

Meeting frontispiece

Governing body

Summary sheet

Date of meeting: 3 August 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

People and organisational development update

There was a general discussion with people feeling a disconnect between the organisation, the board and executives, with the amount of change in personnel and responsibilities creating a level of unease. Discussion was held about the lack of clarity and void in the forming integrated care system (ICS) with 2 chief executives not in place. There was a recommendation that a reset is required that can also link to guidance coming out from central NHS. This is further exacerbated by the pressure on the system, evidenced by GPs on holiday being asked to cover shifts.

It was noted that there is an increase in number of staff with stress related absence.

A piece of work is required to link each of the electronic staff record (ESR) areas with directors to get a true report on staffing allocations, supporting budget and any issues by directorate.

Information governance

- The data security and protection tool (DSPT) was submitted 30 June 2021 with all standards met, with the next DSPT to be submitted for the end of June 2021.
- Data awareness training remains consistent at 92%.
- Work continues on Office 365.
- Data opt out has been deferred and will need reviewing.
- The NHS Kernow close down process is underway for 31 March 2022.

Complaints annual report

We continue to see the majority of complaints around COVID-19, particularly with continued health care (CHC). Complaints are answered in good time, with some responses a challenge to answer within the timeframe due to redeployment of staff and ensuring colleagues are having open and honest conversation with people.

Complaints have been received about a lack of oral care and there has been a number of finance enquiries relating to information already published on the NHS Kernow website.

Overall, the number of complaints has been lower than previous years.

Freedom of information (FOI) requests

194 requests for information were received using the FOI act, which is a lower number of requests than previous years. There was 1 internal review requested for which an amended response was provided to the individual.

No referrals were made to the Information Commissioners Office (ICO) and there were no breaches of statutory 20 working days timescales.

The FOI and MP annual report was approved for publication on NHS Kernow's website.

Equality

NHS Kernow has not completed the Workforce Disability Equality Standard (WDES). As a clinical commissioning group, NHS Kernow is not required to complete the WDES. The NHS Kernow results of the NHS national staff survey, conducted in October 2020, shows that staff with a disability report worse outcomes across the majority of measures, compared to staff without a disability.

Trudy Corsellis and the equality and diversity lead were asked to review the scoping document to look at the impact of COVID-19 agile working going forward, and the work needed as NHS Kernow goes into closing down, to review which of the duties will transcend both processes. A further report will be brought back to the next POG meeting.

Kate Schroder had been creating a spreadsheet detailing all areas of planning and programme management office (PMO) and talked about this aligning to the equality standards, risk register and governing body assurance framework so these aligned in terms of systems and processes. Trudy Corsellis agreed to relook at the risk register to bring those risk areas in line with directors' roles and responsibilities.

Citizens advisory panel (CAP)

The panel are organising a public conference on health and care at the end of October 2021. This is due to be held at Truro College dependant on COVID-19 guidance and the agenda will be finalised at the August CAP meeting.

The panel discussed patient and public engagement at integrated care area (ICA) level. This is well developed in the west of the county where there is an integrated care forum, with work ongoing and developing in mid and north and east.

Representation from senior colleagues to attend CAP and report on system pressures is being reviewed. Trudy Corsellis will be attending CAP meetings going forward to report on NHS Kernow's corporate services and emergency preparedness, resilience and response.

Green plan

Work continues to be developed at a system level, attended by Rob White and Trudy Corsellis.

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

The committee is asked to note:

1. The contents of the report.
2. The minutes of the POG meeting held in May 2021.

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

Minutes

People and organisational governance committee part 1

18 May 2021

9.30am

Via Microsoft Teams

Attendees

- Nikki Kelly, chair and governing body member
- Dr Paul Cook, chair of governing body
- John Yarnold, governing body member
- Kate Schroder, interim managing director
- Andrew Abbott, director of primary care
- Natalie Jones, chief nursing officer
- Paul Hulme, interim director of people and corporate services
- Emma Goudge, head of people and organisational development
- Laura Patrick, head of communications and engagement
- Nigel Morson, citizen advisory panel co-chair, item 012
- Bev Gallagher, head of information governance, item 013
- Jess James, head of corporate governance, items 015-018
- Trudy Corsellis, deputy director of corporate governance, item 019
- Carrie Gibbon, staff engagement lead, item 021
- Jo Tomlinson, lead people and organisational development partner, items 022-024
- Lindsay Adams, minute taker

Apologies

- Clare Bryan, deputy chief officer and chief finance officer
-

Minutes from the meeting

Item POG2122/009 – Introduction and apologies

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

Item POG2122/010 – Declarations of interest

Nikki Kelly confirmed she was working as an associate with Saving Lives, a national domestic abuse charity and would register this declaration with the corporate governance team.

Item POG2122/011 – Previous minutes, matters arising and action grid

The minutes of the 16 March 2021 meeting were reviewed and approved as an accurate record of the meetings with the following amendment:

Page 3 - amend 'commissioning office' to 'information commissioners office'. Andrew Abbott noted that this concern under the information governance update from specific practices around data sharing had now been resolved.

The action grid was reviewed and updated.

Nikki Kelly advised it would be beneficial to secure a faster pace around decision making and flagging issues to support everybody's workload and save the time put into writing lots of reports, going forward. Kate Schroder confirmed discussions were taking place at pace to support this and would be presented in part 2 due to some sensitivity.

Item POG2122/012 – Citizen advisory panel (CAP) update

Nigel Morson joined the meeting and noted thanks to Sally Turner for significant work and support Sally had provided on behalf of CAP, as well as engagement with the wider system, whilst chair of the group. Nigel Morson and Nigel May had been elected by CAP as co-chairs for a 6 month period, after which time the posts would be reviewed. Due to personal circumstances Nigel May was unable to continue to support the dual role.

The current priority for CAP is to review the group's terms of reference (ToR), expand membership to support the breadth of workload and to ensure the membership reflects the range of people and patients in the county.

CAP continue planning for a conference later this year with a theme of participation and engagement. This will include sessions on:

- best practice on engagement
- structure changes and how this may affect local people
- how changes in technology through the pandemic may affect care in the future and how that feels from a patient point of view

Discussions are taking place at a more local level about transferring certain elements of CAP into integrated care areas (ICAs) to support providing more care at a community place level. A greater amount of work is required in the north and east as this area is less mature as an ICA and presents geographical difficulties.

A visit from the 111 service had been beneficial which had been replicated in mid-Cornwall patient participation group (PPG) group. The 111 service were keen to link with CAP and members had been invited to 2 separate 111 service review meetings, however, the 2 meetings had been stood down due to pressures in urgent and emergency care. Andrew Abbott noted that these had been stood down due to OPEL 4 escalations and new meeting dates would be scheduled.

Previous concerns had been raised about engagement in relation to the closure of Grampond branch GP surgery, however, Hollie Bone from the communications and engagement team had previously written a comprehensive evaluation of the consultation process and learning from that had improved consultation around the Manor and Clifton Road surgery merger in Redruth.

Nikki Kelly highlighted that Jayna Chapman, the equality and diversity lead for NHS Kernow, had led amazing work with Stonewall and further work could be taken through CAP with the involvement of Chris Reid, governing body public involvement lead, with Nikki Kelly to develop diversity work.

Action

Nikki Kelly to arrange a meeting with Nigel Morson, Jayna Chapman, Chris Reid and Laura Patrick to plan diversity work to support the CAP agenda.

Andrew Abbott advised further support could be offered from primary care network (PCN) engagement groups and suggested that NHS Kernow's commissioning portfolio reference groups could be brought together, with the help of Laura Patrick and the CCG's people's commissioning and events coordinator, to form patient participation groups.

It was noted Healthwatch had started a review of surgery websites, to ensure these were user friendly and up to date. Andrew Abbott confirmed work to general practice websites is due and waiting for the digital first primary care allocation from NSHEI. The allocation for the previous financial year arrived in November 2020. Once this has been received for 2021, this will support practices with funding to carry out change management around digital access routes including updating websites to make these more user friendly, integrate online capability and digital access that is easy to use. Funding has been identified to support practices to provide registered patients with access to face to face appointments. The challenge remains how to support practices, challenged by capacity, in putting those resources in place.

Laura Patrick confirmed RCHT had purchased a new stakeholder management platform. The CCG has been granted a licence and 3 members of the communications and engagement team have been trained how to use it. The system will enable links to PCN work through providing one single place of activity.

Paul Hulme agreed that the direction of travel should be through mobilisation of place based engagement. Discussion followed about how to move forward with CAP work and it was agreed an evaluation of the future of CAP was required. This would be in consideration of the newly forming integrated care system (ICS) and how this will link with ICAs, PCNs and wider engagement.

Action

Nikki Kelly and Nigel Morson to link about discussions on the future of CAP to take back to the next CAP meeting for discussion with members.

Item POG2122/013 – Information governance

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

Data security and protection tool (DSPT)

The DSPT is due for final submission 31 June 2021 and is on track for submission. Work continues to update the mapping evidence to support the submission.

Data security and awareness training reports have provided evidence of 95% staff attainment and this has been added to the evidence folders.

IT security requirements will be overseen by Cornwall Information Technology Services (CITS). CITS carry out their own DSPT with RCHT.

The final audit report from NHS Kernow's internal auditors, TIAA, was circulated with meeting papers. This gave moderate assurance at the time of review in March 2021. New and additional evidence from CITS to meet any of the technical IT security standards will address the gaps identified.

A significant population health management project has been carried out with the business intelligence (BI) team to provide a comprehensive range of IG documents to support and give assurance to the process and, GP practices to link data together. Signatures are required from GP practices which will then allow data extraction and linking.

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 – this requires review for 2021 and will be brought through POG committee for approval
- review and approval of National Data Opt Out procedure through IGSC – this is on standby this year by NHS Digital and will need to be reviewed
- new IG operational objectives to be agreed and presented to the people and organisational governance committee for 2021 to 2022

IT Cyber security reports

No new IT cyber security reports were available at the time of the meeting and these will be presented at the next information governance sub-committee meeting 20 May 2021.

Andrew Abbott highlighted the identified gaps around cyber security in relation to the recent ransomware issue in Ireland and the upcoming G7 summit in June 2021. BG confirmed work was taking place to complete evidence for cyber security and RCHT had a dedicated member of staff to provide evidence. Kelvyn Hipperson, chief information officer and system digital lead, RCHT, also has to provide a greater level of evidence for the whole system.

John Yarnold noted that the outstanding issues identified in the audit report would be tracked through audit committee.

The committee noted the need for completion of some evidence sections within the evidence mapping spreadsheet and the content of the final audit report.

Item POG2122/014 – Communications and engagement update

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

G7

Advice and support is being provided to the G7 planning and delivery group. A dedicated page on the NHS Kernow website has been installed to direct people to services and information. The team have also contributed to a health information letter sent by the police to residents in the St Ives area who will be affected by the summit.

A request has been made to support a 24/7 communications on-call rota, and work is taking place to understand how the system's communications team can support the request.

Summer communication and engagement plan

Visit Cornwall anticipates up to 210,000 visitors a day during the summer, an increase of 15% on previous years, following the pandemic and a larger number of people expected to holiday in the UK.

Communications to target these visitors was launched 17 May to coincide with the second phase of the easing of lockdown restrictions allowing hotels, holiday camps and bed and breakfasts to open. Work has been carried out with partners across the south west to get consistent and easy to understand health information adverts on the main routes into the area. A funding request has been submitted to NHS England and NHS Improvement to support the campaign across the south west.

Annual report

The team is working on the latest draft of the report, with the final version submitted to NHS England and NHS Improvement on 15 June 2021. Committee members noted the contents of the report. Discussion followed about the impact of additional work created through the G7 event and general workload pressures due to changes in the system. Concern was raised about a possible increased sickness trend. Kate Schroder noted that a G7 group met weekly and a rota for the G7 summit had been agreed, in place of the normal on-call rota, to ensure that colleagues did not receive additional on-call duties.

Committee members agreed that it would be beneficial to review what committees can be stood down or streamlined during June to support colleagues with the additional workload created by the G7 summit. It was agreed further discussion would be held in part 2 in relation to workloads.

Action

John Yarnold to review the timeline of the internal audit process at the 18 May audit committee.

Item POG2122/015 – Risk register and assurance framework update

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

Red and high amber risks

Risk 10786, workforce resilience, remains at a score of 12. Committee agreed that this risk score required increasing and the wording amended to reflect that some pressure on workload is COVID-19 recovery plus a variety of other factors.

Action

Jess James to update scoring and wording of risk 10786.

Risk 10784, agile working, is also potentially adding to the workload around the CCG and is linked to changes around an ICS.

Risk 10798, staff engagement, is scoring a 12 but is interlinked to the changes around an ICS.

Risk 10785, website accessibility, is currently allocated an impact score of 3 due to the requirement of compliance with legislation. The committee agreed to reduce the score to reflect low impact on priorities from this risk if possible.

Action

Jess James to review the impact legislation to confirm if legislation has an impact score of 3 in relation to risk 10785, website accessibility as reduce score if possible.

Risk controls and narrative

10798, engaging with staff, was noted to not be detailing all the positive engagement the organisation is doing including reintroduction of team briefs by a number of senior colleagues to represent leadership of the organisation.

Discussion followed which recognised that staff were experiencing extreme fatigue, following the COVID-19 response, and the need for prioritisation of tasks and workstreams to support the workforce. It was recognised that engagement with staff would remain a priority.

Andrew Abbott noted that the primary care directorate had introduced a barometer system which was being managed within the team and G7 planning had taken out

1.5 members of the primary care team which meant that their normal PCN development work was on standby.

Kate Schroder noted that she would provide full support for any prioritisation process and colleagues requiring guidance to problem solve challenging pieces of work.

Emma Goudge advised current engagement methods were helping people to feel more connected again. Further suggestions from the listening events of staff surveys were being looked into and had highlighted conversations around health and wellbeing in connection with capacity. Feedback has advised productivity has been affected by the intense workload demands, as has decision making and the quality of thought process. Kate Schroder advised further discussion would be held in part 2 about portfolios of work to identify capacity following the G7 summit in June to carry out a transformation piece of work.

The committee recommended that risk 10762, joint AO role, was closed.

Action

Jess James to close risk 10762 relating to the joint AO role.

Jess James highlighted 2 scores which had been changed to a score of 4 as detailed in appendix 3;

- 10660 - additional EPRR responsibility
- 10690 - agency staffing management controls

These risks were well controlled but needed to remain on the risk register for assurance.

Jess James highlighted 2 risks closed for agreement in appendix 4:

- 10760 - relating to HR OD service review
- 10792 – Inter/intranet skills/resilience

The committee agreed to the closure of the 2 above risks.

Item POG2122/016 – New violence prevention and reduction standards

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

A new national violence prevention and reduction standard was introduced through NHSEI in January 2021. CCGs are required to have regard to the standard and carry out a self-assessment twice a year. The CCG will also be expected to undertake compliance assessments of providers, as part of regular contract reviews, twice a year as a minimum.

An initial assessment against those standards has been carried out for NHS Kernow. NHS Kernow is partially compliant, noting that the standards are aimed towards acute sector organisations with a lot of patient facing services. A workplan has been developed to move towards compliance which will be reported to the health and safety sub-committee as well as updates taken through the September 2021 POG committee.

The committee noted the content of the report and were advised that an update on progress against the workplan would be brought back to committee in the September 2021 meeting.

Action

Lindsay Adams to add a violence prevention and reduction standards workplan update to the POG forward plan for September 2021.

Item POG2122/017 – Health and safety update including health and safety annual report

Jess James presented highlights from the report circulated prior to the meeting. It was noted that the health and safety annual report would be presented to the July POG committee.

Assurance was provided to committee that health and safety sub-committee meets regularly to review work in progress, usually on a quarterly basis. The committee noted the contents of the report.

Item POG2122/018 – 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, NHS Kernow's 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.

Action

Nikki Kelly to request approval to the change in ToR within the chair's update to governing body.

Item POG2122/019 – Equality, diversity and inequalities update

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

The document outlines the legal and public sector duties required which are published on the NHS Kernow website each year to ensure accessibility to the public.

Equality information is information about individuals and colleagues relating to people who share a relevant protected characteristic who are:

- the employees of the listed body
- people affected by its policies and practices (for example, service users)

Publishing our equality information helps to demonstrate how NHS Kernow meets its general duty, to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations. Due to the COVID-19 pandemic, work to support this has been limited as face to face engagement has not been possible.

Work is supported by the equality and diversity lead. It was noted that this post is only available for 0.4 full time equivalent. It had previously been agreed in POG that equality, diversity and inequalities would be a key project for the committee. It was noted that there was expectation areas will need to report to NHS England and Improvement (NHSEI) as part of the long term plan which will have an impact on staff.

Nikki Kelly acknowledged the significant work carried out by the equality and diversity lead but recognised the limited capacity to support further work. Links have been made with Cornwall Council Race and Equality (RACE) Forum which resulted in a request for NHS Kernow to commit to reserving £10,000 funding to support initiatives. It was agreed further consideration needed to be given to capacity and priorities across all workstreams to confirm short term priorities and what work may need to be put on hold.

Action

Trudy Corsellis to follow up on whether NHS Kernow committed to funding the £10,000 requested by the RACE forum and confirm to colleagues, if this money has been approved, how this will assist the organisation with future developments.

The low ethnic diversity in Cornwall, which was reflected in the organisation's workforce, was recognised and discussion followed on how our BAME colleagues could be further supported. It was noted that fantastic work had been carried out in support of Stonewall, an organisation that supports lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) people, however, the significant challenge for NHS Kernow was capacity and priorities, given the challenges presenting through the COVID-19 pandemic and transition to an ICS.

Trudy Corsellis noted that undertaking robust equality analysis on decisions made through using equality impact assessment (EIA) would be essential. An action plan had been linked to the work which needed revisiting in consideration of capacity and prioritisation and where this could be linked into other areas to gain maximum value.

Action

Emma Goudge to ask staff engagement lead to assist the equality and diversity lead with sharing information at a future team brief meeting.

It was noted that the equality and diversity lead was also lead on accessible communications. Consideration was given on how the organisation can strengthen accessible communications and link this into citizen advisory panel (CAP) and integrated care areas (ICA) development work which is taking place. It was agreed that this could be included in the co-create Cornwall event and primary care network (PCN) workshops which linked with voluntary sector partners.

Action

Nikki Kelly to collate a list of events that could be incorporated with accessible communications and equality work for inclusion in the diversity action plan.

Approval

The committee confirmed approval of the publication of the equality information on the NHS Kernow website.

Item POG2122/020 – People and organisational development update

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

Key areas of work:

- establishment reset – this will support grip and control and ensure ESR aligns with director portfolio work, to enable colleagues to be proactive in planning in resource needs going forward in preparation for the ICS
- preparation for transition to ICS – this is a significant piece of work and the organisational development (OD) and engagement elements will be fundamental to the programme
- recruitment project – this has a large scope including improving the recruitment process from selection to induction and will also look at atypical working arrangements, including apprenticeships
- agile working – papers shared with POG previously have also been shared as part of the next people board on 27 May for executive comment

John Yarnold noted the wide range of work taking place and further discussion was held around the process flows to ensure ESR information reflects agreed establishment.

Emma Goudge advised that ESR reflects the organisation's substantive structure and will require updating to reflect any changes. The degree of change required will vary in each directorate, which may be minimal in some areas.

Emma Goudge recognised that the number and breadth of people and OD work programmes was significant, however, the CCG people board provided opportunity to prioritise and direct capacity requirements as needed. Paul Hulme and Emma Goudge have started discussions around the people and OD team's capacity in

relation to ICS transition, recognising that this could take up the majority of the team's focus.

It was agreed that further discussion would be taken to part 2 of the meeting to review the priorities for people and the organisation for the next 12 months in line with moving resources and capacity for ICAs.

Emma Goudge noted that the report included suggested revisions to the dashboard to support increased focus on health and wellbeing and staff engagement.

Committee members noted the progress taking place on key programmes of work.

Item POG2122/021 – Staff survey listening events

Carrie Gibbon joined the meeting to present highlights from the report circulated prior to the meeting.

In response to the staff survey 2020 results, 6 listening events took place throughout April 2021. These focused on the 4 key areas for improvement: relationships with senior leaders, feeling valued, quality of patient care and health and wellbeing. The groups were generally well attended with colleagues willing to share experiences and ideas.

Relationships with senior leaders

Communications and approaches have changed considerably following changes to the senior leadership team over the past 18 months, as well a result of the COVID-19 pandemic and working from home. Live events which would have been face to face in a CCG site are now held remotely and include adult social care and Cornwall Council colleagues due to Helen Charlesworth-May's joint accountable officer role. Colleagues fed back that this had lost the focus of the CCG and were felt to be more formal. There was a desire for a CCG focus to return. Whilst people felt well informed in their own directorate areas, this was not being reflected strategically across the organisation.

Health and wellbeing

Colleagues spoke about working culture, back to back Microsoft Teams meetings, and not feeling able to take a break.

People reported feeling more isolated and were missing the informal and social interactions in the office, such as a chat by the coffee machine. Some teams had tried to recreate this in other ways with coffee meetings.

Feeling valued

When the country went into the first lockdown, there was a large cohort of people who worked from home but a smaller cohort to worked at the frontline in difficult circumstances. People felt focus was on those working from home. Feedback asked not for any retrospective action to be taken, but for this to be acknowledged and considered if the situation was ever repeated.

Colleagues described the organisation as feeling rudderless and in need of some clear sense of direction and leadership. Consistent clear communication in plain English is needed rather than strategic speak so that there can be clear understanding what is required in practice for teams.

Colleagues reported needing the opportunity to speak openly and be heard.

In relation to agile, concerns were expressed about ensuring colleagues' voices are heard and taken into consideration.

Quality of patient care

This session was not as well attended as others. People who did attend felt they had limited knowledge and less able to contribute. There was criticism that the staff survey questions which were described as 'fluffy' and difficult to answer. People felt that patient care needed to be talked about more as the focus for the CCG.

Committee members acknowledged that the quality of patient care question was more difficult to answer and this may be down to a lack of awareness, poor question formation and the CCG not being explicit in celebrating what is being done well.

Andrew Abbott advised that his directorate had an away day which had provided an opportunity for colleagues to talk and agree amongst themselves to be the change that they wanted to see which had resulted in a directorate policy to incorporate diary management and communications.

Emma Goudge acknowledged that the majority of people can identify the solution required but some felt that they needed rules to allow them to act, but that colleagues should be encouraged to be confident to take ownership and action for the change they wanted to see. People also want to see senior leaders leading by example and this would help them feel comfortable for managing their diaries if leaders were doing the same.

Nikki Kelly raised concern that if leaders did not lead by example, people would feel further disenfranchised at changes in behaviour not being put into place.

Recommendations

The recommendations detailed in the report were reviewed.

Discussion followed about the consideration of the use of short 'temperature check' surveys. It was agreed that the inclusion of national questions would be important to track progress, however, the inclusion of CCG led questions would be beneficial to gain insight at a local level. Emma Goudge confirmed this would be discussed further at staff voice to determine what may be useful for including in interim surveys.

Paul Hulme and Nikki Kelly raised concerns about people team capacity in implanting the range of recommendations in the report. It was agreed that these would need to be prioritised in consideration of additional work being filtered through from the new system people board and anticipated changes in the upcoming transition to an ICS.

Action

Nikki Kelly and Paul Hulme to review the recommendations detailed in the staff survey report for prioritisation according to resource capacity.

Item POG2122/022 – Disciplinary policy

Emma Goudge advised that a number of HR policies had been reviewed within the context of improving employees' experience of working for the organisation. Jo Tomlinson presented highlights from the report circulated prior to the meeting.

The changes in the disciplinary include further reference to the support for colleagues. This acknowledged the learnings from another trust which were shared nationally following the suicide of an employee during an investigation process. A letter from Prerana Issar, NHS Chief People Officer requested that all trusts review and update their disciplinary policies to:

- ensure appropriate support is in place for colleagues through the process
- ensure managers are trained to carry out investigations and hearing appropriately
- include just culture principles

Amendments had also been made to the document to reformat it to comply with accessibility guidelines.

All policies under revision had been out for consultation with the joint partnership committee and made available through the weekly staff update and IRIS for colleagues to comment. Contributions from staff voice policy sub-group had also been included.

Changes had been made to align with national guidelines to fit with principles of culture, particularly around suspension, and a checklist included to ensure that a person is not suspended if not absolutely necessary.

In addition, the use of recording devices has been included and clarity on the retention of summary data only for spent actions had also been made more explicit.

Emma Goudge noted that management guidance documents were also available covered support and awareness for colleagues who might be involved in an investigation. Due to the infrequency of formal disciplinary process, training would be provided as and when any processes might occur, otherwise colleagues may go some time between training and needing to use the knowledge and skills learnt during a process

The committee confirmed they were happy to support the recommendations in the report and to ratify the policy.

Item POG2122/023 – Grievance policy

The grievance and dignity at work policies had been combined into one document, as both were about supporting colleagues who have issues or complaints that needed addressing.

Emma Goudge highlighted that other revisions included:

- more reference to support provided for colleagues involved in the process
- specific reference to ghosting and gas lighting as example as unacceptable behaviour

The committee confirmed support of the amalgamation of policies and the 2 revisions noted above and ratified the policy.

Item POG2122/024 – Retirement policy

Jo Tomlinson presented highlights from the report circulated prior to the meeting.

The policy had been revised to increase the break in service from 24 hours to 2 weeks.

The committee confirmed support for this recommendation and ratified the policy.

Item POG2122/025 – Any other business

Organisational change policy

Emma Goudge advised that final updates had been made to the policy and circulated to members as agreed since the March meeting for remote ratification. Committee members confirmed that there were no further comments or amendments and were happy to ratify the policy.

With no other matters arising, the meeting closed.

Final copy for ratification

Signed by the chair:

Date: