ICS People Committee

Minutes of the meeting held on Wednesday 26th March 15:00-17:00, via MS Teams

Minutes

Present		
Jaya Chakrabarti	Non-Executive Member, BNSSG ICB (Chair)	JC
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Bryony Campbell	Executive Director Transformation & Strategy, One Care	BC
Jan Baptiste-Grant	Non-Executive Director, AWP	JB-G
Kelvin Blake	Non-Executive Director, NBT	KB
Ellen Donovan	Non-Executive Director, BNSSG ICB	ED
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Linda Kennedy	Non-Executive Director, UHBW	LK
Tim Cooper	Non-Executive Director, Sirona	TC
Rebecca Hemsley	Interim Chief People Officer, Sirona	RH
In attendance		
Jeff Farrar	Chair of BNSSG ICB	JF
Emma Wood	Chief People Officer, UHBW	EW
Corry Hartman	Senior Workforce Analyst, BNSSG ICB	CHm
Georgina Hawkins	Programme Officer, BNSSG ICB (minute taker)	GH
Trisha Quashie-Boney	Associate Director of Strategic People Business Partnering, NBT	TQ-B
Mandy Gardner	CEO, Voluntary Action North Somerset (VANS)	MG
Holly Hardy	General Practice Associate Dean (BNSSG GP Training Hub)	HH
Linda Ruse	BNSSG Training Hub Programme Manager	LR
Lorraine Francis	Councillor for Eastville (BCC)	LF
Jean Scrase	Associate Director of Education, BNSSG Learning Academy SRO, UHBW	JS
Apologies		
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Alex Nestor	Deputy Chief People Officer, UHBW	AN
Sarah Margetts	Deputy Chief People Officer, NBT: SRO	SM
Peter Mitchell	Chief People Officer, NBT	PM
Kate Barnes	Adult Social Care Programme Manager, Department for People, South Glos. Council	KBa
Samantha Champman	Assistant Director Learning and Development, UHBW	SC

	Item	Action
01	**Welcome and Apologies** • Councillor Francis welcomed as Bristol City Council representative, who is observing today with a view to joining the committee. • Introductions were made and apologies noted. • Agreed that deputies would be separated from the committee membership list.	
01	**Declarations of interest** No declarations of interest.	
02	**Minutes of the last meeting** The minutes of the meeting on 29th January were approved as a correct record.	
03	**Action log** The action log was reviewed and updated.	
04	**ICB Updates – Organisational Change** JH provided an update on the current ICB situation regarding the 50% reduction in ICB running and programme costs. Highlights included: • We are awaiting more information on what may happen next. Nothing has been formally received since the announcement made two weeks ago; it is anticipated that we won't hear anything for the next few weeks. • We are continuing to deliver our requirements as an ICB. • The ICB is supporting its staff during this difficult period. The ICB People Committee has been reinstated to every other month to ensure this support continues and the organisational change process is well managed. Comments and questions were raised as follows: • EW – acknowledged it is a difficult time and is happy to support with staff support and assistance. Also noted that as things become clearer, we need to triangulate these changes with the abolishment of NHSE. A number of questions were raised, including: - What are the risks we will carry? - Will there be things that Providers are expected to take on? - Where will the work from NHSE go? It was expressed that we will need to take on board the capacity of providers, and will need to make difficult decisions collectively – at local, system, and regional level – to manage what can and can't be done. • JF noted that within the network of ICBs people are keen to help influence and define the future, but we still have a job to	

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	do until these changes are made. It was recognised that everybody, from the Board down, are at risk, which is a major distraction whilst trying to deliver performance. It was further noted that we have seen a significant change with how we are delivering collaborative work. This is a disorienting time for everyone in the NHS, but once we get clarity, we need to make sense of it. • ED thanked JH for the update as well as EW and JF for their thoughts, enquired how the team are, and asked if there is anything that the Non-Executives can do to support. • RS advised that feelings are mixed, staff feel well supported and are happy with the openness of the ICB in sharing information. JH concurred and noted that we are currently planning our approach to staff support. • MG echoed the thoughts conveyed and expressed sadness that this has happened. • JF noted the deadline of October and flagged that nothing has yet been received from the Treasury around redundancies. It was further noted that managing processes to consult effectively in 8-10 weeks would not be long enough. • JH is crafting risks for the risk register, which will route through this committee and up to the Board. JC noted that these risks should include impact on partners.	
05	**Updates from Provider People Committee Reps** Provider updates given as follows, with a focus on Staff Survey next steps and operational planning priorities. UHBW update provided by LK – update included: • Four key pillars for strategy, focussed on growing for the future, inclusion and belonging and new ways of working. • Growing for the future – focussed on a significant education update and saw group passporting of training across the two entities. • Inclusion and belonging – key area is the staff survey, where UHBW performed positively across all nine themes. Four people promise themes had significant increases, and of these 103 questions, scores were well above the acute average for 100 of them. • Both UHBW and NBT had a score of 7.1. • Key focus areas going forward include appraisal compliance and work to improve the staff survey measures. • New ways of working – there is a large focus on systems and people systems; UHBW are looking to build a data warehouse to bring all information together in one place.	

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	• Risk – the set of principal risks need revisiting to take account of changes happening around us, including the group model, the NHSE and ICB announcements, and the drive to cut costs. <u>NBT updated provided by KB</u> – updated included: • Staff survey – had an increase in staff response which was at an all-time high. • Results in line with UHBW. • Highlights – staff recommending NBT as a good place to work and to receive treatment. Also noted the actions in place for health and wellbeing and the positive picture for staff relationships. There was mostly positive feedback on disabled staff feeling valued. • There will be a focus on areas of violence and aggression from patients to staff and discrimination around ethnicity. • KB and LK will be working together to make sub-committees in common work, with an intention to have one board with single sub-committees. • There is significant pressure in terms of budget constraints, and we will be looking at reducing back-office staff numbers. Additional comments: • JC noted that others are likely to be in the same position in terms of reducing back-office staff numbers and suggested collaboration across the system for this. • ED thanked LK and KB for their updates and was pleased to hear of the movement towards committees in common. Further information around violence and discrimination was sought in terms of the survey comparison to last year. KB confirmed that this was a flag last year; there was no improvement in the survey this year and we will therefore be looking at what was / was not successful, where we can take learning from, and do things differently as a system. ED enquired if this was something the ICB could support with. TQ-B noted that this is something NBT have been seeing and noticing over time and there is a need to focus on these areas. EW noted that both Trusts are working towards the Managing Violence and Aggression Standard and work will be joined up. ○ ACTION: KB to work with Executives to determine actions regarding the Violence and Aggression Standard in NBT before sharing with the ICS People Committee. This will link in with Deputy Chief Nurse colleagues who	**KB/RS**

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	are meeting to discuss red card policies – RS and KB to update at next meeting. One Care update provided by BC – update included: • One Care are working with ALMC and the Training Hub on violence and aggression and are linked in with the system work around Anti-Racism. • The qualification to learn more around General Practice as part of the induction process is being worked on and will soon be issued. • The Employee Assistance Programme (EAP) has come to an end, it was noted that there was not a high uptake and therefore we cannot justify continuing this. Prices have been negotiated, and it will be up to practices themselves to decide whether they want to fund this going forward. • The Workforce Strategy for General Practice has had a 12-month review in line with any SDF conversations, noting that we don't know the pot of funding. • The challenge was noted that a few initiatives have been set up with General Practice based upon what they have asked for, however we are then not seeing the uptake that would have been expected (e.g. the EAP). VCSE Alliance update provided by MG – update included: • A meeting has been held with Alliance members for an annual review, with the feeling of going from strength to strength. • WorkWell is one of the first programmes to go through the brokerage system. • Around 200 voluntary sector organisations and groups are on the brokerage framework, with WorkWell being massively over-subscribed. Lots of other projects did not get funded during this round, although other rounds will be expected. • The brokerage system will pause for a few months whilst it reviews how the test and learn phase went. • Children and young people's mental health went through but in North Somerset only. • Budget is currently a challenge, noting cuts to Local Authority budgets and increased wages. • The Alliance is in a good place, with strong relationships having been built. Local neighbourhood discussions with Shane Devlin will bring in support. • ACTION: Mandy to provide a list of projects for circulation.	MG

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	Sirona update provided by RH – update included: • Staff survey – uptake was 57% (under the average of 61% but have still seen an uplift). Core areas identified are safe and healthy at work; resourcing and workload management; recognition and reward; team effectiveness and intuitive inclusivity. This is being cascaded through Sirona and maps into linking to the culture programme which focusses on leadership and development, EDI and wellbeing. • Headlines on workforce – embedding workforce controls; managing headcount surplice through natural attrition; good control on agency and bank; wellbeing at work is a priority. • Things are stable and moving in the right direction. AWP updated provided by JB-G – update included: • Staff survey – improvements seen in relation to the People Promise for the fourth year in a row. Good responses seen in relation to AWP being a good place to work, with an 18% increase in that score. Two areas where there is a deteriorating position are around the reduction of violence from service users towards staff (in terms of more people being abused rather than less), and bank staff involvement (as these staff are feeling less involved in discussions). There has been a positive reduction in the number of staff who have experienced discrimination (either personal or witnessing), and there has been an increase in staff feeling able to report bullying/harassment. • Operational priorities (from a workforce perspective) – the acceleration of the leadership and management development across AWP; clear actions in relation to the reduction of agency usage and cost reduction; a big focus around medical workforce programme as this is where the highest agency costs are. Additional Comments: • RS noted it was good to hear that staff feel safe to speak up. Additional comments on all provider updates: • JH noted that that we have two People Promise exemplar programme organisations within the System (NBT and AWP) who have had specific funding through NHSE to focus on the People Promise elements. It was felt that both organisations had demonstrated today that this has had an impact. This topic is on the forward agenda, but it will be good to specifically bring	

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	back those People Promise elements to ensure shared learning.	

06	**Workforce Monitoring Report**
	CHm presented to the committee. The following points were highlighted from the report that was circulated:
	• Workforce Key Performance Indicators
	  ○ Total workforce is on plan, with roughly two whole time equivalent under out of a workforce of around 32,000, which is where we wanted to be at the end of the year and the plan is being delivered.
	  ○ Turnover – the current rate is around 11.8% and has been in the high 11% and low 12% for the last few months and expect this to stay the same going into 25/26.
	  ○ Sickness – saw a spike in November/December time, but now back at 5.1%.
	  ○ Vacancies – started the year at 7.4% and are now at 6.4% with a lot of work going in to reduce this.
	  ○ Temporary staffing – have reduced this and are below the plan in both bank and agency.
	• General Practice
	  ○ Noted challenges in data.
	  ○ Have more staff than anticipated for most of the roles apart from Nursing where we are under but are delivering on the plan.
	• Financial Latest position
	  ○ Above spend but have made positive gains.
	  ○ Temporary staffing is £1 million under (in comparison in Q1 we were averaging £7 million over and has been brought down each quarter).
	  ○ Anticipate that we will finish the year around that £7 million overspend.
	  ○ We are now saving around a million on our temporary staffing. Our bank has always been quite high and we're starting to make those gains. Equally in agency in February we're now two and half million below plan.
	• Financial 18-month view
	  ○ Spending 50% less than last year.
	  ○ We are driven for the next year to do more.
	  ○ We have seen bank go up (due to agency changes) and more work needs to be done here, but it is a positive picture.
	• Financial current vs previous 5 years
	  ○ Starting to make reductions in temporary staffing.	

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	○ A metric from NHSE is around what portion of temporary staffing is against total pay, and as a System we are very low. • A very positive picture overall. Comments and questions were raised as follows: • ED noted the agency number was very good and expressed thanks to all – particularly team members in the People Directorate – suggesting that this needs to be highlighted at the next Board. JH gave recognition to collaborative partnership working as well as a regional line. It was noted that there is more work to be done, including reducing bank numbers and working on medical rate cards, as we are not currently compliant on this. However, the Nursing infrastructure has done what they set out to do and thanks were extended to colleagues and their teams who have helped drive this.	
07	**Operational Planning – Workforce Submission Update** CHm presented to the committee. The following points were highlighted with papers to follow: • As a System we have found a solution and made a big impact. • 25/26 key focus is delivering a balanced plan around the finances, and we will deliver a balanced plan going forward. • We will deliver a 36% reduction in agency. • We will deliver a 14% reduction in bank. This means reducing our workforce by 500 whole time equivalents to help deliver the plans. • Focus is to still grow clinical staff. • Non-clinical staff – 196 whole time equivalents to be reduced. • Turnover intention for 25/26 is to maintain current levels at 11.8%, looking to bring this down to 11.5%. • Sickness target is 4.5% which we are currently slightly above and need to ensure we can deliver on this. • Primary Care – we anticipate no growth of workforce for the majority of roles. Salary GPs have now been added to the reimbursement scheme, and we expect practices to employ these. We anticipate that our plans are for no change in the current workforce. • Temporary Staffing ○ Medical in this space uses about 15% of total whole time equivalent usage but contributes to 30-40% of cost so looking to reduce this.	

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	○ Looking at Nursing and roughly 300 whole time equivalents. ○ Non-clinical bank and agency staff to be reduced with 100 whole-time equivalents coming out of this. • ACTION: CHm to provide slides to circulate to the group. Comments and questions were raised as follows: • HH raised that we are increasing the number of GPs trainees by 50% so will see a significant number from August this year, growing from 48 to 55 rotations. The GP ARRS roles may not be as useful as they sound to practices. • JH thanked CHm and noted that the slide deck will be circulated. It was also noted that the availability of reporting data in April is unlikely, and we would expect this to be in Q1. Medical spend is something we need to focus on, and the pay efficiencies represent about 49% of the total savings of this plan, so we need to be clear about how we keep track of this. • JH flagged national productivity packs as a key feature of how the balanced plan has been reached. There are still some unidentified schemes (with £6 million that is yet to be identified), and these packs will help this and be an ongoing feature. • JB-G thanked CHm for the good update in relation to BNSSG's submission. We are working collectively as a system to achieve balance with the operating plan submissions. From a nursing perspective, it was queried where the collective discussion was with regard to quality and patient safety alongside the workforce reductions, as it was important that this doesn't sit in isolation. RS confirmed that this conversation is with CNOs and noted that each organisation has a different way of doing this. CHm advised there is a metric available that looks at care hours, and as a system we are above the national average. RS confirmed there are lots of conversations of among CNOs with regard to safe tools and how these are applied (due to the range in processes across organisations), and noted that this relates to how we check on quality impact assessments. • ACTION: When discussions are brought to the SQG regarding quality and patient safety, RS to ensure that connections to any specific People related issues are flagged to the ICS PC.	**CHm** **RS**
08	**Training Hub Year End Update**	

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	LR presented to the committee. JC noted that this agenda item was in response to a recommendation from AM. The following points were highlighted from the report that was circulated:
	• LR was asked to focus on the last three years of the contract, having started at the beginning of April 2022 and coming to the end of three years' of work with an additional year's work agreed.
	• A key area is aligning strategy with that of the ICS, the ICB, the People Directorate, General Practices and the Training Hub, with our own contractual requirements.
	• In 25/26 we are continuing to work collaboratively to understand what the relevant challenges, opportunities and strategies are in the above areas to support. This has already proved successful in the last year.
	• Strategy – highlighted that the remit is to support all roles in General Practice with a focus on non-clinical this year and last year, which has high levels of engagement from colleagues. This is being done in conjunction with One Care, ALMC, the IGPM and the ICB.
	• Training Hub Survey – conducted this with General Practice colleagues and stakeholders, asking four key questions (using co-pilot in some areas). 89 replies were received in total which was a good response rate.
	• Summary of responses, highlighting –
	  ○ The communication and training events which have been utilised by practices and PCNs, also noting that there is work being done on improving communications and making these more user friendly.
	  ○ More 1:1s and focussed support for particular roles, specifically the ARRS roles.
	  ○ Noted that we are starting to see a reduction in personalised care roles to allow for more GP ARRS roles. There is a need to be mindful of this when thinking of the neighbourhood model, and the important role that the social prescribing link workers, health and wellbeing coaches etc. play in supporting patients from a slightly less clinical perspective, but with a more holistic view of their overall needs.
	  ○ Lots of staff development and CPD which also has funding for 25/26.	

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	○ Additional pots of funding have also been sought through SDF, Public Health and International Medical Graduate (IMG) Fellowship (to support EDI work). • Positive themes from feedback were noted and specifically highlighted the running of the Local Newly Qualified GP/GPN Scheme. It was acknowledged that the National Scheme has finished, and it will be a funding challenge for the coming year, although we would like to run this again. Feedback also highlighted a Paediatrics podcast which garnered 9,000 views. It was noted how successful podcasting has been. • Areas to focus on – the re-procurement of the GP training provider contract should help to resolve stability of GP training. The much closer working relationship with GP colleagues was also noted, which has been really positive. • Key achievements – supported workforce planning, the development of educational programmes, EDI, expanding and managing an innovative and high-quality learning environment, increasing capacity and capability of educators and embedding new roles as part of the ARRS and Supporting Retention. • Estates flagged an issue; we are continuing to work with colleagues on this. • 25/26 Planning – ○ Noted this now needs to include the abolishment of NHSE and what this will mean for the Training Hub. ○ Awaiting information on SDF funding and how this will be managed. ○ Understanding what the key priorities will be to ensure that the strategy is aligned. • LR thanked the team and all those who have been involved. • HH thanked LR for her summary and flagged sustainability is important to focus on. • BC noted the close working relationship and the value of the Training Hub, highlighting the work of the fellows and the clinical leads which is a key area to make a stronger impact across General Practice. Comments and questions were raised as follows: • ED thanked LR for the helpful update and the comprehensive offer. It was queried how the Training Hub measures the effectiveness of its various offers. LR confirmed that the Training Hub has a formal approach in terms of evaluation both during and towards the end of projects and clinical lead work. A priority for 25/26, noting the challenges of funding and	

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	resources, will be to focus on 2-3 key areas, with a specific emphasis on objectives and outcomes and the activity to achieve these. • JC thanked LR for the report and the progress being made, flagging sustainability and that when connections are broken, we reinstate these so that we don't lose what has already been achieved.	
09	**Terms of Reference Update** JH presented an update regarding the current Terms of Reference, noting the following points: • There will only be brief changes following the review. • Specific references to the BNSSG People and Culture Plan will be removed, as this work will pause for now and pivot into the Healthier Together 2040 programme. Moving forward the People Committee will have a responsibility for Workforce, People and Culture activities. • Updated governance structure chart to be inserted. ACTON. • Updated Terms of Reference will be brought back to the committee for final approval. ACTION.	**GH** **GH/JH**

10	**Programme Board and System Workforce Oversight Group**
	JH highlighted key areas of interest from the recent People Programme Board and Strategic Workforce Oversight Group meetings:
	• Notes of the meetings have been circulated separately and will feature on this agenda going forward as papers for information and awareness.
	• The last People Programme Board meeting focussed on:
	  ○ The Operational Plan, on which CHm provided an update.
	• The last Strategic Workforce Oversight Group meeting focused on:
	  ○ Temporary Staffing arrangements, the neutral vendor contracting and impact of National Insurance contributions on the various rate cards.
	  ○ Follow up workshop to our One Workforce/Movement of Staff Memorandum of Understanding. We now have a task and finish group established, linked to the One Workforce Group, who are looking at how we might move staff in a more agile way across the system, the expansion of digital passporting and a focus on breaking down organisational barriers.	

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	Comments and questions were raised as follows: • LK commented that it is helpful to reflect on this as a system level and see how this work is tying into the work being done at a local level. JC noted that equally, where we might find that work is not aligning from top to bottom, we should be able to highlight this and flag on our risk register.	
11	**Hot Topics / Risks or Matters for Escalation** • JC recognised the 50% reduction in ICB running and programme costs as a big risk. No other risks were raised.	
12	**AOB** None raised.	
	Date of next meeting: Wednesday 28th May 2025, 1500-1700.	

Georgina Hawkins,
People Programme Officer,
Date: 27/03/2025