NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 18th April 2023 at 14.00, held virtually via Microsoft Teams

Open 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
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Joanne Medhurst	Chief Nursing Officer, BNSSG ICB	JM
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Apologies		
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Lisa Manson	Director of Performance and Delivery BNSSG ICB	LM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sam Hill	People Business Partner, BNSSG ICB	SH
In attendance		
Astra Brayton	Senior Communications Manager, BNSSG ICB	AB
Corry Hartman	Senior Workforce Planning Analyst	CH
Evonne Artman	Programme Administrator – People, BNSSG ICB (observing)	EA
Cath Lewton	Programme Administrator, BNSSG ICB (minute taker)	CL
Lara Reading	HR Manager, CSU	LR
Nicole Saunders	Head of System Planning, BNSSG ICB	NS

	Item	Action
1	**Welcome and Apologies** The above apologies were noted.	
1.1	**Declarations of Interest** None declared.	
2	**Minutes of last meeting** Minutes from the last meeting on 1st February 2023 were recorded as an accurate record.	
3	**Actions Log** Actions were reviewed and updates taken.	
4	**ICB People Strategy and Plan – Status Report – presented by Lara Reading** LR updated on the status report (April 2023) for the People Plan and explained that the KPI's for the people promise scores have been updated. There are 7 areas within the people promise scores that are marked out of 10 and an example of the outcomes are: • Compassionate and inclusive - stays at 7.5 with no movement from last year but in line with the picker average for the ICBs. • Recognised and rewarded – 6.6 is slightly lower than the Picker average. • A voice that counts – 7 which is higher than the Picker average. Overall, the outcomes were 4 higher than, 2 lower and 2 in line with Picker averages and these are shown within the plan with a RAG rating. An overview of the completed actions from the status report is as follows: • Job description templates – completed and updated on Consult HR to include the 4 aims of the ICB and inclusion requirements. This is showing as amber on the RAG report due to the guidance needing adding to how the postholders contribute to the 4 aims. • Reliance on fixed term contracts – a review was carried out on the reduction of fixed term contracts as part of the restructure. Legal advice was sought for any redundancy implications. Fixed term slot ins or adding to the new structure has been completed with the majority naturally ending on 31st March when the contracts terminated. • Buying and selling of annual leave – scheme has been put in place and received favourably. • Reasonable adjustments process – work commenced with the Disabled Staff Network (DSN) on implementing reasonable adjustments within the ICB and launched on 8th March. This will be promoted within the directorates and will be added to line managers training.	

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	Work continues on the executive portfolio realignment which is now in phase 4 of implementation and is due to be completed at the end of April. Funding from the learning and development budget for the roll out of Trac is planned for June/July to be actioned after the reorganisation which is a switch from currently using NHS jobs. New actions have been added to the People Plan and include working with the DSN and Business Development Forum (BDF) to review the absence management process and to look at how to support disabled staff in the workplace. The family friendly policies will be discussed with the Parents and Carers Network to enable co collaboration when reviewing the policies. Amendments have been made for some start dates firstly being the Teams Value Charter which was planned for January 2023 but has now been moved to April 2023 to fit in with the organisational timelines and the 360 Bristol Culture assessment has moved to June 2023 as the resource is not available until the organisational changes have been completed. There are two items that remain amber or red on the RAG report that relate to slippage due to vacancies for inclusion coordinators and other vacancies within the team. Initial engagement with the Inclusion Council regarding the inclusion strategy has commenced but work is required across the system in terms of that strategy, and this will be delayed. The other item is the ICB induction has slipped due to capacity. AM asked how many ICB's does Picker cover and why are we not looking at best practice rather than average. LR replied that there are 28 ICB's and in terms of best practice we can look at the NHS National Survey Coordination Centre which will have produced all the reports. AM replied is there anything else that we could be doing and what is best practice, rather than comparing ourselves to average it is about what best looks like in comparative groups. AM asked where we were in terms of feedback from staff regarding the realignment process. JH replied that there has been formal and informal intelligence gathered through directorates and various conversations. This is still in the primary stage where a summary report has not yet been produced but noted that where feedback has been received that required change those changes have been made.	
5	**Update from the Staff Partnership Forum (22nd March) – presented by Jo Hicks** JH gave an overview of the last SPF on 22nd March which included the report that LR has just presented.	

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	The People Plan was discussed, and JH took an action to work with the communications team to enable more accessibility to the plan. The information contained within the plan is for everyone and all need to feel that the actions within are contributing to them. A timetable of policies that are scheduled for renewal was presented by LR and timescales of when these are set to be completed. This is not an easy task with the transition work commencing. An update was provided regarding the transition work as we enter phase 4 and still continuing to work to the new organisation structure being in place on 1st May. There will possibly be a few interviews that roll into May but will give a state of where we are at that particular time to allow us to have oversight of what will be the next set of transitions. The potential office move to 100 Temple Street was discussed with Rob Hayday taking this forward with SPF fully supporting the understanding of the implications involved. There was an ask as to what the People Committee's function is and LR gave an overview explaining that the committee is a subcommittee to the board and detailed the ICB and ICS meetings and who the members are and what areas are covered at each meeting. JH suggested that and SPF committee member be invited to attend the People Committee, and this was supported by Committee members. JH to invite colleagues at next SPF meeting. that for the ICB People Committee there is the discussion to be.	
6	**Update from the Inclusion Council (13th April) – presented by Jo Hicks** JH gave an overview in SH's absence from the draft minutes of the Inclusion Council held on 13th April. Conversations were held around gender pay, public sector equality, supporting staff with maternity and particular policies that are due to be updated. The strategy refresh was discussed going from top to bottom linked to the operational plan and linked through the 5-year plan and how that impacts on what we do in support of SPF and the Inclusion Council. SD added that he chairs the Inclusion Council and is concerned that there were interesting conversations held but felt that it was not leaving the room. SD suggested that the membership is reviewed so that every director had a directorate representative attending, not just those with protected characteristic or representing a specific group. On 13th April this consisted of the new	

	Item	Action
	members, and it was noted that not all directors have identified a representative which will be addressed within the executive team. The new members that did attend added made a huge contribution. JC reiterated that if we do not have ownership, it will not get the attention it needs and is good to hear that the inclusion council is heading in the right direction.	
7	**Workforce KPI report – presented by Lara Reading** LR updated on the dashboard that is a snapshot between the 6 monthly reporting of where we are at from the workforce KPI's. The FTE headcount has increased over the last 12 months by 12.3% which is a headcount of 4 with 15 new members of staff commencing employment in the last 6 months. Turnover is 23.9% which is higher in relation to headcount than previous months but is partly due to the portfolio realignment and a number of leavers before we became an ICB in July. In March a number of clinical leads left, and a number of fixed term contracts came to a natural end. Those that are on fixed term contracts have been taken out of the figures to enable a better review in relation to turnover. The 12 months turnover rate as of 31st March is 14.6% when taking out the fixed term contacts. Absence is currently under the target of 3% and is 2.93%. In March absences were at 2.36% due to two long term absence cases being supported back into the ICB. Reasons for long term absences remain the same within the S10 category which is anxiety, stress and depression and psychiatric illnesses with a head count of 54. The second highest reason is for cold, flu and influenza with a head count of 140. The full 6 months KPI report dashboard will be detailed and presented at the next ICB People Committee in June. AM asked if these are the core KPI's to be seen at the committee and will the 6 monthly reports have more analysis. LR replied that the 6 monthly reports will have more detail of benchmarking data from NHS Digital. This data is 3-4 months behind so will be shared at the next meeting. AM highlighted that as an assurance committee the focus must be on what should we be proud of, what should we be worried about and what is happening as a result. That is where the 6 monthly reporting narrative should be. JC agreed that it would be useful to know what things are at risk that we should be carrying on with. JH added that there is a contextual element that the monthly	

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	reports do not allow for so does need to be articulated within the 6 monthly report. As we are in a period of significant change it is important to track what is consistent but also any variations or differences so that we can highlight and notice these. SD added that the turnover rate showed only 7% cited lack of opportunity and over 20% was due to promotion, clearly, we have trained our staff to have the skills to enhance their careers.	
8	**Operational Planning 23/24 & 24/25 and Joint Forward Plan – presented by Sarah Truelove and Nicole Saunders** ST acknowledged that the papers being presented are the same as those that were taken to board last week and wanted to draw out the key elements of the operational plan relating to people to converse with the committee around its role of assurance and delivery of the plan. The plan needs to be deliverable and the people element from reflection of 22/23 planning ensured that workforce was at the centre of thinking for planning for 23/24. There is considerable risk within the plan due to the optimism of available workforce. Significant staff growth in particular with UHBW, NBT and AWP is still being planned and qualified nursing is very reliant on international recruitment. We need to keep sight of this and the reality of what is achievable if this is not deliverable. Deep dives need to be carried out with the different elements of the people programme so that when the planning is looked at for next year that people in the system are in a better place in terms of thinking creatively to deliver the ask within the workforce constraints. Conversations will commence with the assurance committees to then take back to board in June to set out various roles and responsibilities for delivery so that everyone has clarity. Positive feedback has been received on this element of the plan from NHS England with many of the areas seen as leading in terms of development. NS added that feedback is required regarding not only the process but how well has the plan been put together to learn from the experience and put into development of the annual planning cycle. CS highlighted that the strategic element of the joint forward plan has identified the fact that there is exponentially rising demand against very limited capability to improve. That is the key strategic challenge. The response drafted is twofold and is to focus on more targeted prevention to try and reduce the amount of demand that's presenting as crisis' in the system and secondly an enhanced	

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	workforce model building on the recruitment and retention that JH is leading on in terms of workforce model. VCSE is an opportunity that could be developed to increase capacity. AM commented and made observations on the following areas for focus and deep dives: For this coming year thought needs to be on pharmacy, optometry, and dentistry. Transformation within one provider which has an impact plus or minus on other providers in the system with an example being the pharmacy consultation scheme that started as a pilot but has taken thousands of appointments away from BNSSG GPs. The international recruitment is the easy part, the key part is settling people into the communities that they will be living and working in. How we look after people when they arrive is key. What are the links to social care and public health. In regard to the Calderdale training, what is the expectation as an output after training hundreds of people within BNSSG and how have things improved as a result of this. Productivity appeared to not have enough emphasis on digital and technology and there was nothing regarding reference costs. AHP faculty with the clinical workforce was consistent throughout, are you happy with the strength of the system, nursing, midwifery, and medical cohesion. Retention of people is key, but how do we keep people. ST responded that the impact on one provider is work that is commencing but is difficult in terms of how you get the sector to have the likely impact and plans adjusted on those demands. This is a work in progress, but more progress has been made in comparison to last year. In terms of productivity and the reference comments these are still used but with Covid and other work commencing nationally on how we measure productivity this will be focussed with the finance report that will go to the board every month going forward. SD asked what role this committee plays in holding both the system to account for the delivery of the People Plan within the operating plan and also supporting the system to improve.	

	Item	Action
	JC replied that she has discussed with JH in terms of what specifics come back to the committee specifically on ICB. It would be good to have sight of what things are and are not happening. AM highlighted the need to establish what are the key things to be delivered at this high level. A map of the governance around who holds who to account in an operational sense and an assurance sense would help, with a split of ICB and ICS. JH added that having the ICB and ICS People Committees at this point shows a merger of activities. Conversations are happening to use the deep dives to provide the assurance and the governance on the priority areas. The workforce narrative will be reported monthly both to the ICB and ICS People Committees and will signal whether we are on track. CB stated there are other features to build in terms of data to give a complete picture. If we do not get the community element right, then the acutes will be reacting to the crisis' that will arrive at their door. ST added that in regard to productivity the approach to planning was to plan the whole system and not the narrow bits that NHS England ask for which is mostly acute sector driven.	
9	**Submission to NHSE Workforce Narrative – presented by Corry Hartman** CH reiterated that the narrative was there to support the plan and that the feedback from NHS England has been positive. The plan this year as mentioned is heavily reliant on international recruitment of nurses and the desire to ensure that they stay in post. There is a big increase on this year on last. AM asked within the narrative it talks about NBT being an anchor organisation, what would an anchor system look like. SD replied that the idea is what would it look like for us to be a whole system, be an anchor and actually lead England in something which then anchors our staff and others to want to stay in BNSSG. JH added that the workforce plan, does not include Sirona as they are not part of the submission. There will be a workforce plan and commitment to include them as part of the system partners and reported on monthly.as agreed. AM asked if there are any other areas that can help with the plan who provide health care, we have two hospices. SD replied that the plan is to deliver the services within the NHS requirements but what is the remit of this committee. Are we delivering to plan or is it to deliver to the wider strategy as defined in our own system strategy.	

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	JC replied that this is a whole system approach, and the anchor bit is where we connect to the actual system. ST added that when planning for the system there is a holistic approach. The paper that will be taken to board in June will capture the discussion from today about the role of this committee and will set out expectations of individual organisations and the role of the health and care improvement groups as that is where the wider systems will come in. **Action: CH to investigate the following areas and report back to the next committee meeting in June.** • **To look into how we can provide assurance to the committee on delivery of the plans** • **Look to source data on staff wellbeing** • **Any data and evidence on international recruits and how they are looked after on arrival** • **Some of the deep dives, particularly around dentistry would only involve UHBW**	**CH**
10	**Hot Topics/Risks** ST highlighted the ongoing risk with the industrial action and the narrative in the press is demotivating for staff in terms of the wider delivery of our operating plan. JH added that as we enter a new round of change whilst leaving the first restructure for the ICB staff we have to manage morale and wellbeing and in June the full OD plan and engagement strategies will be brought to the committee. JC noted that the funding for the wellbeing resource ended and there will be repercussions from that as it was making a difference. JH replied that another wellbeing strand is being formulated and will build on our ability to support staff through the next transition.	
11	**Matters for escalation or communication** None raised	
12	**Any Other Business** JH noted that the purpose of the ICB People Committee having a system focus as we have reached the integration point between the ICB People Committee and the ICS People Committee. There will therefore be a standing reporting and performance monitoring item on the ICB People Committee agenda.	
	Date of Next Meeting 15th June 2023 at 14:00 – 16:00	

Cath Lewton, Programme Administrator, April 2023