

PART 1

**KERNOW HEALTH CIC (the “Company”)
(Company No. 07551978)**

**Minutes of a meeting of the Board of Directors of the Company
held at 08:00 on Wednesday 23 June 2021
via Microsoft Teams Video-conferencing**

Present:	Name	
Executive Directors:	Dr Adam Ellery	Chair/ GP partner
	Dr Jonathan Katz	Medical Director
	Mr Mark Woolcock	CEO, Kernow Health CIC
	Ms Maria Harvey	Director of Integrated Community Care Services
	Mr Kieran Bignell	Director of Integrated Urgent Care Services
	Mrs Laura Wheeler	Director of Integrated Primary Care Services
	Mrs Tyra Fox	Director of Corporate Services
ICA Director and Deputy Representatives:	Dr Andy May	ICA Board Director Member representing Central Cornwall/ PCN Clinical Director/ GP partner
	Dr Andrew Craze	ICA Board Director Member representing West Cornwall/ GP Partner
Non-Executive Directors:	Mr Stephen Holby	Non-Executive Director/ Managing Partner, Carn to Coast Health Centres
	Mr Gary Jennings	Independent Non-Executive Director
In Attendance	Ms Emma Ridgewell-Howard	CEO of Kernow LMC
	Ms Jemma Ignaczak	Executive Assistant (Minute Taking)
	Ms Pam Smith	Strategic Support Associate, KHCIC
	Mr Neil Parsons	Strategic Manager, NCC Ltd

CHAIRMAN

Dr Adam Ellery chaired the meeting throughout.

NOTICE AND QUORACY

The Chair reported that due notice of the meeting had been given to all directors and that the meeting was quorate. Accordingly, the Chair declared the meeting open.

2021/41	Apologies Apologies were received from Dr Malcolm McKendrick.
2021/42	Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items
2021/42a	Declarations of Interests Register There were no further declarations of interest to register.
2021/42b	Conflicts of Interest for Part 1 Agenda Items AGREED: Each of the Directors confirmed that they had no direct or indirect interest in the business proposed to be transacted in <u>Part 1</u> of the Board meeting which they would be required to disclose in accordance with section 177 of the Companies Act 2006 and the Articles of Association of the Company.
2021/42c	Board Attendance Register The register was noted.
2021/43	Approval and ratification of Part 1 Board Minutes of the meeting held on 26 May 2021 AGREED: Following a preview of the minutes by Dr Ellery, Mr Woolcock and Mr Holby, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 26 May 2021 as a true and accurate record and signed by the Chair. ACTION: Ms Ignaczak to arrange for the ratified minutes from 26 May 2021 to be uploaded to the website.
2021/43a	Matters Arising and Action Grid from the Board minutes of the 26 May 2021 <u>The following actions were completed and closed:</u> 2021/28b – Corporate Risk Register. Ms Harvey to arrange for review of the risk level given for KH34 - Patient Harm at the next Governance meeting. Ms Harvey discussed in Part 2. 2021/31 - Communications Manager and Officer update. Mrs Wheeler to report back to the Board on progress following conversations around offering communications assistance to practices. Mrs Wheeler discussed in item 2021/46. The action grid was updated and completed actions closed. There were no other matters arising from the meeting.

2021/44	<p>Policies and updated Corporate Risk Register</p> <p>Policy Ratification The Board was asked to ratify the following policies, which had been robustly reviewed and agreed by the Governance Committee on the 8 June 2021.</p> <ul style="list-style-type: none"> • Pandemic Flu Plan V2.2 • Norovirus Plan V1.3 • Data Protection Impact Assessment Policy V2.0 • Record Retention & Destruction Policy V2.0 <p>AGREED: The Board approved and ratified the Pandemic Flu Plan, Norovirus Plan, Data Protection Impact Assessment and Record Retention & Destruction Policies.</p>
2021/45	<p>Business Update</p> <p>Mr Woolcock commented that a HR Manager, Angela Cavanagh, had been successfully recruited and started with KHCIC on 21 June. The communications team were also in place and this continued to enhance KHCIC's internal infrastructure. Mr Woolcock noted that KHCIC had re-joined UHUK which provided a forum for the out of hours. Mr Woolcock had discussed IR35 with UHUK and they were months ahead of KHCIC in terms of progress with other out of hours services feeding back their findings. Mr Woolcock added that the UHUK website had been populated with KHCIC details.</p> <p>Mr Jennings commented that he had been in discussions with Plymouth University and Epic, resulting in the transition of two main current projects to Plymouth University for continuation (MediTuner and Gendius). Mr Jennings will continue to work with Plymouth University to complete the projects. Mr Woolcock has approved the project handover and Mr Jennings will continue to manage the clients for consistency.</p> <p>Mr Woolcock added that the testbed would officially be wound down on 30 June and there were a few items that would run on to maintain relationships and KHCIC's reputation.</p>
2021/46	<p>Excellence in Practice</p> <p>Mrs Wheeler presented a paper to the Board and summarised the offer. Ms Smith introduced herself as an associate working with KHCIC.</p> <p>Mr Parsons introduced himself as the Strategic Manager at North Cornwall Coast PCN and noted he was currently working with Ms Smith and Mrs Wheeler on the offer.</p> <p>Ms Smith noted that she would like to obtain the Board's approval to launch the Excellence in Practice programme. Ms Smith added that OneCare had provided several documents which had allowed swift progress to be made. The organisation has a limited amount of funding with which to launch the</p>

Excellence in Practice programme, it was suggested that the programme would be free at the outset supplemented with some 'paid for' services. Ms Smith would like to obtain the Board's approval on the content at this point and would undertake a review in November around the financial position of the offer.

Mr Parsons added that the team had tried to visualise the direction of travel for Excellence in Practice. Many parts already existed, and it was about consolidating into one offer; tailoring the offer to suit individual practices along with an optimisation element for practices' existing systems. Mr Parsons noted that OneCare had additionally provided information around appointment mapping.

The good practice health check for self-assessment had been refreshed and updated. With the communications team in place a better interface could be built with easier access for practices. The offer was presented in a consolidated view to give practices a flavour of what was on offer, allowing practices to reflect on what was important.

Ms Ridgewell-Howard commented that it was a timely release given the current situation. Ms Ridgewell-Howard added that she would send additional information to be included in the Kernow LMC part of the table. Overall a useful document, Ms Ridgewell-Howard echoed the sustainability concerns regarding the finance as it would not be good to retract the offer.

Dr Craze commented that the offer should be well advertised and having looked at the table there was so many applications that practices should be aware of and make use of.

Mr Bignell asked whether there was any scope to deliver an element of human factors to develop the relationships between partners. Mr Bignell felt that within the last 6 months it had become noticeable that the system had become extremely poor at understanding human factors. Mr Bignell further asked whether any protection rights should be applied to the offer and whether it could be sold outside of Cornwall.

Mrs Wheeler replied that the leadership element included human factors and was available to everyone. Mrs Wheeler added that this offer was just one element and if all the elements were mapped it would provide a comprehensive overview. Mrs Wheeler was unsure whether it would be suitable to sell as other areas would already have similar ideas.

Ms Smith replied that she was conscious that colleagues in Bristol had provided freely to KHCIC some of the content therefore these elements should not be sold on. Ms Smith felt it was important to build trust between practices and start to move together so there was one strong voice within primary care.

Mr Parsons noted that some parts of the offer would be person specific, with consideration given to what was important to the people of Cornwall and not the commercial product itself.

	<p>Mr Woolcock noted that the communications team needed to produce an aligned way of articulating the high-quality services that KHCIC could provide.</p> <p>Mr Jennings added that it was important to get failing practices to recognise their situation. From experience Mr Jennings found that practices who were close to failing tended to engage more.</p> <p>Ms Smith replied that this had been considered when the offer was structured. Most people don't like to think of themselves as failing therefore the free offer would get the team's foot through the door to help practices understand how they could make improvements.</p> <p>Dr Craze felt that the word 'failing' should not be used. Even the most successful practices realised that it wouldn't take much to change their position. Dr Craze added that it was about looking forward and preventing failure.</p> <p>AGREED: The Board agreed for the Excellence in Practice offer to be finalised and advertised to practices.</p>
2021/47	<p>Covid 19 - planning for business as usual</p> <p>Mr Bignell noted that a significant rise of Covid cases had been seen in Cornwall, with several confirmed cases of the Delta variant. The projection was above and beyond the projected planning, however there were not exceptionally high hospital admissions at present. Mr Bignell added from an IUCS perspective the PPE stock was at a high level with PPE still being received. There were still issues surrounding the hot clinics but KHCIC were committed to offering those services currently located in Helston and Newquay.</p> <p>Mr Bignell had held a conversation with the management teams on 22 June to discuss the lockdown of Cudmore House. The lockdown would be implemented again for the foreseeable future and the communications team would share that message with KHCIC staff.</p> <p>Mr Bignell noted that Vocare had lost 30 staff due to the track and trace system and he was going to discuss this with Public Health England as RMS were planning to return to Cudmore. Mr Bignell was concerned that the track and trace for staff returning to the ground floor would affect the call centre on the first floor at Cudmore. This would have a large impact on the service.</p> <p>Dr Ellery asked Dr Katz as the Medical Director whether he had any concerns relating to RMS staff returning to Cudmore House.</p> <p>Dr Katz replied that he agreed with Mr Bignell and the increased number of people within Cudmore House would lead to an increased chance of positive cases.</p> <p>ACTION: Mr Bignell to report back to Board the outcome of his meeting with PHE regarding RMS returning to Cudmore.</p>
2021/48	Any Other Business

	There was no further business discussed.
	END OF PART 1

AGREED/ DECISIONS:

1. The Board approved the latest version of the Declarations of Interest Register and all the additions and amendments made.
2. Each of the Directors confirmed that they had no direct or indirect interest in the business proposed to be transacted in Part 1 of the Board meeting which they would be required to disclose in accordance with section 177 of the Companies Act 2006 and the Articles of Association of the Company.
3. Following a preview of the minutes by Dr Ellery, Mr Woolcock and Mr Holby, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 26 May 2021 as a true and accurate record and signed by the Chair.
4. The Board approved and ratified the Pandemic Flu Plan, Norovirus Plan, Data Protection Impact Assessment and Record Retention & Destruction Policies.

FINAL COPY - RATIFIED


Signed by the Chair:

Dated: 28 July 2021