

Approved 14 January 2026

**Minutes of the ICB People and Culture Committee  
Held on Wednesday, 15 October 2025 at 1.00pm to 3.30pm  
In the Lune Meeting Room, ICB Offices, County Hall, Preston**

<b>Members</b>		
Jane O'Brien	Chair/ICB Non-Executive Member	LSC ICB
Roy Fisher	ICB Non-Executive Member	LSC ICB
Debbie Eytayo	ICB Chief People Officer	LSC ICB
<b>Regular Participants</b>		
Stephen Sandford	ICB Chief Allied Health Professional	LSC ICB
Andrea Anderson	Director of People – Place and Programmes	LSC ICB
Ruth Keeler	ICB Associate Director of OD and Education	LSC ICB
Asim Patel	ICB Chief Digital Officer	LSC ICB
Aisha Chaudary	Director of Culture & Inclusion	LSC ICB
Sam Doherty	Staff Side Representative	Unison
<b>Attendees</b>		
Sarah Mattocks	Head of Governance	LSC ICB
Fiona Ball	Workforce Training & Education Transformation Lead	NHSE
Jo Leeming (minutes)	Committee and Governance Officer	LSC ICB

<b>Item No</b>	<b>Item</b>	<b>Action</b>
<b>46 25/26</b>	<p><b><u>Welcome, introductions and Chair's remarks</u></b></p> <p>The Chair welcomed all to the meeting.</p> <p>Members were made aware that a Copilot transcription would be used at this meeting to support with production of the minutes.</p>	
<b>47 25/26</b>	<p><b><u>Apologies for absence / Quoracy of meeting</u></b></p> <p>Apologies for absence had been received from Andy Knox, Jane Scattergood, Neil Pease, Angela Allen, Joe Hannett, Claire Richardson and Joel Burchett. Asim Patel advised he would need to leave the meeting at 3pm.</p> <p>Sarah Mattocks was attending on behalf of Debra Atkinson.</p> <p>The meeting was quorate.</p>	
<b>48 25/26</b>	<p><b><u>Declarations of Interest</u></b></p> <p>(a) <b>People Board Register of Interests</b> - Noted.</p> <p><b>RESOLVED:</b> That there were no declarations of interest relating to the items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
<b>49 25/26</b>	<p>(a) <b><u>Minutes of the meeting held on 16 July 2025 and matters arising</u></b></p> <p><b>RESOLVED:</b> That the minutes of the meeting held on 16 July 2025 be approved as a correct record.</p>	

	<p><b>(b) <u>Action Log</u></b></p> <p>Action 2 – Since the last meeting there had been some initial scoping with intelligence around the AHP workforce and the barriers. There was also a significant issue in physiotherapy, but this was a national problem. There would be a small working group with F Ball and STEC. A more robust update would be provided at the next meeting.</p> <p>Action 3 - this remained an ongoing conversation and some of the challenges were that providers were at capacity. Options were being explored in terms of the ICB, but the estate and current ways of working did not lend itself to this issue. A further update would be provided at the next meeting.</p> <p>Action 4 – R Keeler had reached out to J Hannett and A Allen but capacity had not enabled a conversation outside of this meeting.</p> <p>Action 5 – it was agreed this could be closed.</p> <p>The two committee referrals to Quality and Outcomes Committee had been completed and closed.</p>	
<p><b>50 25/26</b></p>	<p><b><u>Risk Management Report</u></b></p> <p>The report presented the quarterly risk management update on activity against those risks which relate to the business of the People and Culture Committee.</p> <p>S Mattocks advised this was a key update for the committee as the risks within the paper were now reflective of the fully refreshed BAF approved by the Board in September. She explained that the Board had agreed the risk appetite statement, which is what the Board had signed up to as its level of appetite for risk. That statement would then be applied to the risks contained within the risk register to keep the risk statement live, which identified the level of tolerance to the gaps in control and assurance around the risks.</p> <p>The Chair noted there had been a discussion at Board whether to change risk ID BAF-003: Sustainable Workforce, to limit to internal ICB only, due to the changes to the organisation because of the publication of the model ICB blueprint. However, it had been agreed it was too early to change anything and the ICB would always have a visionary role across the system. This would be revisited when it was clearer what would be within the remit of the ICB and what would be regional. A Patel advised he understood the word ‘ICB’ had been removed as strategic objective 3 was about making working in Lancashire and South Cumbria attractive, therefore it was about the system. S Sandford noted that the ICB leadership contribution needed to be kept alive whatever the role or function of the ICB going forwards, and clinical leadership could not be mutually exclusive to the clinical strategy. D Eytayo agreed and whilst it was about workforce it was wider than the remit of the Chief People Officer and this needed to be reflected in the BAF as this risk should also be owned by the Chief Medical Officer and the Chief Nurse. S Mattocks advised the risks were reviewed regularly and reported to Board but would discuss with C Moore and D Atkinson.</p>	<p><b>SM (emailed)</b></p>

	<p>R Keeler suggested there was also a role for the ICB in terms of partnership working from an education perspective for making LSC an attractive place to work for both current and future staff. This included the way we work, and the culture created from relationships with partners, which was a significant role regardless of the current way of working or the change to being a strategic commissioner in the future. The Chair agreed that the aspiration was for a talent pipeline for developing staff and careers and the risk would be reviewed to ensure this was reflected over time.</p> <p>A Patel noted there had been discussion around high sickness levels at other committee meetings in some services such as AACC, which presented an operational risk and suggested this should sit with the People and Culture Committee. D Eytayo advised this may feature in the AACC risk register, but it was about whether it met the threshold to be a corporate risk. S Mattocks agreed to follow up on this</p> <p><b>RESOLVED: The committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the contents of the report.</b></li> <li>• <b>Noted the board’s approval of the fully revised BAF 2025/6; the agreement to retain the current SOs for the remainder of 2025/26 and the fully updated risk appetite statements.</b></li> <li>• <b>Noted the update provided for BAF-003 (sustainable workforce) which relates to the business of the committee including the full BAF entry attached at Appendix 1.</b></li> <li>• <b>Noted for information the high-level summary dashboard of all risks currently held on the BAF and ORR which meet the threshold for corporate oversight.</b></li> </ul>	<p><b>SM</b> (emailed)</p>
<p><b>51</b> <b>25/26</b></p>	<p><b><u>Transition Plan Update</u></b></p> <p>D Eytayo advised the ICB was working in a leadership transition period as S Proffitt would be handing over to A Cummins to take up the post of CEO on 1 November. NHSE had given ICBs the mandate to review their senior structures and this would be progressed when the new CEO takes up office. The ICB had been able to build strong trade union relationships with fortnightly meetings, which had resulted in productive partnership working. It was confirmed that there was currently no plan for the ICB to move to its own VR applications and there had been no direction from NHSE regionally or nationally. It was noted that the organisation was reviewing the contracts for Clinical Support Unit (CSU) staff and the support they provided the organisation.</p> <p>R Keeler advised that since the start of October staff operating model workshops had been taking place based on different functional areas of how the organisation may work in the future. There had been strong attendance with good feedback from staff as they had been able to challenge some assumptions. Some of the risks that had been raised included silo working and duplication but there had been challenges in terms of culture, staff engagement and concerns around capacity. The workshops included a section for people to comment on current priorities for the next 6 months and the next steps for the operating model. Themes were being fed back weekly to executives with a plan to produce a paper with a summary of the key</p>	

	<p>themes.</p> <p><b>RESOLVED: The committee noted the update.</b></p>	
<p><b>52 25/26</b></p>	<p><b><u>NHS Operational Plan 2025/26/ Multi-Year Planning</u></b></p> <p>The paper provided an update on the programmes of work aligned to Workforce Planning for the LSC System. F Ball advised the paper gave an update on the 2025/26 operational plan delivery for workforce as well as an overview of the current knowns and unknowns related to multi-year planning from 2026/27. It also included the current thinking on the roles and responsibilities of Strategic Workforce Planning in the future.</p> <p>The month 5 position had recently been received from providers, but the aggregated position was that there was good progress in comparison to other years. They were working hard to achieve delivery but had slightly under planned the position with substantive staff and had some hotspots with support to clinical roles. Bank usage was above what had been planned with one provider a particular outlier. However, the AHP role usage had reduced, and year-to-date usage seemed to be controlled but there were variants for each provider. Agency usage was well below plan, and whilst there had been a spike in medical and dental usage in August this was now reducing. The plan was on track in terms of aggregated sickness levels but this indicated that the plan had not been ambitious in terms of reduction in sickness. Higher levels of sickness absence were being seen across the system and there was a worrying increasing trajectory. There remained a discrepancy in the way things were being recorded but that was being worked through with providers. General practice delivery against plan was particularly low, and work was being undertaken with the Director of Primary and Community Care on this year's delivery into next year's planning</p> <p>F Ball advised that there would be multiyear planning from next year and they would be requesting the indicative workforce figures over the next 5 years but the granularity of that detail from providers would be expected to reduce. Lots remained unknown as national guidance had not been released but work was being undertaken on this, but it was not likely to be imminent. There was an ongoing regional conversation around assurance, accountability and responsibilities in terms of ICB coordination of the plans. The paper alluded to 4 other elements as part of the planning round:</p> <ul style="list-style-type: none"> <li>• Five-year strategic commissioning plans (ICBs)</li> <li>• Five-year integrated delivery plans (Trusts)</li> <li>• Neighbourhood health plans (led by Health and Wellbeing Boards)</li> <li>• National plan returns – streamlined templates for finance, workforce, activity, and performance.</li> </ul> <p>The intention would be to increase the ICB governance in terms of meetings to have a triangulated view across all of those elements on how providers would be managed and supported to deliver this.</p> <p>The Chair noted that the main responsibilities that would shift to region were still being worked through, however, the regional blueprint stated that strategic workforce planning and strategic education and training would sit within a region, but the practicalities needed to be agreed. In the interim, there was double running with hybrid working between NHSE and the PCB, which increased the complexity, but the ICB was navigating as best as it could in</p>	

trying to deliver this year's operational round. From a committee perspective, it could be assured that nothing was being missed due to the dual running situation. F Ball advised that formal assurance from the providers had gone to NHSE ahead of other systems. NHSE input was embedded within the ICB as she was in attendance today deputising for Chris Cutts as the NHS England representative of Workforce Training & Education Transformation Lead for NHSE. The team had recently facilitated a regional workforce event and from a strategic workforce planning perspective, and it was felt that under 5 years was too short, therefore extending operational planning into the 5 year horizon was the right approach. S Sandford noted that it was crucial that the Workforce Training & Education Transformation Lead for NHSE attended the committee meetings due to the national mandate for this work. It was agreed that F Ball would contact Chris Cutts / Mike Burgess about ensuring there was an NHSE representative attending the committee as a regular participant as per the terms of reference.

**FB  
(emailed)**

S Sandford questioned whether international recruitment featured in the planning and suggested it might be useful to share some of the associated risks around this. F Ball advised that to facilitate providers in building their plans, they had written workforce assumptions until national guidance was issued. Within the assumptions there were 3 areas likely to be targeted, one of which was sickness reduction with the suggestion to aim for a 1% reduction as the national ambition to reduce to 4% was unrealistic with a current average of 6.5/7% for some providers. The second area was around temporary staffing variable pay adjustments, and it was expected the focus for providers would be on bank and total temporary staffing reliance. The third was the national target of by 2035 reducing to under 10% of recruitment coming from international recruitment. S Sandford noted concerns that staff recently welcomed from overseas were now being impacted by current levels of discrimination in society, and it was ironic that efforts had been put into welcoming these colleagues, but they were now being advised that they were no longer required. There were risks around visa status and the possibility of deportation, and concerns around international colleagues feeling free to speak up

A Chaudary advised there had been a disinvestment in support for international staff over the last year without an exit plan and suggested this could be a deep dive topic for a future meeting. F Ball advised there was a national ambition to recruit more from local communities, but some populations had issues with levels of attainment, sickness, and so on, which affected the workforce and brought other challenges. It was agreed the committee needed to understand better the implications of reducing international staff

**FB / RK  
(emailed /  
planner)**

D Eytayo noted there had been a mandate from NHSE with the commitment that students would obtain jobs, and consideration needed to be given as to how all the requests for recruitment were delivered on. However, it was unclear who was leading on this, but it was agreed it should be the responsibility of all organisations concerned. It was suggested that F Ball raised this with NHSE executives as the common denominator was NHSE and it was agreed this should be brought back to committee as a future agenda item. R Keeler advised this was a collective responsibility and we

	<p>needed to be clear with local education providers and this had been discussed at Strategic Training and Education Collaborative Group. There was also the risk that education providers could oversubscribe due to the need for income generation and there would be a need to bring in people external to our local geography. F Ball advised there had been a conversation on regional commissioning of courses as providers were setting up programmes where they were already indicating over-supply. R Keeler stated an example of the new medical schools and impact on placements.. D Eytayo noted that changes to legislation now limited employers from recruiting internationally.</p> <p>R Fisher referenced Blackpool Health &amp; Wellbeing Board and the health and wellbeing strategy, which included employment and training, and the message was that this should be done in partnership with ICBs. Discussions had been undertaken around expanding the use of apprenticeships and levys, and it was important that the ICB had input into those strategies as a partner organisation.</p> <p><b>RESOLVED: The committee noted the report.</b></p>	
<p><b>53 25/26</b></p>	<p><b><u>Quarter 2 update on the People plan 25/26</u></b></p> <p>The 12-month internal Lancashire and South Cumbria ICB People plan focuses around seven priority areas: Developing an Organisational Culture of Delivery, Workforce Transformation and Organisational Change, Developing and Supporting our Leaders and Managers, Supporting our Staff Health, Wellbeing and Resilience, Workforce Engagement and Communications, Developing and Nurturing our Workforce and Equality, Diversity and Inclusion for our People.</p> <p>A Anderson advised the initial plan with a Q1 report had been presented to the committee previously and gave summary of the key highlights of the Q2 update. Some of the Q2 priorities had been brought forward, particularly those around health and wellbeing but some priorities were currently on hold, and one had been extended due to the state of pause with the organisational change until further guidance was received. Next steps included work on the Organisational Development Strategy in Q3 to continue to support staff through the transition with continued outputs from the operating plan work. There would also be continued work around leadership development, particularly to support with the exit criteria for getting out of the recovery programme, and a focus on the executive team restructure.</p> <p>R Keeler advised they would hope to have a draft of the Organisational Development transition strategy before Christmas but that was dependent on the operating model work and timeframes, but it was hoped information would start to emerge over coming weeks from NHSE. This would be presented to the committee at the earliest opportunity.</p> <p><b>RESOLVED: The committee noted the progress on delivery of the People plan and that some areas have been delivered earlier due to changing needs, one priority, leadership Development has been extended which links to health and wellbeing. Also, some elements remain on hold whilst further guidance is awaited.</b></p>	<p><b>RK (planner)</b></p>

54  
25/26

**Health and Wellbeing system and ICB deep dive report**

The report highlighted the significant impact of organisational change on staff morale, sickness, and experience at work. It presented various key performance indicators (KPIs) and indicators that show a deterioration in the health and wellbeing of the workforce. The current environment and financial context are contributing to this decline, despite ongoing support and interventions.

D Eytayo advised that several areas had been rated amber in the People Plan update because this was not solely about completing activities, but about achieving meaningful impact within the organisation. It was acknowledged that sickness absence levels remained among the highest both within the organisation and across the wider system, which continued to be a cause for concern. Members recalled previous discussions regarding the impact of organisational change and agreed on the importance of maintaining oversight in this area. The report included a section addressing absence from a system-level perspective, outlining actions being taken with providers and the provider collaborative but there was also a specific focus on the ICB. A Patel had referenced that this issue was raised at multiple committee meetings, which highlighted the pockets of concern and the pressures in general around organisational change but also the delivery of the quality and sustainability improvement plans, which also had an impact.

F Ball noted that, from a system perspective, sickness had been one of the metrics driving NOF performance. It was suggested that there was a need to review the current context, as interventions addressing sickness had not been as effective due to the prevailing circumstances, including stress-related sickness. The Regional NHSE team had been exploring approaches in other sectors that supported the health and wellbeing of pressured staff differently, which might help adaptation in the current context. D Eytayo reported that, although there had been a plethora of support available for staff, questions remained as to why these measures had not achieved the desired impact and whether they were accessible. Issues were identified around the reach of interventions and whether they were the right ones. It was often the case that those most in need did not access support, and there were concerns regarding the management of sickness, specifically, whether managers were having the right conversations to facilitate staff returning to work, or whether they were being too risk averse. The Chair suggested that an evidence-based research lens should be applied to try and assess the impact of interventions.

R Keeler reported that meetings had been held with executives and directors to understand, from a local perspective, what their teams might need. It was noted that similar points had been raised by many including issues around capacity, burnout, and a lack of understanding regarding the future. It was observed that no amount of support would have helped in some cases, as although some staff might have wanted to take up the offer, they had not had the time, resulting in a negative cycle. Consideration was also given to whether the current offer was the right one in terms of health and wellbeing and organisational development, with work ongoing with teams to develop bespoke offers. It was emphasised that clarity was needed regarding which activities could be stopped or paused, as without this, capacity for people could not be released. R Fisher agreed it was about managers asking the right

<p>questions and offering the right support to support people to return to work, which was possibly due to a lack of awareness of what was available and suggested this be explored with middle management staff with a supportive approach.</p> <p>S Doherty highlighted that workload was at the centre of stress-related issues and emphasised the importance of partnership with trade unions, noting the need to ensure that staff had input into the design of work. It was considered important to ensure a trade union voice was present at as many meetings as possible. A significant driver of sickness absence and lack of engagement upon returning to work was identified as the inconsistent application of procedures, attributed to high turnover of managers and a lack of time to build deeper, more trusting relationships. It was noted that if wellbeing support programmes were perceived as being imposed, rather than offered as genuine support, they would not be well received. A Patel observed that several assumptions were being made but concluded that further understanding was required. It was agreed that a deep dive, with a breakdown of divisions and more detail around teams, was necessary to understand the trends. The application of the absence management policy was identified as having the greatest impact, and it was suggested that metrics should be reviewed to measure and monitor effectiveness. A Anderson noted that fully consistent behaviours did not exist within teams and a review of the sickness absence policy was underway, with consideration of its links to other policies. Leaders were encouraged to recognise the impact of working holistically, and it was noted that the new policy would be part of a suite of health and wellbeing policies. F Ball reported that the position was worsening and that providers were being asked to operate with significantly fewer staff, prompting conversations with providers regarding reasonable workloads. The worsening position was identified as a risk factor, and it was considered necessary to capture the impact of service reconfiguration with fewer staff.</p> <p>A Chaudary emphasised that there was a need to return to basics with quality one-to-one meetings between staff and managers to better understand individuals and highlighted the opportunity to shift the focus towards prevention, aiming to reduce staff absence. D Eytayo noted that the focus of the new policy was on supporting attendance at work. It was agreed there should be an alert to Board on the worsening position and that this issue should be routinely revisited by the committee with an action plan.</p> <p>S Sandford enquired how the discussion related to the PCB. The Chair confirmed that there was a PCB representative at Board level. F Ball reported that the regional roundtable could provide feedback to the committee and noted the associated risks and levers for having that regional or national conversation. It was noted that a provider representative was now in place, which would be key in facilitating those discussions. The People and Culture Subcommittee was identified as a more operational vehicle, although the timing was slightly out to provide an update on that occasion. D Eytayo stated that conversations would be held with the committee and matters would be brought to the executive committee as a referral. It was agreed that this should remain an ongoing item on the agenda due to the frequency of People and Culture Committee meetings.</p>	<p><b>AA / DE (planner)</b></p> <p><b>DE (emailed)</b></p>
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	<p><b>RESOLVED: The committee:</b></p> <ul style="list-style-type: none"> <li>noted the overall deterioration in the health and wellbeing of our workforce and the actions and support currently in place to mitigate this as we enter into winter. Section 7 refers to conclusions and recommendations.</li> <li>noted the below series of ongoing actions and recommendations.</li> </ul>	
<p>55 25/26</p>	<p><b><u>There was a short break at 2.35pm</u></b></p> <p><b><u>The agenda was taken out of order</u></b></p> <p><b><u>Freedom to Speak Up report</u></b></p> <p>A Patel emphasised that the Freedom to Speak Up (FTSU) service remained vital in fostering an open culture among staff. It was noted that concerns had been raised at the Audit Committee regarding unresolved issues, which would be addressed as part of the model blueprint. There were capacity issues within the FTSU team, with only two individuals in post. An executive paper was to be presented on how to address these challenges and support the service. Recent cases and themes had mostly related to behavioural and relationship issues, with some concerning processes and systems. FTSU Week had been held to encourage a culture of speaking up. The significant contribution of the small team was recognised, and it was acknowledged that considerable support was needed.</p> <p>S Mattocks added that previous themes and trends had been considered, and the annual FTSU report was due to be presented to the Board in November.</p> <p>The Chair commented that, while it was easy to attribute challenges to the organisational transition, issues had existed beforehand and needed to be addressed. The Chair was pleased that a paper would be taken to the executive team to consider resourcing for this vital service and noted the importance of reviewing what could be done and learning from other ICBs. F Ball questioned whether there was scope for working collaboratively across the system to help with capacity. A Patel advised that this needed to be explored as part of the ‘Do Once’ group and was in discussion with other ICBs regarding their approaches in primary care, with a view to addressing these issues from a joint northwest perspective. The Chair noted that the themes discussed were consistent with previous conversations around agenda items.</p> <p><b>RESOLVED: The committee noted the report.</b></p>	
<p>56 25/26</p>	<p><b><u>ICB Equalities Action Plan Q3/Q4 2025-26</u></b></p> <p>The ICB Culture and Inclusion Team has developed an Equalities Action Plan to strengthen our commitment to equity, diversity and inclusion (EDI) and to ensure our responsibilities under key frameworks are delivered throughout Q3 and Q4 of 2025/26. This plan is aligned with statutory and national requirements.</p> <p>A Chaudary gave an overview and outlined the alignments, noting that this provided the ability to streamline actions and offer measurable oversight. The following highlights were presented:</p> <ul style="list-style-type: none"> <li>The intention was to ensure responsibilities had a clear focus, with governance and accountability processes built in to ensure delivery against objectives and the presence of success measures.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It was noted that there was a culture of transformation piece of work, and there was a need to maintain a commitment to inclusive leadership and to continue monitoring activity.</li> <li>• Ongoing communication with staff networks was highlighted.</li> <li>• Targeted interventions were being implemented.</li> </ul> <p>The Chair welcomed the integrated action plan. It was noted from slide 7 that harassment of BAME staff from other colleagues was very concerning. A Chaudary reported that an inclusion survey had been conducted, which asked about the causes of reporting discrimination, and race and sexuality were identified.</p> <p>A Patel left the meeting at 2.57pm.</p> <p><b>RESOLVED: The committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Equalities Action Plan as the framework for delivering the ICB’s EDI responsibilities.</b></li> <li>• <b>Supported the alignment of resources to ensure delivery of the Plan, including leadership accountability and staff engagement.</b></li> <li>• <b>Agreed to oversee progress through regular reporting and ensure the Plan remains dynamic and responsive to emerging data.</b></li> <li>• <b>Agreed to champion the Plan within the organisation to model inclusive leadership and drive culture change.</b></li> </ul>	
<p><b>57 25/26</b></p>	<p><b><u>ICB Combined Pay Gap report 2025</u></b></p> <p>The report presented Lancashire and South Cumbria Integrated Care Board’s (LSC ICB) gender, ethnicity, and disability pay gap data, providing an overview of differences in average pay across these characteristics within our workforce.</p> <p>A Chaudary reported that this was the first time a combined report had been presented. It was noted that the committee was mandated to report on the gender pay gap, and that it was considered good practice to also report on ethnicity and disability pay gaps. Regarding the ethnicity pay gap, the data showed there was not much of an issue, but this could be misleading due to under-representation. For disability, there was significant under-reporting of disability status. A number of actions had been committed to being taken forward. R Fisher questioned whether the ethnicity figures were skewed by the pay level of some senior individuals, and it was confirmed that this was the case.</p> <p>S Doherty noted that organisational change could further entrench pay gap issues. In response to a question about flexible working requests being refused, A Anderson advised that these were not tracked centrally as they were handled through individual line manager conversations unless appealed. It was further questioned whether combining characteristics (e.g., female, BAME, disabled) would be meaningful, but it was noted that the numbers were very small, making it difficult to put actions in place.</p> <p>S Sandford observed that, given the small numbers in the quantitative data, the report could be enriched by qualitative data, such as storytelling from personal experience. A Chaudary confirmed that there was an action plan and success measures, and that the next step would be to report against those regularly and to feature the voice of staff through focus groups or deep dives,</p>	

	<p>which could be built in. D Eytayo noted that other organisations had staff stories at their People and Culture Committee meetings and suggested this could be considered but agreed they needed to be aligned to the agenda. F Ball commented that this approach had sometimes felt semi-voyeuristic and that follow-up actions were necessary. It was agreed that this could feel uncomfortable at times and needed to be well thought through, with a clear purpose. It was also suggested that some good news stories could be included.</p> <p>The Chair further noted the leadership challenge for the ICB, highlighting that the organisation and the Board were not sufficiently diverse and that further work was required. Levels of bullying and discrimination were considered unacceptable, which should be an alert to Board, although it was recognised there was an action plan in place.</p> <p>D Eytayo reported that work was being undertaken with the Chair on an EDI development day and the BAME aspirant NEM programme.</p> <p><b>RESOLVED: That the committee supported the actions outlined in the report.</b></p>	
58 25/26	<p><b><u>People and Culture Sub-Committee AAA report</u></b></p> <p>The Triple A report identified key issues escalated to the Committee.</p> <p><b>RESOLVED: The committee noted the report.</b></p>	
59 25/26	<p><b><u>Strategic Training and Education Collaborative (STEC) AAA report</u></b></p> <p>The Triple A report identified key issues escalated to the committee.</p> <p>F Ball assured the committee that there were four priorities for the Strategic Training and Education Collaborative (STEC) from that point until the end of the year. It was noted that indicative figures were either holding firm or had tailed off, and the viability to fill programmes remained a concern. Key areas of alert, advise, and assure were flagged. It was reported that, in the new year, the apprenticeship levy would change to the growth and skills levy, which would have a broader scope. R Keeler was in the process of writing an interim strategy on this development.</p> <p><b>RESOLVED: The committee noted the report.</b></p>	
60 25/26	<p><b><u>Committee Escalation and Assurance Report to the Board</u></b></p> <p>Members noted the items which would be included in the committee escalation and assurance report to the Board.</p> <p><b>RESOLVED: That the People and Culture Committee note that a report will be taken to ICB Board.</b></p>	
61 25/26	<p><b><u>Items referred to other committees</u></b></p> <p><b>RESOLVED: That no items were referred to other committees.</b></p>	
62 25/26	<p><b><u>Any Other Business</u></b></p> <p>S Sandford noted that a paper had been brought to the meeting in July on research and innovation and would like to bring a further paper to the January meeting, which would then be escalated to Board. It was confirmed this was</p>	

	on the committee business plan to be brought to the next meeting. <b>RESOLVED: That an update on research and innovation be brought to the 14 January committee meeting.</b>	
<b>63 25/26</b>	<b><u>Items for the Risk Register</u></b> <b>RESOLVED: That the points discussed under the Risk Management Report item be taken forward by S Mattocks outside of the meeting,</b>	
<b>64 25/26</b>	<b><u>Reflections from the Meeting</u></b> It was noted there had been good, rich discussions during the meeting.	
<b>65 25/26</b>	<b><u>Date, Time, and Venue of Next Meeting</u></b> 14 January 2026, 1.00 pm – 3.30 pm, MS Teams	