BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 16th May 2023 at 15.00 virtually via Microsoft Teams

Open Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People (Chair)	JC
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
Helen Holland	Chair of Bristol Health and Wellbeing Board	HH
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Kelvin Blake	Non-Executive Director, NBT	KB
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Apologies		
Bernard Galton	People Committee Chair UHBW	BG
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Jeff Farrar	Chair of BNSSG ICB	JF
Judith Gray	Chief People Officer, NBT: SRO (workforce, planning strategy, supply & demand)	JG
In attendance		
Cath Lewton	Programme Administrator (Committee administration support)	CL
Connor Evans	PA to Jeff Farrar, Chair of the BNSSG ICB & Independent Non-Executive Members (Observer)	CE
Evonne Artman	Programme Administrator	EA
Heather Toyne	People Programme Lead	HT
Jennifer Bond	Deputy Director of Communications and Engagement	JBo
Matthew Foxon	People Programme Manager, BNSSG ICB	MF
Monira Chowdhury	Head of Equality, Diversity, and Inclusion, NBT: SRO for EDI workstream	MC
Sam Hill	HR Workforce Business Partner	SH
Sarah Margetts	Deputy Chief People Officer, NBT: SRO	SM

	Item	Action
1	**Welcome and Apologies** **The above apologies were noted.**	
1.1	**Declarations of Interest** None declared.	
2	**Minutes of the last meeting** **Minutes of the meeting on 1ˢᵗ March 2023 were approved as a correct record of the meeting.**	
3	**Actions log** Action 2 – People Programme Board to consider the feedback on the draft terms of reference. EY was not present at the meeting and item is deferred until EY can attend. **Action to stay in progress.** Action 5 – Deborah El-Sayed to investigate how to engage with staff and make more accessible, through the use of an app. **Action remains open. This has been picked up with Comms and this item is on the agenda.** Action 6 – JF to speak with SD to gain clarity on what the funding looks like from the CEO group for VCSE attendance and if we are to have a strategy that deals with all the issues that come out of all the committees, 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. **Action remains open as JF was not present at the meeting.** Action 8 – JB to keep abreast of regional and national conversations regarding HEE/NHSE funding and allocations and report back to this committee. JB reported that funding spanning two years was being considered by HEE. **Action now closed.** 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. JH Team is now working through the job descriptions for the Chair with the hope we will have the advert out within the next fortnight. IAG members will follow. **Action now closed.**	

	Item	Action
	Action 10 –. 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. **Action changed to now closed as EY explained that this is ongoing and better to be included in wider project updates.** Action 13 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. **Action remains open and CL to check on progress with ST.** Action 14 JMa to discuss with the DASS' the opportunity to support international sponsorship for smaller care organisations. **Action remains open and CL to check progress with JMa.** Action 15 MF to improve the narrative within the workforce operation plan – status report and include information on the target of getting rid of tier 4 agencies. **Action remains ongoing and item is on the agenda.**	
4	**Refocused** **Terms of Reference** **Membership Ways of Working** This item was not discussed.	
5	**System Communications** JB gave a verbal update on Systems Communications; they have reconvened their strategic comms group, and they are starting to work through our collective narrative as a system Once further discussions have taken place JB will update the Committee and welcome feedback. JB team have been heavily focused with the industrial action and system wide recruitment events, which has been quite successful and future planning which ahead.	
6	**ICS People Programme – Status Report** JH mentioned that the status report for the ICS People Programme since the last meeting has had a significant amount of activity. Two SROs post are vacant. JH will be liaising with the CPO colleagues across the system. JH is hopeful that there is opportunity for the SROs to come together and to pair across some joint areas of responsibility this would involve sharing activity and responsibility for delivery of the work. A number of areas to highlight a growing approach to system wide recruitment and some very successful events and campaigns specifically around health care support workers have taken place.	

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Item	Action
Significant work and activity is underway regarding outreach with schools and colleges. JH has been working as SRO for the Temporary Staffing and Incentives Group, they have had some good traction around systems activity. Several meetings including with Trade Union colleagues have been able to agree and will be taking forward some focused system work. This includes creation of a systems wide incentives framework, beginning with a joint workshop with all Trade Unions taking place on the 23rd of June. It is part of both the recruitment and retention work, and a focus on spend reduction. In addition to the system wide incentives framework, there is also agreement to develop a system bank, and this will hopefully commence in September starting with the Acutes. It has been agreed with Unions to look at bank rates across the system rather than as individual organisations. A discussion took place around the Oliver McGowan Training JH pointed out that there has been and technology issues with the roll out of the training at NBT. Currently working with NHSE's digital team to solve the problem. This has been escalated to JH because they have been getting very little traction with the centre. There has been an active response and this training is now back on track to meet agreed role out plan, set to commence on 5th June. JH gave recognition to The Supercharge Coaching activity that is rolling out across the system. David Wignall has been working hard on this piece of work and it has gathered significant attention. It is oversubscribed and additional funding sources in order to be able to scale of this project are being investigated. JC asked in terms of impact for the supercharged coaching facility, how are we going to be measuring the impact? What are we expecting and hoping for? JH – mentioned an evaluation plan is in place and David Wignall, Leadership and Coaching Lead will be invited to one of these Committee meetings to talk as part of the learning and development deep dive and as part of the retention deep dive. The take up on The Supercharged Coaching is very good and it is shaping the cultural programs. MC mentioned they will be providing a case study of good practice in The Supercharging Coaching with the use of positive action and the way it was targeted, as well as the lessons learnt, to date, in terms of how it worked and how it could have been improved.	

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	Item	Action
7	**Workforce Monitoring Prototype** MF can an update on the planned approach to workforce plan monitoring. The final Operating Plan has now been submitted and there are three aims for the plan; to provide the required system monthly workforce overview and assurance to the People Programme Board, the ICS People Committee and the ICB Board. This year the level of assurance is being matured with additional level of reporting and sophistication. This will allow for understand of issues in real time and make immediate mitigations/contingency plans as needed. This report will be integrated with Finance. There is an issue with the current People Committee dates as it is not in line with the workforce data flow that comes from our providers. Keeping to the current pattern of meetings will mean that the workforce data is two months old. MF will be discussing with JH to find solutions regarding future ICS People Committee dates. Phase one will be presented to the Committee by June in addition to a quarterly in-depth review looking back over the previous 3 months: including use of the workforce tool; forward projection for quarter two; and the end of the year. we are working with HT and colleagues in the Learning Academy to bring in the apprenticeship pipeline into this data. Social Care metrics and EDI metrics will be included in the plan quarterly or half yearly. **Action: MF to obtain the attrition metric rates from education providers as well as from people leaving the workforce** A discussion took place on Nurse and Midwifery training and the need to be able to get the data in order to make timely decisions. HH commented that this same is needed for Social Care, MF confirmed that this is part of the second phase of this work. JH mentioned are there many other education providers and whether there is opportunity for engagement with this Committee as well as the People Programme Board. It is a crucial and a key part of the People Plan and monthly monitoring will be taking place. **Action: MF to obtain data to find out from UWE and other providers why there has not been an uptake of training places and our attrition from training, particularly nurse training.**	 MF MF
8	**Strategy Update** CB presented the key points of the BNSSG ICS Strategy Update and is seeking feedback from the Committee with regards to the general comments on the	

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	Item	Action
	overall narrative and approach of the strategy which is still under development within our system. In terms of the strategy going forward if there are any specific things that this Committee wish to bring out and focus on within the strategy document. With regards to staff engagement across the system which needs to be owned by staff both in terms of the providers service but also in terms of members of our community. The Cultural component of the strategy is equally important, and comments are welcomed. HH replied that workforce is a critical issue not just for the strategy, but also in terms of having the right people in the right places to provide the right services. It is also about workforce and being in employment and training being good for the health and well-being of individual people and making sure that we are reaching into both the diverse communities and particularly the disadvantaged communities. **Action: JC to connect with VCSE community leaders in the region to find out more about capacity/resource from a people committee perspective.**	 JC
9	**Deep Dive – Equality, Diversity and Inclusion** MC reported to the Committee her presentation and appendices this included:- Current activity across the system including impacts and outcomes on health inequalities Sustainability & spread – what are the current opportunities? Priority areas going forward – what can be further realised across the system? Where does the ICB put its attention, short, medium and long term? 3 key questions for discussion MC defined the EDI Deep Dive for EDI that this is supporting inclusion and belonging for all creating a great experience for staff. In MC's diagram in her presentation is belonging and this is in the middle as it is a big component of the NHS People Plan and clearly belonging is a component of our inclusion deliverable. MC reported on the current and recent ICB EDI priorities and activities. MC presented to the Committee Areas of System wide Focus for the short, medium and long term. Belonging is recognised as a basic human need that most people are driven to satisfy (e.g. see Baumeister and Leary 1995, Maslow 1943 or as an aspect of relatedness described in Self-Determination Theory, Deci and Ryan 2000). The absence of belonging has been demonstrated to be associated with a number of measures of reduced mental health and wellbeing.	

Item	Action
A good level of discussion took place. We have got to make massive changes in the way we behave. KB mentioned that there is a danger that we are tackling too much of this agenda in one go. Although recognised that there is good work happening in the organisation around EDI. MC mentioned that the biggest priority is inclusive recruitment, fairer recruitment, talent development and supporting our staff networks. This priority area still has lots of things that come up and they are all interconnected. How do you embed equalities into all the areas rather than trying to do something separately. JH agreed with MC the priorities need to be evidence led, what is it that we know about our workforce and our patients that is highlighting that we need to scale our effort. It is working, but it is working in pockets, this needs to be scaled. How do organisations decide, how does the system decide where we put our attention and under what umbrella. The umbrella needs to be something like belonging and an everyone culture. MC mentioned that we need to start the work on the equality delivery schemes we need to do it collaboratively across ICS's our deadline for doing this year's is February 24. MC mentioned that she needs support for the EDI Leads from the ICB and others, because they do not have the capacity on their own. MC asked what are our priorities? How do we make sure SRO's and our deliverables, have EDI rooted in them. We need to focus on the equality delivery schemes along with everybody else as it is a pragmatic way of doing it with the resources that we have. JH mentioned that equality schemes need to be a collective effort including the system partners. Also, to think about inclusion and well-being perspective then link it back to our overall strategy, as discussed earlier and to have belonging as an anchor within our system and how we focus activities based on evidence. JC mentioned that we need to report back at the Committee regularly in order to drive EDI forward.	

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	SH pointed out that the Graduation Scheme does lots of work on this for their graduate trainees and we need to share good practice learning and scale that across the organisations.	
	Action: MC and EDI sub group to liaise with DE-S team regarding user journeys for our current workforce (EDI) and the potential to understanding patient/staff journeys of our communities.	MC
	Action: SH to evidence the equality scheme requirements for the workstream	SH
	Action: HT to invite the SRO for the Learning Academy to the Committee regarding pipelines.	HT
10	**Hot Topics/Risks**	
11	**Matters for escalation or communication** **Deep Dive Forward Look** JH shared the Deep Dive forward plan. - Recruitment & Workforce Supply– 13th July, - Workforce Transformation – 14th September, - Productivity – 16th November and - Leadership and Learning – 11 January 2024. RS mentioned if it would be helpful to bring the universities in for the Recruitment and Workforce Supply when discussing this particular topic. **Action: JH to invite the universities to the Recruitment and Workforce Supply Deep Dive** HT pointed out that the Learning Academy Team are having conversations with the range of our educational providers. Also, HT would like to invite the SRO for the Learning Academy to the next Committee. This was agreed. MC mentioned that we need to include the medical workforce during the Deep Dive conversations.	JH
12	**Any Other Business** None.	
	Date of Next Meeting 13th July 14:00 – 16:00	

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BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 15th June 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
Jeff Farrar	Chair of the BNSSG ICB	JF
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Seb Habibi	Deputy Director of Transformation, BNSSG ICB	SHa
Apologies		
Astra Brayton	Senior Communications Manager, BNSSG ICB	AB
Colin Bradbury	Director of Strategy, Partnerships and Population BNSSG ICB	CB
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB (Seb Habibi deputising)	DES
Ellen Donovan	Non-Executive Member – Quality and Performance (Alison Moon in attendance)	ED
Lisa Manson	Director of Performance and Delivery BNSSG ICB	LM
Joanne Medhurst	Chief Nursing Officer, BNSSG ICB	JM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
In attendance		
Cath Lewton	Programme Administrator, BNSSG ICB (minute taker)	CL
Lara Reading	People Business Manager, CSU	LR
Matt Foxon	ICS People Programme Manager, BNSSG ICB	MF
Sam Hill	People Business Partner, BNSSG ICB	SH

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	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 18th April 2023 were recorded as an accurate record.	
3	**Actions Log** Actions were reviewed and updates taken.	
4	**Purpose and frequency of Committee meetings, following away days presented by Jo Hicks** JH explained the proposal which aligns with the rhythm of the Renumeration Committee, the change of frequency of the ICB People Committee as well as what is reported through to the ICS People Committee. At present the ICB People Committee is held every 2 months and currently the Remuneration Committees have been ad hoc. The suggestion is to timetable quarterly Remuneration and ICB People Committees to enable them both to work in tandem. Different items are taken to both committees but are all people related activities. This will allow action to be driven in-between for things like the people plan and the people strategy, more can be given in the updates as more will have been done. The suggestion will be to move the ICB People Committee to a quarterly meeting and to dovetail that with Remuneration Committee to focus on people aspects in a timely and appropriate manner. The ICS People Committee is currently held every 2 months and will remain the same. There is a clash with the way that our workforce monitoring data is collected from the system and NHS England. The suggestion is to move this from the scheduled mid-month to the end of the month to allow for the most up to date workforce monitoring data aligned to the finance data. This would mean that the minutes would not be presented to the formal Board which is the week after the new proposed committee date. Rob Hayday has confirmed that from an assurance perspective the role of the People Committee is to give the most up to date assurance that it can. Moving to the new proposed date later in the month allows for the most up to date assurance from the system to be provided. A verbal update will be given at the following board aligned to the	

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	Item	Action

minutes at the meeting that will have come from the month before. From a governance and assurance perspective and the offer to the Board it is in fact an enhanced offer as not only will the most up to date information be taken but will be able to layer on real time data from the previous week. At present the People Committees data is 2 months out of date and the board is receiving data that is 2/3 months out of date.

Although the ICS People Committee will meet bi-monthly as per the plan, a workforce monitoring report will be sent monthly which will be shared via email to members. This gives another level of scrutiny and assurance.

JF commented that as a statutory board the right governance has to be applied but also to function effectively. Without the minutes it will be incumbent on JC and JH to make sure that the verbal update is giving to the Board.

AM added that there are other benefits in reducing the ICB People Committee meetings, it releases time back to executive colleagues.
For the ICS People Committee, the minutes do need to go to board at some point, but does this mean that the board is seeing the data before the sub committees. JH replied that the People Committees will have the most up to date data, so the board data will be up by one month with a verbal layer of real time data.
AM stated that this could be reviewed in 3 – 6 months' time but happy to support this.

Action: JH to follow up with an email to SD and JF and copy Rob Hayday and JC to ensure that the rhythm works and agree a formal review date.

| 5 | **ICB People Strategy and Plan – Status Report presented by Lara Reading** | |

LR updated on the people plan and the actions that have been completed or are still in progress.

Completed actions:

- Job description templates have been updated on Consult HR – to include the four aims of the ICB. The inclusion requirements have been updated in the staff person specifications. This remains as amber due to guidance on how the postholder contributes to those four main aims.
- Completed on the portfolio realignment, phase 4 completed and final structures implemented as of 1st May 2023. Suitable alternative work is still being sought for the individuals and they are being supported from a health and wellbeing point of view. 4 people have been placed in redeployment and are now on their trial period. 2 people have had extensions to their trial periods, so there may be a possible change in circumstance dependant on this. All are being well supported.
- Staff away day was completed, and good conversations were held.

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- Inclusive recruitment, working with Jean-Michel Simpore has completed an assessment across the system partners. There are regular progress meetings, and the first review has been completed, there are actions from those recommendations and JMS will be presenting at the ICS People Committee in July.
- Castlewood base consultation has completed, and staff have moved to 360 Bristol. Staff are able to hybrid work from Castlewood until the end of June but on ESR Castlewood and Badminton Road staff have Bristol 360 as their base.

Actions in progress:
- Reviewing line managers training to include the focus on inclusive recruitment from the assessment that has been completed. Also, looking to incorporate the Just Culture principles in managing conduct via disciplinary processes.
- Trac, which is a recruitment system is scheduled to be rolled out on 1st July. Communication has been shared, and managers are aware. HWGNFY will also give an update with an option of training on the new system.

Deferred actions due to lack of capacity and organisational change:
- The Teams Value Charter was originally planned for January 2023 but moving into what the new ICB will look like will be a better fit to look at what those values will be moving forward.
- The 360 assessment was also planned for January 2023 and has moved to a later date to again fit better with the ICB people plan.

Actions with slippage:
- An inclusion coordinator has been recruited into the ICB which will mean moving on the actions at the next meeting.
- Development of the inclusion strategy and ICB induction are both actions that need to be picked up now we have moved out of the portfolio of transition.

AM enquired if the update will always be a verbal update as a paper is easier to track progress. LR replied that she is able to share the people plan and a written report if that is the preference. JH agreed that as the meeting moves to quarterly a written update will ensure that all items are tracked and in line with the people promise and people plan, that is reported as part of the annual report along with any NHSE requirements so will be easier to extract the information.

SHa asked regarding the phase 4 completion, is the recruitment process back to the standard process. LR replied that all vacancies continue to go through the vacancy control panel.
JH added that she and SH are looking at what the vacancy control arrangement needs to be going forward with the new 30% running costs reduction.

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	Once this document has been finalised it will be shared with executives for discussion and agreement. JC asked regarding the new Trac system if it is for all roles, and will it ensure that there is adequate time for applicants to apply as this has been an issue in the past. LR replied that it we would control the advert to ensure that there is adequate time for people to see the advert and apply. Within our recruitment policy we do not specify a time scale, as we do not want to be held by a time scale, but we do say at least 2 weeks to be inclusive especially over the summer months. JC added that it would be good to track this as feedback has been that it has been an unfair process. LR added that Trac allows for more reporting regarding diversity. SHa mentioned that a recent regional seminar was held regarding recruitment and facilitated by the National Consortium and one of the proposals that the partners were considering was an optional requesting of socioeconomic data to look at the diversity issues in recruitment. Would this committee consider adopting something like that. JH replied that it would be really useful. We can see if Trac has this capability. As part of the people programme, conversation has been held with an EDI lens, there are wider implications on what the efforts are around social mobility. What tracking do we have? Do we have a strategy for that? There is a development arm as well as a monitoring arm that needs to be developed.	
6	**Update from the Staff Partnership Forum (SPF) (24th May) presented by Jo Hicks** JH updated from the last SPF meeting held on 24th May that LR takes a similar report as the one just presented regarding the people plan. SPF is very supportive in delivering elements that link through the People Promise and in support of the networks. Actions have been taken by SPF to review the sickness and absence policy and sharing with networks for their input. SPF members joined the OD design team for the 8th of June all staff event and will continue this going forward for future events. Feedback was received from SPF members and networks regarding the Secondary Employment policy and has been updated accordingly. The Appeals process will also be reviewed by SPF and networks. An update was given regarding the pay award, with staff receiving the consolidated award and the back dated pay from April in Junes pay. Staff have	

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	Item	Action
	been offered the opportunity to have instalments up to a maximum of 10 dependent on personal circumstances. This option has been offered in case there is any impact on any benefits or plans in place to that individual. This has been communicated through various channels including HWGNFY. There is a standing item on the agenda for Rob Hayday to update members of the potential office move to 100 Temple Street. This move was originally scheduled for June but is being pushed back to the end of this year. AM commented that SPF is an important forum, are we inviting members to come to the committee and where are the pinch points that need our attention. JH replied that the pinch points are around what we are experiencing together with the organisational change, pay awards and the impact of industrial action. Rigorous conversations are held about policies and SPF do flag where there are issues which drives a lot of the improvement work and changes. DJ added that timing in the past has been an issue where it was felt that things were not taken to SPF early enough in their development. Since JH has started this has been made clear that this is a co-production. Clarification of the ask of SPF is there now. JH stated that a verbal offer was made for a SPF member to join the committee meeting but will follow this up formally with the SPF co-chairs. **Action:** JH and JC to formally invite via the SPF co-chairs, a member of SPF to attend the ICB People Committee.	
7	**Update from the Inclusion Council (24th May) presented by Sam Hill** SH updated from the last meeting held on 24th May, the EDI team are now in place and Collin Salandy and Calais Hutchins will be taking the Inclusion Council forward. The disabled Staff Network (DSN) discussed leaning circles they were using to support colleagues across the network. PROUD undertook their first allyship training session with staff which went really well. It was received in terms of how to be a productive ally and had positive feedback from the attendees. MPowered is in the process of relaunching and are looking for a new chair. Parents and Carers Network are reaching out to members to look at how to best support and are having weekly catch-up sessions.	

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Item	Action
The staff networks have been involved in supporting the review of policies and the DSN were involved with the review of the sickness and absence policy to enable this to be a more co-designed piece. One of the key general messages that has come from the Inclusion Council post transition is that there are some areas that need more representation. This is direct representation as opposed to having members that are members of staff networks but also in a directorate. Calais will be taking this forward to ensure that all directorates are fully represented. A colleague from SCWCSU attended to present on how they are working with their processes in terms of software support, accessibility features and how they review whether new software is appropriate and fit for purpose. The networks gave key feedback on visual impairment and neurodiversity, which CSU has taken back and updated their own paper in relation to that. SH presented the Diversity in Health and Care programme, which has since been taken to JF, SD and JH and is a programme that has been put together by NHS Employers that organisationally we can commit to for a year and gives a range of development opportunities to include board level virtual training on EDI and the strategic case for EDI. The next step will be to finalise the application to NHS employers. JF asked what the frequency of the meeting is and what is the executive attendance. This underpins who we are as an organisation and about our values. JF suggested that NED could attend once or twice a year. SH replied that the Inclusion Council is held monthly and is chaired by SD and JH attends. Historically there has not been a NED in attendance but can look into this. In terms of linking in with the network chairs this is something that Collin can move forward. JF and JC both agreed that they would be happy to attend once or twice per year. AM added that as newly appointed Freedom to Speak up Guardian she is happy to help where required. JC asked with the new EDI roles being in place are they full time. SH replied that there are now two substantive posts within the ICB but do cover ICS EDI work as well. The roles consist of a business partner role and a project support role. JC asked in terms of the security of the role, how is it funded? SH replied that the funding because of how they are working 50% is from ICB and 50% is from ICS funding that we received through bids and NHSE funds. These roles have been made permanent.	

	Item	Action
	SH highlighted that the EDI teams across the system work closely together as a cohesive group, so are moving in that direction organically.	
8	**Workforce KPI dashboard presented by Lara Reading** LR presented on the core KPI figures and incorporated AM's comment from the last meeting regarding looking at what some of the risks are and what we are doing well, this will be incorporated in the discussion at the end. The statistics reported on are until the end of May 2023. The full-time equivalent staff numbers have decreased by 23.1% with a head count of 44. A lot of this will be due to the portfolio transition and fixed term contracts that came to a natural end, including the dissolving of the governing body and the clinical leads. The 12-month turnover rates as of 31st May is 25.2% retention to head count and again will be due to the portfolio realignments. If you exclude the people that were on fixed term contracts this comes down to 14.2%. Information is included this month for those that completed an exit questionnaire that comes directly from ESR on receipt of the termination form. Results show that 25% agree or strongly agree that the ICB provides opportunities for flexible working patterns which also links to the NHS staff survey results. 85% strongly agree that that they have had opportunities to show initiative in their role, and 84% strongly agree or agree that they've been able to make improvements within their area of work. 30% strongly disagreed or disagreed that they always look forward to going to work, with only 44% agreeing or strongly agreeing with that statement. The response number for completing exit questionnaires is low at 37% and this is something we need to focus on in the ICB as to why this is not being completed. Regular reminders are sent in the managers line briefing, but the need is there to do an audit of when those termination forms are sent and whether they are actually receiving the questionnaires upon termination. In terms of assurance this has been recognised and will be a piece of work that will be looked at and to promote within the ICB. The most common reason for absence is cold, cough and flu. There has been an increase in the statutory and mandatory training compliance at the end of March 2023. AM asked what are we doing pre exit questionnaires, what is our 'itchy feet' policy? The importance of skilled line managers was noted and having the capacity and the ability to do what we need them to do to support staff. What	

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support is there for line managers? LR replied this came up in the pulse survey as to what support there will be for managers. As part of moving into the new transition we will be looking at what support is available to line managers, including EAP run workshops on change management. Regarding people wanting to leave this is partly due to progression opportunities. There are elements on how we move forward on that. JH added that within the staff survey the question asks are you planning on leaving in the next year. It will be interesting to see the responses for that. We are running a major risk of losing staff at present with the next transition. Part of the wellbeing package is to continue to support people to stay, stay well and to articulate the future together. Redundancy has been discussed but to be mindful that doesn't necessarily mean it will happen. This is a significant period of risk and stress and uncertain time, but we are going to face that for the next 18 months. The plan is to offer line managers the development support they need but to also offer individuals the support. As part of the wellbeing support Sarah Truelove and JH will be in the first instance offering drop-in sessions to come along and talk to HR or finance in person. CB asked regarding the report where we might be as a system, an outlier or how we compare. LR replied that NHS digital run the reports with the latest version being January 2023, we have looked at other ICB's and NBT and UHBW in terms of the absence reporting. We are at a similar absence rate as Somerset and Gloucestershire ICB's. Absence rates compared to NBT and UHBW are lower. CB added that as an organisation if you focus on something like that, it makes you look worse as you are finding more cases. Can you confirm if the voluntary redundancy figure is 54. LR explained that this is the end of fixed term contracts in the last year not number of redundancies. CB highlighted that as we enter into this next stage of organisational design and the meetings going to a quarterly rhythm whether we could look at these numbers regularly with the executive team. LR replied that the dashboard is completed on a monthly basis for the SPF so this can be shared at the executive meeting to enable a month-on-month oversight. SB asked if LR could elaborate regarding the growth and staff numbers over the last 12 months. After reading all 180 pulse responses there is a theme of less staff more work. LR replied that in terms of the starters head count it has been consistent over the 12 months. As of January, it reduced hugely but to answer this effectively LR would need to look at the trends and whether it's linked to external funding etc. JH replied that after reading the pulse survey feedback there was a definite sense that when we restructured it was with the purpose of thinking through what are we here to achieve, with the changes around the new restructure what do we	

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	need to start or stop, the survey suggests the stopping isn't happening. We are taking on more work. As we enter the next round of change, we will have to commit to what the ICB can do and therefore a conversation with partners about what the system needs to do. JC asked if exit interviews and references are kept separately, to ensure that staff don't feel they will get a bad reference if they feedback honestly. LR replied that they are separate, but that fear could be there. Individuals do have the option of contacting HR to complete their exit interviews if they did not want to do this with their own line manager. All Information is anonymised on ESR. JC asked regarding the statutory and mandatory training, is there protected time to complete this. LR replied that there was communication from SD to take the time to complete the training. Work is commencing on the cost centres now that all are in place in the directorates, and this will enable accurate reports for directors to be able to chase for compliance. SH added that the new Talent and Learning manager is now in place, and this is part of the work he will be looking at to make sure we are compliant. **Action:** LR to investigate trends of staff growth over the last 12-months.	
9	**Workforce Plan Monthly Monitoring June Update presented by Matt Foxon** MF updated to say that the operating plan was submitted to NHS England in April as part of that it was a significant workforce plan and also included Sirona which was not a requirement. We have a full BNSSG workforce plan, and the challenge is how do we manage it and where do we send the information. The data we require to monitor the plan comes from the organisations, this data is received on the 17th or 18th of each month. There is currently a data gap. April and May are currently being worked on. A dashboard has been built and we are awaiting the data to enable us to present to give assurance where we are within the plan. This will enable us to look at professional groups, an example of an area we are keen to monitor is as a system we are set to recruit 600 international nurses. That will give us an opportunity to see how we are doing against the plan and adjust things if needed. This links to the changing of the board dates to align with finance. The report will be in within the next 5 to 10 days and sent to the ICB People Committee who will be the first group to see it. There are two elements to this as firstly this will be for assurance and secondly happy to take feedback as there will be time to adjust before the next ICS People Committee in July. It will include turnover, sickness and the UWE data. AM asked when the report goes to the ICS People Committee will it have the 'so what' questions to enable to track if we are on or off plan. MF replied that	

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	this will have a narrative built from intelligence we gather from organisations and also from what we know. It will also build into a risk register as well. JF asked JH and JC how this will be presented to the Board. What elements of it will be taken for conversation and discussions. JC replied that depending on what is happening at that time we will work out the priorities. Once the report has been seen we can make a proper call on that. JH added that we need to know what the red flags are and we either need to talk to the CPO's across the system to say what we need to pivot. We then need to flag that through not only the performance report but the performance report that goes monthly to the board, but whether anything specific needs to be done from a workforce point of view. As we head towards winter how are those flags going to impact not only on the pressures in the system in the now but also looking at the future. What is it signalling to us about how we need to model things differently and respond differently to those initial pressures that might come up. JH responded to AM's comment about the narrative, where MF talks about the pipelines those include the people programme activities. If we have agreed as a people programme and then not getting the traction, they need or not fast enough or looking in the wrong place that will also be mapped. We will be able to take a system response to it from the work that the ICB is holding as part of the people programme. An ambition is to get to the last quarter of this financial year where we could include social care data. This will mean that we have to get the local authorities and health data systems to talk to one another. There is significant potential in it, and it would be great to have a whole health and care workforce plan for next year. JC added that it would be good to be able to drive with data and it would be powerful to hone down where the blockages are partner to partner. MF highlighted that as a lot more rigour was added to the planning this year across the operational piece, the baselines will be more accurate as last year they were not.	
10	**Hot Topics/Risks** JH commented that the next transition has already been discussed but noted that this is a risk that will be held for some time. AM added that the question from the ICB People Committee is whether we see a risk register shaping up for risks over a certain number in the matrix. JH highlighted that work has commenced on the corporate risk register in the ICB so can bring the people aspects of that. **Action:** JH to circulate the risk register after the meeting to members.	

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11	**Matters for escalation or communication** None raised.	
12	**Any Other Business** JH confirmed that the invites for the Shaping the Future ICB event have been sent. AM noted that she will be having a meeting with JH to discuss the freedom to speak up guardian role.	
	Date of Next Meeting 12th October, 14:00 – 16:00	

Cath Lewton, Programme Administrator, June 2023