

# Meeting frontispiece

## Governing body

### Summary sheet

**Date of meeting:** 1 June 2021  
**For:** Public session (Part 1)  
**For:** Information

**Agenda item:** Chair's update people and organisational governance committee

**Author(s):** Nikki Kelly, governing body lay member

**Presented by:** Nikki Kelly

**Lead director/GP from CCG:** Helen Charlesworth-May, NHS Kernow accountable officer

**Clinical lead:** Not applicable

### Executive summary

At the People and Organisational Governance (POG) committee on 18 May, the following was discussed:

#### Change to the POG terms of reference

A small amendment to the terms of reference was requested, following a recommendation made in the payroll and human resources audit, which was carried out by TIAA, our internal auditors.

The change is in the remit and responsibilities section of the terms of reference, and adds detail to the following bullet point:

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

To read:

- Review and monitor HR performance information, including where appropriate sub-contracted services such as payroll, occupational health etc, instigating remedial actions plans where appropriate.

The committee supported this recommendation and seek governing body approval of this change.

## **EPRR update**

A letter of assurance had been received from Dorset CCG that South Western Ambulance Service NHS Foundation Trust (SWASFT) had met the defined standard for compliance with the EPRR core standards assurance process for 2020 to 2021.

## **Citizen advisory panel update**

Chair of CAP gave a verbal update and there was a discussion regarding the recruitment of new members and current capacity and review of the diversity of recruiting new members. Further discussion to be held at the next CAP meeting regarding next steps.

## **Information governance update**

The data security and protection tool (DSPT) is due for final submission 31 June 2021.

## **IG operational objectives for 2020 to 2021**

- introduction of Office 365 (O365) will require more thorough review of all information security policies
- 95% data security and protection training for all staff will remain a priority for completion by the end of March 2022 and regular reminders to be placed in the staff bulletin
- O365 work within CITS continues - no updates at this time
- review of IGSC terms of reference and consultation through IGSC
- review and approval of National Data Opt Out procedure through IGSC
- new IG operational objectives to be agreed and presented to the people and organisational governance committee for 2021 to 2022

## **G7**

Discussion centred around the impact of G7 on the organisation and current workplans and staff capacity. Important to note that where possible we need to review what can be stood down in the current climate given added pressures to our staff.

Advice and support is being provided to the G7 planning and delivery group. We will work with system partners to produce a communications and engagement plan to provide health advice, signposting, and support to people whom may need NHS services in the run up to, and during the summit in June.

## **Communications and engagement**

Our system is preparing for a summer like no other, with many people expected to holiday in the UK, rather than travel abroad. Visit Cornwall anticipates up to 210,000 visitors a day during the summer – an increase of 15%.

## **Key messages this year**

- Your own GP is the best GP – even if you're on holiday – and you need health advice.
- Use NHS 111 First if you have an urgent, but not life-threatening condition such as a broken or fractured bone, sprains, and burns, or when your GP surgery is closed, and you cannot wait until it re-opens.
- Help us keep the emergency services free for urgent and life-threatening care such as strokes and heart attacks.
- Continue to have non-face-to-face medical appointments, where possible, to reduce the risk of spreading infection.
- Get your COVID-19 vaccination when invited, and follow hands, face, space guidance.
- Get prepared for summer: pack your regular medication if you're coming on holiday; have essentials such as sunscreen, antiseptic remedies and paracetamol.

## **Risk register**

Risk Register overview of the 17 corporate non-red risks owned by workforce committee. In summary there are:

9 x amber  
6 x yellow  
2 x green

This includes workforce health and morale; capacity and ongoing challenges given the pandemic and move to integrated system working. Ongoing review of operations and functions, alongside engagement activity across the organisation continues to be monitored and reviewed.

## **People and operational development**

The committee reviewed a new dashboard providing an overview and update of key programmes of work linked to organisational priorities and reporting needs acknowledging that the approach provided a much clearer overview of workstreams.

## **Equality**

The equality report was reviewed in relation to how NHS Kernow Clinical Commissioning Group (NHS Kernow) is meeting its public sector equality duties under:

- Section 149 of the Equality Act 2010 (the public sector equality duty)
- The Equality Act 2010 (specific duties) Regulations 2011

## **COVID-19 and working from home**

The guidance from NHS England and NHS Improvement remains that everyone who can work from home should continue to do so unless access to an office is essential to carry out a critical function, or there are exceptional personal circumstances.

## **Violence prevention and reduction standard**

NHS England and Improvement have published a new national violence prevention and reduction standard. The Committee reviewed the workplan which has been developed.

### **Staff survey listening events**

A number of recommendations were reviewed relating to the action plan developed from the staff survey and listening events. Given the new system people board that has been established, recommendations are to be considered in line with an integrated system.

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

The committee is asked:

1. To note the contents of the report.
2. To note the minutes of the POG meeting held in March 2021.
3. Approve the recommended amendment to the POG terms of reference.
4. To note that agreement was given to fund the Race and Equality Council £10,000

## **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
- Commissioning supports COVID-19, recovery plans and long term plan expectations

**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 for this paper.

### **For use with private and confidential agenda items only**

**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](mailto:kccg.foi@nhs.net)

# Minutes

## People and organisational governance part 1

17 March 2021

9.30am

Via Microsoft Teams

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### Members in attendance

- Nikki Kelly, chair and governing body member
- Andrew Abbott, director of primary care
- Dr Iain Chorlton, chair of governing body

### Attendees

- Paul Hulme, interim director of people and corporate services
- Emma Goudge, head of people and organisational development
- Trudy Corsellis, deputy director of corporate governance
- Laura Patrick, media and freedom of information manager
- BG, head of information governance, item 142
- Tracey Coles, commissioning manager for planned care, item 146
- Jess James, head of corporate governance, item 147
- Sally Turner, citizen advisory panel chair, item 148
- Lindsay Adams, minute taker

### Apologies

- Dr Judy Duckworth, governing body GP
  - Clare Bryan, deputy chief officer and chief finance officer
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## Minutes from the meeting

### Item POG2021/139 – Introduction and apologies

Nikki Kelly introduced the meeting and apologies were noted as above.

Dr Chorlton advised that he would be stepping down as NHS Kernow Clinical Commissioning Group (NHS Kernow) chair from 14 April and therefore would not be joining the next people and organisational governance committee (POG) development session on 20 April 2021. It was agreed that support for POG quoracy may be required for the next 12 months and this should be raised through governing body and urgent ratification could be completed virtually outside of meetings if required.

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## **Action**

Trudy Corsellis to raise support of POG committee quoracy at the next governing body meeting.

## **Item POG2021/140 – Declarations of interest**

There were no new declarations of interest. It was noted that Paul Hulme's declaration of interest (DOI) had not been completed at the time of paper circulation and this would be included at the next meeting. Paul Hulme confirmed he had no DOI's to note for the meeting.

## **Item POG2021/141 – Minutes, matters arising and action grid from the 19 January 2021 meeting**

The minutes of the 19 January 2021 meeting were reviewed and approved as an accurate record of the meeting with the following amendments:

Page 5, item 145, to be amended to 'Clare Bryan picked up the portfolio of responsibility from Tracey Lee who left to go to United Hospitals Plymouth NHS Trust'.

The action grid was reviewed and updated.

## **Item POG2021/142 – Information governance**

BG presented highlights from the report circulated to committee prior to the meeting.

The data security and protection tool (DSPT) was submitted by the deadline of the end of February 2021. Not all evidence was complete, mainly due to CITS being delayed in providing evidence to meet the standards. The evidence mapping spreadsheet at appendix A of the report continued to be reviewed and updated. CITS have a plan in place to provide the required evidence by the end of April 2021. Organisations will review their evidence at that point, with the opportunity to change and update evidence prior to the new deadline at the end of June 2021. Senior information risk owners are due to meet, and a further update will be brought to the next committee.

At the time of the report, data security and awareness training was at 85% completion and work was continuing to elevate this to 95% by the end of March. A further report will be brought to the next committee. Concern was raised that this target would not be reached.

The business intelligence team provided an update to the information governance sub committee (IGCS) regarding population health management work taking place for data linking and reporting in support of GP practices. Conversations with GP practices and the local medical committee (LMC) were ongoing and it was anticipated that the LMC would 'rubber stamp' the process at the next meeting.

No new risks were reported to IGSC and no risks were identified for removal.

Freedom of information (FOI) requests continue to be provided, and it was noted that there had been a recent increase in requests for assistance with FOI requests from GPs. The FOI manager had confirmed to general practice that, whilst advice has been provided, NHS Kernow is unable to respond to FOIs made to GP practices.

CITS and information governance leads continue work to review Office 365.

A review of IGSC terms of reference and opt out document are scheduled to be taken to the next IGSC meeting for approval.

A report is due following the recent audit from TIAA, NHS Kernow's internal auditors, who have advised that work for BG to complete was in place, however, further work was required on IG training for the organisation in addition to the evidence to be provided by CITS.

Dr Chorlton advised that population health management was being discussed at the 23 March clinical practitioners cabinet (CPC) which was attended by the LMC and, although this was not a decision making body, it was expected that the information sharing process would be endorsed.

Andrew Abbott clarified that concerns had been raised from specific practices regarding information sharing, rather than via the LMC, who had engaged the Information Commissioner's Office. Dr John Garman was involved in the response to ensure consistency and clarity of advice.

BG advised there was considerable misunderstanding around the information governance for population health management and advised that whilst an information sharing agreement is in place, it is the data privacy impact assessment which is causing concern. An internal data privacy assessment is required by each practice to assess the risks of the process, acknowledge the residual risk and approve internally. This does not require formal approval involving the CCG but is required to ensure each practice understands the process and that any risks are mitigated. There remains confusion around accountability and BG had a meeting with Dr John Garman to review how this could be addressed as soon as possible.

Andrew Abbott asked that BG, with the help of the people team, provide information to directors of which staff had not completed the data security training so that this could be addressed. Emma Goudge advised that it would take approximately 20 people to reach the 95% target and focus could be provided to particular directorate areas as required.

Trudy Corsellis advised that a reminder was given to governing body members to complete outstanding data protection and conflict of interest training and would provide further reminders if required by BG.

### **Action**

BG and Emma Goudge to obtain information for directors around overdue data security training.

## **Item POG2021/143 – People and operational development (POD) update**

Emma Goudge presented highlights from the report which was circulated prior the meeting.

### **POD work programme**

The priorities and workstreams have been identified and, reviewed and support by the people board. A highlight report will be taken to the people board to show progress against each of the priorities and highlight any risks or issues as required for further review.

### **Sickness absence**

Sickness absence recording has increased a little in comparison of the last 12 months against the previous 12 months. Concern around workforce resilience and the impact of the COVID-19 pandemic remains, as it is thought that staff are feeling the effects even though they are continuing to work.

It was agreed that the reestablishment of CCG team briefs, in addition to Helen Charlesworth-May's live events, was a positive addition. It was noted that the first date fell during the Easter holiday period and it was agreed that sessions would be recorded, where possible, for those staff on leave and unable to attend.

### **Action**

Laura Patrick to confirm if Helen Charlesworth-May's live events are recordable.

Andrew Abbott advised that early reviews are indicating that younger populations are experiencing a stronger immune response to the COVID-19 vaccine. It was noted that this post-vaccine sickness may impact on staff availability as the vaccine programme rolls out to the wider population. Dr Chorlton confirmed that clinically, of care home staff vaccinated, up to 30% had experienced 2 to 3 days of post vaccination sickness and this was more prevalent in younger people and in those receiving the Astra-Zeneca vaccine.

Laura Patrick confirmed communications on post vaccine side effects were being prepared for 16 March 2021 for wider distribution online and through the staff bulletin and would include frequently asked questions. The communications team were also working with public health to produce communications specifically tailored to Black, Asian and Minority Ethnic (BAME) and care homes.

### **Action**

Emma Goudge to forward on the London Trusts staff campaign slides on post vaccination sickness to Laura Patrick which were referenced in the human resources development session to assist with communications preparation on post vaccine side effects.

Dr Chorlton noted that there had been a positive pick up on the COVID-19 vaccinations from populations compared to flu vaccines which was encouraging but

noted that there was a concern nationally and locally of a correlation between low vaccine uptake and inequality.

Laura Patrick advised colleagues that a local story was being run that NHS workers were being pulled back from frontline duty if they had not received a vaccine, via [Cornwall Live](#).

### **Resourcing**

Concern was raised following reports from some managers that candidates had withdrawn from recruitment processes due to feeling uncertain about the future of the organisation following the publication of the white paper.

It was noted that some areas had received a high level of applicants, however and Emma Goudge suggested that further information could be provided in the NHS Kernow recruitment pack to provide reassurance to future candidates.

It was noted that the individual names in the POD agency spend appendix 3 would be removed.

The committee noted the contents of the report.

### **Item POG2021/144 – Policy review update and organisational change and service review policy**

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

The organisational change and pay protection policies had been reviewed and brought together under one 'organisational and service change' policy. The new policy had been reviewed by staff voice and the unions. Since the papers were circulated, feedback had been received by a member of the joint partnership committee expressing concern about the terms in the policy which had not been changed in relation to pay protection and clarity was required around the ring fencing process and how that approach is managed. This would include clarification on when a mutually agreed resignation scheme (MARS) could be used. It was noted that the addition of 'just culture' had been discussed, however, it was anticipated that colleagues may be largely unaware of this terminology as this had not been carried out within NHS Kernow as a specific piece of work.

Trudy Corsellis raised a question as to whether the policy should be specific regarding the parameters of minor and major changes. It was noted that policies should aim to set out principles in managing any particular process and provide for discretion and flexibility. Also, it would not be possible to describe every potential situation that may arise if policy was too prescriptive but as an example changes to contractual terms and conditions would require consultation, but a change in line management probably would not.

Emma Goudge advised that there had not been staff representatives who work for the organisation and were a member of union and therefore there wasn't the available representation to attend the joint partnership committee (JPC) regularly. On this basis, a virtual relationship and arrangements had been agreed. To ensure wider

engagement, consultation with colleagues also takes place through sharing policies for review in the staff update and at staff voice meetings.

It was noted that unions have specific skills to protect staff and this was important particularly through the transition to an integrated care system (ICS) to April 2022.

Committee members suggested the use of a flow chart summary at the start of the policy, with reference to specific pages and detail. However, it was noted that advice on accessibility had advised against flow charts.

Paul Hulme advised that work would progress outside of committee with his team to incorporate best practice and review the suggestions made at the meeting.

### **Action**

Paul Hulme to lead work to incorporate best practice in updating NHS Kernow's internal policies to review the inclusion of flow chart summaries where appropriate and adapt the documents to easy read formats.

Due to the timings of consultation with staff on the policy, committee agreed to a virtual post meeting ratification. It was agreed that following ratification, an update would be provided in the staff bulletin with a narrative around the ratification to include reflection on the feedback and questions received prior to ratification.

The committee were asked to agree in principle to staff being able to buy an extra 10 days annual leave which would be in line with a similar policy held by Royal Cornwall Hospitals NHS Trust (RCHT).

Committee members reviewed the recommendation to agree in principle to staff being able to buy an extra 10 days annual leave. It was noted that colleagues struggle to take leave due to workload and it was agreed that an approach should be taken that was consistent with other NHS providers.

## **Item POG2021/145 – Communications and engagement**

Laura Patrick presented highlights from the report circulated prior to the meeting.

### **Staffing**

Hollie Bone has now been recruited on a permanent basis following an external recruitment process to full time engagement manager, offering stability and expertise.

Cornwall Partnership NHS Foundation Trust's communications assistant, Megan Jackson, is also working across all 3 organisations. The team, however, has lost communication and engagement officer Caroline Chick, who has been the system's responsible communications officer for the COVID-19 response since last March. This has added pressure to other parts of the team as, unlike other teams, routine communications work has not stopped. Laura has asked finance if it is possible to recoup any backfill costs to enable the spot purchase of support.

### **Training**

The team is talking to the Consultation Institute to provide training for the Governing Body, colleagues in commissioning, contracting and the Citizens Advisory Panel (CAP) on the legal duties to consult and engage with people when considering changing or decommissioning services.

An engagement framework is in development to support teams and practices through these potential changes. It was noted that any changes in services believed not to be following through the appropriate process would be flagged to the appropriate directorate team.

### **Annual report**

The first draft is due 26 March 2021 and will be shared with directors, Helen Charlesworth-May, Dr Chorlton as current governing body chair and the newly appointed governing body chair for feedback.

The team continued to receive questions around its function and whether there would be a single communications and engagement team across the system. This would be picked up in ICS discussions and with Paul Hulme.

It was noted that following a letter from NHS England and Improvement (NHSEI), RCHT may be paying patients £500 for a quick discharge from Treliske as part of a pilot scheme and this had been raised through Cornwall Health and Care incident command centre (ICC) and presented in the business planning and performance group (BPPG). It was noted that Karen Kay and John Groom were reviewing this within NHS Kernow.

### **Action**

Laura Patrick to follow up on the reported RCHT discharge pilot scheme with Caroline Righton to understand the provider position on this.

## **Item POG2021/146 – Commissioning policy review**

Tracey Coles presented highlights from the report circulated prior to the meeting.

In July 2020, workforce committee granted an extension to a number of the NHS Kernow commissioning policies that had expired. Expiration of these policies had primarily occurred due to the COVID-19 response delaying scheduled reviews.

Prioritisation work has taken place to review the 43 policies as summarised below, with further details included in the report:

- 19 policies have received commissioning and clinical review with no changes identified
- 14 policies are at the clinical review stage – due to the implication of clinician time further to the COVID-19 response and vaccination programme, there is no confirmed time frame of when these will be reviewed
- 5 policies have been identified as needing changes and these are being progressed at pace
- 3 policies have not had any commissioning or clinical assessment and are a high priority for review

- 2 policies need further national information to progress

Considerable work has taken place to ensure the planned care team policies are coordinated. 27 policies will be expiring at the end of the year and another 31 new policies are expected from NSHEI. This is the second scheme of 5 programmes of work around commissioning policies. Once the new evidence based interventions are put in place through NHSEI, there will be a total of 141 policies under planned care.

The report had been brought to POG to sight committee on the number of overdue policies, challenges and the prioritisation process taking place further to the extension granted at workforce committee in July 2020. Assurance was provided that the prioritisation process had been reviewed through BPPG and final ratification would be taken through finance committee.

Discussion identified that assurance of a prioritisation process of policies across all directorate areas was required to ensure interdependencies are identified and it was suggested this should be flagged through the joint senior leadership team (JSLT). Jess James confirmed the policy on policies set out where different documents are ratified depending on the subject and how significant changes are being made.

It was acknowledged that great work was being carried out in planned care around commissioning policies, and in the primary care directorate, however, further work was required to ensure policies across the organisation are not reviewed in isolation as there may be interdependencies to be considered.

#### **Action**

Paul Hulme to review assurance of the NHS Kernow policies prioritisation process with his SMT to clarify the discussion and decision making process for policies.

#### **Action**

Tracey Coles to share the planned care process with committee members to exemplify how this aligns with the policy on policies.

The committee noted the number of policies that had been reviewed and the assessment of priority for the remaining outstanding policies as detailed in the report.

### **Item POG2021/147 – Risk register**

Jess James presented highlights from the report circulated prior to the meeting.

The system used for the risk register administration and reporting is in the process of being updated to reflect the change on name of this committee, therefore reference to workforce committee may still be seen until this has been completed.

Following appointment of Paul Hulme to director of people and corporate services, a meeting has been scheduled week commencing 22 March to review risks to be considered moving from Clare Bryan's portfolio for reassignment to Paul Hulme's portfolio.

Risk 10762, regarding the joint chief officer role, has been escalated to a 12 since the report was produced. This previously scored a 9.

Risk 10756, the impact of COVID-19 on NHS Kernow's critical functions, had been reduced from a red risk score of 20 to a score of 8. This reflects that whilst the impact could have been high, however, the organisation had managed to continue with critical functions. This change had been agreed with accountable director, Natalie Jones.

There were 2 closure requests which were low scoring and around business continuity in relation to severe weather and climate change. These are covered by existing risks.

The committee noted and agreed to the recommendations in the paper.

### **Item POG2021/148 – Citizen advisory panel (CAP) update**

Sally Turner joined the meeting for this item and presented highlights from the report circulated prior to the meeting.

Sally Turner confirmed that she would be leaving the CAP as chair and member in April 2021.

It was confirmed CAP would report to POG bi-monthly and this was regarded as a positive step to provide CAP a place to site work and any concerns.

The draft terms of reference (ToR) attached to the report were noted, which had been developed through input of Trudy Corsellis, CAP members, Hollie Bone and Andrew Abbott.

#### **Agreement**

Committee members agreed to provide delegated permission for the CAP ToR to be ratified at the March 2021 CAP meeting.

Trudy Corsellis advised that, further to an email sent through the previous week, CAP membership expansion would be discussed at the March CAP meeting and be put in place for April 2021 onward. The committee supported this approach and noted that this would help to support intentions for CAP to be a system forum.

#### **Action**

Paul Hulme to arrange a 121 with Sally Turner to obtain feedback and lessons learnt regarding CAP and take this forward in the future development work with CAP.

Nikki Kelly advised that work continued with Carolyn Andrews on the 15 co-create principles for part 1 sign off and the process through relevant system boards. Links to ICAs and how people would be reimbursed was being considered as part of key steps to match ICS. Trudy Corsellis noted that this could be minuted at the next CAP meeting and ICA reps would be included in future POG development sessions.

It was acknowledged that the CAP workplan is to build a framework to obtain system wide representation through widened membership and strengthen links at an ICA level and through ICA boards, from the ground up.

Nikki Kelly thanked Sally Turner on behalf of the committee for being a constant advocate for CAP and her dedication, support and work in CAP, and beyond.

### **Item POG2021/149 – Workstreams for ICS**

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

Discussions had been taken through the people board where it was recognised that the ICS transition programme was a significant piece of work and would require a structured work programme to support the transition.

Work is progressing and engagement with staff across the organisation is required. Emma Goudge noted the potential workstreams listed on page 5 of the report, acknowledging that people strategy and impact on people would be considered under the same workstream at this stage. No more than 4 principles around having an integrated approach had been identified to date. It was recognised that focus needs to include benefits realisation that is sustainable and fit for purpose, and to consider the impact on staff beyond 1 April 2022.

It was acknowledged that assurance had been provided through work in progress incorporating recognised good practice to shape change programmes. Conversation was in motion with Carolyn Andrews and PMO colleagues to address capacity required to deliver an internal programme of change with rigour within tight time restraints and it was noted that the programme would require strong messaging with staff.

National HR guidance was expected to be released in April 2021. Emma Goudge and Paul Hulme had attended the HR leads meeting hosted by NHS Clinical Commissioners which had indicated some of the detail which may be included in the guidance.

Reference was made to an NHSEI slide deck which mapped out how workstreams would be distributed across the country, which included the proposal for Cornwall to twin with Gloucestershire. No further information was available at the time of the meeting.

#### **Action**

Trudy Corsellis to locate and forward the NHSEI ICS workstream mapping slide deck to Emma Goudge.

The committee would be actively involved in devising governance for ICS development and it was therefore agreed to add this to the development session agenda to allow in depth discussion around resourcing and governance.

#### **Action**

Lindsay Adams to add ICS workstream development to the POG April development session agenda.

Laura Patrick advised that Matt Hancock, secretary of state for health, was scheduled to provide a health committee presentation and feedback would be provided to the committee on this.

### **Action**

Laura Patrick to provide feedback to the committee following Matt Hancock's March 2021 health committee presentation.

Carolyn Andrews, system transformation director, has been involved in preparations around ICS workstreams and is keen for common language to be used by the whole system and identify where it may be of benefit for common workstreams to come together. Work is still to be carried out to identify all interdependencies, what providers may be progressing together and, how the interface between those different decision impact NHS Kernow. Coordination with Carolyn Andrews is underway to develop a group to review these areas.

### **Item POG2021/150 – Proposed workplan areas**

Trudy Corsellis presented highlights from the report circulated prior to the meeting.

The first POG development session was held in February 2021 and attached at appendix 1 of the report.

The main areas for development include:

- Green plan
- CAP development
- ICS development
- New ways of working/agile working
- NHS Kernow's wider engagement strategy
- Governance review
- Approach to equality, diversity, disability and inclusion

All 7 workstreams fall under Paul Hulme's portfolio. It was agreed that the next development session would be planned by his senior management team to ensure appropriate reports are brought back to the April POG meeting where ICS will form part of the agenda. Paul Hulme noted he would review the workstreams with his team to clarify details, understand resources required and to identify where directors will be required to support work under each workstream. It was agreed that this would be reviewed and aligned with priorities already identified in the people and organisational development plan.

### **Item POG2021/151 – EPRR**

Trudy Corsellis advised that the paper had been brought to committee for information detailing a letter of assurance received from Dorset CCG that South Western Ambulance Service NHS Foundation Trust (SWASFT) had met the defined

standard for compliance with the EPRR core standards assurance process for 2020 to 2021.

**Action**

Nikki Kelly to include acknowledgement of the assurance letter from Dorset CCG, of SWASFT having met the defined standard for compliance with the EPRR core standards assurance process, in the chairs update to governing body.

**Item POG2021/152 – Any other business**

With no other matters arising, the meeting closed.

**Final copy for ratification**

Signed by the chair:

Date: