# ICS People Committee

## Minutes of the meeting held on Wednesday 31st July at 15.00-1700, via MS Teams

# Minutes

| Present | | |
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| Jaya Chakrabarti | Non-Executive Member, BNSSG ICB (Chair) | JC |
| Alison Moon | Non-Executive Director, BNSSG ICB | AM |
| Anil Patil | Non-Executive Director, Sirona | AP |
| Bryony Campbell | Executive Director Transformation & Strategy, One Care | BC |
| Jan Baptiste-Grant | Non-Executive Director, AWP | JBG |
| Jeff Farrar | Chair, BNSSG ICB | JF |
| Jo Hicks | Chief People Officer, BNSSG ICB | JH |
| Kelvin Blake | Non-Executive Director, NBT | KB |
| Linda Kennedy | Non-Executive Director, UHBW | LK |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| **In attendance** | | |
| Alex Nestor | Director of HR, UHBW | AN |
| Corry Hartman | Senior Workforce Analyst, BNSSG ICB | CHa |
| Craig Williams | Senior Auditor, RSM UK Risk Assurance Services | CW |
| Halle Fowler | ICS Retention and Regional People Promise Exemplar Manager, NHSE SW | HF |
| Laurence Ross | Project Manager Schools and College Engagement, BNSSG ICB | LRo |
| Linda Ruse | BNSSG Training Hub Programme Manager | LRu |
| Louise Carthy | Programme Officer, BNSSG ICB (minute taker) | LC |
| Mandy Gardner | CEO, Voluntary Action North Somerset (VANS) | MG |
| Melanie Murrell | Associate Director, Nursing Workforce Recovery, NBT | MM |
| Nicola North | ICS Learning & Development Business Partner, BNSSG ICB | NN |
| Sam Hill | People Business Partner, BNSSG ICB | SH |
| Susan Nutland | Associate Director of Medical Workforce, NBT | SN |
| Toria Wrangham | ICS Workforce Redesign Facilitator, BNSSG ICB | TW |
| Victoria Gould | Associate Director, RSM UK Risk Assurance Services | VG |
| **Apologies** | | |
| Calais Hutchins | EDI Officer, BNSSG ICB | CHu |
| Emma Wood | Chief People Officer, UHBW | EW |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| Kate Barnes | Adult Social Care Programme Manager, South Gloucestershire Council | KB |
| Peter Mitchell | Chief People Officer, NBT | PM |
| Sarah Margetts | Deputy Chief People Officer, NBT | SM |
| Sonya Wallbank | Chief People Officer, Sirona | SW |

| | Item | Action |
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| 01 | **Minutes of the last meeting**<br>The minutes of the meeting on 4th June 2024 were approved as a correct record. | |
| 02 | **Apologies**<br>Apologies listed above. | |
| 03 | **Declarations of interest**<br>Attendees were asked to declare any interests pertaining to the agenda, noting that the DoI register circulated with committee papers was not the most up to date version. No interests were declared. | |
| 04 | **Update on Temporary Staffing Regional & System**<br>TW presented an update to the group. The following points were noted:<br>• Providers have made excellent progress in removing off-framework agency use. We are now below plan on agency spend, £0.4m below plan as at M2.<br>• Savings are being offset by growth in bank and substantive workforce, and we are now exceeding our funded establishment. Key drivers for this are Medical and Dental roles. Bank is over plan.<br>• The increase in substantive posts has led to a reduction in turnover rates and a decline in vacancy rates over the last couple of years.<br>• The regional medical rate card has now been now agreed and will go live on 1st September. We expect to see a bigger impact of the rate card in our system, as it is medical locum use that is driving a lot of the overspend.<br><br>Comments and questions were raised as follows:<br>• AM enquired if the current actions are the right ones to ensure success / improvement. JH confirmed that progress is monitored monthly via the Strategic Workforce Oversight Group (SWOG), with particular focus on areas of higher expenditure (such as medical). Actions will be continuously reviewed to ensure they remain fit for purpose, and there is an agility built in to respond to this. JH noted that there is a system-wide Performance and Recovery Board meeting taking place on 6th August, where partners will present their plans on mitigations, particularly for bank and the distribution of staff. It was acknowledged that there is a need to consider the ways of working that we have become used to and to take a holistic view of these ways of working. Spending over plan is not | |

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| | sustainable and there will need to be short-, medium- and long-term plans to firm up controls around bank use. This work will be taken forward and monitored through the SWOG.<br>• AN advised that there were SOPs in place to support the process of funding cover for nurses. We are also looking at including junior doctors in medical rotas, amongst other different things being explored. The secondment of staff into Sirona is also being discussed and worked on with senior colleagues.<br>• TW highlighted that the focus from NHSE is upon meeting the metrics around agency use. A side-effect of this has been the impact on our financial position. The actions being taken are now shifting to reflect this change in focus. Our glide path towards cap compliance was acknowledged.<br>• JH highlighted that our overcompliment of staff in some areas is not mirrored in other parts of the system. The movement of staff across the system is therefore being explored, with those conversations needing to take place at system level. Updates on this will continue to be brought back to the ICS People Committee.<br>• AM referenced the high turnover rates in Sirona, and the need to understand this and how it dovetails into the wider system picture. This work will be looked at in the SWOG.<br>• JH confirmed that the financial pressure in the system is related to all service provision, not just workforce. This will be discussed in the system-wide Performance and Recovery Board meeting taking place on 6th August. | |
| 05 | **Workforce Monthly Monitoring Report**<br>CH presented the ICS workforce monitoring report for month 3. The following key points were noted:<br>• Substantive staff in post is 28,692wte, which is 48.8wte below plan. Some staff groups are above plan and some are below - registered nursing is 69wte above plan, medical (including Trainees) is 107wte below plan.<br>• Temporary staffing – agency use is 33wte below plan, bank is 74wte above plan. Expenditure is £5.4 million over plan in month 2.<br>• International recruitment – plan for 148 with 25 arrivals to date.<br>• Vacancies at May 24 are 1,803wte (7.6%). There has been an increase in vacancies since March 2024; this is due to new budgets being set.<br>• Turnover is at a system average of 12.4%, ranging from 11.5% to 14.5%. | |

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| | • Sickness average for the system 4.8%, ranging from 4.0% to 5.8%. Sirona has seen a sickness increase in the first 3 months.<br>• CH advised that we are undertaking some work around workforce productivity and will have an updated position on this from the acutes in the next 2 weeks. As an overall picture, workforce productivity is lower now than in 2019/20, although regionally we are in the strongest position compared to neighbouring systems.<br><br>Comments and questions were raised as follows:<br>• AM enquired if there is an agreed narrative, such as in relation to Sirona turnover, to 'tell the story' on the current position.<br>• CH highlighted that there is collective work taking place around the MoU to support movement of staff across the system. We are looking at extending this to include social care as well moving forward.<br>• JH noted that there are examples of good work and practices where there is system support and activity. There is more we could do as a system, particularly in relation to social care, however it was important to note that the numbers are not always fully reflective of the situation in social care. It was noted that Sirona are also now linked into the Acute Provider Collaborative.<br>• LK asked if any root cause analyses had been undertaken to understand drivers. JH confirmed that this is happening and that we do have this narrative, which is updated regularly at provider level. We do not include the narrative in the workforce monthly monitoring report but can do so depending on where the committee wishes to focus its attention.<br>• RS referenced the presentation given by the Chair of the Social Care Nursing Advisory Council for the Southwest at the Chief Nurse Forum last week. RS confirmed that she would make some direct links into that group to test theories and seek support in attending to some of the issues within our system. **ACTION: RS**.<br>• JH highlighted the Social Care Workforce Strategy which was about to be launched. Kate Barnes will be presenting on this at the next ICS People Committee meeting in September. This strategy will dovetail with the work we are doing on the NHS Long Term Workforce Plan, and we will be taking this opportunity to align and move forward with the two agendas alongside one another in BNSSG. | **RS** |

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| 06 | **Public Sector Equality Duty & Equality Delivery System 23/24 Update Report**<br>**System EDI Group Actions & Next Steps**<br>SH provided an overview of the EDS work that took place last year. The following points were noted:<br>• EDS is something we are required to undertake annually. The domains were explained.<br>• We are rated as 'developing activity' and will be working with partners to drive forward this work. The work needs to be delivered by partner organisations; EDI colleagues are aware of this.<br>• The areas of focus for work this year were outlined, including a further review of maternity services, cardiovascular disease, and delivery of the Accessible Information Standard.<br>• The wider work of the EDI Group was noted, including WRES and DES reporting (the group is also working collaboratively to look at what reporting could be done at a system level), the high impact actions as outlined in the NHS EDI Improvement Plan, inclusive recruitment, and wider inclusivity work relating to care leavers and the armed forces community.<br>• Members of the EDI Group are embedded within the Recruitment Group, to ensure consistency and alignment<br>• There is an Anti-Racism Task & Finish Group, which includes membership from each Local Authority as well as health colleagues. Work is taking place within this group to develop a collective tolerance policy for dealing with racist and non-tolerant behaviour. This work will feed into a wider deep dive of our anti-racism work.<br>• An update on activity will be brought back to the ICS People Committee in the Autumn.<br><br>Comments and questions were raised as follows:<br>• RS highlighted the need to connect the anti-racism work with the 90-day sprint work being undertaken in nursing and midwifery, which RS is leading on for the Chief Nurse Office for the Southwest.<br>• LR highlighted that feedback from General Practice is that a high proportion of the racism experienced is from patients to staff.<br>• LR referenced the High Impact Actions, noting the piece of work taking place to look at a framework for Primary Care. The lack of funding for Primary Care to support this work was highlighed, noting that funding has been available to other parts of the system who have seen good results from this work. | |

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| | • JH highlighted the regional event 'Too Hot to Handle', which will focus on anti-racism. JH is the regional lead for this, which will be a significant piece of organisational development and cultural work.<br>• JH noted that inclusive recruitment is a good example of where partners have shared individual learning and created something from this learning for the whole system. There are also areas where organisations are doing things differently; this is a longitudinal piece of work though, which we will lean into as a system.<br>• SH confirmed that Calais Hutchins is working with General Practice colleagues via One Care, who are an active member of the EDI Leads Group. At a regional level, feedback is that BNSSG are slightly ahead of the curve in terms of collaborative working in this space. The feeling is that we are in a positive place working together as a system in the right direction.<br>• RS highlighted the need to be tough and to challenge ourselves. The cultural piece is deep, and we need to think about how we do this as a system to develop a workforce that is fit to look after our population for the future. RS is hoping to talk to Shane Devlin and Jeff Farrar about bringing something back from some of our safeguarding reviews about what this means in terms of cultural competencies.<br><br>The committee reviewed and approved the actions set out. | |
| 07 | **WorkWell Project Overview & Update**<br>LR presented an overview of the WorkWell project. The following points were noted:<br>• WorkWell is part of a range of initiatives brought in by the previous government. In the Spring Budget 2023 over £2 billion of investment was announced, building on existing provision, to support disabled people and people with health conditions to start, stay and succeed in work. A further package of support was announced in the Autumn Statement 2023.<br>• BNSSG was successful in its bid in January 2024 and are now one of 15 pilot areas to deliver the WorkWell programme.<br>• Our WorkWell programme is a partnership between the ICB, Bristol City Council (who are the primary deliver partner) and the DWP. It will run from October 2024 to March 2026 and will operate across BNSSG.<br>• Objectives are to:<br>- Work with participants who are either at risk of losing their jobs or are unemployed due to their health condition and support them to rejoin the workforce / thrive in the workforce. | |

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| | - Strategically join 'work and health' and produce / implement a strategy to underpin this.<br>- Contribute to the development of best practice in assisting people with health conditions to maintain or obtain paid employment.<br>• Priority participants will be people with either mental health or muscular skeletal conditions.<br>• The programme will focus on (but not be restricted to) several identified areas across the Bristol, North Somerset and South Gloucestershire footprint, based on PHM data.<br>• Governance and oversight of the programme will be provided by the ICB, with the majority of delivery sitting with Bristol City Council utilising their expertise and resources.<br><br>Comments and questions were raised as follows:<br>• MG referenced the proposed September timeline for delivery through VCSE Alliance Brokerage. September was felt to be optimistic, as organisations are only just signing up for brokerage now and grants will not be in place by September.<br>• JH highlighted that part of the Darzi review of the NHS is around the creation of a health plan, thinking about wellness and work, healthy living and healthy life. Being a vanguard for this work is a positive step and will make a big difference from a people perspective and to our own system learning. | |
| 08 | **Healthier Together 2040 – Workforce Approach**<br>JH updated as follows:<br>• HT2040 is our road map to delivery of the ICP Strategy.<br>• Our work to develop a People & Culture Plan for BNSSG will be brought into the HT2040 programme, acknowledging that our workforce is our population and our population is our workforce.<br>• LR is leading the People & Culture Plan work and will be linking with Gemma Self (HT2040 Programme Manager) to ensure our strategic approaches are dovetailed.<br>• An initial HT2040 workshop has taken place. Further engagement and workshops will follow. | |
| 09 | **Update on the People Promise programme across BNSSG and the Quarterly Retention Return**<br>HF presented to the committee. The following points were noted:<br>• The People Promise was published in 2020 and the People Promise Exemplar Work has been taking place since 2022.<br>• Retention in the context of the People Promise was noted. | |

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| | • Retention is also recognised in the Long Term Workforce Plan, and also links to the Productivity measures that we need to address.<br>• The retention and staff experience improvement work has a key role in supporting our productivity and long term retain measures. These pieces of work will drive down sickness, improve staff survey results and in doing so they will improve productivity. Improving staff experience will also provide some cushioning for the difficulties that can come with an increased drive for productivity.<br>• Organisations are being encouraged to consider bank and temporary staff in their retention work, as it is very relevant to these conversations and can often be missed.<br>• There is a national ministerial recognition that this programme is working. The data (yet to be published) shows the success of cohort 1 over a 20-month period in relation to turnover and retention measures, in comparison to organisations that have not had the people promise exemplar programme initiated in their organisation.<br>• Best practice resources are being gathered regionally to inform plans on staff experience and retention priorities. More details will follow on this and NHSE SW will be engaging with systems and organisations to understand if this is the right direction we should be taking things.<br>• Site visits to People Promise Exemplar sites are planned; NBT in October and AWP in November.<br>• Work on our response to the Long Term Workforce Plan will continue at a regional level and how this links into the work of the People Promise Exemplar Programme.<br>• HF will come back to the ICS People Committee every 3-6 months to report on where we are as a region. | |
| 10 | **Updates from Provider People Committee Reps**<br><br>UHBW provided by LK – points of discussion included:<br>• The Inclusion & Belonging pillars of the People Promise.<br>• Patient First programmes, including developing the medical workforce to reduce medical agency spend.<br>• No new risks or issues noted across all areas.<br>• The equality report outlining performance against the gender pay gap (median and mean) and the workplace and race equality standard.<br>• 8 areas of focus rated red through the WRES/DES - discussed actions in relation to these.<br>• Work to tackle violence and aggression. | |

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| | • Health & Safety report - good improvements noted, including a reduction in incidents.<br>• Support expressed for the programme of work to address inequalities (pro-equality promise of the EDI Action Plan).<br><br>VCSE Alliance update provided by MG – update included:<br>• In January 2024 the VCSE held a meeting of over 180 organisations working mainly in health across BNSSG.<br>• The BNSSG VCSE Alliance has now been formally launched, supported by the ICB and other partners.<br>• A steering group is now in place and a director who is leading on this work.<br>• The Alliance will become an organisation in its own right, with its own governance structure and arrangements.<br>• Work so far has focussed on ensuring VCSE representation on key meetings, including HCIGS, ICP and ICS level committees.<br>• A brokerage model is in development, to support the allocation of small pots of funding to different organisations.<br><br>AWP update provided by JBG – points of discussion included:<br>• Violence against staff and vacancies – 2 key areas of risk that are under scrutiny.<br>• AWP People Strategy endorsed by the Board last month.<br>• Initiation of a medical workforce improvement programme.<br>• Recruitment and retention – AWP are seeing an increase in applications and offers across the organisation.<br>• Relaunch of EDI mentoring programme following success last year.<br>• Long service celebrations, recognising employees' continuous service with AWP.<br><br>NBT update provided by KB – points of discussion included:<br>• Commitment to community – focussing efforts on employing from the 30 most deprived wards in BNSSG.<br>• Maria Kane appointed as joint CEO with UHBW. We will see some focus on bringing together programmes and back-office functions. Recognised that there is a big People element to all of this, in our work to create a better and more efficient hospital group.<br><br>Sirona update provided by AP – points of discussion included:<br>• Sickness over recent months has been trending higher than the previous 12 months. The main reasons provided are workload pressure, anxiety and depression as well as stress from work.<br>• Transformation of People Directorate - to ensure it offers the right level of support and challenge to operational services. | |

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| | • Approach to addressing workforce challenges (particularly turnover) with the aim to provide support and challenge alongside delivering development for all leaders.<br>• Discussion of wider issues raised including:<br>- Staff not doing the jobs they were employed to do<br>- High ratio of managers to staff<br>- Insufficient training afforded to mangers<br>- Continuation of temporary roles<br>- Capability in relation to seniority of banding for some roles / staff.<br>- Low shortlisting and appointment of BAME applicants.<br>- Concerns raised to the Joint People Consultative Committee, resulting in a review of the Trade Union recognition agreement and a reset in the relationship.<br>• Introduction of a 12-week support plan to reduce planned waiting list volume and breaches, which links back to high therapy vacancy rates.<br>• Articulation of next steps following the standing aside of the Chair and CEO. | |
| 11 | **Hot topics / Risks or Matters for Escalation**<br>None | |
| 12 | **AOB**<br>• JH referenced the Agenda for Change pay award that the Government intends to give NHS staff for 2024/25. Details of finances and timescale are still awaited. LR highlighted that the pay award does not extend to General Practice, and the need to be mindful of this. | |
| | **Date of next meeting:**<br>25th September 2024, 15:00-17:00 | |

**Louise Carthy**
**Programme Officer**
**31/07/2024**

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

# ICS People Committee

## Minutes of the meeting held on Wednesday 25th September 15:00-17:00, via MS Teams

# Minutes

| Present | | |
|---|---|---|
| Jaya Chakrabarti | Non-Executive Member, BNSSG ICB (Chair) | JC |
| Anil Patil | Non-Executive Director, Sirona | AP |
| Bryony Campbell | Executive Director Transformation & Strategy, One Care | BC |
| Jan Baptiste-Grant | Non-Executive Director, AWP | JBG |
| Jeff Farrar | Chair, BNSSG ICB | JF |
| Jo Hicks | Chief People Officer, BNSSG ICB | JH |
| Linda Kennedy | Non-Executive Director, UHBW | LK |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| Sonya Wallbank | Chief People Officer, Sirona | SW |
| **In attendance** | | |
| Corry Hartman | Senior Workforce Analyst, BNSSG ICB | CHa |
| Linda Ruse | BNSSG Training Hub Programme Manager | LRu |
| Louise Carthy | Programme Officer, BNSSG ICB (minute taker) | LC |
| Melanie Murrell | Associate Director, Nursing Workforce Recovery, NBT | MM |
| Nicola North | ICS Learning & Development Business Partner, BNSSG ICB | NN |
| Toria Wrangham | ICS Workforce Redesign Facilitator, BNSSG ICB | TW |
| Jean Scrase | Associate Director of Education, UHBW / BNSSG Learning & Leadership Academy SRO | JS |
| Sarah Margetts | Deputy Chief People Officer, NBT | SM |
| Kate Houston | Head of Workforce Services, AWP | KH |
| Malcolm Fiske | Associate Director of Strategic Workforce Planning & Resourcing, Sirona | MF |
| Holly Hardy | General Practice Associate Dean (BNSSG) | HH |
| Keryn Morris | Locality Manager (South West), Skills for Care | KM |
| Rob Ayerst | Associate Chief Finance Officer (ICS), BNSSG ICB | RA |
| Jen Tomkinson | Associate Director of NHS@Home, Sirona | JT |
| Siobhan Heeley | Divisional Director – Specialist Services, Sirona | SH |
| **Apologies** | | |
| Alison Moon | Non-Executive Director, BNSSG ICB | AM |
| Kelvin Blake | Non-Executive Director, NBT | KB |
| Mandy Gardner | CEO, Voluntary Action North Somerset (VANS) | MG |
| Ellen Donovan | Non-Executive Director, BNSSG ICB | ED |
| Emma Wood | Chief People Officer, UHBW | EW |
| Alex Nestor | Deputy Chief People Officer, NBT | AN |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |

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| Kate Barnes | Adult Social Care Programme Manager, South Gloucestershire Council | KB |
| Peter Mitchell | Chief People Officer, NBT | PM |
| Evonne Artman | Programme Administrator, BNSSG ICB | EA |

| | Item | Action |
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| 01 | **Apologies**<br>Apologies listed above. | |
| 01 | **Declarations of interest**<br>The following interests were declared:<br>• JC has applied to join the VCSE Alliance<br>• TW is on the Board of Trustees for Southern Brooks<br>• LR is an associate member of the Care & Support West Board<br>It was agreed that these interests did not pertain to any items on today's agenda. | |
| 02 | **Minutes of the last meeting**<br>The minutes of the meeting on 31st July 2024 were approved as a correct record. | |
| 03 | **Action log**<br>The action log was reviewed and updated. | |
| 04 | **Update on Provider Plans to reduce Temporary Staffing**<br>TW presented a regional update, highlighting the following points:<br>• The South West medical rate card went live from 1st September; escalation processes are being agreed between partners around any break glass rate needed.<br>• Subgroups have this week agreed the next staff groups coming into scope for the regional rate card work; these include AHPs, therapists, scientists, psychotherapy and pharmacy, so quite a large cohort. This will be worked through at system level. It was highlighted that there are nuances within these staff groups which may mean that some are on a slightly longer glide path than others. Risks and mitigations around this will be carefully monitored.<br>MM presented a NBT update as follows:<br>• A weekly resourcing group led by NBT CPO has been established, where all temporary staffing including bank and agency is discussed.<br>• There is a focus on medical locums, especially those identified as long-term locums. | |

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| | • There is a robust action plan in place to support short-, medium- and long-term actions to address all areas of workforce that have an impact on temporary staffing usage.<br>• The position will be carefully monitored, noting that there is often an anomaly period over the summer months. Increased demand brought by winter is also anticipated, which will impact on temporary staff usage.<br>• The controls being implemented will also apply to substantive posts, noting the challenges with over-establishment across some of the substantive workforce.<br><br>JS presented a UHBW update as follows:<br>• Controls have been tightened across temporary and substantive roles.<br>• There was an increase in temporary staffing use during August; this was due to additional dermatology clinics taking place over the summer months and the requirement for locums to cover those due to maternity leave. The 3 off-framework locums have since moved across to framework agencies from mid-July.<br><br>KH presented an AWP update as follows:<br>• AWP are now seeing a slowing of demand for temporary staffing, resulting from the work that has taken place. Associated factors include the international nurses that were previously recruited now moving into post properly, and the transfer of over 200 temporary staff onto bank.<br>• Work is underway to ensure sufficient pathways are in place for B5 nurses to progress into B6 community roles.<br>• There has been no off-framework usage since March this year. AWP are currently fully price cap compliant for all inpatient services.<br>• A significant area of focus (and a big driver for agency usage) is around how to manage acuity on our wards. AWP are rolling out 'safe care' this year to manage acuity and staff demand at ward level.<br><br>MF presented a Sirona update as follows:<br>• Sirona are still seeing quite high bank usage. There was however a 60% reduction in agency usage in August compared to July.<br>• Sirona are fully cap compliant on nursing apart from 2 specialist areas, and there is a glide path towards compliance in those.<br>• There is a high transition rate from agency to bank.<br>• There is still quite a high level of vacancies compared to partner organisations.<br><br>JH noted that there are conversations taking place around over-establishment of substantive workforce in some areas of our system, | |

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<tr><th></th><th>Item</th><th>Action</th></tr>
<tr><td></td><td>looking at how we can support our staff to enable them to work in a more peripatetic way to support the number of vacancies we have. It was highlighted that there is lots of work in train that goes beyond the temporary staffing focus that also supports the wider system financial position as well.</td><td></td></tr>
<tr><td>05</td><td>Workforce Strategy for Adult Social Care<br>KM presented to the committee. The following points were noted:<br><br>• The strategy was launched in July, with the regional implementation event taking place last week.<br>• The strategy represents a coordinated effort to enhance the recruitment, retention and development of the adult social care workforce. In addition to laying the groundwork for transformational change, it includes a range of proposals aimed at improving working conditions, providing professional development opportunities and ensuring that workers are adequately trained to support the growing need for social care services.<br>• Nationally there is projected to be an increase of 32% in the number of people aged 65 and above by 2035. If our BNSSG adult social care workforce grows proportionately to the projected number of people aged 65 and above in our system population by 2035, our total number of posts needs to increase by +15% (4,200 additional posts).<br>• BNSSG recruitment and retention data for the adult social care workforce is due to be updated for 24/25 in October. Existing data shows that the adult social care vacancy rate and turnover rate is BNSSG is higher than national average.<br>• The shape of care is changing – we need an integrated workforce with a focus on personalised care, with more care delivered in the community. People also have different expectations of work now, particularly since the pandemic. The shape of education is also changing.<br>• The key themes within the strategy (Attract and Retain, Train, and Transform mirror those within the NHS Long Term Workforce Plan.<br>• Areas where the ICS can support the strategy were described as follows:<br>- Attract more registered nurses/nursing associates and offer them attractive career pathways.<br>- Grow the workforce / create the pipelines through degree, enhanced and advanced apprenticeships.<br>- Commitment to how new roles in adult social care can be scaled/developed.<br>- Roadmap for leadership development.</td><td></td></tr>
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| | - Support from system partners in coordinated ICS level workforce planning.<br>- Connecting social care with opportunities that might be available such as collaborating on careers events.<br>• The delivery and implementation phase of the strategy will kick off in the Autumn. A Workforce Strategy Delivery Board will provide the governance behind this work and will meet regularly.<br><br>Comments and questions were raised as follows:<br>• RS enquired about clinical training provision for staff within care providers / care homes, and where they can obtain this – not just core skills, but specific technical training on elements of care such as positioning, pressure injuries, nutrition, swallowing etc. It was suggested that providers don't always know about this training and where/how to access it. **ACTION: RS to pick this up with KM and TW offline to agree actions to address this**.<br>• LK expressed concern at the 32.1% turnover rate and the high dropout rate for apprentices. It was noted that the dropout rate is high because learners are currently able to obtain their diploma without fully completing the apprenticeship. Work is in train with the Dept of Education to look at developing models that will mean learners are unable to drop out so easily. Turnover was noted to relate to several factors, including pay, culture, and terms and conditions.<br>• JC enquired around the connectivity between the ICB and the work of the strategy. It was confirmed that KM is a member of the BNSSG People Programme Board and also sits on the BNSSG People & Culture Plan Task & Finish Group.<br>• JH highlighted that the social care element is included in our development of the BNSSG People & Culture Plan. Once the second iteration of the NHS long Term Workforce Plan is published later this year, we will take stock of this and a second round-table event will be held, following the one that took place 1 year ago. Work to create a medium-term workforce plan will also be progressed. | **RS** |
| 06 | **Workforce Monthly Monitoring Report & Financial Month 5 position**<br>CH presented to the committee. The following points were noted:<br>• Substantive staff in post (acutes, AWP and Sirona) is currently 174wte above plan.<br>• Medical staff (including trainees) are 23wte above plan.<br>• The movement away from agency onto bank has seen a reduction in agency use (154wte below plan), but we are now above plan on bank use (94wte above plan). | |

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| | • Vacancy rate for August was 7.2%. This is a reduction from the first 4 months of 2024/25, when vacancies were higher due to new budgets being set.<br>• Turnover is 12.3% (system average) and remains on track against plan.<br>• We have been able to obtain some turnover data on General Practice from NHS Digital – this shows turnover to be 9%, which is middle of the range for our region.<br>• Sickness increased between May and July but has decreased in August. This is common seasonal trend seen across the NHS nationally and regionally.<br>• Total staff in General practice are currently 22wte above plan.<br>• The inclusion of Community Pharmacy workforce data was noted.<br><br>Comments and questions were raised as follows:<br>• LR highlighted that another source of data for General Practice showed that of its non-clinical workforce, 50% are aged 55 or over. This is a concerning statistic in that we could soon start to see a significant drop off in this staff cohort. The difficulty in accessing comprehensive workforce data for General Practice was recognised, and the need to continue pushing for data in whatever format we can get it was acknowledged, in order that we may better understand our challenges and our opportunities in General Practice.<br>• LR remarked that it was good to see Community Pharmacy included in the workforce monthly monitoring report. It was agreed that it would be good if we could also obtain Optometry and Dentistry data, as well as Social Care.<br>• HH highlighted that GP training expansion is putting some strain on the trusts, in that there is a need to find space in practices, in trusts and in the community over the coming years, as well as the need to train supervisors. It is good that this is in the pipeline, but it is also a challenge.<br>• JS noted that the next iteration of the NHS Long Term Workforce Plan would have a huge bearing on our work and the need to commit to collaboration with Primary and Social Care partners.<br><br>RA updated the committee on the financial month 5 position for the system:<br>• There are lots of good things happening in the workforce space, such as reduced turnover, reduced vacancies and reduced reliance on temporary staffing.<br>• We remain above our funded establishment within NHS providers, which is contributing to the wider financial pressure within the system. | |

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| | • At Month 5 the combined NHS providers were £12.5m in deficit from where we had planned to be. There is a system financial recovery plan in place, which the Performance and Recovery Board has oversight of. | |
| 07 | **Updates from Provider People Committee Reps**<br>Sirona update provided by AP – points of discussion included:<br>• EDI update including disability profile of workforce. Noted that Sirona are a level 2 disability confident employer.<br>• Review of workforce dashboard (April – July data). Turnover is slowly starting to reduce; sickness absence continues to increase with specific areas of concern being stress and anxiety. Absence rates were noted to be higher than other system partners.<br>• Recent staff pulse survey – Sirona scored above average against each of the NHS People Promise scores, compared to both national and SW regional partners.<br>• General update from the Chief Medical Officer focussed on the updated clinical strategy, and the children with neurodiversity improvement plan.<br>• The biannual safer staffing report – reviews have indicated that the current staffing model was broadly adequate to meet demand. A review of all Integrated Network Teams concluded that establishments are sufficient to meet that demand.<br>• SW confirmed that Sirona are just coming up to their first 12 months of EDI driven activity, and now have data to draw on to demonstrate the successes made. Sirona are happy to share with colleagues their learning and best practice.<br><br>One Care update provided by BC – updates included:<br>• General Practice workforce strategy – the deliverables for this are a joint effort between One Care, General Practices, the LMC and the Training Hub. There are lots of initiatives within the strategy, include a focus on recruitment and retention issues.<br>• One Care have recently secured 3 agencies into a MOU for General Practice.<br>• One Care are setting up a bank of 10 non-clinical staff. Have also taken on a graduate from the graduate management training scheme.<br>• Highlighted drawbacks with the NWRS workforce data; this is not just challenges with the clarity of the data itself, but it also relies on General Practice staff to fill it in, so it is not clear if we're capturing everything. This impacts our ability to identify what we need vs what we have, and it was agreed to take an action to continue pushing for the urgent development of NWRS. **ACTION: BC / LR**. | **BC / LR** |

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| | AWP update provided by JBG – points of discussion included:<br>• Good progress has been made against turnover, vacancy reduction and appraisal rates.<br>• WRES and DES submission – there are disparities between those with protected characteristics and those without. Noted an area of risk around the improvement in the representation of staff from the global majority in B8a and above and in clinical roles. The number of staff from the global majority entering formal disciplinary process compared to white counterparts was also noted.<br>• To address those discrepancies, AWP are working with system partners to establish a diverse recruitment panel pool.<br>UHBW update provided by LK – points of discussion included:<br>• At start of every People Committee meeting UHBW are going to reiterate the 4 key pillars of their strategy to ensure the agenda items align with these. The next meeting is tomorrow and will focus on the 'growing for the future' pillar.<br>• Items to be brought include an education update and a strategic workforce planning update.<br>• Strategic workforce planning update will focus on Patient First priority projects.<br>• Review of key risks – 2 that we are focussed on are risk of patients and staff experiencing violence and aggressive behaviour, and health & safety capability across the trust.<br>NBT update provided by SM – points of discussion included:<br>• Focus on temporary staffing and the funded establishment position. Huge progress noted around agency use. From a system perspective the 'no criteria to reside' position across the hospital has impacted on staffing, and this has impacted somewhat on agency use over the last couple of weeks, particularly during recent episodes of OPEL 4 at NBT.<br>• Online appraisal work – have now hit 91% appraisal rate. **ACTION: JH to add this as an agenda item for the BNSSG People Programme Board, to understand if the online appraisal work is something that can be scaled outwards**.<br>• Improvement work with UHBW around the collaborative bank – have now gone live with a pilot for B5 registered nurses working across the 2 trusts.<br>• Specific work around an enhanced health offer for staff, thinking innovatively around improving staff physical and mental health as well as health screening and prevention.<br>• WRES and DES data presented, gender and ethnicity pay gap data also included.<br>• Also work on tackling violence, aggression and racism towards staff and patients. | JH |

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| 08 | **Update on Resourcing for Hospital @ Home**<br>JT provided an update on how the Virtual Ward workforce was collaboratively developed, the lessons learned so far and where this work is headed moving forward.<br>Key points were noted as follows:<br>• Virtual wards provide care for people in the community whose healthcare needs would otherwise be met in a hospital setting within our system. They provide step down care from hospital and step up care from community.<br>• The model encompasses a spectrum of care from remote monitoring only, to face to face interventions. This model is co-delivered by staff across multiple provider organisations building on their individual strengths and expertise. This is supported by a governance structure, led by Sirona, and enables the sharing of risk etc.<br>• A virtual monitoring hub (based in Bristol) was created to support the management of patients in this virtual space. This hub is staffed collaboratively, utilising staff effectively.<br>• The collaborative model of care is built upon the existing pulse oximetry and virtual ward development that took place during the COVID pandemic from 2020, and continues to build on the system partnership work led by UHBW, NBT and Sirona.<br>• Recruitment to virtual wards has been challenging in terms of people's understanding of the roles. Virtual wards do not mean that the care is virtual; there is still a requirement to deliver direct face to face clinical care.<br>• Virtual wards have enabled the creation of flexible and hybrid roles in this space, which will attract staff who require more flexibility than a working on physical ward can offer.<br>• Staff moving into these roles have developed increased competence in this way of working, developing skills in virtual triage, assessing clinical risk and acuity at a desktop rather than in front of the patient. Staff have also seen that having access to remote technology and frequent data readings from patients, has enabled them to provide focussed and tailored treatments and individualised care. Feedback from both staff and patients has been positive.<br>• In terms of pipeline, there has been a 'grow our own' approach which has meant investing a large amount of time into skills development for both study and on the job training. Advanced practitioner roles within specialist pathways have also been developed. Apprenticeships have also worked well in this team,<br>• The electronic patient record and the remote monitoring requires a significant amount of duplication currently, which | |

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| | impacts on our workforce both in terms of their wellbeing and also their ability to do their job well.<br>• The MOU to enable staff movement across organisational boundaries has been a key driver in supporting staff to work collaboratively and avoiding the need for honorary contracts. There is still work to be done on implementing this framework however and enabling everyone within the system to enact it.<br>• It was confirmed that more than 2800 patients have been cared for in these virtual wards over the last year. This equates to a significant saving across the system in terms of bed days.<br><br>The following comments were made:<br>• LK highlighted that this is a great piece of work and a real example of what can be achieved.<br>• JF commented that this work epitomises what we are trying to do as an ICS working as one system. It was agreed that it would be very impactful to update the ICB Board on this. **ACTION: JC to take this forward**.<br>• JH confirmed that the MOU workshop taking place on 28th September around the wider movement of staff is based on the learning taken from this work.<br>• SM noted that integrated teams and services is ultimately what we want to achieve, and that the virtual wards are a case study we can analyse to consider what went well, what did not go do well, and how we can use this learning to develop these types of services across our system.<br>• JBG requested that any learning be shared across Mental Health. Whilst this work is acute focussed, it was agreed that any learning that could be shared across the wider system would be helpful. **ACTION: JT**. | **JC**<br><br>**JT** |
| 10 | **AOB**<br><br>**BNSSG ICB, People Risk and People Committee – Audit Report**<br>JC highlighted that we have had an internal audit assessment of the ICS People Committee and how it operates. The committee were encouraged to read the report on findings and areas for improvements.<br><br>**BNSSG People Programme Board**<br>JH advised and JC agreed that moving forward the People Programme Board minutes and actions will be included with committee meeting papers. | |
| | **Date of next meeting:**<br>Wednesday 27th November 2024, 1500-1700. | |

**Louise Carthy**
**Programme Officer**
**Date: 27th September 2024**

# BNSSG Integrated Care Board (ICB) People Committee Meeting

## 1. Minutes of the meeting held on 10th October at 14:00 – 16:00, via Microsoft Teams.

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## Minutes

| Present | | |
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| Jaya Chakrabarti | Non-Executive Member – People (Chair) BNSSG ICB | JC |
| Alison Moon | Non-Executive Member – Primary Care Committee, BNSSG ICB | AM |
| Ellen Donovan | Non-Executive Member – Quality and Performance, BNSSG ICB | ED |
| Jeff Farrar | Chair of the BNSSG ICB | JF |
| Jo Hicks | Chief People Officer, BNSSG ICB | JH |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| **Apologies** | | |
| Aishah Farooq | Associate Non-Executive Member for Bristol, North Somerset and South Gloucestershire | AF |
| Astra Brayton | Internal Communications Manager, BNSSG ICB | AB |
| Dave Jarrett | Chief Delivery Officer, BNSSG ICB | DJ |
| Deborah El-Sayed | Chief Transformation and Digital Officer, BNSSG ICB | DES |
| Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| Sarah Truelove | Deputy Chief Executive/Chief Finance Officer, BNSSG ICB | ST |
| Shane Devlin | Chief Executive Officer, BNSSG ICB | SD |
| **In attendance** | | |
| Cath Lewton | Exec PA to CPO and People Support Officer (note taker), BNSSG ICB | CL |
| Corry Hartman | Healthier Together BNSSG ICS Strategic Workforce Lead, BNSSG ICB | CH |
| Lara Reading | People Business Partner, CSU | LR |
| Padma Ramanan | Co-Chair of Staff Representative Forum, BNSSG ICB | PR |
| Sam Hill | Senior People Business Partner, BNSSG ICB | SH |

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| 01 | **Welcome and Apologies**<br><br>The above apologies were noted. | |
| 1.1 | **Declaration of Interest**<br><br>None declared. | |
| 02 | **Minutes of last meeting**<br><br>Minutes from the last meeting on 19th February were recorded as an accurate record. | |
| 03 | **Action Log**<br><br>Actions were reviewed and updates taken. | |
| 04 | **Update from the Staff Partnership Forum (SPF), 10th October presented by Jo Hicks**<br><br>JH gave a verbal overview of the SPF meeting that was held on 10th October. Key highlights of the meeting were:<br><br>• 3 new staff representatives have been recruited and attended the meeting.<br>• JH updated on the OD Plan and Team of Teams; this was discussed within item 11 on the agenda.<br>• LR gave an update on the workforce report and Staff Survey, one of the key discussions was around the need to encourage people to undertake exit interviews.<br>• Work is underway on two policies and will be reviewed soon, these are DBS checks policy and Professional Registration policy.<br>• SH updated on the Sexual Safety Charter which linked to activities around Freedom to Speak Up.<br>• The next SPF meeting is on 3rd December<br><br>AM reiterated the need for exit interviews to be completed and is an area that requires improvement, what can be done when people are thinking of leaving. JH replied that at present there is no active talent management. People's aspirations are not captured, personal development plans are in place, but these are not saved in a central | |

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| | repository. Part of the first year's work of the OD plan is to start that work. | |
| 05 | **Update from the Inclusion Council (IC), 12th September presented by Sam Hill**<br><br>SH gave an overview of the last IC meeting that was held on 12th September, Key highlights of the meeting were:<br><br>• There are currently 3 active staff networks.<br>• EMpowered focussed on the race equality data, supporting staff and looking at the organisational response to the riots.<br>• EMpowered have arranged an event across systems for Black History month that will take place in October.<br>• The Disability Staff Network (DSN) focussed on supporting the organisation with development of policies, procedures and working practices.<br>• PROUD network has asked for a session to be opened to system colleagues on transgender awareness. This has been planned for November and will align with Trans Awareness week.<br>• The EDI report was discussed.<br>• An update was given on the anti-racism system task and finish group to ensure alignment across the system.<br>• A refresh of membership will commence as more directorate engagement is needed.<br><br>AM asked how can we be sure the IC is set up to do what we need it to do as an organisation? SH replied that the IC are very engaged with SPF. This continues to improve; the challenge is the wider engagement at directorate level, there are some directorates that have representatives that attend and will feedback, but this does feel quite limited.<br><br>JH added that that at present as IC stands it is hard to determine it's usefulness. The people that attend IC are similar people to those at SPF. There are two steps to take this forward, representation is required from each directorate with executive directors championing an area. Secondly, as a small organisation the requirement is to look outside and learn from elsewhere what an effective IC looks like.<br><br>ED highlighted that the Board have been discussing anti-racism over the last two sessions. Could an overview of the Anti-Racism task and finish group be given. SH updated that the task and finish group was started pre riots that were seen in Bristol. It was an ask from EDI leads across the system with the initial ask to look at the zero- | |

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| | tolerance policy. Calais Hutchins is the ICB EDI Officer, and she arranged the task and finish group who have met twice so far. The work is ongoing, but initially expectation is in terms of behaviour of staff to staff, behaviour to patients and the approach to patient issues to staff. RS and Denise Moorhouse have linked in with this from the clinical input. This is sitting in the system space, but ensuring what is being done in the ICB is linked in and organisationally working with the system as well.<br><br>JF added that at the last Board meeting the anti-racism statement was discussed at length. The expectation is that whilst we make a very positive statement collectively, the Board will expect to see what that looks like in practice. At a strategic level there are things that can be done across the system which is not interfering with the practical application within each individual organisation. There is a lot of activity across the system that could be joined up better.<br><br>JF highlighted that if we are remunerating people in our public engagement sessions and other committees then we should not exclude people from the IAG. Within the Health and Inequality Committee people are given £20 per hour for public participants. This has been discussed with SD. JH agreed that there is a lot of activity across the system but is ad hoc and is not being measured, this is part of the OD work. This is not a short-term piece of work. This will continue to be brought back to the ICB Board but will also refer to regional work.<br><br>JH supported the payment ask and will ensure that is worked through.<br><br>JC added that in regard to the anti-racism statement and how it is viewed with the SPF and different groups, the ICB will need it's own statement that goes and speaks directly to staff in addition to what we have as a system wide statement.<br><br>JC asked if it would be beneficial to ask the different groups with representation to ask the direct question of do they intend to fill out an exit questionnaire? This will add value to how we strategically manage some of the issues that have caused them to leave. LR explained that the difficulty is sometimes not knowing who is leaving. It is the accountability of the line manager as sometimes you will not see who has left until you have received the report. Promotion of the importance of completion has been made through the Line Manager's briefing and Have we Got News for You. | |
| 06 | **Workforce KPI Dashboard Q2 presented by Lara Reading**<br>LR gave an overview of the HR Workforce Metrics Q2 2024/25 which covers the period of 1st July 2024 – 30th September 2024. At the last | |

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| | People Committee meeting in June Q4 data was shared. Due to the Committee meetings being quarterly the data has been brought forward the end of Q2. This meant there was a delay in the report being distributed as the pay award was being updated in ESR. The only data that was not available for Q2 is the statutory and mandatory data and shows in the report as Q1. LR will share the Q2 data once available.<br><br>Key highlights of the report were:<br><br>• There were 26 Q2 starters and 19 leavers. The 19 leavers included those that left with the voluntary redundancy scheme.<br>• Between Q1 and Q2 the headcount has increased by 9 people, with an increase of 5.6% FTE.<br>• At the end of Q2 the sickness absence rate was 2.81% which is slightly higher than Q1. This was a slight increase in short- and long-term absences. The rolling 12-month rate remains the same at 3.2%. The highest reason for absence remains as stress, anxiety and other psychiatric illnesses at 33.6%.<br>• There has been an increase in the compliance of statutory and mandatory training but is Q1 data against Q4 data. Compliance rate is 86% which is an increase of 8%.<br>• Exit interviews has a 47.4% response rate, which is slightly up on Q2 but ideally would like to see this higher.<br>• Turnover reported until end of September is reported at 15.9% which is slightly less than what was reported at end of Q1 which was 16.7%. If you exclude those that were on a fixed term contract the turnover would be 13.3%.<br>• Reason's given for leaving over the last 12 months were:<br><br>- 81.8% voluntary<br>- 25% linked to promotion opportunities<br>- 23% voluntary redundancy<br>- 5.2% compulsory redundancy<br>- 11.8% work life balance<br><br>• Outcomes from the exit interviews included:<br><br>- 64% agreed/strongly agreed that the ICB does deliver opportunities for flexible working<br>- 60% agreed/strongly agreed that they are able to make improvements in their area of work<br>- 20% neither agreeing/disagreeing that they often look forward to going into work<br>- 16% strongly agree that the ICB acts fairly in regard to career progression | LR |

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| | • EAP is actively being used and 40.9% of staff are making calls through the counselling helpline.<br>• There have been 139 appraisals logged this year with a compliance rate of 29.6%, there is a concern staff are not logging on ConsultOD.<br>• One disciplinary case has closed in this period.<br>• Demographics show the ICB is represented in the BAME background, 11% of staff have identified as non-white compared to 10% across the BNSSG geography.<br>• 6.5% of staff have declared a disability status compared to 16.9% across the geography.<br>• There is a higher female workforce at 75%, with 30% of those working on a part time basis compared to 5.5% of those reporting working part time as male.<br>• The age spread across the workforce is consistent with age 36 – 55 making up 74%, staff aged 30 and under make up 11%.<br><br>ED raised her concerns regarding the exit interviews and wondered if the three key areas, not looking forward to going to work, not enthusiastic about their role and poor career progression are they consistent with the Staff Survey. What does this mean for culture, engagement and as a team and is this having an effect of people coming to work. JH replied that it is too early to know and will know more from this year's staff survey. The exit interview responses are exits of people who have been through two years of organisational change.<br><br>RS added to the point regarding promotion opportunities and career progression, a cultural thing that needs to be addressed is that we are a small and niche part of the NHS, so there is the need to work with our workforce to understand if they want significant career progression, they will have to do it outside of the ICB as well as inside of it. To progress people, they need the skills and they may not get that working inside the ICB only. There is frustration when people plateau.<br><br>AM reiterated that there is a risk at looking at averages, there is the need to understand if there is a correlation between low appraisals, high sickness, early exits etc. in certain parts of the organisation. Hotspots need to be understood.<br><br>JH reiterated that this is the exact purpose of the OD Plan, putting something together that is driven by the organisation for the organisation to help us understand what it is like to work for the ICB. | |

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| | JC asked if it would be possible to show the statistics for the long-term sickness absences. LR explained that there are 7 stress related, 2 musculoskeletal and 2 gastro and 1 that would be too identifiable to discuss.<br><br>JC asked in terms of the membership of the different groups, do they add up to the numbers seen that are self-declaring. LR explained that more people are declaring on the staff survey than what is registered, but not in terms of membership.<br><br>SH added that feedback from staff networks is that people may feel more comfortable to speak within that space but might not want it added to their staff record. There will be certain protected characteristics where they do not align.<br><br>**Action: LR to share the Workforce KPI dashboard Q2 data for statutory and mandatory to committee members once available.** | |
| 07 | **ICB EDI Report presented by Sam Hill**<br>SH gave an overview of the ICB Workforce EDI Report 2023 -2024, she noted that the overall report is on the ICB website and within it is the WRES and DES reports, Gender Pay Gap report, Ethnicity pay and GAP report.<br><br>One issue to mention is the intersectionality data, an example being the WRES report looks at race and ethnicity groupings but does not look at an intersectionality between race and gender. This needs to be matured and moved forward.<br><br>Key highlights of the report were:<br><br>• Increase over time in staff with recorded disability (5.6% vs 3% in 2018/19, data pulled post March 2023 shows further increase to 8.9% but still underrepresented in relation to population data.<br>• Recruitment activity shows underrepresentation at application, likelihood of appointment 1.35 (a figure above 1 indicates that a non-disabled candidate is more likely to be appointed).<br>• Disabled staff are more likely to experience bullying and harassment and discrimination. 16% of disabled staff have reported that this is an issue as opposed to 13% of non-disabled staff.<br>• Health and well being of disabled staff is likely to be poorer than non-disabled. This is looking at musculoskeletal problems, feeling burnt out and exhausted. There is a challenge in binary well and not well. How do we support our staff that we know | |

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| | have long term health conditions to be as well as they can be in work.<br>• Higher proportion of disabled staff are a target of unwanted behavior of a sexual nature. The numbers are small, but needs to be addressed.<br>• Still using the BME terminology in the NHS.<br>• Ethnicity data shows an increase in BME staff across the organisation and more in line with the BNSSG geography<br>• 32% of staff live in Bristol and Bristol does have a much higher figure than BNSSG.<br>• A challenge across the NHS is the proportion changes when looking at salary band and non-clinical staff up to band 4, the proportion of staff who are BME are 15.7% as opposed to our 9.75%.<br>• Mean gender pay gap is 17.86%, within that information is 75% female workforce. Looking at the proportion of men and women in each quartile it explains the reason we have the gender pay gap. In the highest paid quartile, there is a smaller representation of women. This is the fundamental reason for our pay gap.<br>• This is the first time there has been an Ethnicity Pay Gap analysis so there is no comparable data. The mean ethnicity pay gap is 4.88%. It is clear that the highest proportion of individuals are in the lowest paid quartiles which reduces as you go up the pay bands.<br>• There are no staff under 25 in roles band 5 and above. It is recognised that there is some expertise needed in these roles.<br>• There is significant underreporting of sexual orientation within the ICB.<br>• We are under-represented in terms of religious beliefs particularly in Bristol for Islamic faith.<br><br>AM asked with a high-level non-disclosure, why do people not want to give that information? Looking to improve this in the future is the approach we are taking correct. Is there a different how that we need to think about. SH gave an example with inclusive recruitment, the data and information is already there and available from our colleagues and communities. There needs to be strong messages about what is not acceptable. We need to be more forceful and positive action put in place. JH reiterated that we cannot lead the anti-racist work if we are not an exemplar as an organisation.<br><br>RS explained that one of the pieces of work she is leading on for region to support the chief nurse of England Global Majority action plan is doing some co production work with global majority staff on how to do things differently. Proposals are to remove the interview | |

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| | process completely in the way that it is now and design a model of recruitment that fits more with the competency panel and remove the interviewing process where we know there must be bias.<br><br>JF highlighted that if the IAG were pointed to some areas of the organisation where data was giving us reason of concern, they could look at this to see the problem. This allows triangulation and legitimacy to step in and say we need to do something different. | |
| 08 | **Workforce Plan Monthly Monitoring September report update presented by Corry Hartman**<br>CH gave an overview of the September Workforce Plan, key highlights were:<br><br>• Looking at the acutes, Sirona and AWP plan is being delivered regarding staff in post and is above on substantive.<br>• Turnover is low and on plan and 2% lower than August 2023.<br>• Sickness is coming down and is low.<br>• Regarding delivering a balanced financial plan, this remains overspend.<br>• Using less on agency but using more bank and so the bank financial position is over.<br>• Overall, for the month of August 4.6 million over plan which brings year to date 16 million over plan.<br><br>ED reiterated that this report is very important and would appreciate having a paper in advance to enable to present questions.<br>JH explained that the reason for the verbal update and not paper is the timing of the data received but that that there is a monthly system view aligned to the financial plan and that is something that goes to the ICS People Committee and then goes to Board as part of the minutes.<br><br>**Action: CH will submit a paper for Workforce Plan Monthly Monitoring report for future ICB People Committee meetings.** | CH |
| 09 | **Draft Policies presented by Sam Hill:**<br>SH gave an overview of the two policies that have been taken to SPF and through IC and had Staff Network engagement.<br><br>• Hybrid Working Policy – is a new policy, previously it has been guidance only. There is one area where specific legal advice is still being sought around insurance. | |

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| | • Flexible Working Policy – is already in use but has been updated and is currently over the legal requirement.<br><br>JH highlighted that in the press on 10th October there are comments about the change to work practices. This won't be until 2026 but is about flexible working with the majority pointed at the private sector and small employers. Flexible working needs to work for both parties and the policy reflects this. Throughout Covid and the different ways of working we have had to draw clear lines around approaches for people who have worked significantly far away from the office.<br><br>AM added that consistency of application is the main issue for both policies. What is the view to ensure this consistent approach. JH explained that through the Execs and Vacancy Control Process, change of assignment forms go through that process to enable an overall direct organisational lens on what changes are happening and agreements taking place in peoples roles. HR and finance have to have sight and sign off and only then does it present to the Execs. Line managers need to have those difficult conversations if this will not work for that individual. There are hard and soft systems ready to go as every set of circumstances are different.<br><br>ED added that as the Hybrid Working policy is new it should not be rushed. In paragraph 6 it states that staff should be available at short notice, certain roles may have a requirement to attend. Would this not be better to state by exception? JH replied that after lots of discussion with Staff Networks it was agreed to put the detail within the job description and in the contract rather than picking it up as part of the policy. If a role requires the individual to be in BNSSG offices etc at short notice it is written in their contract with the organisation.<br><br>SH explained that for the vast majority of staff the requirement is if you need to be in the office, you will be, but the reality is there is not enough desk space for all staff to come into the office.<br><br>JH added that if the policy is not working for the organisation, it will be reviewed. The bench marking was against other ICB's and organisations of the same size and region. | |
| 10 | **Staff Survey**<br>LR explained that the Staff Survey 2024 launched on 7th October and runs until 29th November. It is the fourth year with the People Promise and will enable data to be referred back on. There have been no dramatic changes to the questions, but a new one has been added and relates to if staff feel that they have access to clinical supervision, so will be helpful for the nursing and medical staff. | |

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| | The core questionnaire, RAG rating and frequency tables should be received in mid-December alongside the management reports and further reports in January.<br><br>The raw data will be brought back to the ICB People Committee in February and taken to the Exec team and SPF.<br><br>The embargo will be lifted in March and can then go into action planning and direct responses. A lot of the information contained in the survey will link with the OD Plan and areas of focus.<br><br>Two local questions have remained the same:<br>- What are the strengths of the ICB and what are we doing well?<br>- What working practices do we need the most improvement on?<br><br>Additional questions asked this year are:<br>- What steps could the ICB take to support a culture of belonging?<br>- What could the ICB do to become an anti-racist organisation?<br>- How do you manage your physical and emotional well-being and what more can the ICB do to support this?<br>- How could the ICB better facilitate your development for professional growth?<br><br>Regarding the Staff Survey 2023 local actions, some responses are still to be received from the exec team.<br><br>**Action: LR to circulate via email to members the Staff Survey 2023 local actions once all Exec responses have been received.** | LR |
| 11 | **OD plan work/next steps and December all staff event presented by Jo Hicks**<br>JH gave an overview of the OD design work that has been taken forward as a Team of Teams, which is the new way of working within the ICB with 3 focused areas:<br><br>1. Refresh of the ICB values, this was after the May all-staff event where there was a world class session, and key words came out of that. A survey was undertaken with staff on how to integrate these. The results show that people are happy with the values that are in place. | |

| | Item | Action |
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| | 2. Concept of Team of Teams and how to move from a quite hierarchical way of working which is history of the CCG into the more distributed leadership model. The Team of Teams work is evolving and the hope is to bring a number of stories to life to what it means to be a team of teams depending on what your work programme is.<br>3. Creation of the all-staff event on 11th December. This includes the OD Plan and recognition awards. The OD Plan is set across 3 years with the high-level plan being shared with staff at the event. The 4 key themes that are clustering the delivery work are:<br><br>- Learning and Development<br>- Communication<br>- Connection<br>- Recognition<br><br>All non-execs will be invited to the all-staff event and correspondence will be sent shortly for engagement with the recognition awards as the ask is for help to identify some and to give some.<br><br>The day is shaping up well and there will be input from SD and JF and engaging with staff when entering year one of delivery of that plan in 2025/26. | |
| 12 | **Hot Topics/Risks**<br>There were none. | |
| 13 | **Matters for escalation or communication**<br>There were none. | |
| 14 | **Any Other Business**<br><br>JC commented that the internal audit was completed on the ICS People Committee. The committees are being reviewed to how well they run and any feedback to improve or what can be done better is welcomed. | |
| | **Date of next meeting**<br><br>Thursday 13th February 14:00 – 16:00 | |

**Cath Lewton**
**Executive PA to CPO and People Support Officer**
**October 2024**