Meeting of the governing body
Summary sheet

Date of meeting: 2 February 2021
For: Public session (Part 1)
For: Information

Agenda item: Chair's update workforce committee

Author(s): Nikki Kelly, governing body lay member
Presented by Nikki Kelly, governing body lay member
Lead director/GP from CCG: Helen Charlesworth-May, accountable officer
Clinical lead: Not applicable

Executive summary

At the workforce committee on 19 January 2021 the following was discussed: Proposed change to the workforce committee to the people and organisational governance committee (POG).

New terms of reference (ToR) are attached with this summary for governing body oversight and approval following ratification at the workforce committee meeting. The POG will have 3 key pillars people, communications and organisation compliance.

Going forward the POG will include oversight and reporting from the citizens advisory panel (CAP). The committee supported the recommendation to develop an election process to appoint the new CAP chair – this will form part of the ToR.

The composition of the POG meetings will also be changing to incorporate bi-monthly development sessions, staff attending the meeting to share insights and a case study presented at the start of each session.

Recommendations and specific action the governing body needs to take at the meeting

The governing body is asked to note:

1. The contents of the report.
2. The minutes of the workforce committee meeting held in November 2020.
3. Ratify the new terms of reference for workforce committee and change of name to people organisational and governance (POG) committee.

4. Inclusion of the citizens advisory panel (CAP) reporting the POG.

Additional required information

Cross reference to strategic objectives
☒ Improve health and wellbeing and reduce inequalities
☐ Provide safe, high quality, timely and compassionate care
☐ Work efficiently so health and care funding give maximum benefits
☒ Make Cornwall and the Isles of Scilly a great place to work
☒ Create the underpinning infrastructure and capabilities critical to delivery

Evidence in support of arguments: Agenda papers presented to the workforce committee meeting.

Engagement and involvement: Will be covered under each individual item considered by the committee.

Communication and/or consultation requirements: Published as part of the governing body papers onto NHS Kernow's website, distributed to individuals requesting copies of governing body papers and distributed to the governing body members.

Financial implications: Will be covered under each individual item considered by the committee.

Review arrangements: Will be covered under each individual item considered by the committee.

Risk management: No red risks or significant changes.

National policy/ legislation: Will be covered under each individual item considered by the committee.

Public health implications: Will be covered under each individual item considered by the committee.

Equality and diversity: None for this paper.

Climate change implications: None for this paper.

Other external assessment: Will be covered under each individual item considered by the committee.

Relevant conflicts of interest: None.

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FOI consideration – exemption*: None - item may be published

Qualified/absolute*: None - item may be published

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Main report

People and organisational development
The highest cause of absence during December 2020 with 114.80 FTE days lost is due to anxiety, stress or depression mainly attributed to a number of long term cases. The cost of absence in December is higher than preceding months, however the overall cost of absence over the rolling year is still decreasing.

Operational Development (OD) team recruitment will be complete by the end of January. A programme of work is being developed which will underpin the people strategy. This work plan and strategy will be reviewed by the executive team at the newly established people board, the first meeting of which was held on 12 January 2021.

People and operational development board
This forum will act as an executive director steering group for NHS Kernow in respect of the strategic people and OD agenda – a space for NHS Kernow's executive director team together, to discuss, prioritise, support and progress the work programme of the people and OD team. We proposed outcomes include:
- ensuring staff are engaged, supported, and feel part of the decision making in tackling current organisational challenges
- to provide clear messaging and coherence as a leadership team to teams during what is currently a very unsettling period for staff as a result of COVID-19, remote working, change of base, changes in leadership, and potential, organisational restructures
- to ensure that transformation and change programmes are successful and supported through prioritising and deploying CCG people resources to best effect

Integrated care systems (ICS)
Following the announcement of the NHS England and Improvement proposal, directors held meetings with their teams to talk through the proposal and to collect questions and feedback to inform NHS Kernow's response. Workforce committee will have received details of this at the governing body meeting on 5 January. Some

colleagues are very unsettled following the announcement and further work is planned for ongoing engagement and follow-up from the initial sessions.

Information governance
The 2020 and 2021 data security and protection tool (DSPT) evidence tool was released 1 December 2020 and organisations are able to update their assessments online. The current aim is to achieve a good level of baseline assessment required by the end of February 2021 and prepare for audit of all the mandatory requirements by TIAA in the last week of February 2021. At this point the final submission date aim remains as 31 March 2021.

Communication
Laura Patrick is now back from maternity leave, many thanks to Sarah who is with us until the 31 January 2021. Since the last report, NHS Kernow's intranet and internet have moved to a WordPress site developed by Cornwall IT Services (CITS). This was undertaken in order to achieve compliance with accessibility regulations. The new regulations came into effect at the end of September 2020. The senior leadership team have agreed that Andrew Abbott will be the director responsible for accessibility. The communications officer (digital and design) is undertaking an organisation wide accessibility training programme. This will become a mandatory programme. An accessibility risk register has been established. This is being used to track any documents, pages or digital platforms which are not accessibility compliant.

The communication team has supported several surveys and engagement activities including:
Edward Hain community hospital
The engagement team supported the Edward Hain community hospital team to ensure the wider community was engaged and able to contribute to the review of the future use of the hospital. This included the facilitation and evaluation of a 4-week public engagement exercise between 7 October and midnight on 8 November. This engagement ensured local people were able to share their feedback on the work to inform any decision about the hospital.

Mevagissey and Probus surgeries: branch surgeries
In November 2020 we launched a survey that was disseminated to all Mevagissey Surgery patients. The aim of the survey was to learn what impact to patients, if any, the temporary closure of Gorran Haven branch surgery had. The survey closed on December 2020. We are currently reviewing the responses and theming the feedback before we share with primary care to agree the next steps.

Risk register
The workforce committee has 3 corporate red risks and 3 high amber risks owned by the workforce committee:

10677 - Pandemic (system impact) (20)

10756 - Covid-19 virus (CCG business continuity) (20)
10763 - Carbon neutral by 2030 (15)
10784 - New ways of working 2020 (12)
10785 - Website accessibility (12)
10786 - Workforce resilience (12)

Complaints

In quarter 1 (Q1) there were no formal complaints received by NHS Kernow and only 12 recorded patient enquiries. The team also dealt with 11 complaints regarding other organisations. All providers have the right and responsibility to manage their own complaints and as such these are passed with consent to the appropriate organisation. To allow for a comparison, the same period in 2019 to 2021 had 23 complaints, 59 enquiries, 59 complaints for other organisations, 119 freedom of information (FOI) requests and 38 MP letters.

Covid debrief

The joint senior leadership team decided that in view of the well-known capacity constraints and the prolonged nature of the pandemic an 8d EPRR specialist was appointed.

Review arrangements: The emergency preparedness, resilience and response (EPRR) manager will work with the deputy director of corporate governance to ensure lessons identified are reviewed and implemented. The local resilience forum will periodically hold further multi-agency debrief sessions to ensure learning has been implemented.

Risk management: There is an ongoing risk identified within the nursing and quality team due to staff shortages. EPRR risk management has been bolstered by the appointment, on secondment, of an EPRR manager for up to one year.

National policy/ legislation: There is significant legislation and policy relating to EPRR. A full list is available upon request.

Public health implications: This paper highlights the lessons identified during the response phases to the COVID-19 pandemic in Cornwall. The detrimental impact on health inequalities is known and has become a national priority and features in our long term plan and phase 4 submissions to NSHE/I.

Minutes of the workforce committee – part 1

17 November 2020
9.30am
Via Microsoft teams

Members in attendance
- Nikki Kelly, chair and governing body member
- Andrew Abbott, director of primary care
- Dr Judy Duckworth, governing body GP
- Dr Iain Chorlton, chair of governing body

Attendees
- Emma Goudge, head of people and organisational development
- Bev Gallagher, head of information governance, item 126
- Drew Wallbank, exceptional treatments manager and emergency preparedness, resilience and response lead, item 127
- Jess James, head of corporate governance, item 128
- Lindsay Adams, minute taker

Apologies
- Clare Bryan, deputy chief officer and chief finance officer
- Trudy Corsellis, deputy director of corporate governance, item 129

Minutes from the meeting

Item WFC2020/121 – Introductions and apologies

Nikki Kelly welcomed colleagues to the meeting and apologies were noted as above.

Item WFC2020/122 – Declarations of interest (DOI)

Nikki Kelly is carrying out work with Healthwave as operation lead from November 2020 to January 2021 and is a trustee for Sport Cornwall Foundation, from October 2020.

Action
Nikki Kelly to complete a new and updated declaration of interest form to declare work with Healthwave and a trustee role for Sport Cornwall Foundation.

Andrew Abbott noted a declaration of interest specific to the part 2 discussion on director portfolios.

Emma Goudge noted her role as hub counsellor for the Aspire Academy Trust which included overseeing assurance on safeguarding and reading the updated Keeping Children safe in education 2020 safeguarding policy. This policy noted commissioners along with the Police have become strategic partners with Academy Trusts in safeguarding matters. Emma Goudge confirmed that the declaration would also be submitted to the Aspire Academy Trust.

Item WFC2020/123 – Minutes and action grid from September 2020 meeting

The minutes of the September 2020 meeting were reviewed and approved for ratification with the following adjustments:
- Adjust the AI abbreviation on page 6 to read as 'summary care record advanced additional information'
- Include apologies from Dr Iain Chorlton in the attendee list.

Item WFC2020/124 – People and organisational (OD) update

Emma Goudge presented highlights from the report circulated to members prior to the meeting.

People and organisational development team update

NHS Kernow took the decision at the beginning of October 2020 to withdraw its human resources team from the integration and restructure process which was ongoing with the people and organisation development team from Royal Cornwall Hospital NHS Trust (RCHT). This decision was made as RCHT have been unable to provide the capacity required by the CCG and had been utilising CCG HR team members to support their own capacity needs. The RCHT team have been undergoing their own redesign and restructure for some time and are still in process of   getting their own service up and running and have also been unable to provide details of how an integrated service delivery model would work for the CCG. Based on the level of risk around current issues and level of support needed for transformation in the CCG, it was felt that this required in house provision from members of the team.

Emma Goudge has returned to working solely for NHS Kernow and two new starters had commenced employment within the people and organisational development team to increase capacity of the team. A work plan was underway for all areas of people, OD and engagement to support the transformation process. Two interim roles will be supporting the development work about strategic commissioning and additional interim human resources will assist with urgent pieces of work including the section 113 required to support and enable directors to Cornwall Council.

Andrew Abbott thanked the people and OD team and noted that the additional capacity had helped work to progress in the primary care directorate.

Mandatory training and appraisals
Following a drop off in completion of mandatory training and appraisals due to the COVID-19 response as enabled by NHS England, the appraisal rate has improved from 38% to 56% since work had resumed. Personal assistant (PA) colleagues are supporting this process to ensure meeting dates are in diaries with the aim of getting all appraisals back on target by the end of December 2020. Mandatory training completion rate is currently 81%.

Sickness absence
Overall sickness in terms of time off work is currently low, Emma Goudge noted that may not be indicative of the overall health of colleagues within the organisation, Emma explained that a number of people were reporting feeling stressed, struggling with capacity and working a lot of additional hours. This raises concerns about the longer-term impact on people and the people and OD team continue to provide support directly as well as signpost offerings to support health and wellbeing. The rise in stress and longer hours of working is a result of the COVID-19 response, in part, as well as additional work developing an integrated care service (ICS) and strategic commissioning.

Committee members identified that a number of colleagues were not enjoying their roles following the impact of COVID-19, the decant from Sedgemoor Centre and developing the ICS. Some colleagues were requiring additional support in working from home, with concerns over their ability to cope. The new ways of working (NWOW) process being discussed in part 2 would be essential in addressing these concerns in anticipation of additional winter pressures. It was agreed that wider communications were required to provide a consistent message and highlight the opportunity for colleagues to identify and suggest any areas of work which could be paused to help alleviate pressures across the workforce.

Dr Duckworth advised the appraisal process for GPs had changed to support the context of encouraging conversation and to listen to colleagues about priorities and suggestions for workload. Concern was raised that the support of working in teams had been largely lost through working remotely during the COVID-19 response and whether peer to peer mentoring could be offered to support a sense of belonging. Nikki Kelly noted that Paul Hargreaves had been looking at a piece of work around infrastructure and how a peer mentoring programme to share best practice could be introduced, potentially with lay members providing a supporting role. Emma Goudge noted that Andrew McMenemy had spoken about reverse mentoring which had been successfully set up in the midlands which could also be reviewed. Committee also noted the value of whole team meetings and in particular the staff away days and what it might be possible to replicate remotely. Emma Goudge confirmed that the people and OD team would support a piece of work how these might be developed. It was acknowledged that providing colleagues with examples of stories where work

had been paused was important to give people confidence and further discussion around working in teams would take place in part 2 discussions.

Whilst the people and OD team advocated more flexible working and providing a better work life balance for colleagues, there was concern of losing team connection with people working from home. Whilst working from home is a requirement of the COVID-19 response, other companies had tried remote working prior to COVID-19 but chosen to return to office base and a test and learn process may be required for NHS Kernow. Discussions in staff voice and other briefings had encouraged colleagues to hold informal get togethers and it was acknowledged that more informal communications and the opportunity to explore ideas was as important as formal meetings and this message needed to be relayed in wider communications. It was noted that whilst staff away day sessions helped with cohesion, strategy and direction of teams, online seminars with a large number of attendees had been successfully held with virtual breakout spaces having proved beneficial.

Action
Andrew Abbott to raise an item at the senior leadership team meeting to identify specific examples of work paused for inclusion in wider communications to aid a confidence in colleagues to request other work to be put on pause to alleviate pressures across the NHS Kernow workforce.

Action
Emma Goudge to pick up work initiated by Paul Hargreaves to develop a peer to peer mentoring programme.

Action
Dr Duckworth to email details of the amended GP appraisal process to human resources for information.

Item WFC2020/125 – GP information technology service transfer

Andrew Abbott presented a verbal update on the potential transfer of the GPIT team into Cornwall IT Services (CITS).

NHS Kernow has a small information technology (IT) team of 5 people, which largely covers the GPIT capability. The Clinical Commissioning Group (CCG) has outsourced CCG IT to CITS via a service level agreement (SLA) with RCHT. GPIT is overseen by the Primary Care Commissioning Committee, with the workforce committee needing to oversee CCG IT.

The resilience of the GPIT team is weak and has been impacted by the COVID-19 response and increased workloads, and the recent retirement of the Head of Strategic IM&T. Funding for GPIT is through a revenue allocation and a capital allocation, with funding received largely based upon the previous year. This year,

£292k of the c£700k was spent on Office 365, due to NHS England only partly funding O365, meaning insufficient budget remaining to fund the number of devices in NHS Kernow and primary care.

Operational and financial pressures have been exacerbated by COVID-19. A strategic piece of work is looking at whether the current IT provision can be integrated into CITS to provide a centralised IT service and work is progressing at pace. There are certain technical issues, for example general practice sitting outside of the single windows domain, which are being addressed within the piece of work.

Andrew Abbott is currently acting into the head of information management technology role following Paul Hayes' early retirement. Andrew Abbott has been actively engaging with Kelvyn Hipperson, chief information officer at RCHT and system digital SRO; however, the RCHT team does not have sufficient capacity to support the GPIT team at present. An agency recruitment process has been carried out and Paul Lyons has been appointed to lead specific projects within information management technology from 1 December 2020:

- Day to day operations of team and grip.
- Complete and benefit from funding opportunities and oversee data migrations by the end of February 2021.
- Take ownership of the operational development programme to oversee the transition of the programme into CITS.

Transitioning the GPIT team into CITS is planned for April 2021. Additional NHS England funding has been received as part of the 5 year contract to support digital maturity in primary care. This will be used to support practices and primary care networks (PCNs) to obtain resource to support a number of critical programmes in primary care, and potentially mitigate risks relating to a number of GPIT licence funding issues. It was noted that the strength of relationships with Kelvyn Hipperson and the team at RCHT was improving. Emma Goudge advised that with an expanding people and OD team, there would be increasing capacity to provide technical human resources support for a transfer to another employer.

Current IT arrangements for general practice are varied and GPIT often provide CCG support. Following the GPIT transfer GP colleagues would contact the main CITS number. Following an evaluation of what third party support is needed, a test the market process after February 2021 will be taken through the finance committee to engage with market for the best value for money support to CITS along with a piece of work to carry out a stocktake of IT equipment.

Item WFC2020/126 – Information governance

Bev Gallagher presented highlights from the report circulated to committee prior to the meeting.

Although a new version of the data security and protection toolkit (DSPT) for 2020/21 has been released, the online electronic tool where fresh evidence is uploaded has been delayed. Once confirmation has been received from NHS Digital that this is live, NHS Kernow evidence will be uploaded.

The final submission date remains 30 June 2021 however it was agreed at the information governance subcommittee (IGSC) September 2020 meeting that the submission date for NHS Kernow should remain as 31 March 2021. NHS Kernow colleagues will be encouraged to complete their data security and awareness training by the end of December 2020 to meet the March 2021 deadline.

Control of Patient Information (COPI) regulations remain in place to the end of March 2021.

Cyber security work continues in CITS and contributes to attainment of the DSPT requirements from NHS Digital.

The NHS Digital national roll out of Office 365 (O365) has created concerns in IT security and information governance due to the lack of local control available in the staff use of information storage, some of which will not be visible to CITS via the network and therefore only controlled by policy.

Andrew Abbott noted these concerns and said that currently the CCG is not resourced to support the roll of O365 and that this required additional funding to maximise the benefits of O365.

Removal of the email archive system has progressed and access to the archive facility will be removed as planned by the end of November 2020.

Work on the organisational electronic folder structure and associated actions have paused and will recommence following removal of email archive.

The piece of work on personnel files is being led by human resources. Contact has been made with a Devon trust which may provide some options.

Information security policies and documents have been reviewed and updated to reflect the new senior information risk owner and changes to accountable officer.

RCHT have signed off port blocking and work is progressing to obtain this sign off through NHS Kernow and will be reviewed as part of the ongoing work with CITS.

The business intelligence (BI) team has carried out considerable work to increase data warehouse in NHS Kernow. A data sharing agreement has been rolled out to general practices and 38% had signed up as of the date of the meeting. This would enable data to be linked up between NHS Kernow and providers, including general practice and social services. Andrew Abbott advised that the local medical committee engagement and involvement about information sharing and data

warehousing requires clarity and he would link with Bev Gallagher outside of the committee to review this.

Andrew Abbott raised concern about the resources and structure used for the roll out of N365 and advised that licences for general practice had been paid for through the hardware budget, with no additional funding to support the change management activity required for deploying N365 in the CCG. Bev Gallagher noted the gap in provision had been an oversight due to increased workload and lack of capacity within CITS and identified the need for general practices to have dedicated IT resource for support. Andrew Abbott recommended periodic reporting should be brought to the committee to provide assurance on the CITS GPIT transition work around a service level agreement (SLA) with CITS and the CCG.

It was identified that appropriate training around the new Office 365 software was required as the transition had been made with an expectation of individual IT knowledge and a reliance on web training packages. Andrew Abbott advised that whilst CITS provide regular briefings to RCHT, this is not included under the SLA with NHS Kernow.

Action
Andrew Abbott to investigate inclusion of appropriate Office 365 staff training in the service level agreement with CITS.

Action
Andrew Abbott to bring a bi-monthly report to workforce committee to provide oversight and assurance of the CITS GPIT transition work around a service level agreement to the CCG. Lindsay Adams to add a bi-monthly GPIT update report to the committee forward plan.

Workforce committee noted the updates and recommendations provided in the report.

Item WFC2020/127 – EPRR update

Drew Wallbank presented highlights from the report circulated prior to the meeting, updating the committee on completed and forthcoming actions being taken to embed EPRR into CCG business.

The national annual EPRR core standards assurance process had identified recommendations to strengthen CCG compliance and one of the recommendations had been for the CCG to employ a suitably qualified EPRR lead. Clare Penellum from Cornwall Council had accepted the role and was currently going through the induction process and would provide future updates to workforce committee.

Consideration is being made into the implementation of a command and control structure to manage the risks associated with COVID-19, D20 (EU transition) and

winter planning. Colleagues were awaiting governance guidance around EU transition which was anticipated by 20 November 2020. Government guidance to date had advised that even if there was a deal, there would likely be issues at ports which would cause delays. Mitigating actions in response to this would include ordering supplies earlier and opening docking bays for longer hours.

It was acknowledged that a wide breadth of actions had been taken in response to COVID-19 however it was noted that a wider understanding would be beneficial to understand the full extent of challenges experienced across NHS Kernow and how these had been overcome. Drew Wallbank advised Healthwatch Cornwall had contributed to a report which had been taken through the joint senior leadership team and he would link with Trudy Corsellis to widen out communication of learning.

Committee members thanked Drew Wallbank for stepping into the interim EPRR role and for effective response and communication on the subject.

As part of the senior leadership team evaluation of the COVID-19 response, it had been highlighted that NHS Kernow does not have the executive structure to support EPRR responses and workforce committee agreed that assurance should be sought around ongoing effectiveness of EPRR arrangements in consideration of mitigating actions.

Action
Lindsay Adams to invite Clare Penellum to future workforce committee meetings and provide meeting templates and frequency for EPRR reports required for committee.

Action
Nikki Kelly to review actions with Trudy Corsellis and Clare Bryan to consider workforce committee accountability and oversight and ensure COVID-19 learning can be shared more widely.

Item WFC2020/128 – Risk register

Jess James presented highlights from the report circulated prior to the meeting and noted that 4 corporate red risks and 3 high amber risks were currently owned by workforce committee.

RR10677 focuses on the impact any pandemic can have on the system and response. The main action for this risk is to update information as a result of learning from COVID-19.

RR10756 focuses on prolonged and/or significant disruption from the COVID-19 pandemic to NHS Kernow business continuity. This scored 20 however discussions had taken place whether this could be reduced. It was noted that there was a separate high amber risk around workforce resilience. The committee felt the level of impact is differential across the system and therefore the score would remain at 20,

to be reviewed on a regular basis. Committee members agreed that specific oversight of the learning from the pandemic was required and specific information on which critical components had been stood down or reduced was required. Andrew Abbott confirmed the joint senior leadership team were carrying out a piece of work to bring together risk registers in public health in a process to describe high amber and red risks to review.

Action
Jess James to link with Drew Wallbank to include information on the CCGs 'critical functions' in his next report to the committee.

RR10760 references the human resources and operational development service review. Some actions were due in October 2020 and will be updated in the next report. Some actions were showing red as incomplete but are no longer valid as they related to the integration of the HR team and these will be removed.

RR10763 focuses on the commitment of the Cornwall Health and Care Partnership to become carbon neutral by 2030. A lead manager has not been identified for this work and therefore the report is not fully populated. It is anticipated an update around changing of bases and NWOW will be included once confirmed. Nikki Kelly advised Clare Bryan had offered to lead on this with support and Dr Rob White was lead for governing body. Nikki Kelly confirmed she had attended one meeting for Dr White and would continue to offer support. Emma Goudge advised that Natalie Jones may have taken the lead on climate change. A health system prioritisation workshop was being held 17 November 2020 which would be looking ahead to challenges in the system over the next 5 years and opportunities for collaboration to reduce the environmental impact of carbon.

Action
Jess James, Clare Bryan, Rob White and Nikki Kelly to meet to review the understanding of risk RR10763 focusing on the commitment of the Cornwall Health and Care Partnership to become carbon neutral by 2030.

RR10785 focuses on compliance with the new legal requirement regarding website accessibility. This risk is ongoing whilst work continues to adjust papers and reports to new formats.

RR10786 focuses on the risk around workforce resilience through intensive periods of work and long hours in response to the COVID-19 pandemic. This currently scores 12.

Workforce committee noted the recommendations and content of the report.

Jess James advised an internal audit review on partnership working was being drafted. This would contain findings and actions around people processes, governance, system processes, finances and sections 113, and would be brought to the next committee meeting for oversight and assurance.

Item WFC2020/129 – Workforce race equality standard update

Committee members noted the content and recommendations of the report circulated ahead of the meeting. It was acknowledged that a review and action plan would be brought to workforce committee in March 2021.

Action
Lindsay Adams to add a WRES review with updated action plan to the committee forward plan for March 2021.

Item WFC2020/130 – Workforce committee forward plan review and terms of reference

Forward plan
Emma Goudge noted that the forward plan outlined the frequency of updates and assurance mechanisms for workforce committee.

Terms of reference
Emma Goudge advised that suggested amendments discussed at the July meeting had not been included and therefore the ToR had been reissued to members with both the July and September comments noted through track changes ahead of the meeting. The document also incorporated recent changes such Paul Hargreaves stepping down from his role. Emma Goudge had met with Clare Bryan to discuss the ToR. Discussion was held about the scope of the committee and it was agreed that the document should be reviewed in conjunction with part 2 discussions on director portfolios to determine representation and reports required for part 1 and part 2 of the meeting moving forward. Workforce committee agreed to review the ToR following discussion at part 2 in relation to director portfolios and representation to meetings.

Item WFC2020/131 – Any other business

With no other matters raised, the meeting closed.

Final copy for ratification

Signed by the chair:
Date:

People and organisational governance committee
Terms of reference

1 Introduction

1.1. The People and Organisational Governance Committee (the **c**ommittee) is established in accordance with NHS Kernow Clinical Commissioning Group's (NHS Kernow) constitution, standing orders and scheme of delegation. These **t**erms of **r**eference set out the membership, remit, responsibilities and reporting arrangements of the **committee** (and shall have effect as if incorporated into the clinical commissioning group's (CCG) constitution and standing orders).

2 Committee's purpose

2.1. The primary function of the People and Organisational Governance Committee is to oversee and discharge NHS Kernow's duties and responsibilities, and receive assurance, relating to the three main areas below:

    i. People and organisation development
    ii. Communications and engagement
    iii. Corporate governance and compliance

2.2. In addition the committee will:

    i. Secure appropriate workforce assurance for all aspects of people management, development and engagement organisational development (covered below section 6)
    ii. Seek assurance that the CCG is managing running costs effectively and within budget including any specific reduction targets.

2.3. The Governing Body may request that the committee review specific aspects of any matters relating to these areas where the Governing Body requires additional scrutiny or assurance.

2.4. The committee shall support the objectives of the CCG and its Governing Body and the provision of assurance to the Governing Body and Audit committee.

2.5. The committee shall review its annual workplan regularly which may include a small number of significant pieces of work that will be approved and reported to the Governing Body.

3   Authority

3.1.   Subject to any restriction set out in relevant legislation, the People and Organisational Governance Committee is authorised by the Governing Body to determine any matter within its terms of reference and NHS Kernow's scheme of delegation. The committee will take proper account of national agreements, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care and the NHS in reaching their determinations. The Chair, advised by the committee, shall decide whether a matter should be reported in writing to the Governing Body for decision or ratification, and the content of any summary report.

3.2.   The committee is authorised by the Governing Body to investigate any activity within its terms of reference.

3.3.   It is authorised to seek any information it requires from any employees and all employees are directed to co-operate with any request made by the committee.

3.4.   The committee is authorised to ensure robust discussion and target setting of key people and organisational issues, paying due regard to any potential financial, quality and/or performance implications, to ensure effective and focused management of the CCG's objectives.

3.5.   It shall invite reports from partners and stakeholder committees (or groups) where this impacts on the functions of the CCG.

3.6.   The committee will have due regard to the public sector equality duty and the CCG's equality objectives.

3.7.   The work and effectiveness of the committee shall be subject to regular monitoring by the Audit Committee which shall undertake at least one formal annual review of the People and Organisational Governance Committee as part of its assurance function.

4   Membership

4.1.   The committee shall be appointed by NHS Kernow from amongst its Governing Body Members and Executive Management Team.

4.2.   The committee shall comprise:
* One Governing Body lay member
* One Governing Body GP (with a nominated alternate)
* One additional Governing Body member (with a nominated alternate)
* CCG chief officer (with a nominated alternate)
* CCG director for integrated care (primary care)

Committee members should ensure that nominated alternative members must be fully briefed and able to operate with full authority over any issue arising at

the meeting. Wherever possible the nominated alternative should be the same representative for continuity.

4.3. The Chair of the committee will be the Lay Member. In the absence of the Chair of the committee, the committee will be chaired by one of the other Governing Body Members.

4.4. The committee will consist of two parts:

  i.   Part one will consist of the elements listed under section two above; and
  ii.   Part two will be confidential items which may be required to maintain confidentiality on individual issues or appropriate discussion on sensitive matters.

4.5. Decisions will normally be reached by consensus. In cases where consensus cannot be reached the matter will be referred to Governing Body.

4.6. The head of people and organisational development and the deputy director of corporate governance will normally attend both parts of the committee to provide expert advice on their respective areas, but will not be a voting member.

4.7. The head of communications and engagement will normally attend part one, and part two where the agenda pertain to matters of which are specific to communications or engagement.

4.8. Other staff of NHS Kernow may be invited to attend, as appropriate, to enable the committee to discharge its functions effectively. The committee may also invite guests to attend to present information and/or provide the expertise necessary for the committee to fulfil its responsibilities.

5   Quorum

5.1. The quorum shall be three members of the committee, one of whom must be a Governing Body Member and one of whom must be a member of the executive management team.

6   Remit and responsibilities of the committee

6.1   People and Organisational Development

  i.   Consider and review workforce plans in line with CCG management running costs.
  ii.   Contribute to the development of and overseeing the implementation of an Organisational Development (OD) strategy which incorporates education, training and staff development and feedback from staff surveys and other engagement mechanisms.
  iii. Monitor and ensure mandatory training is undertaken and annual

appraisals are performed.

iv.   Review and monitor HR performance information, instigating remedial actions plans where appropriate.

v.   Review and provide assurance in relation to public sector equality legislation and monitoring equality and diversity requirements, including an annual report on NHS Kernow's gender pay gap.

vi.   Ensure staff values contained within the NHS Constitution, as well as those locally determined, are upheld throughout the CCG.

vii. Engage and consult with the workforce, on all aspects of NHS Kernow business and trade unions where appropriate in line with NHS Kernow's Partnership Agreement.

viii. Review and monitor the implications of the pandemic on staff, paying particular attention to vulnerable staff members and inequalities, alongside any proposed changes to ways of working and/or policies and procedures.

ix.   Ensure clear communication and relationships exist between the committee and the system workforce groups to support workforce matters at a system level as well as those directly impact NHS Kernow colleagues.

x.   Provide the Governing Body with assurance that the NHS Kernow people plans are aligned with organisational priorities.

6.2   Communications and engagement

i.   Maintain the reputation of the CCG using regular, open, two-way communication with key stakeholders ensuring it leads to stable, long lasting relationships based on trust, goodwill and mutual understanding.

ii.   Ensure the CCG fulfils its duty to engage and involve the public and professionals when commissioning services.

iii. Oversee the development of proactive communications and engagement plans – both internal and external – and monitor effectiveness via regular updates to committee.

iv.   Receive and approve the annual communications and engagement plan that seeks to develop the relationship management with stakeholders and public, communications and public engagement.

v.   Ensure the CCG fulfils its responsibility for the production of an Annual Report.

vi.   Oversee the outcomes and actions in relation to feedback from the staff survey and the CCG 360 stakeholder survey.

vii. Receive regular reports, plus an annual report, from the Citizens Advisory Panel which shall be a sub-group of the committee.

viii. Review and monitor compliance with the accessible communications regulations that came into effect in September 2020, including progress reports where we remain non-compliant and actions being taken to rectify this.

6.3   Corporate governance and compliance

i.   Oversee, receive assurance and test the effectiveness of the

ii. governance arrangements associated with NHS Kernow's grip and control action plans.

ii. Contribute to review of the CCG's performance against NHS England's CCG Improvement and Assessment Framework, with particular emphasis on the leadership domain which takes account of quality of leadership, workforce engagement, local relationships, probity and corporate governance and the sustainability and transformation plan.

iii. Review annual workplans and objectives of the director team, receiving quarterly reports in line with NHS Kernow's Performance and Accountability Framework.

iv. Receive regular updates and progress reports in line with Constitutional requirements and Section 113 agreements.

v. Contribute scrutiny and assurance for the workforce elements of investment, disinvestment and re-procurements where these exceed directors' delegation limits. (In doing so, the People and Organisational Governance Committee will pay due regard to the findings and recommendations of the Finance and Performance Committee).

vi. Review and endorse the annual governance statement which forms part of the annual report and accounts.

vii. Oversee and test the effectiveness of Emergency Planning Resilience and Recovery (EPRR), including risk assessments and action plans as well as recommending approval to the Governing Body of the annual EPRR self-assessment process for the CCG and main providers.

viii. Oversee arrangements for business delivery and continuity, including CCG office accommodation.

ix. Ensure all mandatory Health and Safety requirements are abided by including the reporting of incidents and additional responsibilities to colleagues in response to the COVID pandemic.

x. Oversee arrangements for the appropriate management and provision of complaints and freedom of information requests within NHS Kernow

xi. Oversee all information governance functions, including confidentiality, data protection, records management, data quality, info security which will include:
- Supervising the annual Data Protection and Security (DPS) Toolkit completion and providing assurance to the Governing Body on its compliance.
- Providing assurance to the Governing Body concerning Caldicott Guardianship.

xii. Oversee management of information management compliance.

xiii. Review and oversee risks assigned to the committee which are contained within the corporate Risk and Assurance Framework, monitoring action plans and internal controls to ensure their effectiveness.

xiv. Review and approve policies and procedures related to the committee, ensuring their effectiveness and that appropriate escalation arrangements are in place.

xv. Review internal audit reports in full where the assurance ratings are limited or none, receiving regular assurance reports that corrective timely actions and appropriate mitigations are proving effective.

xvi. Review and approve NHS Kernow's equality objectives and receive regular progress reports against its associated action plan.

xvii. Receive annual reports on health and safety, complaints, freedom of information and equality and diversity and approve their publication on NHS Kernow's website, where appropriate.

xviii. Seek assurance that the proper oversight and governance is in place in the context of the changing nature of system working to ensure clear communication and relationships exist between the committee and the system so that the CCG can discharge its statutory duties and responsibilities safely and effectively.

xix. In liaison with the whistleblowing champion and Audit Committee, receive whistleblowing reports, where appropriate.

xx. Oversee the CCG's commitment to climate emergency and carbon neutral targets.

xxi. Oversee matters relating to operational estates and seek assurances that risks are managed appropriately

xxii. Oversee the CCG's digital information agenda and strategy.

6.4 **General**

i. Establish an annual workplan, which may include a small number of significant pieces of work which shall we approved and reported to the Governing body on a regular basis.

ii. Establish operational sub-committees (and approve membership as well as terms of reference for these groups) and additionally receive reports from these sub-committees within the powers delegated to the committee by the GB; the committee cannot delegate accountability.

iii. Provide regular Committee reports to the Governing Body, presenting the Committee minutes, forward plan, risks, issues, decisions and Governing Body recommendations.

7   Policy and best practice

7.1. The committee shall adhere to all relevant laws, regulations and policies in all respects and will seek to apply national guidance and best practice in the decision making processes wherever possible.

7.2. The above list is not exhaustive.

8   Frequency and notice of meetings

8.1. The committee will meet bi-monthly or at a frequency the People and Organisational Governance Committee determines is appropriate to fulfil its duties. This will be not less than six times a year.

8.2. Additional meetings may be requested through the Chair to address particular issues arising judged sufficiently urgent that waiting for the next scheduled meeting would potentially compromise the delivery of workforce requirements. If, for any reason, it is not considered necessary to call a full meeting to

consider such urgent issues, the committee may choose to convene a telephone conference or other virtual meeting or to review and take decisions via email. These will be recorded by the committee secretary and confirmed at the next available committee meeting.

8.3. At least once during the financial year the Chair of the committee will be expected to produce and present a report to the Audit Committee.

8.4. If an agenda indicates the requirement for a private and confidential session of the meeting (part two), then separate agendas and minutes will be produced. The chair of the committee will determine whether any invitees to the meeting may remain in attendance for the part two. However, the default position will be to restrict the meeting to committee members only and officers invited to specifically present and discuss the part two subject matter. Part of the justification for establishing a private and confidential agenda will be the identification of an appropriate Freedom of Information exemption together with, where required, an assessment of the public interest test; this to be recorded on the agenda item(s) frontispiece.

8.5. An agenda will be issued seven calendar days prior to the meeting. Requests for items to be included on the agenda should be sent to the supporting PA at least ten days before the meeting.

9   Secretary

9.1. The committee shall normally be administratively supported by the PA to the committee's sponsoring executive director who will be responsible for supporting the Chair in the management of its business and for drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.

9.2. Administrative support will include producing formal minutes of meetings of the committee.

9.3. Minutes, along with supporting action grids, will be circulated within five working days of the committee taking place.

9.4. A Declaration of Interests register will be maintained - reviewed and updated at the start of each meeting (the requirements for declaring interests and their applicability to committee members are outlined in NHS Kernow's Constitution and Standing Orders).

9.5. Ratified minutes of the part one of the committee will be presented to the public Governing Body for information and to provide assurance on the work undertaken by the committee. Part two minutes will be submitted to the confidential Governing Body meeting.

10   Review

10.1.   The committee shall establish a forward plan for the conduct of its own work across each financial year, having regard to the operational plan and directors' annual objectives.

10.2.   Annually, the committee shall review its work to ensure it is operating at maximum effectiveness. It will use this exercise to inform the review of its terms of reference and its annual work plan.

10.3.   Annually, the committee will review the effectiveness of the CCG's (i) OD strategy and people plans, (ii) Communications and Engagement Plan and (iii) governance and compliance arrangements (including joint commissioning arrangements) seeking input from other key committees and making recommendations to the Governing Body for approval.

10.4.   These terms of reference will be reviewed at least annually or in response to changes imposed by the Governing Body or changes to legislation with the next review date being inserted into the terms of reference.

10.5.   Any suggested changes to its terms of reference shall be represented to Governing Body for formal approval.

Status of these Terms of Reference:

Annual Review a revised following Jan 18 Workforce Committee
Annual Review January 2019
Annual review November 2020
• Major rewrite – Considered by Workforce Committee on 19 January 2021 and recommended for approval to Governing Body on 2 February 2021 with a change of name.