NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) People Committee Meeting

Minutes of the meeting held on 19th February at 14.15, held virtually via Microsoft Teams

Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People (Chair) BNSSG ICB	JC
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Jeff Farrar	Chair of the BNSSG ICB	JF
Alison Moon	Non-Executive Member – Primary Care Committee, BNSSG ICB (Ellen Donovan in attendance)	AM
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
David Jarrett	Director of Integrated and Primary Care BNSSG ICB	DJ
Apologies		
Cath Lewton	Senior Administrator & Organisational Development Programme Support, BNSSG ICB	CL
Colin Burlison	Talent and Learning Manager, BNSSG ICB	CBu
Joanne Medhurst	Chief Nursing Officer, BNSSG ICB	JM
Neil Turney	Co-Chair of Staff Representative Forum, BNSSG ICB	NT
In attendance		
Aishah Farooq	Associate Non-Executive Member for Bristol, North Somerset and South Gloucestershire	AF
Astra Brayton	Internal Communications Manager, BNSSG ICB	AB
Collin Salandy	Business Partner – Equality & Inclusion, BNSSG ICB	CS
Corry Hartman	People Programme Manager, BNSSG ICB	CH
Evonne Artman	People Administrator (minute taker)	EA
Lara Reading	People Business Partner, CSU	LR
Sam Hill	People Business Partner, BNSSG ICB	SH

	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 19th February were recorded as an accurate record.	
3	**Actions Log** Actions were reviewed and updates taken.	
4	**ICB Staff Survey 2023 results presented by Lara Reading** LR provided an update on the NHS staff survey, which closed on 24th November. It was acknowledged that the survey occurred during a period of organisational change. Key points noted were: • 363 out of 474 eligible staff participated - a response rate of 77%. This was slightly higher than the previous NHS staff survey (75%). We were ranked 12 in the most positive responses. • This puts us slightly above average in relation to other ICBs. Picker was commissioned to complete the survey from 29 ICBs. • In comparison to 2022, we scored significantly better in 3 questions, significantly worse in 10 questions, and no significant difference in 83 questions. • The average score across the 29 ICBs was significantly better in 6 questions, significantly worse in 4 questions, and no significant difference in 89 questions. The group discussed the findings in relation to the ICB's most improved scores, most declined scores, in comparison with the 2022 survey results. Recommendations as to next steps were agreed as follows: • Locality reports to be shared. • Free text reports, key themes to be shared. • Information to be used to formulate plans, incorporating targeted actions. • Report to be shared with the Staff Partnership Forum at the end of this month. • Senior Executive Team will use this information to help describe the culture in which we are working and to inform development of the People and Culture work moving forward. • Develop an organisational development plan based on the key issues from the survey. The OD plan will be brought to the board via the People Committee. Other observations included: • JF commented that it was good to see the reporting of near misses as a percentage have improved, however as there is still a quarter of our	

	Item	Action
	organisation that would not alert us to near misses, there is still work to be done in this area. • LR reported that 96% of staff reported that they had not experienced unwanted sexual advances. This means 14 people who either have experienced sexual advances or may have ticked another box. This is extremely high for the size of the organisation and is cause for enquiry. • LR confirmed that out of 42 ICBs, only 29 ICBs chose to participate via Picker. They may however have used another provider, but ICBs are not mandated to participate. • JF noted that a system report from all ICS partner organisations regarding staff survey responses will be available for the Board. • LR advised we should be benchmarking ourselves against the best – not the average. • Impact of the 30% running cost efficiencies highlighted by AM – workload pressure and team working will be impacted by having 30% less staff. It was confirmed that following the launch of the new structures there will be a priority exercise for Execs looking at what we are going to stop doing, how we will change ways of working, and development of culture.	
5	**Update from the Staff Partnership Forum (SPF) (12th January) presented by Jo Hicks** JH updated on the latest SPF meeting held on 12th January. The following points were noted: • The meeting focused on Shaping Our Future. • There is a meeting with SPF Chairs this week to discuss the consultation. There will then be a separate meeting with ICB staff networks to respond to their specific consultation input. • The group is collating the equality and diversity scores for 2022/23; these are being pulled together at the end of February. The report will come to the People Committee and then to the Board. • Sexual Safety Charter – we will be signing up to this charter accordingly and taking it through SPF. We will also ensure that system providers/partners also have this in place.	
6	**Update from the Inclusion Council (IC) (13th February) presented by Collin Salandy** CS updated on the latest Inclusion Council (IC) meeting that took place on 23rd November, highlighting the following points: • Survey results will be brought to the next ICB Inclusion Council Meeting in March; this will include the gender pay gap. • Disabled Staff Network have had drop-in sessions and workshop discussions around the reasonable adjustments policy and access to work, and how this can be improved and new relationships built. • Discussed having lunch and learn sessions around barriers to care for trans people, also around the Pride event that is coming up. • Looked at the impacts of diversity during the consultation, in relation to possible disproportionality in shortlisting which could lead to a less diverse organisation.	

	Item	Action
	• Inclusive recruitment – close relationships with relevant teams and topics is needed, as the EDI staff is reduced. EDI has a budget of £10k. • Business Disability Forum - there was low staff usage. Will be looking at the benefit and impact of this meeting in order to determine whether to continue it or not. A survey was suggested. • There will be an Inclusion Meeting on 14th March to make a decision on membership, as current membership runs out on 1st March. • The Inclusive Recruitment tool kit will be brought to the next meeting on the 14th March. • Evidence has been collected from the EDI Leads and final report is being completed this week. • There were no takers for the Diverse Panel Pool (internally). The following comments were made: • ED acknowledged that CS covered a lot in his update. It was proposed that it would be useful to have a 1-page document in advance to read, as it is challenging to digest such a lot of information in the time given and to be able to contribute. **Action: JH/CS will bring actions and communication from SPF and Inclusion Council to the Committee as a one pager.** • ED queried where is the decision making from an executive perspective, and how does this get fed into how decisions are made. JH confirmed that SD chairs and JH Co-Chairs; this is also routed through the People Directorate and through the People Committee as a governance line. • JF commented that the Board needs time to think through what has been presented. It was noted that the £10k budget is for internal support for networks and there is a lot of contribution for EDI. JF highlighted that we need to ensure oversight of what are we paying internally and externally around equality, diversity, and inclusion. • JC asked about the potential membership for the Business Disability Forum. CS will relay the percentages to the People Committee. • SH highlighted that the Business Disability Forum is providing assurance that we are getting the right value for money, and that we have the right support for staff.	**JH/CS**
7	**Workforce KPI dashboard presented by Lara Reading** LR updated on the internal workforce metrics for Q3 and highlighted the differences from Q2. The following points were made: • FTE staff numbers have decreased by 53.4 over the last 12 months (headcount of 67). • FTE staff numbers have reduced by 7.06 between Q2 and Q3 (headcount of 8). • 9 new members of staff commenced employment in Q3. • There were 9 leavers in Q3, of which only 3 completed an exit questionnaire in ESR, a response rate of 21.4%. • 43 members of staff completed an exit questionnaire on leaving the ICB over the past 12 months, where 86% strongly agreed or agreed they have opportunity to show initiative their roles and that the ICB does provide opportunities for flexible working.	

	Item	Action
	• 28% neither agree or disagree that they often/always looked forward to going to work and 26% strongly disagree with this statement. • The rolling 12-month turnover rate on 31st December 2023 was 22% in relation to headcount. This was slightly lower than in the previous quarter. • The ICB have had number of employees working on fixed term contracts; this can therefore skew the figures in relation to staff turnover. The 12-month turnover rate on 31st December 2023 excluding those on fixed term contacts was 12.4%. • The rolling 12-month absence rate to 31st December 2023 was 3.2%, slightly higher than the previous reporting period. • Anxiety/stress/depression/other psychiatric illness continues to be the main reason for absence followed by cold, coughs and flu. LR will continue to monitor the highest reasons for absence and will support line managers. Confirmed that the Employee Assistance Programme is being utilised well – there were 143 calls logged in December of which 126 were counselling calls. • Compliance in statutory and mandatory training – we have seen increased compliance in four modules in Q3, maintained compliance in seven modules and reduced compliance in seven modules. There continues to be a focus on statutory and mandatory training through "Have We Got News for You". • RS highlighted that the thresholds have changed for the types of safeguarding training sets. Faye Kamara has worked through the different teams in terms of who would need which level of training. **Action: RS to provide Committee the teams who may need to do the Safeguarding Level 2 training.** • EDI monitoring demographics - the organisation continues to have a higher percentage of female workforce at 76%, with 29% working part-time in comparison to 3.6% of males. • We remain underrepresented in terms of BAME staff with 9.41% staff identifying their ethnicity as non-white, compared to 10% across the BNSSG population. This will continue to be monitored through the Inclusion Council. • The age range of staff remains fairly spread across the organisation with the majority aged 36 to 50. 25% of our workforce is made up of staff under the age of 35. • 4.9% of staff have a disability status compared to 16.9% across the BNSSG population. AM raised the following questions: • With regard to statutory and mandatory training, what is the lack of compliance that gives us the most risk as an organisation, and the most risk to individual staff. • How personal is the request to have an exit interview; exit interviews need to be personalised and demonstrate that we want to hear from staff when they are leaving.	**RS**

	Item	Action
	• Anxiety, stress and mental health – there are a lot of wellbeing offers, how do we measure the effectiveness of these. LR confirmed that in long-term absence cases there are regular reviews with individuals, by occupational health, HR and line managers. Every case is different depending on the scenario. Intermittent, short-term absences can be looked at more closely to try and understand why they are happening. JH highlighted that we also have Freedom to Speak Up data; complaints and grievances are also measured. We want to ensure that our organisational development is in tune with how staff feel and what people hear about the ICB. It was suggested that we could dedicate a half day to staff for development, CPD, statutory mandatory and wider learning and concentration for things that are related to their professional CPD. ED highlighted concerns as follows: • Anxiety, stress and depression at 33% - what is the learning here. What do we need to put in. • 3 exit interviews out of 9 leavers is low. The onus needs be online managers to do these, and we need to encourage this. • How much ownership within the organisation is there from line managers in relation to sickness, leavers and general relationships. LR confirmed there is line managers guidance and information available for stress, risk assessments, and having wellbeing conversations. A session was held in Q3 on absence management training for line managers, and this will run more frequently.	
8	**Workforce Plan Monthly Monitoring – January Report Update presented by Corry Hartman** CH provided a verbal update on the workforce plan monthly monitoring and explained that they are currently in the process of operational planning for 2024/25. • More staff are in post - this increase is well above plan and is down to successful recruitment of clinical support roles. • A turnover target was set between 50 and 56% for health care partners. The turnover rate is steadily declining. • Seasonal sickness is at a lower level than we saw in December 2022. • Vacancy rates are coming down each month and are currently at an average of 8.4% across our partners, which is around 1,900 vacancies in total. • We have successfully delivered the target for international recruitment was set at 625 nurses. 621 have arrived (95%). ED enquired as to whether we have achieved everything that we set out to achieve since March/April/May. JH confirmed that there are variable achievements, some are above, and some are below target. There has been a particular focus on ensuring that temporary staffing targets are met.	

	Item	Action
	SD highlighted that the organisations have grown, however the activity of these organisations has not grown which represents a productivity challenge. This is not just for BNSSG. It was suggested that we bring this productivity challenge to the People Programme Board and People Committee to look at how we drive productivity forward across the system.	
9	**Armed Forces Covenant Duty Response presented by Samantha Hill** SH reported that there is an Armed Forces Covenant Duty requirement that we must have regard to. Within the covenant there are a set of promises. The ICB has reviewed and signed the covenant, meaning we have joined the defence Employer Recognition Scheme as a bronze award holder. We need to make some improvements to what we are already doing, linking to recruitment, flexible working and a review of our annual leave policy, which may enable us to move to a silver recognition space. DJ advised that he is on the distribution list for South Gloucestershire and will retain his engagement in the Armed Forces Covenant, potentially distributing this to other areas.	
10	**Policies** SH updated on the following 5 policies: **Secondary Employment Policy** The term 'Secondary Employment' in this policy covers: • An additional post with the organisation • Paid employment with an additional employer • Voluntary work – including charity, education or public office duties. **Grievance Policy** The values of the ICB are reflected in this policy. The policy focuses on employees' appeals being heard in a compassionate and supportive, consistent, and fair manner. The policy is brought to the People Committee for recommendation to the Board, as a statutory policy. **Appeals Policy** This policy can be used by all permanent and fixed term employees within the ICB (it does not apply to agency workers or interims). It is regularly checked against legislative requirements and best practice and ensures that the ICB reviews and resolves all appeals in a timely manner, ensuring the individual who has raised the appeal is kept up to date throughout the process. The policy is brought to the People Committee for recommendation to the Board, as a statutory policy **Travel and Expenses Policy** For **managers** to ensure awareness of the policy and availability of expenses, and to ensure that access to Easy Expenses is set up for direct reports. For **staff** to be aware of what can and cannot be claimed, ensure all claims made adhere to this, and to make claims in a timely manner each month. This policy needs to go to SD for approval.	

	Item	Action
	Alcohol, Drug or Substance misuse policy This policy applies to anyone working for the ICB, including employees, workers, contractors, volunteers, interns and apprentices. This policy needs to go to SD for approval.	
11	**Hot Topics/Risks** JH confirmed that the outcome of the ICB Shaping Our Future consultation was released on 19th February. The consultation response paper will be shared with the Board on 7th March to talk through actions moving forward. It was highlighted that the ICB will be a smaller organisation whilst still trying to meet all of our statutory obligations. It was acknowledged how the NEDs can encourage and support with this with our partners.	
12	**Matters for escalation or communication** Transition of the organisation of the ICB.	
13	**Any Other Business** None raised.	
	Date of Next Meeting 13th June, 14:00 – 16:00	

Evonne Artman, People Administrator, February 2024

Bristol, North Somerset and South Gloucestershire Integrated Care Board

BNSSG Integrated Care System (ICS) People Committee Meeting

Minutes of the meeting held on 27th March at 15:00 virtually via Microsoft Teams

Present		
Jaya Chakrabarti	Non-Executive Member – People, BNSSG ICB (Chair)	JC
Alison Moon	Non-Executive Member – Primary Care Committee, BNSSG ICB	AM
Bernard Galton	Non-Executive Director, UHBW	BG
Bryony Campbell	Executive Director, Transformation & Strategy	BC
Ellen Donovan	Non-Executive Director, ICB	ED
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Kelvin Blake	Non-Executive Director, NBT	KB
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
In attendance		
Corry Hartman	Senior Workforce Analyst, BNSSG ICB	CH
Emma Wood	Chief People Officer, UHBW	EW
Evonne Artman	Programme Administrator, BNSSG ICB (Minute Taker)	EA
Holly Hardy	Clinical Lead and GP Fellows Lead, BNSSG Primary Care Training Hub	HH
Jean Scrase	Associate Director of Education, BNSSG Learning Academy SRO, UHBW	JS
Laurence Ross	Project Manager – Schools and College Engagement	LR
Louise Carthy	Programme Officer, BNSSG ICB	LC
Melanie Murrell	Associate Director, Nursing Workforce Recovery, NBT	MM
Peter Mitchell	Interim Chief People Officer for NBT	PM
Sarah Margetts	Deputy Chief People Officer, NBT	SM
Toria Wrangham	ICS Workforce Redesign Facilitator, BNSSG ICB	TW
Apologies		
Alex Nestor	Director of HR, UHBW	AN
Anil Patil	Non-Executive Director, Sirona	AP
Cllr Helen Holland	Chair of Bristol Health and Wellbeing Board	HHo
Jacqui Marshall	Chief People Officer, NBT	JM
Jan Baptise-Grant	Non-Executive Director, AWP	JBG
Jeff Farrar	Chair of BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB (part)	JMe
Kate Barnes	Adult Social Care Programme Manager, South Gloucestershire Council	KB
Mandy Gardner	CEO, Voluntary Action North Somerset (VANS)	MG
Monira Chowdhury	Head of Equality, Diversity, and Inclusion, NBT: SRO for EDI workstream	MC
Nicola North	ICS Learning & Development Business Partner	NN
Sam Chapman	Assistant Director Learning and Development, UHBW	SC

Shaping better health

	Item	Action
1	**Welcome and Apologies** The above apologies were noted. The Chair reflected on the purpose of the ICS People Committee, which is to support and enable our ICS workforce of approximately 50,000 staff to feel safe, valued and supported in their roles, to enable them to deliver improved health and wellbeing outcomes for approximately 1,000,000 citizens in Bristol, North Somerset and South Gloucestershire. As an assurance committee the ICS People Committee works in partnership with other bodies, partners, the BNSSG People Programme Board and others to provide oversight on the delivery of the BNSSG People and Culture agenda.	
1.1	**Declarations of Interest** No DoIs pertaining to this agenda.	
2	**Minutes of the last meeting** The minutes of the meeting on 31st January were approved as a correct record.	
3	**Action log** The action log was reviewed and updated.	
4	**Terms of Reference** The refreshed Terms of Reference were agreed.	
5	**Workforce Plan Monitoring Report February 2024** CH presented the Workforce Plan Monitoring Report February 2024 to the group and highlighted the following points: • Substantive staff in post is above plan by 1,712wte. Reasons for the positive performance against plan are: - Growth in clinical support roles accounts (747wte). - Registered & midwifery is 364wte above plan. - The downward trend in turnover (the ICS average for February 2024 is now 12.9%, which is 3.2% lower than February 2023). • Agency use in February 2024 is 242wte below plan and 215wte below the March baseline levels. • Agency year to date spend is £5.4m adverse to plan in February 2024, with actual YTD spend at £78.4 million against a plan of £73.0 million. February spend is £6.0 million and is £0.6million under plan. This is the third consecutive month the plan has been achieved. • NHSE are set to cap the agency spend against a total pay of 3.7% of expenditure for this year. UHBW are near to this percentage. • Bank is 289wte above plan and 524wte above baseline. • International recruitment is on plan; 621 out of the 625 planned for 23/24 have arrived, this equates to 99.4% of the 2023/24 plan. • Vacancies for February 2024 are currently 1,684wte (7.4%). Current vacancies are the lowest over the last 6 years, excluding the pandemic year of 2020/21. Since the peak in July 2022 where vacancies reached a system average of 13.6% across all partners, vacancies have been on a steady downward trajectory. • Turnover is in the target range of 11.9% to 15.8% across our health partners. Turnover has steadily declined since a peak in June/July 2022. The 2023/24 operating plans had a turnover target of between 11% -15%. All providers are now below this target with AWP at the lowest at 11.5%. This is the seventh consecutive month the target has been achieved.	

	Item	Action
	• The system average for sickness absence in February 2024 is 5.1%, (range of 4.6% to 5.6%). The system average reduced by 0.1% from January. **ACTION: CH to update the agency staff figures for the next meeting.** The following points were then made: • BC commented that the data needs to accurately reflect the areas we need it to cover in order that conversations can take place in a meaningful way. Primary Care is also an important part of the workforce and figures need to be included. • HH highlighted that is it important to differentiate between General Practice and Primary Care. • BG acknowledged that the presentation was helpful, particularly in highlighting vacancy rates. • AM commented that comparisons/benchmarking is a good idea, however data also needs to include pharmacy, optometry and dentistry (POD). • BC suggested that if the Primary Care data is just General Practice, then the report should state this. **ACTION: CH to amend the workforce plan data to reflect General Practice and POD figures.** • BG noted that the vacancy figures for mental health consultants for 25/26 are high, and queried if there was any comparative data available to gauge if these figures were good, bad or indifferent compared to other providers. **ACTION: CH to provide some benchmarking vacancy data for mental health consultants for the Southwest Region.** • AM commented that it is important to compare against the best when benchmarking, to identify where there may be improvements, what is our ambition and where do we want to go. • AM reflected that if Social Care is struggling, we will all be struggling. Suggested we will need to think creatively to address challenges in order to make a difference. • JH noted that Kate Barnes is an active member of this committee and of the People Programme Board. Since November 23 we have incorporated social care numbers into our reporting and are seeking to obtain more robust data moving forward to ensure we obtain a holistic picture of the situation. • JH expressed thanks to CH and Naveen Tippani for their hard work, noting the improvement in the data since last year. This was concurred by the Chair. • EW acknowledged that challenges within Social Care have a profound impact on Acute Care and the whole system, particularly in relation to the 'no criteria to reside'. This is one of the biggest causes of inefficiency as it makes bed flow so difficult to manage. It was highlighted that this is the biggest issue that needs to be unpicked at scale to better understand the problem and the drivers. **ACTION: JH to take this forward as a system action for the appropriate working group via the People Programme Board.** **ACTION: CH to provide a timeline to come back to the ICS People Committee within the next 2-3 months to update on this system action.**	CH CH CH JH CH

	Item	Action
	• KB enquired whether we know why the figures are heading in the right direction, and if we have a collective narrative from providers in terms of what interventions they have made and what were the most / least successful? It was suggested that it would be helpful to share lessons with the committee.	
6	**Update on Workforce Plan for 24/25 National requirements & Operational Targets** CH presented to the committee, highlighting the following points: • Total staff is planned to change by 460wte. - Substantive staff will grow by 692wte (2.7%), the majority of which will be in registered nursing at 507wte which accounts for 73% of growth. - Agency is planned to reduce by 280wte (-39%). - Bank is planned to increase by 48wte (2%). • Vacancies are planned to reduce by 344wte with a March 2025 position of 889wte (3.2%). • Turnover will reduce slightly from a forecast March 2024 range of 12% - 14% to a March 2025 of 12% across our partners. • Sickness will range between 4% to 5% in March 2025 from a forecast March 2024 position of 5%. • In relation to temporary staffing: - The Agency worked hours reduction for 2024/25 of 280wte mainly comes from registered nursing reduction of 190wte. - The bank change of 48wte is also mainly in nursing which accounts for 93%. - Agency expenditure for 2024/24 is £65.4 million. 2023/24 plan was £73 million. The following points were then made: BC highlighted that there needed to be clarity when referring to Primary Care, to make clear if this refers to pharmacy, optometry and dentistry (POD) or just General Practice. This also needs to be made transparent where there is data titled "system at a glance", otherwise there is a risk that assumptions will be made that POD is included when it is not. **ACTION: CH to ensure this is annotated on future reports.** • ED enquired as to what governance processes are in place for agency spend across the system, and where challenges for providers are presented for 2024/25 to bring the system in on plan. • EW highlighted that nursing growth is slightly surprising and enquired as to what we are going to do with these numbers within our system context, noting the drive from NHSE to improve productivity and efficiency. • JC suggested that there is a firm action to understand how the triangulation of intelligence impacts on our numbers and future planning. **ACTION: JH to provide numbers against productivity according to staff numbers, as an ongoing action.** • JS observed that there was no headcount growth, whereas the Long-Term Workforce Plan asks for growth in specific roles. JS suggested there was a dichotomy between what is being asked for and how we manage this across the system. • JH stated that in terms of growth we are going to look at bank shifts, managing the elective theatres pending numbers from NHSE. Changes will	**CH** **JH**

	Item	Action
	be made once the actual numbers come in, rather than working on unknowns. • AM reflected on the impact of NBT and UHBW clinical strategy on workforce, noting that we may need to increase in some areas but reduce in others. It was queried whether there was an impact on the operational plan around workforce that we need to know about. • AM asked if there was a workforce ageing profile across the system, linking to initiatives around what we can do to keep staff interested and wanting to work when they could retire. JH noted that the retention group have been focusing on those who are close to retirement, in relation to legacy work and the opportunity for retirement and second careers. • AM enquired if there is a strong evaluation completed when introducing new roles. • RS reported that there is a challenge around mixed messages on safer staffing models (patient safety vs affordability vs staffing models etc.). To apply the Safer Nursing Care Tool, there is a requirement to not increase headcount and not increase expenditure, which is a challenge. • BC suggested that the joint clinical acute strategy needs further conversation and thinking through, as it is disjointed. SM highlighted that the strategy needs work to reflect the whole system as opposed to individual partners / organisations. • CH noted that the growth challenges are all measured in whole time equivalent (wte). • HH commented that the GP wte might have fallen since the data came out.	
7	**MoU to support Integrated Workforce Models** JH raised awareness of the draft Memorandum of Understanding (MoU) and highlighted the following points: • The draft MoU supports Integrated Workforce Models, to enable improvements to collaborative working, enable more flexible resourcing between participating employers, and increase retention of support staff in the community. • The model (currently focussed primarily on NHS @ Home) is a collective endeavour and facilitates the movement of staff to support patient flow out of hospitals. • Partner provider organisations are encouraged to sign up to support ease of transition between organisations for our workforce. • Conversations have taken place with staff-side partners and there will be a 3-month proof of concept period. The following comments were made: • AM asked how the MoU is going to work in practice, for people to feel that it is a positive change. • SM highlighted that feedback from staff is around the practicalities of working across organisations, e.g. access to buildings and systems etc. • BG acknowledged that the MoU is a positive start, and that this is not about changing employment rights. • HH expressed support for the MoU but highlighted that there needs to be bespoke training for work across any boundaries. • JH expressed thanks to Peter Russell and Toria Wrangham for their work on the MoU.	

	Item	Action
8	**Regional & System Temporary Staffing & Agency Activity Update** TW provided an update on the regional and system temporary staffing and agency activity: • Currently this year there is a ceiling of 3.7% of the total pay bill. Next year this will drop to 3.2%. • Regional focus is on nursing, mental health and medical rates. • A nursing rate card has been agreed for the acutes; this will go live from April 24. • The Mental Health Subgroup are focusing much more on transformational change and looking at models to better utilise mental health support workers in acute trusts. • A medical rate card for the Southwest is being presented to the regional CMO Group in the next couple of weeks. They will be aiming to get an agreed rate card by December 24. No providers are reaching the NHSE cap for medical work currently. • A price cap compliance will be coming into effect from 1st July 24. • There is a plan to eliminate off framework in all staff groups by 31st March. Risk assessments are underway on the removal of off framework. • A Workforce Strategic Oversight Group has been established to support the cohesive system workforce overview and deliver against the local and regional objectives. • System approach to staffing pressures confirmed as: - Staffing Sharing – review of MoUs and current data sharing agreements to facilitate free sharing of staff through banks. - Acute Provider Collaborative Bank - go live Spring 24 with Band 5 general nursing shifts (NBT & UHBW), widening scope of project to include Sirona. - Current partnership agreements – NBT and Sirona HCSWs to support inpatient and community nursing teams, UHBW and Sirona to scope sharing of ITU RCNs to support children's lifetime services. The following points were then made: • EW welcomed the system wide approach. EW reflected that medical agency is a significant issue for us, with high-cost interims, locums, outsourcing, weekend initiatives etc. High-cost temporary staffing needs to be addressed by working collaboratively on alternatives. We also need to consider quality and patient safety risks when dealing with some of the long-term medical agencies. EW highlighted that in Weston General Hospital we have the equivalent of approx. 40wte long-term locums. It was recognised that it will take longer than 1 year to resolve this.	
9	**Strategic Workforce Oversight Group** JH updated as follows: • The Strategic Workforce Oversight Group has been re-established. The first meeting took place in March; subsequent meetings will take place monthly. • Membership consists of Deputy Chief People Officers, Chief Nursing Officers and Chief Finance Officers, who are able to make decisions for their organisations and have the influence to remove barriers. • This Strategic Workforce Oversight Group sits below the People Programme Board.	

	Item	Action
	• The Temporary Staffing Incentives Group includes members of the HR Teams responsible for temporary staffing. This group will use incentives at a regional and local level to inform best practice. This will also oversee the MoU work, as well as wider issues such as aligning all contracts within our system to simplify procurement. ED suggested that a date needs to be set to look at governance arrangements and discuss if they are delivering what we need them to.	
10	**Update on BNSSG People Academy and BNSSG People & Culture Plan Task and Finish Groups** LR presented to the group. The following points were made: • The vision of the People Academy is to deliver the best outcomes for our current and future workforce, reflecting the region we serve, through delivery of a co-created BNSSG People & Culture Plan. • Our ambitions will be linked to outcomes for the long-term workforce plan and will better provide support for services. We will be reaching out to education, VCSE and local communities as well as key partner organisations. The work will also take into consideration observations from work in London and Manchester and will look at population demographics and socio-economic data. • Work will be split into 3 phases for up to 10 years; currently this is year 1, charting initial progress whilst engaging and having continued conversations with stakeholders. • It is planned to bring the BNSSG People & Culture Plane plan to the People Programme Board for sign off by December 2024. • Expressions of Interest are currently being sought across partner organisations for members to join the People & Culture Plan Task & Finish Group and the People Academy Task & Finish Group. • Conversations have taken place with Mark Hubbard regarding a VCSE engagement plan, which is currently in draft stage. The following comments were made: • JS noted that the Educator Workforce Strategy and the EDI Implementation Plan were missing from the development slide. **ACTION: LR to update the slide.** • JS highlighted the need to communicate how we will transition from the current governance structure / existing groups, into the People Academy going forward. • JC queried if the remit of Task & Finish Groups was to support and influence, or 'do the doing'. JH confirmed that they are delivery groups, reporting into the People Programme Board, and will be tasked with creating the products via a fully system-led approach. • JH highlighted that 24/25 will be a transition year, moving from our existing Senior Responsible Officer led work model towards a People Academy and the People & Culture Plan as our response to the Long-Term Workforce Plan. These discussions will be led by the People Programme Board, to consider how we can deliver this work as a system and enable system partners to lean into this. There will need to be a triangulation point to hold this system response – this will be an additional strand of work to come through the People & Culture Plan.	**LR**

	Item	Action
	• JC reflected that the time commitment required for the Task & Finish Groups needs to be manageable in order that members can do this alongside their day jobs. JH highlighted that this is agile system working and not a separate piece of work. There is a meaningful delivery objective, and it presents staff with the opportunity to experience working at system level. As partner organisations we need to be willing to give staff the capacity to get involved in this as part of their role – not in addition to their role. Committing to this system level work now will provide benefits for all moving forward.	
11	**Hot Topics / Risks or matters for escalation:** **Focus on Productivity** JH noted the following points: • Keith Brassington (ICS Workforce Redesign Business Partner) has been compiling a strategic review of workforce productivity, capturing what is already out there and what we understand this to be. The review will be brough to the People Programme Board for a system conversation. • This will build on our current SRO-led work, helping us to think systemically about productivity and identify 2 or 3 high level areas that we can work on as a system. • We do not want to take away from work that needs to be done locally, and do not want to add layers of complexity to this. We do however want to identify and maximise opportunities for economies of scale at system level. • Productivity will be incorporated as a measure as part of our workforce monitoring moving forward.	
12	**Any Other Business** **Updates from System Partner People Committees** BG updated as follows for UHBW: • UHBW are looking ahead at setting targets for the forthcoming year. • The majority of KPIs were met. • There is still a challenge around appraisals. Many staff have not had an appraisal; UHBW are also looking at the quality of appraisal conversations. There is also a need for staff to be more responsible for themselves in terms of self-service, such as ensuring they request an appraisal. • UHBW are looking at their annual plan and how system work plays into this. • UHBW are in the process of reviewing all the different communication channels and the various ways that staff are engaged with. • Work is continuing on values and behaviours. KB updated as follows for NBT: • NBT have made a commitment to their Community Plan, which sets out the strategic intention for NBT to be an anchor organisation. Targets include increasing employment from local communities and reducing disparity ratios. • NBT's EDI plan has been developed and compiles a list of key actions. • NBT have received good results from the NHS Staff Survey and are taking forward next steps to focus on strengths and gaps. • AM enquired about the leading workforce transformation work and whether this is on track, noting that during Quarter 1 there will be a baseline exercise and metrics developed as part of the strategy refresh around	

	Item	Action
	workforce transformation redesign in Urgent and Emergency Care (UEC). JH advised that there is a UEC workforce strategy which has been agreed. **ACTION: JH to share the presentation and strategy document.** **ACTION: JH to seek an update on progress against the UEC workforce transformation redesign work at the next SROs meeting.**	**JH** **JH**
13	**For Information** **People SRO Updates** Papers were circulated for information only.	
	Date of Next Meeting Wednesday 29th May 2024, 15:00 – 17:00.	

Evonne Artman
Administrative Officer
27th March 2024