NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 29th November at 15:00 virtually via Microsoft Teams

Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People, BNSSG ICB (Chair)	JC
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Kelvin Blake	Non-Executive Director, NBT	KB
Anil Patil	Non-Executive Director, Sirona	AP
Apologies		
Bernard Galton	People Committee Chair, Non-Executive Director, UHBW	BG
Emma Wood	Chief People Officer for UHBW: SRO for Learning, Leadership and Wellbeing	EW
Eugine Yafele	Chief Executive Officer, UHBW	EY
Helen Holland	Chair of Bristol Health and Wellbeing Board	HH
Jacqui Marshall	Chief People Officer, NBT	JM
Jeff Farrar	Chair of BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Kate Barnes	Adult Social Care Programme Manager, Department for People, South Gloucestershire Council	KB
Monira Chowdhury	Head of Equality, Diversity, and Inclusion, NBT: SRO for EDI workstream	MC
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sam Chapman	Assistant Director Learning and Development, UHBW	SC
Sarah Truelove	Chief Finance Officer, BNSSG ICB	ST
In attendance		
Alex Nestor	Director of HR, UHBW	AN
Amy Carr	Design Lead – Transformation Hub, BNSSG ICB	AC
Ann Remmers	Maternal and Neonatal Clinical Lead, Health Innovation West of England	AR
Collin Salandy	Business Partner – Equality Diversity & Inclusion, BNSSG ICB	CS
Corry Hartman	Senior Workforce Analyst, BNSSG ICB	CH
Evonne Artman	Programme Administrator, BNSSG ICB (Minute Taker)	EA
Holly Hardy	Clinical Lead and GP Fellows Lead, BNSSG Training Hub	HH
Jean Scrase	Associate Director of Education, BNSSG Learning Academy SRO, UHBW	JS
Keith Brassington	ICS Workforce Redesign Business Partner, BNSSG ICB	KB
Kiaran Flanagan	Urgent & Emergency Care System Workforce SRO, NBT	KF
Layla Toomer	Patient Safety Lead Maternity and Neonatology, BNSSG ICB	LT

Louise Carthy	Programme Officer, BNSSG ICB	LC
Nicole Saunders	Head of System Planning, BNSSG ICB	NS
Noshin Menzies	Senior Project Manager, Health Innovation West of England	NM
Sohan Paton	Founder / Director, Black Mothers Matter	SP

	Item	Action
1	**Welcome and Apologies** The above apologies were noted.	
1.1	**Declarations of Interest** Kelvin Blake DoI to be added to the register.	**EA**
2	**Minutes of the last meeting** The minutes of the meeting on 26th September were approved as a correct record.	
3	**Action log** The action log was reviewed and updated.	
4	**Workforce Plan Monitoring Report November 2023** CH presented the Workforce Plan Monitoring Report November 2023 to the group and highlighted the following points: • We are currently delivering above plan, with improved retention and turnover rates. • Substantive staff in post is above plan by 1,049 WTE. • Substantive staff in the acutes, AWP and Sirona is 27,748 WTE; this is 1,264 WTE above the March 23 baseline. • Substantive staff has grown by 179 WTE between September and October 2023. • Reasons for the positive performance against plan are: - Growth in clinical support roles. - Continued downward trend in turnover since November 22 (17.1%) – ICS average for October is now 13.8%. - Growth in non-medical registered clinical staff (128 WTE more registered nurses and 65 WTE more allied healthcare professionals than plan. - Growth in medical staff (including trainees) - above plan by 163 WTE in October. • Agency use is 101 WTE below the March 23 baseline and is 1186 WTE below plan. • Agency spend is £6m adverse to plan as at month 7, predominantly due to medical staffing. • Bank usage is an increase on the baseline. • International recruitment – 448 out of the 625 planned for 23/24 have arrived; this equates to 72% of the 23/24 plan. • Vacancies are currently at 9.4%. Since July 2022, when the system average vacancy rate was 13.6% across all partners, vacancies have been on a slight downward trajectory.	

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	• Turnover is in the target range of 12% to 15.7% across health partners. Turnover has steadily declined since a peak in June/July 22. The 2023/24 operating plan has a turnover target of between 15% - 16%. All providers are now below this target with UHBW the lowest at 12.3%. • Sickness is currently averaging 5.2%. It was acknowledged that sickness is seasonal and does rise as we enter winter and is expected to peak in December. CH shared some deep dive information on AWP workforce challenges. The following points were highlighted: • Ability to retain mental health nurses is a challenge. • The number of mental health nurses in post has seen a big increase in recent months. • AWP is delivering a growth in mental health nurses, however turnover is challenging at approx. 12%, which is the highest in the region. • The team will be working closely with AWP on this. The Committee raised the following points: • More intelligence is needed on why staff are leaving (e.g. is it pressure of the job? Money?) So that issues can be tackled ahead of staff deciding to leave. • The Additional Roles Reimbursement Scheme (ARRS) – jointly employed roles between general practice and AWP) – will be included in the AWP data, so could be behind the increase we are seeing in MH nurses. It was recognised that there was funding attached to the ARRS scheme. • Temporary staffing is now of national interest, with AWP being the highest in the country in terms of agency spend. There will be a deep dive on agency spend at the next ICS People Committee – **EA to add to the forward planner. Our 4 large providers will be asked to present on local activity and what we can learn from one another, recognising that this is a transient workforce. ACTION: AWP, SIRONA, UHBW & NBT. This will be co-ordinated through Toria Wrangham the ICB Temp Staffing Lead.** • **ACTION: CH to find out if we have predicted figures on future agency spend – do we know how much of the spend was anticipated.** It was acknowledged that the number of shifts needing to be filled by temporary staff is quite reactive and therefore hard to measure. It was noted that UHBW are doing some work looking at turnover and length of service through a different lens to develop a stability index. This will identify where the highest level of leavers are, will track healthcare support workers who are going on to nurse training, and will aim to provide predictive intelligence. **ACTION: AN will share this work with CH.** • The report now incorporates social care data (and noting heavy caveats around the variations in data sets), CH to investigate of possible to understand in more detail the number of registered nurses within BNSSG and how they are moving within our system, to try and understand how they are interacting with the different parts of the	**EA** **Toria Wrangham AWP/Sirona/ UHBW/NBT** **CH** **AN** **CH**

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	health and care spectrum, and whether we are all trying to draw from the same pool. • The need to also incorporate primary care data was noted – this will be a future action. It was agreed that this intelligence would be used strategically to help inform and drive SRO-led programme activities, in order that we can impact upon what these measures are telling us. It was agreed that temporary staffing would be taken as an initial area of focus. Thanks were extended to CH for this work.	
5	**Planning Rounds 24/25 – Current approach and activity update** NS provided an update on system planning and the outputs required from our planning process for the System 5-year Joint Forward Plan (JFP) and System Operational Plan • The planning process is underway. 2 planning days have taken place, to start thinking about bringing life to our strategy. • We are compiling the workforce plan from provider submissions on workforce forecasting for 24/25, and narrative to support this. • Workforce is a key component and enabler, and we want to use the structure of the Health and Care Improvement Groups (HCIGs) to carve up the totality of the plans, recognising that workforce spreads across all of these. It is recommended that CPOs empower their workforce planners to become embedded in the HCIGs, recognising that system workforce planning and financial planning cannot be done in isolation from one another and needs to be triangulated. It is anticipated that the HCIGs will oversee the development and approval of the elements of system plans, while the System Executive Group retains oversight and ownership of the plan as a whole. • The need to maintain workforce at the centre of system planning as well as at a provider/service specific level was noted. • 2 planning days will take place in the New Year, which will support the operational submissions to NHSE in March. The planning process to date has identified some areas where there are particular concerns: • Mental Health workforce – currently there are recruitment and retention issues which are resulting in high agency spending in specific areas. • Community paediatrics – difficulty in recruiting to specific roles is threatening our ability to address the significant backlogs in this area. • Fragile specialist services – for the most specialist roles, the workforce resource is less resilient in terms of numbers, since patient numbers are so small. • Impact of performance of neighbouring services – when we are required to welcome patients from neighbouring areas, we struggle to have the workforce to respond.	

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	The Committee raised the following points: • In order to deliver the NHS Long Term Workforce Plan, there will need to be a considerable growth in apprenticeships. This needs to be reflected in our financial planning, across system partners and across different financial years. As we carry out our workforce planning, links need to be made with L&D teams as they will be the ones who will be recruiting apprentices. • There needs to be connectivity between financial planning and our workforce dashboard. The dashboard will inform activity and the trend data will influence modelling work. Planning teams need to run those models against demand expectations so that we can see where the gaps are in workforce provision across the professional groups. • It was acknowledged that there are transactional, operational activities that need to be done to ensure that BAU work continues. Workforce transformation activity needs to be layered onto this, which is about new roles, new opportunities, different pathways, and drawing from our local communities. This is where our BNSSG People and Culture Plan needs to hit the ground and where our plans for a People Academy need to come to fruition. • It was highlighted that placements and our higher education providers need to be linked into the planning process as well. Planning will not work unless the placements are there to back it up. • Space was flagged as a significant limitation to placements in primary care. The shortage of clinical supervision for placements was also highlighted. • It was acknowledged that if we are going to increase our workforce but don't have the space to put them in, we need to consider different ways of working and being more creative, such as including virtual placements without boundaries, using more social care, and involving the VCSE. • Confirmed that placements are high on the agenda in all parts of the system and that coordination of placement activity will be key. There is now a subgroup of the Learning and Leadership Academy which is focusing on placements and NHSE are developing an in-place tool. This tool will map capacity across systems for all learner groups.	
6	**UEC Workforce Strategy Update** KF & AC shared the journey of the Urgent and Emergency Care (UEC) workforce approach and delivery. The following points were noted: • It was highlighted that workforce was always found to be the highest risk and the most common barrier in plans to provide cross-provider services and new ways of providing care for patients. • A multi-provider and multi-professional workforce group was set up to work collaboratively as a team to explore UEC workforce challenges and opportunities. This was a clinically led model backed by all system partners, which supported the movement towards cross-organisational services and helped to break down discontinuity. • The approach is built from work to date, group stakeholder engagement, collated insights including clinician interviews, staff & clinician focus groups, and through our UEC workforce group. These	

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	insights were used to structure a UEC workforce workshop in March 23), attended by clinicians, operational staff and partner representatives, and at which 5 key themes were developed: - Working Collaboratively - New Ways of Flexible Working - Developing our UEC Workforce - Digital Innovation - Retention & Wellbeing Moving forward, the UEC strategy will be refreshed to incorporate this new approach. • There is a real will to implement change, and real expertise to deliver some of that work. A lot of learning can be taken from this approach, and it is also being used as an exemplar elsewhere in England too. Further details on the approach were presented as follows: • The approach identifies key areas to enable achievement of the UEC workforce ambitions in the next critical two-year period. It seeks to create the best conditions to influence capacity, capability, cost, culture, and enhancement of the patient experience, thus improving both efficiency and effectiveness. • System partners involved in the UEC collaborative include University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), North Bristol NHS Trust (NBT), Sirona, Primary Care, Brisdoc, and South Western Ambulance Service Foundation Trust (SWASFT). • The approach does not aim to replace existing workforce plans but strives to foster synergy, collaboration and enhance the delivery of UEC initiatives within BNSSG's ICB Joint Forward Plan, System Strategy and UEC Delivery Plans, individual provider plans and the ICB Workforce Strategy which is currently in development. Both the approach and plan have been reviewed to ensure alignment with the NHSE Long Term Workforce Plan (June 2023). • Challenges to the approach are linked to governance and infrastructure. Areas of escalation to senior leaders included: - Working better as a system to mitigate the risk of 'robbing Peter to pay Paul'. - Our of Hours working / moving to a 7-day service model - Recognising the difficulty of establishing an end-to-end workforce UEC data baseline. JH thanked the team and highlighted that this was a great example of what can be achieved when there is a real will across the system to make a difference. Support from the ICS People Committee was offered to the UEC collaborative moving forward, in channelling things through to the ICS Board. Support from a senior level to release bandwidth for staff to undertake the UEC workforce baselining work was sought. **ACTION: CH to link with KB and AC on this.**	**CH**
7	**Black Maternity Matters** LT, SP, AR, and NM presented on the Black Maternity Matters (BMM) project. The following points were noted:	

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	• In the UK, black women still face significant disparities in maternal health outcomes, experiencing higher mortality and stillbirth rates compared to their white counterparts. It was highlighted that these disparities are rooted in systemic biases, structural racism, and a lack of racial literacy within healthcare services. • To address these issues, the BMM initiative was launched in 2021, focusing on targeted anti-racism education, peer support, and Quality Improvement (QI) transformation projects for perinatal staff within the West of England. • Drivers were noted, including the following statistics: - Women racialised as black are 4 times more likely to die than white women. - Black babies are more likely to die and have stillbirth and neonatal deaths. • The BMM project aims to remove the burden of responsibility from black women and demonstrate to people and communities that the health system is taking ownership of this issue. • The collaborative engaged stakeholders and an evidence review was undertaken. Following this, HIWE, Black Mothers Matter, BCohCO and Representation Matters formed a working group and successfully secured funding through the Health Foundation's Q Local Learning Fund programme. • Following engagement and collaboration with BNSSG organisations including UHBW and NBT, a BMM pilot (Phase 1) was delivered, running from May 22 until December 22. Participants were eligible if working as a midwife or in a maternity support role. 17 participants completed the programme. • The vision of the programme was outlined and included: - Reducing racial disparities, morbidity, and mortality. - Moving the onus away from women and babies racialised as black, and instead onto the unsafe systems of care that perpetuate harm. - Improving outcomes and experiences. • The collaborative approach to the model was outlined and the structure of the programme noted as follows: - A 6-month structured learning programme with cohorts and perinatal workforce. - Quality improvement teaching, coaching and peer support. - In-person and virtual sessions. - Building a community of practice - Introducing BMM champions in each Trust. • Following the implementation of the BMM pilot and full evaluation, improvements and amendments were adopted into Phase 2, launching in April 2023. These included opening participation to the whole perinatal team, ensuring representation of senior perinatal staff within cohorts and an improved coterminous delivery of QI support. 3 Cohorts of 63 perinatal staff from the West of England region (Bristol,	

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	North Somerset, South Gloucestershire, Bath, North East Somerset, Swindon, Wiltshire and Gloucestershire) participated in Phase 2. • It was highlighted that the BMM project provides anti-racist building blocks and is delivered in a brave space delivered by experienced practitioners. It allows people time and a safe space to explore their own individual roles and their team in perpetuating unsafe systems of care. • The community of practice is unique and enables a sustained period of learning, facilitating wide-reaching inter and intrapersonal development to impact beyond perinatal services. • It was noted that the training has changed the way people deliver care as well as the interactions they have with friends and family beyond their place of work. • Next steps and ambitions for Phase 3 include: - Widening participation and expanding the reach of the programme (e.g. student midwives, obstetricians, health visitors). - A dedicated Very Senior Leadership cohort. - Mandatory System-wide Training. - Psychological Support. - Further roll out encompassing improvements identified through evaluation of Phase 2. - Develop a refinement stage to codify and identify the core elements and mechanisms for action and adoption. - Evaluation of Phase 3 to be expanded to include clinical outcomes of women and families, looking at morbidity and experience. The Committee thanked the team for their hard work and for their presentation. The Committee supported the ambition to expand the programme and acknowledged the theory of change as a fundamental driver and underpinning principle for wider anti-racism work across the system.	
8	**ICS Draft EDI Report – Presentation and Feedback** CS presented the draft report to the Committee. The following points were noted: • This is the first time this report has been brought together at an ICS level. • The BNSSG population and demographic data was highlighted. It was noted that 9.7% of the population are from a BAME background. 4% of the Bristol population identify as LGBTQ+. • BNSSG WRES and NHS staff survey data shows that BAME staff are more negatively affected than their white counterparts in all parts of the workforce and recruitment processes. Despite this, BAME staff are more likely to stay within their organisation. • BNSSG WRES and NHS staff survey data shows that disabled staff are poorly represented across the workforce. The disparity between disabled and non-disabled staff increases from band 8a upwards. This can be seen across clinical and non-clinical roles. • New system priorities were highlighted as: - Improve inclusive recruitment practices.	

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	- Focus on cultural competency and anti-racism actions to support improved retention. - Support the embedding of a talent pipeline. - Develop meaningful data for planning, sharing and review across BNSSG. - Continue to build strong relationships with EDI leads across the system. - Collate and support developing an action plan and delivering on EDS22. • Next steps are being devised, including an action plan to embed these priorities within the system to support our diverse workforce and the communities they serve. The draft report will continue to be refined and will be taken to the Integrated Care Board in February 24.	
9	**People Programme Audit** JH provided an update on the internal audit of the People Programme as follows: • The audit report shows a good outcome. • Some recommendations were identified, including a refresh of the People Programme Board, which is already being taken forward. Other recommendations were around ensuring governance lines are clear, using evidence as the basis for decision making to drive programmes going forward. • The audit has been helpful in increasing effectiveness and supporting the continuous improvement of the People Programme.	
10	**Hot Topics / Risks or matters for escalation** ICB RCA Efficiency Shaping Our Future Consultation: • JH referenced the national requirement for ICBs to make 30% cuts to running costs. As a result of this the ICB will be 30% smaller, and this will significantly impact on what the ICB does and how it engages and works with partners going forward. • A successful Voluntary Redundancy scheme has been run. • Staff consultation on the organisational restructure is due to launch on 11th December. • JH highlighted that the 30% target is very challenging. It is a difficult time for staff and has impacted significantly on morale. • JC thanked the People Team for their hard work during such a difficult time during the restructuring. Productivity Workshop & Future Deep Dive • Productivity is a key area of focus of the national team. • Ahead of a visit to the Region on 21st December, Nicola North (ICS Learning & Development Business Partner) will be pulling together a system-wide People Productivity Report, bringing together activities across BNSSG and taking a vertical and horizontal look at input vs outcomes.	

	Item	Action
	• This report will be brought to the next ICS People Committee for a deep dive on Productivity. **ACTION: EA to add to forward planner.**	**EA**
11	**Any Other Business** VCSE Attendance & Committee Membership: • It was proposed that a rep from the VCSE Alliance sit on the ICS People Committee as a member in attendance, to represent the VCSE sector. • This would ensure that the VCSE have a voice around the table and be part of the conversations around workforce, planning, capacity, challenges etc. This will lead to a greater understanding and better joint working to meet the needs of our population. • The People Committee supported the proposal. **ACTION: JC to confirm rep so that they may be added to the membership.** • It was acknowledged that the VCSE has always been part of our system but not officially recognised in the same way that Social Care are. We are keen to collectively support this towards a legislative level.	**JC**
12	**For Information** **People Programme Update reports** The reports were provided for information ahead of the meeting. No comments were received.	
	Date of Next Meeting Wednesday 31st January 2024.	

Evonne Artman
Administrative Officer
29th November 2023