

ICS People Committee

Minutes of the meeting held on Wednesday 30th July
15:00 - 17:00, via MS Teams

Minutes

Present		
Jaya Chakrabarti	Non-Executive Member, BNSSG ICB (Chair)	JC
Alison Moon	Non-Executive Director, BNSSG ICB	AM
Domini Harewood	Interim CPO for Sirona	DH
Jan Baptiste-Grant	Non-Executive Director, AWP	JBG
Jean Scrase	Associate Director of Education, BNSSG Learning Academy SRO, UHBW	JS
Jo Hicks	Chief People Officer, BNSSG ICB	JH
Linda Kennedy	Non-Executive Director, UHBW	LK
Lorraine Francis	Councillor for Eastville	LF
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
In attendance		
Cath Lewton	Interim Programme Officer, BNSSG ICB (minute taker)	CL
Clare Meraz	People Business Partner, UHBW	CM
Holly Hardy	GP Fellows Lead, BNSSG ICB	HH
Linda Ruse	BNSSG Training Hub Programme Manager	LR
Mandy Gardner	CEO, Voluntary Action North Somerset (VANS)	MG
Toria Wrangham	(Interim) Head of Strategic Workforce	TW
Trisha Quashie-Boney	Associate Director of Strategic People Business Partnering, NBT	TQB
Apologies		
Alex Nestor	Deputy Chief People Officer, UHBW	AN
Bryony Campbell	Executive Director Transformation & Strategy, One Care	BC
Jeff Farrar	Chair of BNSSG ICB	JF
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Kelvin Blake	Non-Executive Director, NBT	KB
Peter Mitchell	Chief People Officer, NBT	PM
Tim Cooper	Non-Executive Director, Sirona	TC

	Item	Action
01	Apologies Apologies listed above.	
01	Declarations of interest	

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	None were declared.	
02	Minutes of the last meeting There were no minutes to approve as the March meeting was stood down.	
03	Action log The action log was reviewed and updated.	
04	Quarter 1 and Temporary Staffing Updates TW delivered a comprehensive update on workforce metrics for the system, including substantive (permanent), bank, and agency staffing levels, turnover, sickness, and vacancy rates across NHS providers and social care. The report also included data for pharmacy, optometry, and dentistry, though with caveats about data quality and timeliness as some of the data is only reported annually. Key metrics and trends highlighted: <ul style="list-style-type: none"> • Staff turnover rates are better than the regional average (system average 11.2% vs. region 13.5%). • Sickness rates are slightly above the regional average (system 4.6% vs. region 4.4%), but acute providers are below the regional average. • Substantive staffing spend is under plan by £126,000, but temporary staffing (especially bank) is significantly over plan—£858,000 over at the end of Q1. • Agency spend is also over plan, with a notable spike in month 3. • Social care data shows a reported drop in registered nurse numbers, but the accuracy of this data is questioned. AM and JBG raised concerns about the reliability and timeliness of data, especially for social care, pharmacy, and dentistry. JBG reported a two-third drop in registered social care nurses, questioning the implications for quality, safety, and system flow. TW and JH acknowledged discrepancies between provider feedback and national data, committing to caveat data quality in future reports and to engage with social care partners for validation. The committee discussed the mismatch between what providers report and what national data shows is a recurring issue, especially in social care, there is a risk that decisions could be made based on inaccurate data, so the committee agreed to treat some figures as indicative trends rather than hard facts until validated.	

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	<p>AM flagged that pharmacy and dentistry vacancy rates (25–30%) are not reflected in primary care committee discussions, suggesting a disconnect or lag in data reporting, highlighting this as a barrier to timely workforce planning.</p> <p>JH confirmed that the People Programme Board and One Workforce Group are addressing overspends and sharing lessons learned, particularly from providers with low vacancy rates (e.g., UHBW).</p> <p>The committee discussed the need for more robust, timely, and system-wide workforce data, especially as the NHS 10-year plan and neighbourhood model are implemented and also the impact of digital transformation and AI on workforce roles, especially in primary care, was noted as an emerging area needing better data and forecasting.</p> <p>JH noted that continued focus on aligning workforce planning with operational and financial realities, and on sharing best practice across the system.</p> <p>JH noted that Sirona will be bringing a deep dive of their staff survey in September.</p> <p>Action: JH to add a line to the report regarding data quality caveats and engage with social care for validation. Noting the mismatch of the correlation gives the opportunity to ask the questions more significantly of social care colleagues. This will highlight the fact that the numbers are not perfect but signals impact that needs further investigation.</p>	
05	<p>Updates from Provider People Committee Reps</p> <p>Provider updates in which JC requested key risks faced at the moment as the focus.</p> <p>AWP update provided by JBG included:</p> <ul style="list-style-type: none"> Highlighted a significant risk due to changes in immigration status and right-to-work rules, affecting around 700 staff (mainly healthcare support workers). The implementation deadline was extended, but the challenge remains for recruitment and retention, especially in hard-to-fill roles. Positive update on recruitment for the Kingfisher unit, which is progressing as planned. Ongoing challenge with medical agency spend, with AWP being an outlier in overspend compared to other trusts. Actions are in place to control costs, but geography and recruitment difficulties persist. Measures include financial controls and 	

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	<p>actions to limit temporary staffing costs, with a focus on substantive recruitment.</p> <p>UHBW and NBT update provided by LK_– update included:</p> <ul style="list-style-type: none"> • Both trusts are now operating as one entity focusing on shared workforce planning, recruitment controls, digital transformation, and a group learning and workforce development strategy. • Implementation of e-rostering, automation, and digital systems for workforce management. • Ongoing focus on staff well-being, including fatigue and musculoskeletal health. • Collaborative bank usage and direct engagement of medical locums to reduce agency reliance. • Both trusts have taken a slightly different approach to mitigating actions in terms of stopping overspends: <ul style="list-style-type: none"> - UHBW have enhanced and robust VRP processes in place for all external recruitment including a freeze on external advertising for non-patient critical roles. There is a pause on all recruitment apart from clinically critical roles. - NBT have put review panels in place, these are at trust management team level, and they have been established to review any exceptions/agency requests, and the requesting manager must present to the panel face to face for the role to go ahead. - NBT have put in place resourcing and temporary oversight groups looking at productivity with finance and looking at bank and agency staffing. - MARS continues to be used across both trusts for continued cost reduction and moving towards using system partners as single providers to try to coordinate agency requirements. 	

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	<p>One Care update provided by LR – update included:</p> <ul style="list-style-type: none"> Emphasised the need for improved, formal workforce data for primary and social care to support informed decision-making, especially as the 10-year plan and neighbourhood model progress. Noted a trend where practices are using ARRS funding to hire GPs and GP nurses at the expense of personalised care roles (e.g., social prescribers, health coaches), risking future workforce gaps. Highlighted the growing impact of digital tools and AI on non-clinical roles, stressing the need for better data and forecasting. <p>VCSE Alliance update provided by MG – update included:</p> <p>MG noted that the format does not fit what she can report on but highlighted the following areas:</p> <ul style="list-style-type: none"> Announced continued funding for the Work Well program, supporting people at risk of long-term sickness to remain in or return to work. The alliance is exploring collaboration with Gloucestershire, noting differences in funding and operational models. Expressed uncertainty due to ICB changes and the evolving landscape for localities and neighbourhood health hubs. Noted that the current reporting template does not fit VCS needs; JH committed to developing a more suitable format. <p>No update provided by Sirona or North Somerset due to absence.</p> <p>AM and JH highlighted the emphasis on the need for proactive sharing of best practice, especially regarding metrics that drive improvement and scrutiny of both clinical and non-clinical agency spend.</p> <p>Action: JH agreed to develop a VCSE appropriate reporting template ahead of the next committee meeting.</p> <p>Action: JH and JC agreed that the ICS People Committee take an action to ensure forward future focus on providing assurance on best practice not only on the 10-year plan but the long-term workforce plan</p>	

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	but also with the shifts through org change and change to the ICB role what will be asked of regional and provider colleagues.	
06	<p>Organisational Change – Model ICB Model Region</p> <p>JH provided an update on the ongoing movement of the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB with Gloucestershire ICB, with a view to thinking through what the wider system impact will be. Highlights of the discussion were:</p> <ul style="list-style-type: none"> • The appointment of a chair is pending national sign-off, but the chief executive recruitment can proceed for the new ICB with interviews being held on 8th August. Once the chair and chief executive are confirmed they will establish a transition committee to oversee the merger process. • Due to delays in national recruitment for the chair and chief executive, the original timeline (completion by Q3) has shifted. Staff have been informed that formal consultation will now occur in Q4, with exits and structural changes expected in the first quarter of the following financial year. • The extended period of uncertainty is acknowledged as a significant challenge for staff. Significant support measures are in place, but the impact on morale and wellbeing is a concern, especially as staff are expected to maintain business as usual alongside managing change. • The model ICB and model region blueprints are being developed to clarify future responsibilities. Strategic workforce commissioning is expected to remain with the ICB, but some functions may shift to regional teams or providers. The final blueprint is pending further national and regional agreement. • Voluntary redundancy scheme has not been signed off nationally and will not be available until funding is confirmed. • Current responsibilities include workforce strategy, three-year planning, and neighbourhood team development. Over time, some of these may be transferred to regional or provider level, but details are still being worked out. • The executive team will be the first to undergo consultation and restructuring. Updates will be provided as the regional blueprint and model ICB are finalised. <p>TW expressed appreciation for the transparency and support provided by the executive team during this uncertain period.</p>	

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	<p>JBG offered her support to colleagues whilst going through this transition.</p> <p>RS noted that, once the next iteration of the model ICB is available, further discussions will be needed to assess viability and implications for providers and local authorities.</p>	
07	<p>Industrial Action Impact</p> <p>JH reported that the latest round of industrial action was due to conclude on 30th July, and the full impact on the system was not yet available and highlighted the below.</p> <ul style="list-style-type: none"> • The Southwest region had the lowest bank spend related to industrial action compared to other regions, but specific data for the local system was still pending. • Good planning and mitigation strategies were in place, as reflected in provider People Committee updates. • If industrial action escalates or spreads, the workforce plan for the year will need to be revisited, and updates will be brought back to the committee for further review. 	
08	<p>People Programme Board and SWOG – Highlight of Areas of Interest</p> <p>JH noted that the People Programme Board had not met since the last committee meeting; the next meeting is scheduled for October. Papers from that meeting will be attached to the next ICS People Committee agenda. The group's recent focus was on industrial action planning and temporary staffing, which had already been covered in detail earlier in the meeting.</p> <p>The One Workforce Group is a strong partnership forum addressing complex workforce issues and facilitating cross-system learning. Two major workstreams were highlighted:</p> <ul style="list-style-type: none"> • Work is underway to improve the ability to move staff between organisations, including both formal agreements (memoranda of understanding) and practical solutions (e.g., building access, digital systems). This is seen as foundational for future workforce flexibility, especially as neighbourhood models develop. • A redeployment protocol is being developed to support staff at risk of redundancy, aiming to redeploy them within the system before opening vacancies externally. This applies to ICB staff 	

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	<p>and those affected by corporate restructuring and cost improvement plans across organisations. In addition to formal NHS provider agreements, there is an intention to engage with wider sector partners to extend redeployment opportunities across the system.</p> <ul style="list-style-type: none"> The Strategic Workforce Oversight Group reviewed a position paper on establishing a regional bank (specifically, using NHS Professionals as a secondary bank). The recommendation was not to proceed, based on lessons learned, previous experience, and the current strength of local bank and agency controls. This recommendation will go to local People Committees for scrutiny and decision. 	
10	<p>Hot Topics / Risks or Matters for Escalation</p> <p>No new risks were formally escalated.</p>	
11	<p>AOB</p> <p>No Additional items raised but JC reminded the committee that updated terms of reference had been sent out for awareness.</p> <p>JC took the opportunity to thank KB for his contributions to the People Committee, noting that this would have been his last meeting if present. JC stated she would also thank KB personally via email.</p>	
	<p>Date of next meeting:</p> <p>Wednesday 24th September 2025, 1500-1700.</p>	

Cath Lewton with the assistance of Copilot
Executive PA and People Support Officer/Interim People Programme Officer
Date: August 2025