

Notes from Senate Council Meeting

Held on Thursday 1st February 2018
In Taunton Rugby Club

Meeting Notes

<i>To what extent is growing concern regarding the sustainability of the workforce in the South West valid, and what principles should STPs work to in order to successfully plan and deliver their workforce strategies?</i>		
	Agenda Item	Action
1	Introduction and Content	
	<p>SPearson, Senate Chair welcomed the delegates and gave a brief introduction.</p> <p>Workforce is a challenge which has been raised repeatedly during the Senate's recent deliberations and clinical reviews. This meeting was organised in collaboration with Health Education England (HEE) and NHS England to ensure that all perspectives fed into the deliberations and the outcome recommendations are representative and relevant across the whole South West region.</p> <p>Workforce leads from each of the 6 STPs as well as the Local Workforce Action Board (LWAB) and Community Education Providers Network (CEPN) leads were also invited to attend this meeting.</p> <p>RPearce, Director of Commissioning Operations, NHS England South West (North), provided the NHS England workforce challenge overview.</p> <p>Key points:</p> <ul style="list-style-type: none"> • King's Fund paper 'Re-Imagining Community Services' – about integrating systems. • Can we tap into the student population to staff domiciliary care services? • The workforce models and strategies developed need to be flexible and reflect the population and the different groups of employees. • The LWABs were brought in to drive the workforce work stream within each STP. • Awareness of the need to free-up key clinical people in the system to be able to work on the forward view planning of workforce. (Investing the expertise into planning). • NHS England is currently moving into the 2018/19 commissioning planning round. Workforce planning must feature in this. • It is necessary to use conversations to build momentum around workforce issues and planning now. • NHS England offers full support to the process. 	

2	The role of HEE, ‘Facing the Facts, Shaping the Future’ consultation and STP allocations	
	<p>Derek Sprague, Director, HEE South West presented this. HEE are leading a consultation on the ‘Facing the Facts, Shaping the Future’ draft health and care workforce strategy. This is a joint piece of work with: NHS England, NHS Improvement, Public Health England (PHE), The Care Quality Commission, NICE, Skills for Care and the Department of Health.</p> <p>The consultation closes on 23rd March 2018 at 5pm; use this link to contribute: http://consultation.hee.nhs.uk</p> <p>Key points:</p> <ul style="list-style-type: none"> • The strategy is for social care workforce as well as health care. • The social care workforce is larger than the healthcare workforce. If the social care workforce is not working this will impact health care. • The population in England has grown by 2.1 million in the last 5 years and has also grown in the South West. <p>Action: Delegates requested a breakdown of the current and projected population and growth and demographics in the South West to be included in workforce data provided to STPs going forward.</p> <ul style="list-style-type: none"> • This is the first system-wide workforce strategy for 25 years. • The timeframe is from 2012 to now and from now to 2022 and beyond to 2027. • There are currently 40k NHS clinical vacancies. • It is arguable that millennials have different career expectations therefore there needs to be changes to service delivery to meet these expectations and to guarantee the workforce for the future. • Workforce growth will be via new graduates, retention of staff and returning staff to practice. • If we do nothing to tackle the workforce challenge, by 2027 we will need an additional 190k new staff. If we continue as we are we are only going to produce 72k of this requirement. • All delegates urged to input to the consultation, share the consultation widely and to engage with HEE and other workforce networks. 	TOverd
3	South West Workforce Data	
	<p>Tony Overd, Workforce Intelligence Manager, HEE South West presented the workforce data currently available for the South West.</p> <p>Key points:</p> <ul style="list-style-type: none"> • There are elements of the workforce that are still not fully known about and understood. This is mostly the private and voluntary sectors. • Data is taken from ESR and includes admin/clerical workforce as well as the clinical workforce. Turnover is increasing but records about ‘where staff go’ is not kept so this is a gap in information and understanding. Retention rates are decreasing (retention relates to the number of staff who are NHS employees for more than 1 year). • Accurate vacancy information is not currently available since the 	

	<p>national vacancy reporting publication ceased. Without 6 and 12 month reporting it is hard to understand the vacancies and gaps in the workforce.</p> <ul style="list-style-type: none"> • In the South West, the workforce has increased by 1095 WTEs since 2014. • The Learning Disabilities and Health Visitor workforce has decreased but this is due to these sectors going out to local authority in recent years. • HEE continues to map the healthcare data to the social care data. • EU workforce: there has been a drop of 64 WTE over the last 6 months. • HEE will develop workforce data packs for each STP region. • There is a large proportion of 'support to medical' staff and registered nurses of age band 50-54 who are likely to retire in the next 5 years which poses a significant challenge for this group. • General Practice workforce: this data quality is now improving and therefore HEE is gaining a better understanding of the GP workforce and is building a picture of the likely number of GPs who will potentially retire in the next 5 years. • Adult social care workforce: HEE has been working with Skills for Health over the last few years to gain access to this data. Currently they only access data for 59% of the workforce for social care. Of note is the impact on the social care workforce through a 17% zero hours contract rate. • Children's services: HEE gets this data from the Department of Education. Of note are the high turnover and vacancy rates. • Workforce in the future: HEE needs access to good quality data and with this intelligence can make good quality decisions. Further work will involve building a better understanding of the supply and modelling to identify gaps. • HEE is working towards hosting a data warehouse. Once this is in place, this will provide the opportunity for organisations to maximise access to the HEE intelligence resource. • PHE offered to connect with HEE to match the population data they hold with the HEE workforce data. • Request from the Senate Council to focus on the increased birth rate in the South West as well as a focus on the elderly population. 	
4	Resilience and Junior Doctors	
	<p>Sara Evans, Training Programme Director, RUH Bath presented the pressures which junior doctors face and how to build resilience in the workforce.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Junior doctors are dealing with work based pressures such as: increased anti-social hours; difficulties with rota planning and balancing with childcare responsibilities/home-life; frequent rotations; lack of continuity with clinical leads; limited time for peer support; loss of F1 accommodation and no opportunity for de-brief following serious events. 	

	<ul style="list-style-type: none"> • 70% of junior doctors have rotas with permanent vacancy gaps. • Half of all junior doctors report that work based stress impacts their physical health sometimes or often and 60% report their mental health is impacted sometimes or often. • The pressures experienced by junior doctors affects their ability to be resilient. • Areas for building resilience include: teaching self-awareness and the ability to recognise one's own limits; time management and recognition that non-work based activities are also important; mentoring as a tool for adapting to changes in the working environment; building in the opportunity to reflect when things go wrong. • The Bath RUH model for promoting resilience focuses on: provision of a pastoral tutor; near miss drop in sessions; using EAP links; dedicated F1 clinic for support and Schwartz rounds. • Broadly, healthcare workers should be encouraged to use reflective writing to focus on the approach taken when dealing with a problem with a patient. • It appears that the majority of the support mechanisms in place for junior doctors are voluntary and 'out of hours' options. In order to maximise these tools they need to be built into the structure as part of the system within which junior doctors operate. • The Senate Council reflected that the advice for developing resilience in junior doctors can be applied and would be of value to the entire healthcare workforce. 	
5	<p>Nursing: Services Under Pressure, Education and Spreading Good Practice</p>	
	<p>Jacque Phare, Deputy Director of Nursing and Quality, NHS England South (SW) Devon, Cornwall and Isles of Scilly presented this.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Total nursing vacancies in England is 34,260, which is up 2,400 on the previous quarter (30 September 2017). A significant number of nursing vacancies are filled by bank and agency staff. • An aging workforce as a large number of nurses are 50 years and above. A significant number of nurses in the 25-29 years bracket are leaving the NHS – expectation of a portfolio career. • Additional workforce challenges include: requirement for succession planning for example in ophthalmology; following Brexit a clear message is needed to reassure EU employees about their employment status; other non NHS employers are vying to recruit young people to their workforce. • New workforce model: inclusion of voluntary organisations into teams; increase of self-management; health promotion and prevention; finding a way to make rotations work well (i.e. by working within STP geography to create a useful rotational pattern). • Nursing Associate role is a salaried and appealing route into nursing which needs to be built into the training and education structure. • The apprenticeship pathway needs to be developed across the whole 	

	<p>career pathway.</p> <ul style="list-style-type: none"> • Return to practice schemes need greater promotion to raise the profile and increase numbers. • Dynamic careers need to be offered with alongside support to attain these. • Since September, the nursing bursary is no longer available but it is still too early to understand the impact of this on the workforce. There is concern that this could affect the number of mature students who are more likely to go into community and mental health nursing. 	
6	System Workforce Planning and the Apprenticeship Agenda	
	<p>Marc Lyall, Regional Director, Skills for Health, West of England presented this.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Skills for Health is a not for profit organisation which aims to improve the way health services are delivered through improving operational efficiency, quality and productivity. • Skills for Health uses an integrated approach to System Workforce Planning which involves 1) rapid review of demand for health and care 2) Scenario sessions with the systems 3) Combining these elements to create a series of workforce and skills priorities. • To make workforce plans work: local engagement is key including dedicated key individuals to drive this activity across the STP and patient and public involvement (PPI); clarity and scope of what is being achieved as well as clear outputs; and careful governance. • Engaging staff could be a challenge due to fear about talking about current practices. Sufficient lead in time is required to communicate well with staff in the lead in to this work and it may be beneficial to involve unions also. 	
7	Rising Pressure in the Healthcare Workforce	
	<p>Ben Gershlick, Senior Economist from the Health Foundation presented this.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Over the last 10 years the NHS workforce has seen a rise in its number of doctors and managers but a decrease in the numbers of nurses, particularly in community settings. • Before bursaries were replaced with a loan based system, there were many more applicants than available places. According to data from the start of this academic year in September, the number of applicants accepting places onto nursing courses has not changed but applications have decreased. • There is an overall increase in retention however there is great variation amongst Trusts. Trusts individual performance rates appear to be quite stable. Look to the high performing Trusts as examples of good practice. • Organisations need to act as 'anchor institutions' to think and plan about who and how they employ from within their community. • Organisations could think outside of workforce data to focus on the 'softer' aspects of workforce retention planning/strategy. 	

	<ul style="list-style-type: none"> Where staff are leaving the NHS to work for agencies, research is required to determine what is attractive about the agency offer and then redesign NHS packages to match this. The Health Foundation can raise specific issues at policy level. <u>Forward directly to BGershlick.</u> 	
8	Mental Health: Practically Addressing National Strategy	
	<p>Alison Dean, Associate Director Organisational and Workforce Development, Devon Partnership Trust (DPT) provided the mental health and provider organisation perspectives.</p> <p>Key points:</p> <ul style="list-style-type: none"> Existing posts and vacancy assumptions: data from NHS Improvement suggests that the vacancy rate in mental health services broadly correlates with bank, agency and locum spend, suggesting that services are largely covered albeit not in the most efficient way possible. Growth and transformation assumptions: at the heart of the <i>Five Year Forward View for Mental Health</i> was an ambition to provide more integrated and early interventions, thus reducing the demand for secondary care and shifting activity to the community. This requires not just an increase in posts, but a transformation in the service offer. Staff leaving assumptions: based on observed workforce trends, 18,000 support staff and 21,000 clinically-qualified staff are forecast to leave statutory mental health services if we do nothing. Changes to workforce by: looking after employee's mental health and building resilience; implement OT lead services; and offer peer support. DPT have found using Schwartz rounds in conjunction with neighbouring Royal Devon and Exeter Hospital to be a positive experience for staff and builds resilience. Use of 'stay' interviews on a regular basis to gather data and to make working lives better. Make it easier for staff to return to work e.g. no need to re-apply. Awareness that retention is multi-faceted. Organisations to use government levy to fund apprenticeships which lead to a guaranteed supply of new staff. Awareness of which aspects of workforce plans are STP responsibilities and which are normal responsibility for employers/Trusts/organisations. 	
9	Primary Care Workforce	
	<p>Professor John Campbell, Exeter University presented his research and findings looking at:</p> <p>Key points:</p> <ol style="list-style-type: none"> 1) What are the key policies and strategies that might: <ol style="list-style-type: none"> a) Facilitate retention of experienced GPs in direct patient care. b) Support the return of GPs to direct patient care following a career break? 2) How feasible is the implementation of those policies and strategies? 	

	<ul style="list-style-type: none"> • It was found that in general there is low morale amongst GPs in the South West. • Fear and risk is also a pronounced issue as patient contact in primary care is too time pressured to be able to deal with patients in a risk managed environment. • Research findings to develop policies which will: Increase the perceived value and clarify the identity of general practice; Reduce the levels of fear and risk that GPs experience; Provide GPs with feasible and acceptable routes to remaining in direct patient care. • General observation that merged super general practice federations are more vulnerable and at risk and there is no evidence that they support GPs to build resilience. • Evidence is required regarding the benefit and use of the newly designed Nursing Associate and Physician Associate roles. • By paying carers a living wage and upskilling the workforce it is possible to reduce the burden in acute care. • 2 supporting articles circulated to delegates prior to the meeting: http://bmjopen.bmj.com/content/bmjopen/7/4/e015853.full.pdf http://bmjopen.bmj.com/content/bmjopen/8/1/e019849.full.pdf 	
10	The Social Care Workforce and Task Shifting	
	<p>John Bryant, Chair, Workforce Lead ADASS presented this.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Social Care workforce is 1.45 million personnel compared to NHS workforce which is 1.3 million. • Retention is key to stabilising the workforce for both health and social care. • Encourage thinking that is: non-judgmental as to who cares; not role based; not place based; flexible as to who, where and how. • Activity mapping to identify what senior employees can supervise rather than do in order to enable them to work at the top of their licence. • Realise the cost savings from retaining skilled experienced staff and transfer this saving to offer carers a competitive package. • Acceptance of moving into marketing territory. Competing for talent and compassion. 	
11	AHPs into Action and Supporting Transformation	
	<p>Naomi McVey, Chief AHP office, Head of Programmes presented the AHPs into Action paper which was co-produced in 2017 using a triangulation of data and evidence: crowdsourcing via an online platform; review of national policy documents and publications and engagement and involvement from senior leaders and patients across the system.</p> <p>Key points:</p> <ul style="list-style-type: none"> • This is a 5 year programme of work nationally between ALBs: NHSI, PHE, HEE and NICE. • This paper provides a framework for supporting decision making. • The 4 priorities outlined are: AHPs can lead change; AHPs skills can be further developed; AHPs evaluate, improve and evidence the impact of their contribution; AHPs can utilise information and 	

	technology	
12	Group work by STP geography	
	<p>What is needed to support planning and delivery of STP workforce strategies?</p> <p>Delegates were split into 6 groups. Those from STPs worked in their STP group and Senate Council members worked in groups outside of their usual geographical area, to consider:</p> <ol style="list-style-type: none"> 1. What is needed to support planning and delivery of clear STP workforce strategies? 2. What is our South West feedback to the HEE consultation? 3. What are the next steps and which organisation/persons are responsible? 4. <p>Each group fed back their key points which will form the basis of the Senate's recommendations.</p>	

****All slides circulated to delegates following the meeting and available from the Senate website.**

2018 Senate Council meeting dates: 17th May, 19th July, 27th Sept, 29th Nov

PRE-READING:

1. Facing the Facts, Shaping the Future HEE Consultation 2017, <https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf>
2. Rising Pressure: The NHS Workforce Challenge – The Healthcare Foundation, Oct 2017 <http://www.health.org.uk/sites/health/files/RisingPressureNHSWorkforceChallenge.pdf>
3. The Future of Primary Care Workforce Report – HEE, July 2015 <https://hee.nhs.uk/our-work/hospitals-primary-community-care/primary-community-care/primary-care-workforce-commission>
4. Horizon Scanning Future Health and Care Demand for Workforce Skills in England, UK WHO, 2017 http://www.euro.who.int/_data/assets/pdf_file/0005/356495/HSS-NCDs_Policy-brief_ENGLAND_Web.pdf?ua=1
5. Getting into shape: Delivering a workforce for integrated care – Reform, Sept 2017 <http://www.reform.uk/wp-content/uploads/2017/09/Getting-into-shape.pdf>
6. The State of Pre and Post Graduate Medical Recruitment in England – BMA, Sept 2017 <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/state-of-medical-recruitment>
7. The future of the Mental Health Workforce – Centre for Mental Health, Sept 2017 <http://www.nhsconfed.org/resources/2017/09/the-future-of-the-mental-health-workforce>
8. 5YFV Mental Health Strategy – HEE and NHSE, Aug 17 https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf
9. General Practice Forward View – NHSE – 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

10. AHPs into Action: Using Allied Health Professionals to transform health, care and wellbeing. <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=ja&uact=8&ved=0ahUKEwiO8LqWucjYAhWKZIAKHd77CkMQFggzMAA&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F01%2Fahp-action-transform-hlth.pdf&usq=AOvVaw2pyHzSO7p0D8-JXhbdFsAi> 2016/17 - 2020/21
11. ReGroup Scientific Study **Shared with delegates prior to the meeting but not for onward sharing.
12. The state of medical education and practice in the UK

Attendance:

Becky	Applewood	Network Manager	Maternity Clinical Network
John	Bryant	Head of Integration & Development and Workforce Lead	ADASS
Tim	Burke	Chair	North, East & West Devon CCG
John	Campbell	Professor of General Practice & Primary Care	University of Exeter Medical School
Iain	Chorlton	Chair	Kernow CCG
Mark	Cooke	Director of Commissioning Operations	NHS England South West
Diane	Crawford	Director of Medical Physics & Bioengineering	University Bristol NHS FT
Katie	Cross	Consultant General Surgeon	Northern Devon Healthcare Trust
Alison	Dean	Associate Director Organisational & Workforce Development	Devon Partnership
Ellie	Devine	Senate Manager	South West Clinical Senate
Kevin	Dixon	Citizens' Assembly Chair	Healthwatch Torbay
Victoria	Downing-Burn	Acting Director of People	Royal United Hospitals Bath NHS FT
Sara	Evans	Consultant Geriatrician	Royal United Hospital Bath
Paul	Eyers	Vascular Surgeon	Taunton & Somerset NHS FT
Andrew	Eynon-Lewis	Head of Primary & Community Care Education	HEE, South West
Melanie	Feldman	Consultant Colorectal Surgeon	Royal Cornwall Hospital Trust
Aileen	Fraser	Clinical Director	Bristol Community Health
Caroline	Gamlin	Area Team Medical Director	NHS England South Region, South West
Benjamin	Gershlick	Senior Economics Analyst	The Healthcare Foundation
Julia	Griffith	Business Director	BANES Enhanced Medical Services, Banes CEPN
Jenny	Hair	Strategic Workforce Advisor	Wiltshire CCG
David	Halpin	Deputy Senate Chair	South West Clinical Senate
Sue	Heafield	Assistant HR Director, Workforce	Gloucestershire STP

Nicci	Hillson	Project Manager	Devon CEPN
William	Hubbard	Consultant Physician & Cardiologist	Royal United Hospital Bath
Emily	James	Workforce Programme Manager	BSW STP
Paul	Johnson	Chair	South Devon & Torbay CCG
Nick	Kennedy	Consultant Anaesthetist & Intensivist	Taunton & Somerset NHS FT
Jacqueie	Kessell	Deputy Director of HR	Cornwall Hospital NHS Trust
Ben	Lankester	Consultant Trauma & Orthopaedic Surgeon	Yeovil District Hospital
Bruce	Laurence	Director of Public Health	Bath & North East Somerset Council
Rachel	Levenson	Diabetes Programme Manager.	Cardiovascular Clinical Network
Marc	Lyll	Regional Director (West of England)	Skills for Health
Peter	Mack	Chair	Swindon CCG
Gill	May	Executive Nurse	Swindon CCG
Naomi	McVey	CAHPO Head of Programmes	Chief AHP Professionals Office
Jonathan	Miller	Network Manager	Cancer Clinical Network
Jane	Mitchell	Professional Lead for Physiotherapy	Cornwall Partnership NHS FT
Anne	Morris	Director of Nursing & Quality	NHS Bristol, North Somerset & South Gloucestershire CCGs
Adrienne	Murphey	Executive Director of HR and OD	Cornwall Partnership Foundation Trust
Zaheera	Nanabawa	Locality Development Manager	Gloucestershire CCG
Tony	Overd	Workforce Intelligence Manager	HEE South West
Joanna	Parker	Citizens' Assembly Member	Healthwatch South Gloucestershire
Rachel	Pearce	Director of Commissioning Operations	NHS England South West
Sally	Pearson	Senate Chair	South West Clinical Senate
Jacqueline	Phare	Deputy Director of Nursing & Quality	NHS England South (SW) Devon, Cornwall and Isles of Scilly
Ian	Philips	Operations and Delivery Manager (Elective Care)	NHS England South, South West
Penny	Phillpotts	Director of HR	Bristol Community Health CIC
Maggie	Rae	Consultant in Health Care	Public Health England
Sarah	Redka	Senate Project Officer	South West Clinical Senate
Hayley	Richards	Workforce SRO and LWAB Chair	BNSSG, BaNES, Swindon, Wilts
Philip	Rolland	Consultant Gynaecological Oncologist	Gloucestershire Hospitals NHS FT
Peter	Rowe	Consultant Nephrologist	Plymouth Hospitals Trust
Richard	Sandford-Hill	Chair	Wiltshire CCG

Derek	Sprague	Director	HEE South West
Helen	Stapleton	Workforce Planning Lead	Somerset STP
Mark	Stone	Pharmacist Consultant/Devon LPC Project Lead	Devon Local Pharmaceutical Committee and Tamar Valley Health Practices
Piers	Tetley	Associate Director of HR & OD	Devon STP
Heather	Toyne	Workforce Transformation Programme Manager	BNSSG STP
Alison	West	Associate Director, Quality	Wiltshire CCG
Tariq	White	Assistant Director of Transformation & Outcomes	NHS England South Region, South West
Jess	White	GP & Training Programme Director	Swindon CCG
Jenny	Winslade	Chief Nursing Officer	SWAST
Paul	Winterbottom	Consultant Psychiatrist	2gether NHS Foundation Trust
Magda	Wood	Regional CEPN Project Manager	Cornwall, Devon and Somerset
Lucy	Wood	Education Facilitator	Devon CEPN

Apologies:

Marion	Andrews-Evans	Executive Nurse	Gloucestershire CCG
Malcolm	Dalrymple-Hay	Consultant Surgeon	Plymouth Hospitals NHS Trust
Ed	Ford	Chair	Somerset CCG
Clare	Hines	STP Workforce & OD Project Manager	Gloucestershire STP
Joanna	Kaszniak-Brown	Consultant Radiologist	Taunton and Somerset NHS Foundation Trust
Andrew	Tometzki	Consultant Paediatric Cardiologist	University Hospital Bristol NHS Trust
Miles	Wagstaff	Consultant Paediatrician, Neonatologist	Gloucestershire Hospitals NHS Foundation Trust
Margaret	Willcox	Chair	ADASS
Bettina	Kluettgens	Director of Patient Safety	SWAHSN
Michelle	Roe	CVD Network Manager	NHS England South West
Mary	Backhouse	Chief Clinical Officer	North Somerset CCG
Paul	Jeffrey		Cornwall
Jill	Helens		Somerset CEPN

Jackie	Pendleton	Accountable Officer	Kernow Clinical Commissioning Group
Linda	Prosser	Director of Commissioning	NHS England South Region, South West
Kathy	Byrne	STP Lead	Cornwall
Ian	Triplow		Somerset
Ian	Orpen	Chair	Bath and North East Somerset CCG
Tracey	Cox	Accountable Officer	Bath and North East Somerset Clinical Commissioning Group
Nick	Roberts	Accountable Officer	South Devon and Torbay Clinical Commissioning Group
Andy	Seymour	Chair	Gloucestershire CCG
Julia	Ross	Chief Executive BNSSG CCGs	NHS Bristol, North Somerset & South Gloucestershire CCGs
Linda	Prosser	Interim Chief Officer	Wiltshire Clinical Commissioning Group
Vaughan	Lewis	Clinical Director	Specialised Commissioning NHS South
Dee	Gibson-Wain	Associate Director Education & Development	Gloucestershire Hospitals NHS Foundation Trust
Angela	Hayday	Associate Director of Organisational & People Development and RUH STP Workforce Lead	Royal United Hospital Bath