST is key to this meeting as she will understand what is nationally funded and what is available within the organisation. JM suggested that it would be beneficial for finance to agree some principles of how people activities could be funded. JM suggested that ST work out options on how the People Committee could have the ability to access money. This would then go through the board. JB asked for clarification if this was the People Committee or People Programme Board. JM confirmed People Programme Board. JB agreed to discuss this allocation of funding with ST.</p> <p>The recommendation to ask the People Programme Board to consider the feedback on the draft terms of reference and re-propose a term of reference to the People Committee was agreed.</p> <p>Action JB to discuss the allocation of funding to the people programme with Sarah Truelove CFO.</p>	<p><b>ST/JB</b></p> <p><b>JB</b></p>
4	<p><b>ICS People Plan, Priorities and SRO Remits</b></p> <p>JB explained that there is a system people programme and plan that has a number of priorities. This is overseen by the People Programme Board. The two key SRO's are EW and Jacqui Marshall (JMa), there are also a number of other groups and SRO's. There are detailed plans for the next 5 years. Sarah Margetts (SM) noted that there are two key aspects. SM referred to the workforce planning and resource pillar and explained that all priorities were set out within the papers. SM stated that a lot of work had commenced on these priorities and social care</p>	

	Item	Action
	<p>have had a large input. There are five sub-groups that sit under the strategic workforce planning and oversight group that has JMa as the SRO.</p> <p>SM described the five subgroups as follows:</p> <p>Workforce planning, modelling and data which aims to get a system wide picture of our workforce, SM chairs this.</p> <p>A group to look at the transformation agenda. We know that the workforce supply is limited, and we must think about new roles and different ways of working.</p> <p>A group specifically to look at recruitment and how this can be carried out collectively as a system.</p> <p>Temporary staffing. This is a massive challenge. We must look at agency spend and how we can look to reduce this.</p> <p>Harmonisation group which looks at terms and conditions, how we get a common approach and movement of people across the system.</p> <p>A realistic approach has been taken to focus on the critical areas.</p> <p>JM commented that we need to be mindful of winter coming and asked if there is anything in the plan with staff passporting and skills movement to be prioritise now to get us ahead of winter. SM commented that we are in an advantageous position as we did a lot of that with Covid. JB explained that the Workforce Action Group has been set up which meets weekly and also that there was work on skills passporting in the programme.</p> <p>EW explained that her area is leadership, learning and wellbeing and things that have been prioritised to support the other pillar. For example, the apprenticeship strategy, we get the money as a system, and we are focussing the money on new roles. The idea being to grow new pathways using that funding. There is a careers hub and wider engagement scheme that goes out as a system to schools and colleges. Clinical placement expansion is important for apprenticeships and to support HEI's to grow the number of students they can have. In terms of continuous professional development (CPD), we look at what we can do together. There is a group that looks at CPD and at what can be done once so that everyone is not designing leadership courses. There are some effortless ways of working so as not to end up double checking references and information. We need acceptance that if some essential training is completed here, it is good enough for over there.</p> <p>JF asked if Local Authorities were involved. EW replied that they have the opportunity to be involved. The priorities over the next year will include an aspiration to have a learning academy. We want to grow our academy, but what is stopping this is that we need to write a robust business case. The posts that we have funded as a system to deliver these programmes of work remain largely unfilled. We need to note this as a risk. Sixty percent of staff are not in post. We cannot run these programmes without the staff. JB noted that the funding is non recurrent, and this causes issues with recruitment. EW commented that we are keeping things ticking over but the next step in terms of having a great</p>	

	Item	Action
	<p>learning academy is the push for capacity to answer the funding question as we will need the resource to take forward. Another key area is wellbeing, the system wellbeing for Healthier Together has non recurrent funding ending in March. There are currently six psychologists that support this group who are now saying they cannot stay until March as they are unsure if they have a job or not. We cannot retain staff due to the uncertainty of fixed term contracts. We continue to work hard to deliver a few things well. JM asked if we mapped all the transformation and QR resources across the providers and ICB could we say we are going to find people from that group and use our own resource. EW replied that we have investigated this, and it has not come to fruition.</p> <p>EW stated that it is not a risk to take those six psychologists as substantive as their services would be used. As the person who holds the contract this does mean there are redundancy and redeployment implications, but not sure we have that way of thinking yet. JM asked about how we could underwrite it. SM noted that the wellbeing hub is amazing and serves not just the NHS population but the social care providers. There is currently a 4-week waiting list. JF noted that a leadership academy is fundamental to our success as a collaborative system. We must invest in this. BG commented that we need to reflect within the ToRs the importance at looking at system wide risk and how important this is.</p>	
5	<p><b>ICS Operating Plan – Workforce Targets</b></p> <p>JB explained that we have a system operating plan that has workforce targets within it. There are significant targets in relation to workforce gaps that will be challenging. Clarity is required about whether the People Programme Board should oversee this and report it into this Committee. The operating plan has not identified the primary cost of delivering on the workforce ambition. JB stated that she had brought the paper to make the committee aware of these targets and where we are against them. The data is represented up until the end of July. JF noted that tomorrow he has the NHSE engagement session on the workforce function. All commented that they were unaware of this meeting. JB noted she will follow this up. (Post meeting note: the NHSE session for CEO's and Chairs was a repeat of one which had been run recently for ICB Chief People Officers). JC asked if there was an issue with fixed term contracts in terms of the workforce targets. JB said that fixed term contracts were more of an ICB issue than a system issue. SM noted that there is a slight issue in terms of some of the funding that comes out with the community and commissioning arrangements for social care, but the conversations are starting to take place now. There are retention issues across the whole of our system and there has been a steady increase within Sirona, and we are seeing the same trend across partners and an even more challenging picture in social care. JC noted that we can try and address retention on a system level. If we can find a way of keeping people in the system, we should. With apprenticeships there could be ex NHS staff to help but we do have a big issue. We must focus on retention and transformation. JB noted that what is not reflected in the turnover figures is people who reduce their hours or retire and</p>	JB

	Item	Action
	<p>return, therefore the actual loss is higher. JC asked for the proportion of this. JM commented that this week the new overarching population health analysis that will sit within the 5-year strategy shows high levels of mental health issues, high levels of chronic pain. Over the next year it would be good to do deep dive sessions on people who are off sick, to help to do something about it. JC noted that we know more about our population than we do about the workforce challenges in terms of health. EW stated that as an organisation we have this information. JM was interested in how we get that breadth across the system. EW commented that it is important to understand why we are losing people and the cost of losing those individuals.</p>	
6	<p><b>Business as usual agenda</b></p> <p>JF commented that we must have the time at the end of the meeting to reflect on what to present at the ICB Board. He asked what the committee wanted to take forward. He suggested summarising this at the end of the meeting. JC noted the point about finance and being able to fund the workforce priorities. JC asked if we should make that decision now or reflect on the notes. BG stated that anything that is taken to the ICB Board must resonate with the wider business. It is trying to make sure that people are listening to what we say. EM commented that the credibility of this group should be a merging of financial understanding and business cases and the human capital implications of that. We need to bring these together.</p> <p>JF commented that this group has come together brilliantly. JC asked if we had any budget. JF stated this will be sorted and will get into that position at the right time. SM noted that there is a real opportunity here and we need to make things more visible. JM suggested that we had a communications person within the group. JC agreed and for internal purposes. JC asked if the committee had solid ideas to take to board. JM noted three points to take forward:</p> <ul style="list-style-type: none"> <li>Principles of having headroom funding.</li> <li>The Learning Academy.</li> <li>The cost of Retention.</li> </ul> <p>JF noted that the next board meeting is on 6<sup>th</sup> October and that the committee may not realistically be ready to present at that meeting. JF stated that the people committee is the strategic enabler for how we deliver the four key aims. JM commented that we need to present a solution not a problem. JM noted that Adwoa Webber conducts clinical research and suggested that they we may be able to use them for some things. JC noted that at the moment we need to assume zero costs, or can we investigate how much it costs to draw a brief of what we are looking for with the key strategic information that will change behaviours.</p> <p>Action: Invite a communications officer as an attendee to the meeting.</p>	JB

	Item	Action
	Action: Add “hot topics” to the standard agenda	JB
7	<p><b>Risks and Issues</b></p> <p>JB suggested that this would normally be a standard item on the agenda. The programme board have a risk log. There is a risk log for the ICB, but this has to focus on the correct things. We can consider having conversations on risk rather than the traditional approach involving updating a risk log. JF agreed that there is a real opportunity to present risk and opportunity to the board. We duplicate effort massively now. EM noted that he finds issues are not really thought through and documented. Risks are but issues are not. If we look at a potential winter of discontent what does that mean for us? If we look at the subtle ones like employee industrial relations. EW commented that our agenda does not allow a space for what is the contemporary strategic issue. JB suggested that could add to the agenda as “hot topics”.</p> <p>BG noted that as a system we need to be consistent with our approach. JM was interested in a conversation around industrial action. JF stated this fits with the coordination group that is going to be put in place that was agreed at the board. JC noted that as this is our People Committee, we should focus on making things happen and removing blockages. JF stated that there is governance for when you are sorting an immediate crisis. JM asked about strike action and escalation routes and should non-executives be involved. JF commented that this is an operational issue and not for the non-execs. JC stated that the non-execs would want to know and could add value, but it is more about how we can help but not get in the way. JB stated that we do have an internal communications department and use various communication channels and outlets. JC stated that we need to use this strategically. EW commented on the Nando’s app that they use for their staff and said that the way we engage is important. Front line staff do not have time to look at emails. We need to be accessible. JM agreed that we have traditional methods but even the best hubs are time consuming. We need to get information out quickly. JC said she was not suggesting an app was going to solve it all, but it is worth looking into. JF commented that this is one for digital and for Deborah El-Sayed to look at. JC said this could be a way of getting a good feel of what is going on.</p> <p>Action: Ask Deborah El-Sayed to explore the feasibility of a digital approach to staff engagement such as an app.</p>	DES
8	<p><b>Any Other Business</b></p> <p>There was none</p>	
9	<p><b>Date of Next Meeting</b></p> <p>2<sup>nd</sup> November 15:00 – 17:00</p>	

Cath Lewton, Programme Administrator, September 2022

## BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 7<sup>th</sup> December 2022 at 15.00, held face to face and virtually via Microsoft Teams

### Minutes

<b>Present</b>		
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
Julie Bacon	Interim Chief People Officer BNSSG ICB	JB
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
<b>Apologies</b>		
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Joanne Medhurst	Chief Medical Officer BNSSG ICB	JM
Lisa Manson	Director of Performance and Delivery BNSSG ICB	LM
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
<b>In attendance</b>		
Astra Brayton	Senior Communications Manager, BNSSG ICB	AB
Cath Lewton	Programme Administrator (minute taker)	CL
Lara Reading	HR Manager, CSU	LR
Sharon Woma	Inclusion Coordinator BNSSG ICB	SW

	Item	Action
1	<p><b>Welcome and Apologies</b></p> <p>The above apologies were noted.</p>	
1.1	<p><b>Declarations of Interest</b></p> <p>None declared.</p>	
2	<p><b>Minutes of last meeting</b></p> <p>AM wanted to confirm if we will be comparing ourselves to the best as opposed to average regarding the workforce metrics. LR confirmed there is benchmarking in the workforce report but is reported across all NHS employers not just ICB's, which involves absence, turnover and stability rate. This means that this is difficult to report against ICB's, but LR will keep looking to see if there is anything else that can be done.</p> <p>Minutes were approved.</p>	
3	<p><b>Actions Log</b></p> <p>Actions 4 and 5 remain open and an update will be given at the next meeting on 1<sup>st</sup> February 2023.</p>	
4	<p><b>BNSSG ICB Strategy Update – presented by Colin Bradbury</b></p> <p>CB presented on the background around the work that is commencing on the system strategy and wanted to ensure that the People Committee were aware of the work proceeding and to raise and receive feedback on one of the key tenants being suggested which is prioritisation. The working model so far has been to simultaneously address lots of things and this has not worked. On one level it does not matter what is prioritised but is more about showing that the ICS is different and new whilst working and delivering.</p> <p>Discussions held have shown that people within the system do not understand what is different about the new ICB and ICS compared to what the CCG was which raises the question have our staff had clear and concise communication about this. Strategy will have an ongoing period of engagement and have presented on Have We Got Any News for You and held lunch time seminars.</p> <p>AM highlighted that the key message is how the prioritisation is communicated to people, for example those that are not working on the top five important things are not less important than those that are. A suggestion would be to link to appraisals where people have objectives set for the year and clarity on the value they bring.</p> <p>SW explained the need for communications and engagement from line managers, how do we bring this to life within our teams.</p>	



	Item	Action
	<p>CB responded that lots of work is proceeding already within the ICB and wider within the system, the approach is to work alongside the original work and incorporate the new system strategy within.</p> <p>JB spoke of the Strategic Development Forum (SDF) whose members are executives and senior leaders within the organisation. The rationale being that it is led from the top and cascaded down with the unified message. Keeping SDF abreast of this would mean that the senior leaders should have the capability to be able to lead teams through uncertainty and change like this and suggest engaging them.</p> <p>CB explained that strategy is on the agenda for the next SDF meeting and agrees that this is the best place to start talking about how to manage and deliver it internally.</p> <p>JC reiterated the need for communications to be present at the People Committee meetings as moving forward as an ICB a channel is required to keep track of getting things out and whether people are seeing the changes. JC will be looking to work alongside AB to ensure coordination.</p> <p>DJ highlighted that an all-staff event is required after the launch of the ICB, this can be discussed at the executive away day next week.</p> <p>JC asked CB to share the slide he created to explain what is different about the new system/organisation. CB emailed the slide within the meeting with the caveat that it is not a corporate agreed slide.</p> <p>JB agreed the need for a staff event, but timing would be key and would need to be after the specific engagement and consultation that is commencing in January. To discuss further to identify when this could be held and the communications around it. DJ to discuss at the executive away day on 15<sup>th</sup> December.</p>	<p><b>DJ</b></p>
<p>5</p>	<p><b>ICB People Strategy and Plan – Status Report – presented by Julie Bacon</b></p> <p>JB mentioned two key items from the status report as it stood at the end of November.</p> <p>Several discussions have taken place regarding hybrid working through the Staff Partnership Forum (SPF) and to the executive. Guidance has now been publicised and communicated across the organisation.</p> <p>A new Chief People Officer has been appointed and the RAG report has been reflected to show this.</p>	

	Item	Action
	<p>AM asked for an update regarding the January start dates and whether there is too much pressure on HR to achieve this. JB replied that after the executive away day on 14<sup>th</sup> December there will be a clearer picture in terms of HR support required for the re-structure and some start dates in the plan may need to be revised. JB explained that an interim talent and learning manager is starting next week for a few months to add extra capacity.</p> <p>RS reflected that as an executive team we are RAG rating based on specific actions that have been agreed. She asked if we should be put as green until it is known that those aims have been achieved so that the staff feel the difference. RS asked about how we could differentiate between making sure the task is completed versus the workforce feeling the difference and seeing the improvement. JB replied that the colour rating on the RAG report relates to the action completed. So did we do what we said we would do. We need to identify if it has the impact, we thought it would. This is why there is an impact KPI in the other columns. For every target KPI, there is a baseline KPI so that we are clear about the measurement to be used and where it started and then there is the current KPI. This was how the impact KPI was intended to be monitored. RS reiterated the need to hold ourselves to account to the impact KPI's.</p>	
6	<p><b>Update from the Staff Partnership Forum – presented by Julie Bacon</b></p> <p>The SPF meetings are held monthly, the last one being on 23<sup>rd</sup> November and the main discussions were held on the following topics.</p> <p>There is interest in the buying and selling of annual leave. Work has commenced to look at the affordability and how to operate this process as it would need to be a contained scheme. SPF representatives are communicating with the workforce to establish what staff would like. The aim is to work this up into guidance early in the new year.</p> <p>Office locations were discussed to tie in with the discussion held regarding the size of our physical footprint and what the need is now that we are hybrid working. This will be picked up in more detail with the SPF in January.</p> <p>Hybrid way of working guidance has been launched and communicated.</p> <p>AM asked in terms of buying and selling annual leave that assurance is needed so that the process is sensibly applied individually case to case. JB replied that a unified approach across the organisation is required for consistency, but manager's need to discuss approval with their staff. Last year the maximum leave that could be sold was five days, this would ensure that people would still retain a higher number of days than the legal minimum.</p>	

	Item	Action
7	<p><b>Update from the Inclusion Council – presented by Sharon Woma</b></p> <p>The last Inclusion Council meeting was held on 10<sup>th</sup> November and a good portion of time was used to hear from staff networks and challenges being faced around meeting regularly as a network. An action taken from this was to meet with the networks to enable a paper to be taken to the next meeting. The aim is to strengthen the networks to enable them to develop and grow. Dolly Coates is leading on this work in supporting the networks and is following the national directive.</p> <p>Membership refresh was discussed as per the People Committee and the next step will be to take back to the executive team and ask them to nominate representatives from each area that were put forward in the paper.</p> <p>SW gave a report on the independent recruitment panel. Six months ago, a panel of six people was made up of ethnic minority staff who supported interview processes. The feedback was that this was a beneficial experience for personal development and the recruiting managers valued having diversity on the panel. Due to work commitments this was given as much support as possible. The panel were mostly part of the interview and decision making. HR will take this forward in exploring what opportunities there are and talks are commencing on whether this could be a system opportunity. This is a national directive to have independent panels.</p> <p>Data is starting to emerge regarding race equality standards and visibility, there is a disparity in terms of shortlisting to appointment for ethnic minority staff and disabled staff. When the data has been fully provided this is something that can be brought back to discuss further.</p>	SW
8	<p><b>Workforce KPI report – presented by Lara Reading</b></p> <p>The 6 monthly workforce report has been completed covering April through September 2022. At previous People Committee meetings so far only, the monthly report has been discussed which will also be an ongoing submission. The report is detailed but the cover sheet explains the key elements.</p> <p>Something to note is a spike in leavers in June. This was due to a cleanse that was actioned on ESR to remove inactive workers, bank staff, and people who were on fixed term contracts which did not carry on into the ICB. This will have had an impact on the turnover figures for that month.</p> <p>Exit interviews is an area that can be highlighted for promotion by the ICB due to lack of participation. The automated questionnaire on ESR is not being completed. This needs to be promoted as it is important to understand why staff are leaving.</p>	

	Item	Action
	<p>Rolling turnover rates up until September 30<sup>th</sup> stand at 20.1% in relation to head count but if you deduct those that were on fixed term contracts as they would have left anyway, the figure reduces to 17.38%. This is slightly higher than average across trusts, but comparison data does not look at ICB's specifically.</p> <p>AM reiterated the need to acknowledge the reasoning behind the turnover rate in June as this is helpful to show that there is not an underlying issue.</p> <p>AM asked if there was a plan in place to ensure that the statutory data including security training is at 85/90% across the partners in the system as this can leave people and the organisation vulnerable. LR replied that there is a detailed breakdown that will be shared with the executive team which highlights the percentage within each area. Focus will be for the managers to ensure that their direct reports have completed statutory and mandatory training. These statistics are based on the old directorates and the new reporting mechanism is being worked on. Once the new portfolio structures are in place LR will look to put the data into the dashboard for review by the People Committee, possibly quarterly.</p>	
9	<p><b>Staff Surveys – presented by Lara Reading</b></p> <p>The November staff survey update was completed.</p> <p>Commissioning held their away day on 7<sup>th</sup> November which was positive and felt that another date in the new year would be helpful.</p> <p>Finance held an away day in November and are looking to promote mental health first aiders and recognising heroes within the organisation.</p> <p>BI line managers have received soft skills training.</p> <p>Area directorate held their first social event and are planning to do more. Locality plans are in place to help support staff with priorities.</p> <p>Nursing and Quality held their away day. Supervision training has taken place and supervision groups are in place and running.</p> <p>RS highlighted that in Joanne Medhurst's absence she will be looking at the staff surveys action plans with JM's team to make sure both directorates are covered.</p> <p>JC asked if we are comparing ourselves to best, as it would be good to know where we sit. LR stated this is an internal report rather than a comparison against the system.</p>	

Item	Action
<p><b>2022 Staff Survey – presented by Lara Reading</b></p> <p>The 2022 staff survey closed on 25<sup>th</sup> November with a response rate of 70% which was lower than last year’s result of 84%. Staff were encouraged to participate. There is a breakdown per directorate and overall, for the benchmarking for the ICB the result was not far off average.</p> <p>The organisational core questionnaires in terms of frequency tables like the RAG rating tables and people promise themes should be received on 9<sup>th</sup> December. These are under embargo for external publication until they are allowed to be released. We will be able to have shared them with the executive team, People Committee and eventually the Staff Partnership Forum, prior to the embargo being lifted.</p> <p>JC asked how the results were to be communicated to everyone in the ICB once this has been approved by the executives and have been to the People Committee. LR replied that it will be shared with SPF who will pass the information to their directorates. After mid-March this will be published on the NHS Coordination Centre for all to see.</p> <p><b>Financial Wellbeing resources – presented by Lara Reading</b></p> <p>The executive team have agreed an increase in excess mileage rates for staff, which is now 65p per mile. This has been communicated to staff.</p> <p>The blue light card payment of £5 will be made in December’s pay to help with the cost of living.</p> <p>The financial wellbeing resources document has been added to the hub for staff to access.</p> <p>JC asked if we have any real-life scenarios for example of using the blue light card to enable a better understanding of its value and use. LR replied that we do not have anything at present but could write a blog to make it real life but so far it has been signposting. AB mentioned that Shane Devlin and Jill Cooksley were looking at examples of using the card and this would be communicated and added to the hub.</p> <p>JC asked how the blue light card compares to the civil servant card, and if there was a benefit to offering both. LR was not aware of the civil servant card but will look into this to compare. JC to share link of the card to LR.</p> <p>AM asked if we could add signposting for non-NHS related deals. AB recommended that we add to the Hub links to money saving expert blogs as it</p>	<p><b>AB</b></p> <p><b>JC</b></p> <p><b>AB</b></p>

	Item	Action
	<p>would be too difficult to keep individual deals up to date on our hub. This would be on the basis that they are not recommended by the NHS but that it is independent advice that people can feed into. AB to add to the hub for money saving expert to help with the cost of living.</p> <p>AM asked if there was a need for a remuneration committee regarding the mileage rate increase for people who are not covered by agenda for change. JB replied that this would be covered by their contractual terms as they mirror agenda for change anyway. LR to check regarding mileage rates for NED's. AM asked if there was a risk as executives took the decision to increase mileage rates which means that effectively they are increasing their own pay. JB replied that this is mirroring the system and is in step and an audit trail is in place. RS advised that this would be best to take through Remuneration Committee to ensure all is in place and agreed. JB suggested that she would refer the issue for advice from the corporate secretary and action if necessary.</p>	<p><b>JB</b></p>
<p>9</p>	<p><b>Risks and Issues</b></p> <p>JB highlighted the ongoing capacity risk in the delivery of the people strategy and programme.</p> <p>JB discussed the industrial action as the ICB is a partner in the system for the ICS. The emergency planning team are coordinating the system overview with involvement from JB and RS. The ICB aspect is that the RCN members were balloted for industrial action, the vote did not get over the threshold. Other ICB's in the region are involved in the industrial action.</p> <p>RCN strike dates are 15<sup>th</sup> and 20<sup>th</sup> December with Southwest Ambulance on 21<sup>st</sup> December which will be their first strike date.</p> <p>Within the ICB, registered nurses have been contacted to see if any are prepared to work in a provider organisation on strike days. This would be voluntary and would involve the need to cross the picket line. This was to support our partner organisations and the correct thing to do.</p> <p>AM reiterated that nurses are allowed to be on strike and work agency shifts in other organisations which is national guidance.</p> <p>RS updated on regional conversations with Chief Nurses and Ruth May. In terms of professional accountability for CNO's in Trusts, if the RCN restricts staff in delivering patient care, there is a question about who has professional accountability. The RCN thinks this is the CNO's responsibility.</p> <p>The RCN have to be on site at each striking organisation to supervise the picket line. Due to the lack of representatives not all organisations can strike which means NBT and UHBW will be striking but for others that did ballot like</p>	

	<b>Item</b>	<b>Action</b>
	AWP they cannot. There will be a ripple of discomfort for some nurses as some have been able to strike whilst others have not. There is huge risk around the derogations and the RCN have fixed on certain derogations but do not include P1 cancer surgery and ED, with nothing for mental health or community. All of these derogations have to be negotiated by each Trust with an individual RCN representative. On the day risks could arise that have not been planned for.	
10	<b>Matters for escalation or communication</b> No matters for escalation.	
	<b>Any Other Business</b> There was none.	
9	<b>Date of Next Meeting</b> 1 <sup>st</sup> February 2022 at 15:00 – 17:00	

**Cath Lewton, Programme Administrator, December 2022**

## BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 4<sup>th</sup> January 2023 at 15.00, held face to face and virtually via Microsoft Teams

### Open 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
Helen Holland	Chair of Bristol Health and Wellbeing Board	HH
Julie Bacon	Interim Chief People Officer, BNSSG ICB	JB
Kelvin Blake	Non-Executive Director, NBT	KB
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Finance Officer, BNSSG ICB	ST
Apologies		
Jeff Farrar	Chair of BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
In attendance		
Astra Brayton	Senior Communications Manager, BNSSG ICB	AB
Becci Green	Business Manager (Committee administration support)	BGr
Cath Lewton	Programme Administrator (Committee administration support)	CL
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB
Emma Wood	Chief People Officer for UHBW: SRO for Learning, Leadership and Wellbeing	EW
Eugine Yafele	Chief Executive Officer, UHBW	EY
Jacqui Marshall	Chief People Officer, NBT: SRO (workforce, planning strategy, supply & demand)	JMa
Matthew Foxon	People Programme Manager, BNSSG ICB	MF
Monira Chowdhury	Head of Equality, Diversity, and Inclusion, NBT: SRO for EDI workstream,	MC

	Item	Action
1	<b>Welcome and Apologies</b>	





	Item	Action
	<p>JC welcomed everyone to the meeting of the Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) People Committee meeting.</p> <p><b>The above apologies were noted.</b></p>	
1.1	<p><b>Declarations of Interest</b> None declared.</p>	
2	<p><b>Minutes of the last meeting</b> HH confirmed role for attending the People Committee and CL to reflect this for attendance in the minutes.</p> <p>KB noted that JMa was not listed in the minutes from the last meeting held in November. BGr has updated this.</p> <p><b>Minutes of the meeting on 2<sup>nd</sup> November 2022, were approved as an accurate reflection of the meeting.</b></p>	
3	<p><b>Actions log</b> Action 2 – People Programme Board to consider the feedback on the draft terms of reference and re-propose a term of reference to the People Committee agreed. JB updated that this was discussed at the People Programme Board in November, but it was identified that due to People Programme priority refresh and refocus it would have an impact on the working groups. Work needs to be completed on this piece of work on reshaping the groups to then enable the incorporation of them into the terms of reference to be signed off. This would be finalized within the next two months. <b>Action to stay in progress.</b></p> <p>Action 5 – Deborah El-Sayed to investigate how to engage with staff and make more accessible, through the use of an app. <b>Action remains open and will be discussed at the next meeting on 1<sup>st</sup> March.</b></p> <p>Action 6 – 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 committee, JF needs to know how, where and when the funds are coming to support that. If not, then a conversation at Board to be held as to why not. <b>Action remains open and will be discussed at the next meeting on 1<sup>st</sup> March.</b></p> <p>Action 8 – JB to keep abreast of regional and national conversations regarding HEE funding and allocations and report back to this committee. <b>Action changed to in progress as JB discussed HEE funding and the commitments we already have and that not all allocations have been received yet.</b></p>	

	Item	Action
	<p>Action 9 – 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. <b>Action remains open until the next meeting on 1<sup>st</sup> March, JC reiterated the action.</b></p> <p>Action 10 – EY to continue thoughts, and let JC know so these can be incorporated into future meeting agendas. Action remains in progress and will return to the next meeting on 1<sup>st</sup> March. EY explained there is work commencing on getting a more reflective view of the whole system as currently only reflects what is happening in the NHS and not social care. EY will establish a timeline.</p> <p>Action 11 – CH to add in social care and primary care data to the dashboard where available. <b>Action agreed to be closed as this has been implemented.</b></p> <p>Action 12 – All members to check in with the two Trello boards and update with any thoughts/insights for us to consider prior to the next meeting. <b>Action agreed to be closed and JC has discussed the Trello boards outside of the meeting.</b></p> <p>ST asked for clarity regarding action 6 to ensure that this is thought of in the medium-term financial plan. JC explained that if solutions were found for system wide issues, there is a need to understand how they can be funded and if this committee will be empowered to hold funds, or if it does so via the People Programme Board. ST to discuss further outside of this meeting with Shane Devlin.</p> <p>JB added that the process commences by producing business cases where required. A conversation continued about how to identify an amount of money that can be made available and then used and distributed to meet priorities. This links back to the national conversation about how NHSEI/HEE monies are distributed to ICB's.</p> <p><b>Action - ST to follow up with Shane Devlin for clarity on action 6 to ensure the funding is thought of within the medium-term financial plan.</b></p>	ST
4	<p><b>ICS People Programme – Status Report</b></p> <p>JB updated on the ICS People Status report which details progress made in the last two months against the existing people priorities and the actions that are anticipated to follow in the coming months. JMa, EW and MC updated individually in more detail for their area.</p> <p>JMa explained that work has continued and the planning for the 2023/24 operational plan has begun. Since the last People Committee meeting a vast</p>	

	Item	Action
	<p>amount of operational time has been spent building up to and living through the strikes before Christmas and planning for future strikes.</p> <p>The incentives group is continuing work and Anthony Dorman has created a paper looking at what red, orange, and green incentives are, and the need is to get this to a common understanding and agreement across partners. This can then be raised up at system level as something that would be good to adopt.</p> <p>MF is working on trying to obtain more data from broader partners for workforce planning as traditionally the data that is used for the operating plan is from the acutes AWP and Sirona.</p> <p>EW explained that progress continues with a lot of the apprenticeship and pipeline programs which includes training nurse associates, registered nurse degree apprentices and new degree students from the University of Gloucestershire.</p> <p>Extra work with coaches across the system has progressed and primary care networking events have started.</p> <p>In February the learning academy vision and business case will go to the People Program Board which is about how to move forward with some of the formal education programs in a systematic way.</p> <p>Confirmation has been received that the government will no longer be funding the mental health support networks which they funded during Covid for two years. Within the ICB there is the Healthier Together support network but without funding this provision would have to close in April 2023.</p> <p>EM asked about justification for the funding and whether EW had made a judgment. EW replied that the issue is when this has gone back to the system finance partners, they have asked the CPO's if this is the only commitment required for 2023/24 funds. It has not been feasible to answer this without understanding other priorities for funding.</p> <p>In terms of impact the Healthier Together Support Network offers support across the ICB but some of the larger organisations already have support in place through their own employee assistance programs or psychological welfare programs. Social care and the GP's would be the ones to lose out if the Healthier Together support is stopped as every other provider still has some provision.</p> <p>MC updated on the equality, diversity, and inclusion report. A whole range of work is going on and resources provided and developed for partner organisations. Next steps are to ensure those resources and frameworks are</p>	

	Item	Action
	<p>implemented across the system and in all partner organisations. An inclusive recruitment project manager has been appointed and is working with the key organisations looking at their recruitment practices and policies and how we adapt best practice.</p> <p>A good number of participants have taken up the talent and learning program. We need to ensure that we are bringing into line positive action development opportunities and that all partners and particularly the bigger partners do look at proactively creating opportunities.</p> <p>HH asked if a read across the systems has been carried out, for example Stepping Up has been championed by Bristol City Council and partner organisations. MC replied that these are different programmes and a completely different model, and it is complimentary to Stepping Up.</p> <p>JMa reiterated that these are two different opportunities so either or both could be taken. Data shows that across the system partners there is a barrier within health roles at a certain grade and MC's program is very specific for development within health care.</p> <p>JC asked if there is a place where an overview of all programs can be viewed. MC replied that the information is available, and that work has been done and sets out how each of the programs are very distinct. NHS England have increased funding until end of March 2023 as they have seen how useful this program is.</p> <p>KB asked about currency of these programs. He enquired about the currency that the program has when an individual has completed the program and then applies for a role. He stressed that there needs to be value in doing these courses and recognition of completion. MC replied that this is the exact reason that this is not a course and is a specific development program, with the key factor being development opportunities. The biggest barrier is career development, people are being refused opportunities for progression based on the lack of experience at senior levels.</p> <p>ST commented on JMa's presentation that the planning guidance that has come out that the agency target is reducing to 3.7% of the total pay bill and asked if there was more that we can support with in terms of bringing this forward. JMa replied that the vacancies and turnover need to be tackled in order to achieve this. Whilst there are national targets, staff sickness is high at the moment and the strikes are exasperating this. There is a neutral vendor called Retinue across the system, which is like a job shop for lots of smaller agencies. It does not include Thornbury.</p>	

	Item	Action
	<p>Retinue are not able to achieve their SLA, so we are a consortium and not every big partner is in it but Sirona, AWP and RUH are. Retinue are supposed to deliver 80% of what is needed but at present are set to deliver 30 or 35% which means that there is the constant need to maintain safe staffing. A huge amount of work is commencing, and it is too early to conclude if the targets will be met.</p> <p>ST reiterated that this was directed at system wide incentives. JMa confirmed this is system wide. In order to have a good staff bank, the working group is coming up with some common incentive levels that we can all use in various situations. With so many vacancies no matter what we incentivize, staff are not picking up on all the shifts. This is being worked on but is very complex and especially so during winter.</p> <p>EM asked where individual organisations with their own thinking where heading and collectively when targets are not hit if there is a plan B. JMa replied that the plan B is to move off of the expensive tier 4 to tier 3 which is why Retinue need to do what they are meant to.</p> <p>HH commented that she attended a meeting where the question was raised whether the council would consider becoming a sponsor for recruiting overseas workers for small care organisations as they cannot do it themselves. She asked if other individual organisations doing this.</p> <p>RS replied that she has connected South Gloucestershire local authority colleagues with the chief nurse at Sirona to enable a system approach. The difficulty might be that for NHS staff that are internationally recruited, money is received centrally which leads to the provision of infrastructure and support which she assumed did not happen within social care. RS suggested that Stephen Beet has the knowledge and resources to be the contact.</p> <p>JMa confirmed that collectively this is already done. The biggest blocker for international colleagues joining us is accommodation. She explained that as a system we are looking into what can be done and have actually become landlords for 15/16 properties where people are offered accommodation for the first three to four months. This has been expanded for Sirona but there is more complexity there. There is no reason why through the Recruitment Learning Group, which is for all partners, we cannot scale up and look at learning from the international recruitment that we do collectively. RS replied that the action would be for the local authorities Director of Adult Social Services (DASS) to connect with JMa.</p> <p>JC asked if there was a conversation already happening in regard to university accommodation being an option. JMa replied that universities are short of accommodation which also includes private accommodation.</p>	<p><b>JMa</b></p>

	Item	Action
	<p><b>Action JMa to discuss with the DASS' the opportunity to support international sponsorship for smaller care organisations.</b></p>	
5	<p><b>Workforce Operating Plan – Status Report</b></p> <p>JB reported on the workforce operating plan which is progress against the workforce targets annual operating plan for the system.</p> <p>After significant debate about how these are set for this year, the approach has changed as we cannot expect to bridge the gaps in one year.</p> <p>Guide rails are being built in which are designed to identify practicality what we could reasonably be expected to deliver.</p> <p>The current operating plan that we are committed to, shows improvement in RN's and AHP's in November, but this is expected in the autumn with the students out turn. The prediction by the end of this financial year is that we will not see any net growth. The hope was for 474 extra whole time equivalent RN's, but it is doubtful this net growth will materialise. The effort around recruitment is mitigating and turnover. If there is any growth it will not be what was anticipated in the original plan. This is the same for nursing support, again as recruitment is simply mitigating turnover. There is a small growth of AHP's but only 50 to 60% of what was planned for.</p> <p>The resulting position is similar to what was reported last time, and the idea of the guide rail methodology is to identify levels of increase that we can potentially expect in a year. Above the guide rail if anyone is planning to increase workforce over those levels it will be at premium cost or at risk. It is about getting the realism into the process.</p> <p>BG commented that the wording in the report can be confusing. An example of this is the agency above and below plan. UHBW is below plan which sounds bad but is good. Isn't it a case of exceeding target rather than below plan.</p> <p>Another example of this is staffing for UHBW is above plan.</p> <p>Within the operating plan it may be better to show the target of getting rid of tier 4 agency rather than generically reporting on agencies. JB replied that it would be good to not only state in the narrative what the data is showing but actually why they are seeing the trend and how we are expecting it to improve.</p> <p>MF explained that the guiderails are enabling richer conversations about numbers during operational planning and giving us the check and challenge we need that we have not had previously.</p>	MF

	Item	Action
	<b>Action MF to improve the narrative within the workforce operating plan – status report and include information on the target of getting rid of tier 4 agencies.</b>	
6	<p><b>People priorities and refresh and refocus</b></p> <p>JB explained the work undertaken to refocus the people programme on big impact system activity as this will help with the fundamental issues being faced.</p> <p>Reviews have been carried out on current work to identify what is critically important to focus on as the program is spread across a lot of areas and the danger is that resources will be spread thinly, and the impact is not being made where it should be.</p> <p>A new direction of travel has been developed, and this has been taken to the People Programme Board. The issue that is faced is that traction has not been made in reducing workforce gaps and providing the workforce needed. This has driven up the premium cost spend and there is a significant issue regarding nursing, midwifery, AHP and the support workforce. It is felt that there could be more impact if the focus is on that particular staff group and work concentrates on delivering a vision to make BNSSG the best place to work.</p> <p>JB explained that the aim is to focus on three key areas; Pipeline - to improve the pipeline into jobs including expansion of education and clinical placements, apprenticeships, and recruitment.</p> <p>To look at the productivity aspect, discussions today have been around bank and agency and that would be the focus.</p> <p>Retention, particularly the benefit of system wide career paths. Partner organisations are working hard on retention individually and what we do not want to do is replicate that at a system level. Having system wide career paths is a big impact action.</p> <p>The proposal is to focus and refresh the People Programme particularly around these areas and revise the workforce groups around them. This needs to be underpinned with the inclusion agenda particularly cultural competence and anti-racism. We also need to think how we support getting through this winter with more immediate action.</p> <p>There is also the need to finish some deliverables that HEE have already paid us to do.</p> <p>The thinking that it would be much more beneficial to having a more focused program that is monitored through the People Programme Board and the People Committee.</p>	

	Item	Action
	<p>EY added that if we can link the conversation around productivity and higher agency costs this could be a real solution if we focus on delivering people over a period of time. Recognising that nursing is not the only pressure point that we have but if we do something we will see the benefits in a short space of time.</p> <p>KB commented that the focus needs to be on the bigger issues and enablers and potential help is there but further down the line. In Bristol there are significant amounts of unemployment. The route into healthcare needs to be there; currently there is a barrier, and we are letting our communities down by not being able to provide this. This is a small area but an important area as there are individuals without work and limited prospects of a job due to their education. We need to think about additional things can be brought onto this program to help us further down the line.</p> <p>BG agreed that there needs to be a clear focus, maybe we should be saying what we want to achieve in six months, twelve months, and eighteen months for clarity about what we want to put in place so that we can come back and measure progress. We need to say more about how we think this will have the most positive impact on patients and care.</p> <p>JC asked how local partnerships would be woven in. Is this already being done. EY replied working on attracting people to BNSSG, when you bring people into the system you create a natural community and over time that grows and helps people to stay. To add to our social value duties by creating opportunities within the community we need to make trade-offs of where we are going to invest. These sorts of solutions are better when we do it as a system, but they need money. For example, degree nurse apprenticeships, that is three years until qualified, but they stay because they are local and have an investment in their community. We have to consider how we can invest money into our local community so that we have a more sustainable way of growing local staff.</p> <p>EY also mentioned that he had noticed that the scope may have extended from the original proposal and that may need to be considered.</p>	
7	<p><b>Voluntary Sector</b></p> <p>JB discussed the voluntary sector workforce and how it might fit in relation to the people programme work. The paper shows that there is the need to undertake relationship building first. Voluntary sector organisations were contacted and there had been six responses out of seventy. JB stated that we need to think how we balance effort versus impact. She explained that this is an ongoing piece of work and from the workforce perspective there is no established route in.</p>	



	Item	Action
	<p>JC commented that this is something that does not need to start from scratch as some networks already exist. There are definitely things that we can do to connect things up better.</p> <p>HH added that the links into VCS organisations in our six locality partnerships are there. We have those places that are on the partnership board for the voluntary sector. People need to see a pathway in, and it is about growing the pool of volunteers. We need to take a step back until we have the VCSE representatives on the Partnership Board and then give them that task to do.</p> <p>EM commented that he has worked for 10 years within the voluntary sector and has worked with NHS England to establish why we could not get more voluntary sector organisations involved in various contracts. Quite often the commissioning, particularly with the medium to larger charities was difficult with the board of directors. Their view on risk and income becomes an issue.</p> <p>We need to get the right representation in the right committees to get the right engagement to make those decisions. We need to be careful about workforce and be careful about volunteers. They are different contracts with different risks and issues.</p> <p>BG asked if we make it difficult for people to volunteer. There can be so many hoops and processes to actually get through. We need a consistent approach across the system on how we recruit.</p>	
8	<p><b>Strategic Framework</b></p> <p>CB updated the committee on the progress of the strategic framework and to gain feedback and views whilst at this formulative stage.</p> <p>Integrated Care Partnership sign off was achieved last month which sets out the core principles and approach to developing the system wide BNSSG structure strategy for health and care within our system. The four following items are areas to raise within this committee to enable ongoing conversation.</p> <p>Early work has identified that workforce has been a key issue. Thinking of the workforce challenges that we have, which ones are susceptible to an operational solution so that we can recruit, retain, and pipeline our way out of the problem and keep the same model and which ones need more of a strategic solution.</p> <p>The second issue is around productivity and value, there is a narrative within the system that we have got areas of productivity compared to baselines within their pre pandemic levels. How can we think about developing a more sophisticated model of measuring productivity and value to our system. Linking to this is the third issue which is a manifestation of a wider issue which is the</p>	

	Item	Action
	<p>bed base for our system in terms of acute hospitals. We have a high rate of occupancy, and we know that there are people that are in hospital that do not need to be, and this is being worked on but there will be an irreducible core of need for acute hospital inpatient beds. Do we have a sense of that number and how can we make that a more optimal situation. What would the community need support within order to get to that place.</p> <p>The final issue that has been touched on is the voluntary community sector and how do we link to this. We have profound challenges in a growing gap between the demand and the capacity for the service. There is a lot of work that can be done.</p> <p>BG asked if we agree the strategic workforce issues that are system wide are our top priority, how this leads to funding. CB replied that funding prioritisations are very important as historically within the system, there has been an inverted pyramid of priorities where we have tried to do too many things simultaneously and therefore things don't go.</p> <p>Within the strategic framework there is a clear commitment to prioritisation process which will be developed in partnership with the system to address the top two or three priorities.</p> <p>This does mean that we may need to deprioritise some issues.</p> <p>If we get this right, there is a clear case to be made to use resources in a more effective way.</p> <p>MC mentioned that within the report under equality and diversity there is focus on health inequalities but beyond that it is important to recognise equality and diversity in terms of workforce representation which is critical when talking about groups. Addressing the inequities is as important and has a huge impact on health inequalities and socioeconomic inequalities.</p> <p>EY wanted to check if this was implicit and whether it is captured in what has been said. CB replied that this is absolutely the case and apologised if this was not clear.</p> <p>JC referred to the voluntary sector and asked if there was capacity within our system for raising more funds with joint funding with our voluntary sector organisations. She explained that once there is a strategy, we need to ensure that the communications side of it is in place to enable us to deal with this in a way that brings everyone with us.</p>	

	Item	Action
	<p>CB replied that this has been built on the work that has already been done in the system. We already have the health and wellbeing board work, organisational strategy work that looks at this and sector wide specific work.</p> <p>Engagement is crucial at staff and community level.</p> <p>In regard to the voluntary sector, it is important to not swap one workforce issue for another. It is not a given that the voluntary sector can step in and fill the gap even if we can define clearly what it is we need them to do but we have not tested that yet. There are a range of ways that we fund the voluntary sector, so we need to have a more proportionate and systematic way within the system to access funds. If we can work with the VCSE in a more intelligent way, they can access funds that we cannot.</p> <p>AB commented that she will pass on today's discussion to Jennifer Hartley-Bond, the new Deputy Director of Communications. She reiterated that communications will always be present in each people committee meeting so that that link is always there.</p> <p>EM mentioned that it was good to see that mental health had been included within the paper.</p> <p>KB commented that there is a lack of public involvement, and it would be good to get them involved in the development of the structure.</p> <p>CB replied that the engagement has been built on the other pieces of work. Within the NHS we ask people what they want which ends in disappointment when we cannot deliver. Local authorities are much better at this and the strength-based approach with the public and having an honest two-way conversation is important.</p> <p>KB added that with the crisis that we are all currently struggling with the public are being given two narratives; there is the need for fundamental reform and the sense that we need more funding to be spent more strategically. These two narratives do not match exactly where we need to be. We need a better engaged public at a meaningful level.</p>	
9	<p><b>Industrial Action update</b></p> <p>This item was a closed agenda item.</p>	
10	<p><b>Any Other Business</b></p> <p>There were none.</p>	
11	<p><b>Matters for escalation or communication</b></p> <p>There were none.</p>	

	<b>Item</b>	<b>Action</b>
	<b>Date of Next Meeting</b> 1 <sup>st</sup> March 2023 15:00 – 17:00	

**Cath Lewton, Programme Administrator January 2023**