

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 24 November 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
	Mrs Laura Wheeler	Director of Integrated Primary Care Services
	Mr Joseph Francis	Associate Director of Integrated Urgent Care & Chief Clinical Information Officer
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
	Dr Lawrence Barnes	ICA Board Director Member representing North and East 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
	Miss Jemma Ignaczak	Executive Assistant (Minute Taking)

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.

2021/78	Apologies
	No apologies were received.

	Dr Ellery introduced Dr Barnes and welcomed him to the Board.
2021/79	Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items
2021/79a	Declarations of Interests Register ACTION: Miss Ignaczak to remove Mr Bignell, Dr McKendrick, and Mrs Fox from the register and, update Ms Emma Ridgewell Howard's entry to include her partner as a Partner of Old Bridge Surgery in Looe.
2021/79b	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.
2021/79c	Board Attendance Register The register was noted.
2021/80	Approval and ratification of Part 1 Board Minutes of the meeting held on 20 October 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 20 October 2021 as a true and accurate record and were signed by the Chair. ACTION: Miss Ignaczak to arrange for the ratified minutes from 20 October 2021 to be uploaded to the website.
2021/81	Matters Arising and Action Grid from the Board minutes of the 20 October 2021 2021/72 - Ms Harvey to feedback on the medium and high tolerance only having a difference of 1 score. Ms Harvey noted that the scoring had been updated to read '16 or more'. There were no other matters arising from the meeting.
2021/82	Shareholder Transfers As per the report circulated, the Board were asked to approve the transfer of shares for the following: <ul style="list-style-type: none"> Stillmoor House: from Dr R Rushton to Dr A Al-Dabbagh

	<p>Miss Ignaczak explained the relevant paperwork had been issued to all parties and the 14-day deadline had since passed. Therefore, the stock transfer forms would be executed by Dr Ellery with Board approval.</p> <p>AGREED: The Board approved Dr Ellery to execute the Stock Transfer Forms and for the new shares to be issued accordingly.</p>
2021/83	<p>General Business Update</p> <p>Mr Woolcock commented that the new agendas had been utilised for this Board meeting and would promote all aspects of the business. Within Part 1 operational quality aspects would be discussed with Mrs Wheeler, Ms Harvey and Mr Francis providing verbal updates to ensure that everyone received the information they needed regarding KHCIC. Mr Woolcock was happy to receive further suggestions with regard to agenda items.</p> <p>Mr Woolcock confirmed that Mr Bignell was on a secondment to the CCG, and Mr Francis would be attending Board in his place.</p>
2021/84	<p>Primary, Community and Urgent Care Contract Reports – Operational and Quality Performance</p> <p>Mr Woolcock noted that the whole system locally and nationally was extremely challenged at present. Being the best of the worst was not something to celebrate, however, as a 111 service Cornwall were routinely the best service in the country and consistently above the national average. Mr Woolcock shared that Mr Francis had been carrying out a significant piece of work around GP surgeries whose patients frequently called 111; this had been shared with commissioners.</p> <p>Mr Woolcock commented that some practices had offered to help with validation of 999 calls; however, as this was linked in with the IUCS, it would be preferable to keep calls in one place. Mr Woolcock added that a data link between SWAST and KHCIC would allow them to pass calls across from their list. This would enable ambulances services to deal with life threatening calls and KHCIC could deal with everything else. Mr Woolcock was pleased to be one of the first organisations to offer that service.</p> <p>Mr Woolcock noted that work force was challenging, and the service now relied on a significant number of agency staff. There was previously a KPI which did not allow more than 1% of agency staff. Mr Woolcock added that there seemed to be a slight increase in incidents and SI's based on agency staff, so the situation was being closely monitored. KHCIC fell below the national average for SI's as an OOH provider.</p> <p>Dr May commented that there was a template on their screens that 111 could book directly into should they receive a daytime call for a GP. Dr May added that historically this was an average of 1.5 calls per practice per day and queried whether this had changed.</p>

Mr Woolcock replied that he was unsure and would ask Mr Francis to present some figures at the next Board.

Dr May replied only 1 appointment had been booked by 111 on Monday out of a total of 100 appointments, Dr May was unsure whether this had risen or whether time was being spent on a small issue that would be better used elsewhere.

Dr Craze added that the numbers at his practice were low, and it was an underused system.

Dr May queried whether a business case and funding had been completed for the 999 offer and a direct link to 111.

Mr Holby commented that fundamentally 111 was no longer merely an OOH service and but now a 24-hour service and was advertised to patients as such. Surgeries had vastly increased level of demand from patients, therefore long wait times would result in some patients contacting 111. Mr Holby added that communications shared the previous week directed patients to their GP first, not even mentioning services such as a pharmacist. Mr Holby had been trying to contact the person who issues the comms. Mr Holby further added that the 111 appointment was booked onto a screen for triage not an actual appointment and 111 staff needed to think in those terms. A recent case was flagged by Vocare regarding a patient to whom they promised an appointment and appeared to be claiming that it was not acceptable for the Practice to triage and signpost elsewhere. Any data around patients that use 111 during practice hours should be considered proportionately against practice size.

Dr Barnes commented the maximum he had ever seen on screen was 3 but most days no direct bookings were received.

Mr Woolcock noted that the paper would go to IUCS Board and then circulated to this Board for information.

ACTION: Mr Francis to present an overview of the daytime 111 calls, which are re-directed to primary care.

Ms Harvey commented that the Special Allocation Service continued, and conversations were taking place to ensure the cost envelope was as it should be. On the back of that contract, SystmOne was being introduced and the KHCIC IT team had received a week's 'train the trainer' training.

Ms Harvey commented that the eating disorder service continued with rising numbers and that was reflective across CEDS teams.

Ms Harvey noted that for the School Immunisations Team the 12–15-year-old Covid vaccinations continued to be challenging. The primary offer was still in the schools with a supplementary offer for vaccination clinics. The guidelines were updated the previous week from 28 days between a positive case and the vaccine to 12 weeks. Ms Harvey explained that every single form had to be re-triaged and there was a 25% drop in eligibility. It appeared the offer of Covid vaccines for children would last for quite some time. Ms Harvey added that the flu programme had been majorly impacted by the covid vaccinations and NHS

2021/85	<p>England had been emailed regarding the pressure. Approximately three quarters of primary schools had been attended but some had been cancelled due to the prioritisation of the Covid vaccinations. Ms Harvey was reluctant to work under the national protocol but had not seen a massive difference. The remaining schools were booked up to the 7 December.</p> <p>Mr Francis noted that the rollout of Coordinate My Care (CMC) had been ongoing for some time. This had been an extensive project which had been extremely challenging considering the system move to an ICS as well as the pandemic. Mr Francis explained that CMC had approached KHCIC with a significant change to their business model as they had been unsuccessful in the retender for the London contract. This meant that they were no longer able to deliver the Cornwall contract and KHCIC were left with no option other than moving towards a termination of the MOU with the CCG and CMC.</p> <p>Mr Francis commented that the forward motion was to understand what the system needs were regarding Orion which would be the new shared platform. There was a need to focus on how this was to be communicated out to the system and how to drive forward positively. Mr Francis added that despite challenges with the rollout KHCIC had received plaudits for how it dealt with stakeholders, and this was not a reputational issue.</p> <p>Dr May queried whether Orion would be visible to general practice. Mr Francis replied affirmatively and confirmed that primary care would be included during the rollout.</p> <p>Ms Ridgewell-Howard noted from memory that the LMC had a least three shared care records offered and not followed through. Ms Ridgewell-Howard asked Mr Francis if he knew who was representing the primary care aspect? Mr Francis replied that the project ran through the Transformation Board, and he was unsure who represented general practice.</p> <p>Corporate Social Responsibility Strategy</p> <p>Mr Woolcock noted that the Corporate Social Responsibility Strategy set out aspirations and how these will be completed in an ethical manor. Mr Woolcock was looking for Board approval so that KHCIC could deliver key things such as engagement and green working.</p> <p>AGREED: The Board approved the Corporate Social Responsibility Strategy.</p>
2021/86	<p>Training Hub Update</p> <p>Mrs Wheeler shared that there had been an announcement that Health Education England and NHSE would be merging, and the Training Hub were awaiting the outcome with regards to the contract. Mrs Wheeler noted that the Training Hub had been asked to host 7 fellows, it had been set out a few months ago for trainees to be placed within practices. This had been picked up by HEE and the PC Dean would like the Cornwall Training Hub to share this with other training hubs.</p>

	<p>Mrs Wheeler commented that the staff bank was increasing with people approaching to be added to the bank for both clinical and non-clinical roles. There was the need for a dedicated staff member to manage this and they would be starting in December to work alongside Becky Fawcett in Corporate Services.</p> <p>Mrs Wheeler commented that Excellence in Practice was going well, with a good response and a few facilitated half day sessions in the diary. KHCIC were looking to expand the back-office function and the new staff member would look at internal recruitment as well as supporting recruitment for practices. An advert had gone out for a finance manager to support practices and KHCIC were also looking at increasing HR support. Mrs Wheeler added that a Shareholder newsletter was due to go out in December. Of significant note, Mrs Wheeler advised the Board that our ability to offer an NHS pension was being investigated and would report back on the progress with this application.</p>
2021/87	<p>System Updates</p> <p>West/ Mid / N&E ICAs Dr May commented that the ICAs had not yet been given clear instructions on how they will operate. Currently work was being completed around building teams and aligning the Council, CFT and RCHT so there would be a value set that says these organisations have appropriately allocated staff to the population and to build a sense of ownership and responsibility that encourages working practices to align and change. Dr Ellery asked whether the persons responsible would be voted in. Dr May replied that he was unsure. The leads would be the ICAs.</p>
2021/88	<p>Regulatory Reports</p> <p>CQC Mr Woolcock noted there was nothing new to report regarding the CQC.</p> <p>EPRR Mr Woolcock noted that some members of the Board would be aware of the bomb threat recently received against KHCIC. This affected the call centre, the cars, and the whole School Immunisations Team. The live incident tested the processes and all staff felt safe and supported during the evacuation of Cudmore House. The Cornwall 111 service was not disrupted by the evacuation. Mr Woolcock added that the police were unhelpful and requested that KHCIC checked the cars themselves. Ms Harvey echoed that the police were ineffectual. Richard Lander School had also received a threat, and both were linked to the children's covid vaccinations. Ms Harvey was concerned the nurses would not want to do it anymore, but they have all stepped up. The evacuation was a calm process and dealt with well as an organisation.</p>
2021/89	<p>Updated Corporate Risk Register for ratification, approved by the Governance Committee:</p>

	Corporate Risk Register Ms Harvey noted there had been no updates since the last meeting although it had undergone a review. There was a need to review and reallocate Mr Bignell's risks and the Committee would be using the new risk matrix to review the risk register at the next meeting.
	Any Other Business No other business.
	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 20 October 2021 as a true and accurate record and signed by the Chair.
4. The Board approved Dr Ellery to execute the Stock Transfer Forms and for the new shares to be issued accordingly.
5. The Board approved the Corporate Social Responsibility Strategy.

FINAL COPY - RATIFIED



Signed by the Chair:

Dated: 26 January 2022