

BNSSG Integrated Care Board (ICB) People Committee Meeting

1. Minutes of the meeting held on 13th June at 14:00, via Microsoft Teams.

Minutes

Present		
Jaya Chakrabarti	Non-Executive Member – People (Chair) BNSSG ICB	JC
Jeff Farrar	Chair of the BNSSG ICB	JF
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Sarah Truelove	Deputy Chief Executive/Chief Finance Officer, BNSSG ICB	ST
Apologies		
Aishah Farooq	Associate Non-Executive Member for Bristol, North Somerset and South Gloucestershire	AF
Alison Moon	Non-Executive Member – Primary Care Committee, BNSSG ICB	AM
Dave Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Deborah El-Sayed	Chief Transformation and Digital Officer, BNSSG ICB	DES
Ellen Donovan	Non-Executive Member – Quality and Performance, BNSSG ICB	ED
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
In attendance		
Astra Brayton	Internal Communications Manager, BNSSG ICB	AB
Cath Lewton	Exec PA to CPO and People Support Officer (note taker)	CL
Collin Salandy	Business Partner – Equality Diversity and Inclusion, BNSSG ICB	CS

Corry Hartman	Healthier Together BNSSG ICS Strategic Workforce Lead, BNSSG ICB	CH
Denise Moorhouse	Deputy Chief Nurse, BNSSG ICB	DM
Lara Reading	People Business Partner, CSU	LR
Neil Turney	Co-Chair of Staff Representative Forum, BNSSG ICB	NT
Sam Hill	Senior Business Partner	SH

	Item	Action
01	<p>Welcome and Apologies</p> <p>The above apologies were noted.</p>	
1.1	<p>Declaration of Interest</p> <p>None declared.</p>	
02	<p>Minutes of last meeting</p> <p>Minutes from the last meeting on 19th February were recorded as an accurate record.</p>	
03	<p>Action Log</p> <p>Actions were reviewed and updates taken.</p>	
04	<p>Staff Survey 2023 results presented by Lara Reading</p> <p>LR explained that the 2023 NHS Staff Survey results had previously been discussed at the ICB People Committee but had focussed on the core questionnaire. The purpose of this paper was to provide an update on the free text responses with a brief outline of the core questionnaire.</p> <p>Key points noted were:</p> <ul style="list-style-type: none"> • This is the sixth year that BNSSG ICB has participated in the survey. • The response rate was 77%. • The core survey is aligned with the NHS People Promise. Each sub element is scored out of 10 for each organisation. • Key strength around compassionate leadership. 	

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	<ul style="list-style-type: none"> • Areas for development were about feeling satisfied for the recognition of good work, with a 5% decrease in comparison to 2022. • 96% of respondents had not experienced unwanted behaviour of a sexual nature from other colleagues. Work has commenced with the Sexual Safety Charter; the aim is for this figure to be 100%. • Four free text questions were asked to give an open opportunity to speak, and it was noted that a key theme was that communication had vastly improved, the questions asked were: <ol style="list-style-type: none"> 1. What's the greatest strength in how we work as an ICB and what are we doing well. <ul style="list-style-type: none"> • Flexible working and hybrid arrangements were a main strength for the ICB. • Honest communication regarding the Organisational Development (OD) plan. • Making a difference to the health population. • Feeling supported and included. 2. What's the work in practice that needs the most improvement as we develop as an ICB? <ul style="list-style-type: none"> • A need for more understanding of people's roles and how we work collaboratively within the ICB with the hybrid way of working. • There was some criticism of hierarchical structures and siloed working. • Understanding the key priorities of the ICB. • What is stopping and what is continuing. • Concerns of workload, this survey commenced just before the consultation launched. • Stability was wanted due to organisational change over a 2-year period. 3. What positive factors are there with hybrid working. <ul style="list-style-type: none"> • A positive impact with work/home life. • Cost saving and time saved on commuting. • Trust has been improved due to the autonomy of where you can work from. • Attractive place to work. • Improved health benefits and productivity. 4. What do you think we can improve in our hybrid way of working arrangements with the move to 100 Temple Street? <ul style="list-style-type: none"> • Concerns about people not having the best home working space and how do you prioritise those people with there being reduced space. 	

	Item	Action
	<ul style="list-style-type: none"> • Could system partner working be incorporated at other bases. • Parking and transport have been raised but most of this has now been addressed through the organisational change process. <p>JF asked for clarity regarding the 96% of respondents that have not experienced unwarranted behaviour of a sexual nature, it cannot be assumed that 4% did experience this as they may have not filled this part out. 4% of the 484 staff would equate to 19 people which is a high number. This needs to be looked into. LR replied that the Sexual Safety Charter has commenced. From a directorate level this question needs to be asked within teams. JH added that the next layer of work will be to look at the specific directorate responses and this was delayed due to the organisational change work but will be ready for the next committee meeting.</p> <p>SH updated to say that the national policy framework around sexual safety has been delayed due to the election but is hopefully set to be live in early July. She is working with the safeguarding specialists on the sexual safety charter.</p> <p>JF highlighted that although the scoring was high for people feeling empowered and trusted more there was a poor outcome regarding the comments around hierarchical structures. JH replied that even if this is legacy feedback, we still need to ensure we continue to break down barriers as and we move towards a learning organisation and towards a team of teams approach that started at the away day event. The work will continue reshaping the extended leadership team. It will take time to shift behaviour but already a good start has begun.</p> <p>DM noted that at the all-staff event in May the conversation held was regarding aspiring to be a world class ICB. An area of work is that we are always learning and organisationally the understanding of equal access to training. The half day commitment that was made for Continuing Professional Development (CPD) time is something that needs to be supported. LR added that it is above average, but we do need to strive to be better.</p> <p>Action: LR to investigate the data regarding the outcome of respondents that have not experienced unwarranted behaviour of a sexual nature and reporting on what the 4% relates to. JH noted that due to the sensitive nature this would be considered within the senior HR team before being discussed with the Staff Partnership Forum or a specific directorate.</p>	LR

	Item	Action
05	<p>Update from the Staff Partnership Forum (SPF), 24th April presented by Jo Hicks</p> <p>JH updated on the latest SPF meeting held on 24th April. The following points were noted:</p> <ul style="list-style-type: none"> • Consultation update was given. • Office move update was given and the move has been delayed due to fire regulation issues. The aim is to move in early July. All staff are being kept informed and alternative arrangements were made for staff who requested office space. • Staff Survey results were discussed. • Policies covered were National People Policy Framework on Flexible Working, Hybrid Working Policy and Overseas Working guidance. These were all signed off by the board. • The Sexual Safety Charter was discussed and were taken to board. • The buying and carrying over of annual leave were discussed to ensure that this is managed well and appropriately used. <p>NT added that the all-staff event was well received and that the alternative base for people to work at Hampton House is going well and is not at capacity, but people are excited to get into 100 Temple Street.</p>	
06	<p>Update from the Inclusion Council (IC), 9th May presented by Sam Hill</p> <p>SH updated on the latest IC meeting that took place on 9th May, highlighting the following points:</p> <ul style="list-style-type: none"> • The Disability Staff network (DSN) helped prepare for the all-staff event to ensure it was fully accessible. New members are currently being recruited and making sure there is a comprehensive induction program for those with disabilities when moving into the new building. • The Proud network is working with system partners on participation at Pride. • Work has commenced to book a specific webinar regarding transgender issues and how to support them. This will be towards the end of the year. • The EMpowered colleagues want to bring in the lived experience anti racist work into the Senior Leadership Team and are working with the 'Make it Right' trainers over the coming months. • The Parents and Carers group has been paused due to lack of capacity by the co-chairs and work will start on how to re-engage or to see if staff want something different. 	

	Item	Action
	<ul style="list-style-type: none"> A broad discussion was held on how to embed inclusion within the organisational development work. Culture is a big part of this, and it is how to build on that. <p>Action: JC asked SH if the Inclusion Council points could be summarised and distributed with the papers for the next meeting.</p>	SH
07	<p>Workforce KPI Dashboard presented by Lara Reading</p> <p>LR updated on the Q4 2023/24 BNSSG ICB workforce metrics which covered the period of 1st January 2024 – 31st March 2024. Key points noted were:</p> <ul style="list-style-type: none"> Headcount reduced by 5 people between Q3 and Q4. 4 new starters and 18 leavers in Q4. Q4 turnover has increased and is 3.61% which is an increase of 0.8%. A reduction in Q4 for sickness absence rates, in long-and short-term cases. An increase in exit interview response rates from the exit questionnaires have been received. An increase in statutory and mandatory compliance. 88.9% of leavers in Q4 left of a voluntary nature with most sighting promotion. EDI data shows that there is a higher female staff base. Data shows that there is an underrepresentation of staff from BAME background with staff identified as non-white at 9.9% compared to 10% across the BNSSG geography. Staff that have identified a disability status shows 5.58% compared to 16.9% across the BNSSG geography. <p>As an ICB work needs to continue with inclusive recruitment practices and moving forward in those areas and to incorporate into the People Plan. There was a clear message from the all-staff event that equality and diversity should be the golden thread through everything that we are doing.</p> <p>JF noted that the Data Awareness training for the statutory and mandatory training is showing as 0%. LR replied that this is one of the training courses that expires annually, and all staff will need to complete after 30th June. JC asked if LR can include the dates on the report when they expire to show why a 0% reading is showing.</p> <p>Action: LR to attend Have We Got News for You to promote and to show how to update on ESR self-declarations.</p>	LR

	Item	Action
08	<p>2023/24 Operating Plan and final position presented by Corry Hartman</p> <p>CH gave a verbal update on the 2023/24 operating plan, key points noted were:</p> <ul style="list-style-type: none"> • 1700 whole time equivalents above what was intended, due to attention levels and turnover rates dropped considerably. • Turnover rates at the start of 2023/24 were in the region of 17% and the providers target was set between 15% and 16% and delivered at 13%. • A successful international recruitment campaign was held with the changes in funding and the plan was for 680 and 780 was achieved. • The vacancy position is currently at 7%, which is the lowest it has been in the last two years. • Agency expenditure was set at a target to spend £79 million across partners unfortunately £84 million was spent. With a lot of effort expenditure is now reducing each month to the point that around December it will be back on track. <p>JH explained that the monthly monitoring is presented at the ICS People Committee which was also held in June this month which is why CH gave a verbal update on this occasion. Month1 data has not been received yet alongside Month2 and once received it will be taken to the next ICS People Committee.</p>	
09	<p>Policies presented by Lara Reading</p> <ul style="list-style-type: none"> • Salary Overpayments Policy <p>LR updated on the Salary Overpayments policy that is based on an operating process already in place within the finance team which has now been incorporated into a policy document. It has been taken to the Risk Committee and SPF. The purpose of the policy is to provide a framework on how to reclaim any salary overpayments and how to avoid them in the first instance.</p> <p>JF asked regarding process and governance, in way of policy development if we did not agree with the policy that has been brought should we be making a recommendation to SD. As a committee and as a board what is the oversight or involvement of the policy direction for the ICB? LR explained that if the change was significant it would need to go back through the Corporate Policy Group. If the amends were not significant and it had been to People Committee and SPF who were happy with the amendments, then it would go to SD.</p>	

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10	<p>Shaping Our Future (SOF) Impact Assessment update presented by Sam Hill</p> <p>SH gave a verbal update on the SOF Impact Assessment and explained that various impact assessments have been carried out. As of 29th May there are still some people who are working through the process. The information contained in the paper shows two different aspects, those who were affected in some way throughout the process based on the protected characteristics and specifically around at-risk information.</p> <p>Key points noted were:</p> <ul style="list-style-type: none"> • Proportionally more men were affected throughout the process, recognising that the organisation is predominantly female. • Full time workers were more affected and at risk overall. More full-time workers applied for voluntary redundancy. Organisationally it is 67% for full time workers with 76% of applications received for voluntary redundancy being full time workers and 71% of those were approved. • The 46- to 50-year-old age group, which has an organisational makeup of just under 15%, but in the affected group they were just over 18%, but conversely, the 56-to-60-year age group, which is a 9.4% of our overall organisation that were affected was just over 5.5%. • Data shows that those with a declared disability have been affected or impacted more. As an organisation those that have declared disability is 5% of which 8% were affected and 17% were at risk, which equates to a single person. • In terms of ethnicity the overall proportion of staff is 10% in the BAME staff data group that has been coded on the Electronic Staff Record (ESR), data shows 13% of staff from that group were at risk. It is worth noting that 30% of staff within the at-risk category have not declared on ESR their data group. • 9.6% of approved voluntary redundancy applications were from people of a sexual orientation recorded as gay, lesbian, or bisexual. • 45% of all staff that were affected were 8a or above. • 52% of voluntary redundancy applications were from 8a or above. <p>JF highlighted that 19% of our black and minoritised ethnic staff affected by the redundancy process is disproportionately high. Does this need to be investigated further? SH replied that in most cases throughout the process it is not followed through to at risk, but they may have been in the match and slot type scenarios etc. It is hard to unpick due to the roles and structures being created separate from</p>	

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	<p>specific individuals. We need to do more work in terms of organisational development plan, certainly in inclusive recruitment and understanding our own biases.</p> <p>DM added that RS had attended a national meeting and committed to recruit registered nurses into band 8a, 8b and above roles as a system.</p>	
11	<p>OD plan work and next steps presented by Jo Hicks</p> <p>JH gave a verbal update on the OD plan and the ongoing work that is proceeding following the consultation and SOF work. Since the all-staff event where there was a world café allowing staff to travel around various themes a wealth of data was received. The Exec team are meeting w/c 17th June to discuss this.</p> <p>The OD plan will be a three-year plan and it will incorporate a refreshed people plan and incorporate the People Promise commitments of the organisation and will be wrapped around the wider workforce agenda.</p> <p>The intelligence from the consultation outcomes and staff survey detail will shape the three years.</p> <p>Organisational development is a process and deals with both the hard and soft systems within the organisation. There is a commitment for continuous improvement and quality improvement. There are a number of commitments that have already been made that need to be seen in year one.</p> <p>JF noted that it would be beneficial to invite the NEDs to the all-staff events to give a better oversight around the OD plan. JH replied that the NEDS can be invited on a rolling basis and would be welcome to attend.</p> <p>Action: JH to invite the NEDs to future staff events to give a better oversight around the OD plan.</p>	JH
12	<p>Hot Topics/Risks</p> <p>There were none.</p>	
13	<p>Matters for escalation or communication</p> <p>There were none.</p>	
14	<p>Any Other Business</p> <p>There were none.</p>	

	Item	Action
	<p>Date of next meeting</p> <p>Thursday 10th October 14:00 – 16:00</p>	

Cath Lewton
Executive PA to CPO and People Support Officer
June 2024

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



	Item	Action
1	<p>Welcome and Apologies The above apologies were noted.</p> <p>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.</p>	
1.1	<p>Declarations of Interest No Dols pertaining to this agenda.</p>	
2	<p>Minutes of the last meeting The minutes of the meeting on 31st January were approved as a correct record.</p>	
3	<p>Action log The action log was reviewed and updated.</p>	
4	<p>Terms of Reference The refreshed Terms of Reference were agreed.</p>	
5	<p>Workforce Plan Monitoring Report February 2024 CH presented the Workforce Plan Monitoring Report February 2024 to the group and highlighted the following points:</p> <ul style="list-style-type: none"> • Substantive staff in post is above plan by 1,712wte. Reasons for the positive performance against plan are: <ul style="list-style-type: none"> - 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. 	

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	<ul style="list-style-type: none"> 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. <p>ACTION: CH to update the agency staff figures for the next meeting.</p> <p>The following points were then made:</p> <ul style="list-style-type: none"> 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 raise with the PPB any areas of specific focus where further PPB support might be needed. 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. 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 	<p>CH</p> <p>CH</p> <p>CH</p> <p>JH</p> <p>CH</p>

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	<p>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.</p>	
6	<p>Update on Workforce Plan for 24/25 National requirements & Operational Targets</p> <p>CH presented to the committee, highlighting the following points:</p> <ul style="list-style-type: none"> • Total staff is planned to change by 460wte. <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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. <p>The following points were then made:</p> <p>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.</p> <ul style="list-style-type: none"> • 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 be made once the actual numbers come in, rather than working on unknowns. 	<p>CH</p> <p>JH</p>

	Item	Action
	<ul style="list-style-type: none"> • 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	<p>MoU to support Integrated Workforce Models</p> <p>JH raised awareness of the draft Memorandum of Understanding (MoU) and highlighted the following points:</p> <ul style="list-style-type: none"> • 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. <p>The following comments were made:</p> <ul style="list-style-type: none"> • 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	<p>Regional & System Temporary Staffing & Agency Activity Update</p> <p>TW provided an update on the regional and system temporary staffing and agency activity:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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. <p>The following points were then made:</p> <ul style="list-style-type: none"> • 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	<p>Strategic Workforce Oversight Group</p> <p>JH updated as follows:</p> <ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> 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. <p>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.</p>	
10	<p>Update on BNSSG People Academy and BNSSG People & Culture Plan Task and Finish Groups</p> <p>LR presented to the group. The following points were made:</p> <ul style="list-style-type: none"> 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. <p>The following comments were made:</p> <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<p>Hot Topics / Risks or matters for escalation: Focus on Productivity JH noted the following points:</p> <ul style="list-style-type: none"> 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 brought 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	<p>Any Other Business Updates from System Partner People Committees BG updated as follows for UHBW:</p> <ul style="list-style-type: none"> 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. <p>KB updated as follows for NBT:</p> <ul style="list-style-type: none"> 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
	<p>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.</p>	<p>JH</p> <p>JH</p>
13	<p>For Information People SRO Updates Papers were circulated for information only.</p>	
	<p>Date of Next Meeting Wednesday 29th May 2024, 15:00 – 17:00.</p>	

Evonne Artman
Administrative Officer
27th March 2024