

# Meeting frontispiece

## Governing body

### Summary sheet

**Date of meeting:** 5 October 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:** Kate Shields, chief executive and accountable officer

**Clinical lead:** Not applicable

### Executive summary

Matters discussed at the 21 September 2021 people and organisational governance (POG) committee meeting:

#### **Citizens advisory panel (CAP) update**

The chair of CAP presented a verbal update to committee and confirmed plans for the patient participation group conference on 27 October 2021. The chair of CAP extended thanks to the interim director of corporate affairs, who attended the meeting for the first time and provided an update on structures and sharing relevant NHS documentation on patient participation. General discussion about winter pressures was held and it was confirmed further information would be updated at the 25 September CAP meeting. An ongoing review of CAP membership is taking place in line with the creation of the integrated care system.

#### **Information governance**

The head of information governance presented a verbal update confirming that the organisation needed to roll out further training and guidance on Office 365 to make the workforce more aware of the different functions available with remote working. This is a priority moving forward. The head of information governance was waiting for confirmation of dates with regards to submission of the data security and protection toolkit. Further information will be brought back to the next meeting.

#### **Communications and engagement update**

The head of communications and engagement team presented an overview of the activity over the summer.

Staffing remains a pressure across the team. The system's communication and engagement plan was launched on 17 May to support the increased demand on health and care services, anticipated to be up to 210,000 visitors a day which is an increase of 15%. The aim is to direct people to use the right service and reduce inappropriate pressure and attendances across the system, particularly within the emergency department.

The key messages for the year include:

- 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
- keep our 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, 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

Against a sustained tide of pressure across our health and care system, [an open letter](#) was issued to the public and our stakeholders, including MPs and staff, on 18 August to inform them of the work being undertaken to support people. The webpage has been viewed 3,7333 times from 18 August to 10 September.

The annual patient participation group conference is scheduled for 27 October 2021 and the communications team are supporting this.

Nikki Kelly, as POG chair, thanked the communications and engagement team for the tremendous amount of work carried out over an extremely difficult period and recognised the efforts of all staff involved.

## **People and organisation development update**

The committee reviewed updates of the key programmes of work being supported by the people and organisational development team. This included an establishment reset and looking at key deliverables and milestones across the whole of the organisation, resourcing costs, where teams sit in director portfolios, recruitment of new staff, agile working and health and wellbeing.

The committee discussed the current challenges across the system and the issues with recruitment for previously highlighted reasons of wider issues with housing and stress, caused by the amount of pressure on the system at the moment, and the need to review the current human resource systems and processes in light of the change to an integrated care system.

Consultation around agile working, a quarterly staff survey and a myth busting session at staff voice had been completed. Work is taking place to ensure systems are updated to reflect the increase in remote working, how to welcome staff through the induction process and ensure diversity of recruitment techniques are used.

Additional human resources capacity has been appointed to support the set up of the integrated care board and planning with national guidance. More detailed plans to be developed over the coming months.

Different teams are being aligned to correct budgets and cross referenced with finance information on budgets. There will be updates on organisation charts based on agreed position as well as providing a basis for subsequent integrated care system preparations, ensuring job descriptions, contracts and terms are clear for each individual employee.

### **Risk register update**

The corporate risk register was reviewed. There was a request from committee to review actions and status against risk level to ensure the risks are able to be managed effectively. This will be brought back to the next committee. The committee agreed to the recommendations in the paper which included a draft risk on violence and aggression and closure of risk 10671 on data security and protection tool kit compliance.

### **Violence, prevention and reduction standard self assessment and workplan update**

A violence prevention paper was presented to committee in terms of NHS Kernow's initial self assessment under the new [violence prevention and reduction standard](#), which complements existing health and safety legislation. The committee accepted the recommendations made and noted the draft risk on violence and aggression in the appendices. Assurance is provided to governing body that the self assessment has been completed and a workplan is in place to address areas that are not fully compliant. The chair raised the importance of connecting this to the domestic abuse partnership board and linking work into the integrated care system. The committee agreed that connecting into the wider domestic abuse strategy was essential.

### **Emergency, preparedness, risk and response (EPRR) update**

The EPRR core standards for 2021 have now been released. The team have booked check and challenge meetings with providers and NHS Kernow's own assurance check and challenge meeting was scheduled for late September. Results will be presented to Local Health Resilience Partnership before final submission to NHS England and Improvement.

A review of command and control and system escalation process had taken place. The Cornwall and Isles of Scilly system is facing continuing challenges with both providers and South West Ambulance Service Foundation Trust experiencing operational demands at levels never seen before. As such a system wide incident

was declared for health by the local resilience forum on the 29 July 2021 this is in addition to the resource escalation action plan (REAP) 4 incident declared by SWASFT on 20 July 2021.

The head of EPRR and interim director of corporate affairs are undertaking a corporate review of the system escalation process and command and control procedures. This will be underpinned with a review of data sources to provide a 'live system dashboard' of key information which would provide an early warning process for system escalation, driving the system to become proactive rather than reactive to system pressures.

Following review of the director on call support, the head of EPRR has met with many of the director on call team and discussed how the EPRR team could help support them. A data base is being developed as a tool to assist decision making and to share learning from on call.

The organisation has continued to respond to the COVID-19 pandemic, and the NHS response remains in national command and control at level 3. The EPRR team and corporate governance team have maintained the function of the Incident Control Centre (ICC) with shifts covered with the assistance of staff from across the organisation. The current level of response is expected to be maintained through the winter period and as such the ICC will be staffed throughout.

Recruitment for a head of EPRR is complete. It is likely, under the review of the Civil Contingencies Act, that the head of EPRR becomes a category 1 responder and will be required to perform extended duties in line with the response capability requirements within the act. This new role will provide specialist expertise. It was also noted that the creation of the integrated care system body will result in some delegation of EPRR function from NHS England and Improvement to NHS Kernow.

The committee reviewed the current action plan and agreed to the recommendations presented at the meeting.

### **Agile working policy**

The committee reviewed and ratified the new agile working policy which provides a framework for fair practice when doing agile arrangements. It was agreed to review the policy 6 months after the policy comes into operational use, rather than the recommended 12 month interval.

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

# Minutes

## People and organisational governance committee part 1

27 July 2021

9am

Via Microsoft Teams

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### Attendees

- Nikki Kelly, chair and governing body member
- John Yarnold, governing body member
- Kate Schroder, interim managing director
- Emma Goudge, head of people and organisational development
- Trudy Corsellis, deputy director of corporate governance
- Laura Patrick, head of communications and engagement, in part
- Head of information governance, item 041
- Jodeigh Phelps, complaints and freedom of information manager, items 042 and 043
- Jayna Chapman, patient experience and equality manager, item 044
- Nigel Morson, citizen advisory panel chair, item 047
- Lindsay Adams, minute taker

### Apologies

- Dr Paul Cook, chair of governing body
  - Natalie Jones, chief nursing officer
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## Minutes from the meeting

### Item POG2122/037 – Introduction and apologies

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

### Item POG2122/038 – Declarations of interest

No new declarations of interest were raised.

### Item POG2122/039 – Previous minutes, matters arising and action grid

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The minutes of the 18 May 2021 meeting were reviewed and approved as an accurate record of the meeting.

The action grid was reviewed and updated.

## **Item POG2122/040 – People and organisational development update**

Emma Goudge presented updates on the key programmes of work provided in the newly formatted people plan and dashboard report, circulated prior to the meeting.

The report highlighted work which had been completed, was in progress or had an additional deliverable since the last report and text in purple identified KPIs under development.

### **Establishment reset**

The ESR reporting structure reflects the substantive structure under former chief officer, Jackie Pendleton. The people partners continue to work with finance and executive colleagues to confirm vacancies to ensure correct realignment with departments and director portfolios.

Emma Goudge noted capacity remains challenging and the team continues to check in with teams to ensure colleagues are coping with the high demands and focused work continues on areas aligned to organisational priorities. Work about strategic objectives is ongoing.

John Yarnold sought clarification around due diligence required for ESR when closing down the CCG and cross referencing for budgets. Emma Goudge confirmed finance had a list of budgets, however, updates to ESR could not be carried out until director portfolios had been signed off. The people and organisation development (POD) team normally set up positions in ESR as opposed to finance. John Yarnold raised a control issue with this and advised he would flag it with Simon Bolitho, as Clare Bryan was on annual leave. Emma Goudge confirmed ESR was intended to be a single source of truth, however, as budgets had not yet been signed off by executive colleagues for where colleagues would be assigned, the task had been marked as outstanding on the POD dashboard.

### **Action**

John Yarnold to flag control issue with finance colleagues in relation to ESR positions.

It was noted there was a challenging agenda for the POD team. Whilst work was taking place on structure, once national guidance had been received about integrated care system (ICS) job descriptions, the POD team would largely focus on that work and ESR activities.

Emma Goudge noted work would require significant engagement, however, the engagement lead works 3 days a week and this would be challenging. This had been

articulated to governing body, however, no further conversation had yet been had about what additional resource may be available to provide additional support.

Nikki Kelly noted the rising issues with stress amongst CCG colleagues and this would be discussed in more detail in part 2.

### **Item POG2122/041 – Information governance**

The head of information governance (IG) presented highlights from the report circulated prior to the meeting:

- data security and protection tool (DSPT) had been submitted for the 30 June 2021 deadline, with all standards met
- the new toolkit has not yet been released and is expected to be available by the end of July 2021, with limited changes in requirements anticipated - a review of evidence will be carried out once the information has been released
- requirements for the ICS toolkit are not yet known and will be updated to committee once details have been confirmed from NHS Digital
- the next final submission is due at the end of June 2022 though it is still not clear if the CCG will be required to submit in March 2022
- data security and awareness training reports show a current position of 92%
- work continues on Office 365

A letter was sent to GP practices to advise GP Data for Planning and Research extraction had been deferred and no new date provided. The local medical committee had been informed. Trudy Corsellis confirmed Sally Turner had also been advised and discussion had taken place at the governing body meeting. John Yarnold advised Sally Turner had raised concern there was nothing noted in the legislation preventing the government selling on details to commercial firms. Concern had also been noted that if a number of people opt out, there will be significant medical gaps in knowledge available. It was noted substantial communications would be required to support this work.

The head of IG advised new information governance objectives will be formulated once the new integrated care system structure has been confirmed and will report this back to committee. It was agreed that working towards a deadline of 31 March for a new submission would be preferential ahead of the national June 2022 deadline, however this would be dependent on the provision of early evidence from Cornwall Information Technology System (CITS) whose own toolkit deadline will be end of June 2022.

### **Item POG2122/042 – Complaints annual report**

Jodeigh Phelps presented highlights from the report circulated prior to the meeting:

- the majority of complaints between 1 April 2020 and 31 March 2021 were related to COVID-19
- during the year:
  - 17 complaints were received
  - 7 fully upheld, 4 partially upheld, 5 not upheld and 1 withdrawn

- 1 individual referred their complaint to the Parliamentary Health Service Ombudsman – this was closed with no actions
- there have been more enquiries versus actual complaints
- there was a decline at the beginning of the year following the national complaints process being paused – NHS Kernow continued its process for continuity and to review CHC enquiries received, to ensure deadlines could be met as the team had been redeployed
- messaging that there may be a delay due to the COVID-19 response had been provided to the public, and this was received well
- there has been some noise in the system around lack of Aural care, due to a commissioning gap – work has taken place with RCHT colleagues to review the current list and the primary care team is considering if they can commission the provision in primary care.

### **Agreement**

The report was reviewed by committee and the recommendation for the report to be published on the NHS Kernow website supported.

### **Item POG2122/043 – Freedom of information and MP annual report**

Jodeigh Phelps presented highlights from the report circulated prior to the meeting:

- as expected, there was a dip in requests between 2020 and 2021
- 194 requests for information using the Freedom of Information (FOI) act were received
- 1 internal review was requested – this was complex as it was about primary care networks and an amended response was provided to the individual
- a number of requests were related to vaccines and timely availability of financial information, which had been delayed due to the COVID-19 response
- despite the COVID-19 response, there were no breaches of statutory 20 working days timescale and the average timescale of response was 9 days
- no referrals were made to the Information Commissioners Office
- there were a reduced number of MP FOI requests, 64 in total, the majority of which were received from west Cornwall and the Isles of Scilly
- Trudy Corsellis noted these reports provided important early information on what issues are causing concern in the population to ensure mitigating actions can be provided by responding teams prior to any further escalation

### **Agreement**

The report was reviewed by committee and the recommendation for the report to be published on the NHS Kernow website supported.

### **Item POG2122/044 – Equality update**

Jayna Chapman noted the number of legal requirements for NHS Kernow detailed in the report, circulated prior to the meeting.

Trudy Corsellis noted that whilst there was willingness to cover a lot of work, the capacity is not available to support it all. It was noted that the Workforce Race

Equality Standard (WRES) had been in place for several years, meaning the measures felt a little outdated. The meeting members discussed advance planning for the WRES return and action plan in relation to the ICS transition, in April 2022.

Jayna Chapman confirmed race equality forum meetings had been temporarily postponed until September 2021. This was to allow a review of the forum's purpose and strategic direction. There was potential to do more around WRES, and actions associated with the WRES, which could be carried out jointly with partners.

Emma Goudge and Jayna Chapman had had a conversation about the opportunity to work at a system level. There are 6 key areas in the recruitment and promotion overhaul action plan. Actions are identified against these key areas, and the aim would be to progress this as a collaborative piece of work. Whilst there is an overarching equality strategy, there is no system lead for equality to drive the agenda and identify where capacity would be to take that work forward.

Jayna Chapman asked committee if it would be able to support the equality objectives being shortened to a 2 year timescale and if a commitment could be made to undertake that work moving forward given ICS arrangements.

Discussion followed around future reporting processes. It was agreed equality was an agenda that would continue through the transition to an ICS and would form an important piece of handover. It was noted that there is likely to be changes to the governance decision making, which will be revisited in April 2022.

It was agreed further work was required to look at how NHS Kernow inputs into the race equality forum and what outcomes and outputs are received from the forum.

### **Action**

Nikki Kelly to lead further scoping work around the outcomes and outputs of the race equality forum.

The committee confirmed the paper and recommendations had been reviewed and the following recommendations were supported:

- publish the NHS Kernow gender pay gap and Workforce Race Equality Standard information, via the Strategic Data Collection Service (SDCS) and gender pay gap service to meet its legal duties
- publish the following reports on the NHS Kernow website:
  - gender pay gap report and action plan
  - Workforce Race Equality Standard report and action plan
  - equality objectives 2021 to 2023
- consider the completion of the Workforce Disability Equality Standard

### **Item POG2122/045 – Risk register and assurance framework update**

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

- 2 corporate closure requests:

- 10762 – joint chief officer role – with the appointment of the new CCG accountable officer (AO) and system chief executive, who comes into post on 16 August 2021, this risk is no longer relevant
- 10756 – Coronavirus (2019-nCov) – due to continued successful working from home for the last 15 months, robust processes are in place and no issues experienced
- Changes to the wording of 2 of the governing body assurance framework principle risks have been updated to focus on transition to an ICS:
  - Workforce health (number 6) – failure to appropriately manage transition to ICS could result in poor workforce health, reduced staff morale plus inadequate CCG capacity or capabilities
  - Transition to a new ICS NHS body (number 8) – ineffective planning and preparation, and/or a lack of capacity and resource, may impact on the transition arrangements for the new ICS NHS body, affecting its functioning and effectiveness for April 2022

John Yarnold noted that the corporate risk 10786, workforce resilience, had increased in score from 12 but a number of actions were out of date and milestones needed updating with red, amber and green (RAG) rating. Trudy Corsellis confirmed she would be assigned as director to the risks following Paul Hulme leaving, and the RAG ratings and scores would be revisited. Trudy Corsellis would link with Emma Goudge and Drew Wallbank to obtain updates about agile working and director portfolios before updating those areas. Emma Goudge noted some actions were related to pre-ICS or pre-director portfolio review and this would be picked up through the review with Trudy Corsellis.

#### **Action**

John Yarnold to send Trudy Corsellis any further comments around the risk register, for review.

#### **Agreement**

Committee members reviewed the details of the report and its recommendations and confirmed support to close risks 10762 and 10756.

It was noted Kate Schroder would link with Trudy Corsellis to compare the risk register with the dispute resolution work to ensure the 2 align.

Nikki Kelly raised concern that assurance could not be provided that the work being covered by Paul Hulme could be picked up fully by other colleagues as decision making moves forward with the transition into ICS. This matter would therefore need to be a focus for discussion at future POG meetings.

### **Item POG2122/046 – Health and safety annual report and terms of reference**

The report had not been circulated prior to the meeting.

#### **Action:**

As agreed, the report was circulated to members for virtual approval following the meeting with the following recommendations:

1. Note the health and safety annual report for 2020 to 2021.
2. Ratify the reviewed terms of reference for the NHS Kernow health and safety sub-committee.

**Addendum:**

Virtual approval of the health and safety annual report and terms of reference was provided by John Yarnold, Kate Schroder and Nikki Kelly.

**Item POG2122/047 – Citizen advisory panel update**

Nigel Morson advised the citizen advisory panel (CAP) met on 22 July and presented highlights from work and discussions being progressed by CAP colleagues.

**CAP public conference on health and care**

The conference is due to be held week commencing 25 October at Truro College, subject to COVID-19 guidelines, with a virtual option being made available to those not able to join in person.

The agenda will be finalised at the August CAP meeting and is anticipated to include and discuss:

- plenary sessions
- community coordination centres
- access to records
- social prescribing
- future health care in Cornwall and the Isles of Scilly
- a question and answer session

Kate Shields, NHS Kernow's new accountable officer will be joining the conference, amongst other senior colleagues.

**Future engagement**

This is being reviewed as the system evolves, to include all levels of colleagues and community across the county. Nigel Morson noted thanks to Ben Mitchell who has led significant work on this area.

**Patient and public engagement at ICA level**

Rachel Murray had provided updates on this work, which is well developed in the west and the integrated care forum and is being progressed in mid and east of the county. It was noted that further work was required in north Cornwall.

Nigel Morson advised that a senior member of the system was unable to attend to discuss the system pressures being experienced and requested that a senior colleague be able to attend future meetings to provide updates about developments and significant areas of work.

CAP members had noted there had been no advance knowledge about the closure of Launceston minor injury unit, however, an apology had been acknowledged from

senior colleagues for this as part of the statutory responsibility of engagement. The omission had been due to a lack of available resource and the current demand surge being experienced in Cornwall and the Isles of Scilly due to COVID-19 and an increased footfall to Cornwall.

Kate Schroder noted senior colleagues had been unable to attend the CAP meeting due to work taking place to address the surge. It was recognised some senior colleagues who had previously attended CAP were no longer with the organisation and it was anticipated that some continued lack of continuum may be experienced through the transition to ICS. Kate Schroder would be happy to attend CAP moving forward and provide a link between CAP and senior colleagues.

Nikki Kelly advised Paul Hulme had put plans in place for Chris Reid, who attends governing body, to link and support CAP, as patient participation lead for ICS work, to lead work to integrate CAP into the wider system to ensure a wider diversity of people engagement.

### **Action**

Trudy Corsellis and Nikki Kelly to review the involvement of Chris Reid in CAP and determine outputs for this work and the October CAP conference.

Trudy Corsellis noted that she was stepping up temporarily as interim director of corporate affairs following the departure of Paul Hulme and would be joining CAP meetings moving forward which would include updates about emergency preparedness, resilience, and response.

Nikki Kelly acknowledged permanent senior representation would be required for CAP moving forward to provide full system oversight to ensure engagement with a wider number of people at different levels across the system. The next CAP meeting is scheduled for 27 August.

## **Item POG2122/048 – CCG draft green plan objectives review**

Trudy Corsellis advised work was ongoing and acknowledged the important role Dr Rob White continued to play. Work on sustainability includes Thomas Lafferty, RCHT director of strategy and performance.

A further update will be brought back to a future meeting. It is expected work will be presented through the ICS system board or senate twice a year and will potentially go to the January 2022 senate meeting.

## **Item POG2122/049 – Any other business**

### **Transition from a clinical commissioning group to an integrated care system**

The first draft of the NHSEI close down check list has been received and the full list is due in the first week of August. Emma Goudge confirmed the people and organisational development (POD) team are working closely with teams across the organisation around work programmes in the development of the new ICS

organisation and to support alignment to the checklist. The team will be carrying out exploration activities to understand the breadth of teams' responsibilities.

Activities have been identified where the team can support with both close down, engagement and management process. Emma Goudge is working closely with Alexandra Dudson, deputy director of system transformation, about the performance management office (PMO) approach and how work can be incorporated into the PMO template, which will feed into the overarching Smartsheet. The POD team will also support appropriate messaging around any changes and developments.

It was noted the organisational development and governance will be integrated into all elements of the transition, across all workstreams.

Trudy Corsellis advised the system oversight framework measures indicators every quarter and NHS England had sent through notification of 60 new additional indicators to be included moving forward.

Kate Schroder acknowledged whilst there was an objective to reduce work in relation to performance reporting, there was an understanding the CCG's responsibility for procurement would continue to significantly increase, challenged by no additional resource to take the work forward.

With no other matters raised, the meeting closed.

## **Final copy for ratification**

Signed by the chair:

Date: