

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 26 January 2022
via Microsoft Teams Video-conferencing**

Present:	Name	
Executive Directors:	Dr Adam Ellery	Chair/ GP partner
	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 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.

	Apologies Apologies were received from Dr Katz and Dr Craze.
2022/01	Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items

2022/01a	Declarations of Interests Register There were no further declarations of interest to register.
2022/01b	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.
2022/01c	Board Attendance Register The register was noted.
2022/02	Approval and ratification of Part 1 Board Minutes of the meeting held on 24 November 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 24 November 2021 as a true and accurate record and signed by the Chair. ACTION: Miss Ignaczak to arrange for the ratified minutes from 24 November 2021 to be uploaded to the website.
2022/03	Matters Arising and Action Grid from the Board minutes of the 24 November 2021 2021/84 - Mr Francis to present an overview of the daytime 111 calls, which are re-directed to primary care. Mr Francis commented that obtaining the data had been challenging. Mr Francis explained that he had selected certain weeks over the past year and the data showed that clinicians were triaging patients and downgrading a number of them to a general practice workstream. This occurred roughly 20-50 times on an average day but there were days where this increased, the 23 January 2022 for example had 158 calls across the county with a disposition to send back to the patient's own GP. Mr Francis added that he would circulate the full report for comment. ACTION: Mr Francis to circulate the report detailing in hours 111 calls that are redirected to primary care. Dr Ellery noted that some of the calls placed on the practice list were categorised as urgent or routine and queried who selected that. Mr Francis replied that he was not aware of that and that PACCs should just allow a primary care disposition. Mr Francis wondered whether it was the result of the pathways questions that set an urgent or routine timescale adding that all the patients will have been triaged and would have had a routine primary care issue.

	<p>Dr May noted that the context was around how many calls were made to 111 in daytime hours whilst practices were open. If this was happening a lot it, would it be easier for 111 to divert the general practice enquiries directly back to GPs. Mr Francis replied that there was an additional issue that not all general practices had signed up to the 111 booking system. Discussions were being held with those practices and the team were working with digital leads as this was an area which was subject to performance management.</p> <p>Dr May noted that some practices may not have the technical ability to switch on 111 booking through their technology, adding that pre covid there was an average of 1 to 1.5 calls to 111 per practice per day. Mr Francis commented that the paper was written to take to the commissioners. Whilst travel was restricted a lot of out of county primary care was coming to Cornwall and PCNs were actively undertaking measures to mitigate against that. Mr Francis was pushing that primary care activity sat best within primary care.</p> <p>Mr Holby was concerned that 111 was making promises around call back timescales. 111 did not know what the pressures were within the practice and patients could find that 111 was a slip stream to getting a call back within a certain period. Mr Francis replied that there was no intention to book in with specific timescales, this was agreed nationally and supported by the CCG. Mr Francis felt that the problem may be within the algorithms and there was a timescale being automatically added which he would investigate from a digital perspective. Mr Holby noted that the main point was undertakings were not made to the patient by 111 on behalf of the practice. Dr Barnes added that his practice had received a few patients through from 111, with some patients calling when they hadn't heard anything within the timescale they were given. Mr Jennings commented that it was impossible to get through to the practices in his area. The non-computer savvy would use 111 to try and get through. Mr Woolcock noted that it was an interesting discussion and unfortunately there were limits to the changes that could be made to 111 nationally. The script that 111 read out was difficult to get changed and staff were only allowed to read out what the script said.</p> <p>There were no other matters arising from the meeting.</p>
2022/04	<p>General Business Update</p> <p>Primary, Community and Urgent Care Contract Reports – Operational and Quality Performance</p> <p>Mr Woolcock shared that highly qualified members of staff were having their contracts terminated with CFT due to the mandatory vaccination law. Clinicians who were not face to face were not bound by that mandatory vaccination programme. Mr Francis and Angie Cavanagh, HR Manager, had been working on an organisational statement detailing the guidelines and how Kernow Health</p>

were going to deal with them. Mr Woolcock added that the legalities of how the information was obtained and stored needed to be clear.

Mrs Wheeler commented that a presentation was given at the ICC with the human resource directors being asked to look at a system wide response to this for consistency. The staff that were affected could be redirected and Mrs Wheeler felt that 111 and OOH was the ideal location as they did not have to have face to face contact.

Ms Ridgewell-Howard commented that there had been a few troubles around this in the Duchy, with issues for GPs as well as other clinical and non-clinical staff. Ms Ridgewell-Howard added that until there was absolute clarity on the matter there should be no termination of employment before 3 February 2022. Staff members should have received two courses of the vaccine by that date and the booster was not included. The BMA were completing a piece with frequently asked questions, but this was dangerously close to the deadline and the advice at present was going to be extremely difficult for general practice to deploy without help from the system. Ms Ridgewell-Howard detailed that the difficulties would arise in relation to by staff who use the same entrance and exit as patients such as administrators, cleaners and CQC staff etc. Dr Ellery queried whether Kernow Health had many unvaccinated staff in the service.

Mr Woolcock did not believe so but the appropriate HR and legal advice about how this was asked, and the information stored needed to be clarified. A statement agreed by the Board would then be issued.

Dr Ellery asked whether this would be completed before the 2 February.

Mr Woolcock replied affirmatively.

Mr Holby commented that as a company if Kernow Health were going to accept staff who were not vaccinated, how would the staff who were vaccinated feel about being in an office with those who were more susceptible to Covid. Mr Woolcock advised that unvaccinated staff would be working remotely.

Ms Harvey commented that the team had been back in schools as of 25 January to deliver dose 2 of the covid programme and picking up any children who had not received a dose the first-time round. The pressure was high with endless returns to be completed and the expectation that all schools should be visited prior to February half term. Ms Harvey added that this would be too soon for some schools.

Ms Harvey noted that the flu vaccinations continued. Although several schools had to be cancelled before Christmas, these had now been rescheduled and the team were attending 10-12 schools per day as from 10 January with a view to finishing the flu programme by the end of February.

Ms Harvey commented that maintaining the relationship with the schools was important to ensure the team could keep going back.

Ms Harvey shared that the man responsible for the bomb scare had been jailed for 21 months.

Ms Harvey noted that the Special Allocation Service was calmer with one patient now subject to a court order. Ms Harvey had met with the commissioners to raise concerns regarding the service patient numbers and

	<p>commissioners were surprised that the figure was not higher. Ms Harvey added that two clinics a week were now being held at Cudmore for this service.</p> <p>Mr Francis shared that he had submitted a plan for development based on additional funding from NHSE, particularly around performance improvement against KPIs. This included a significant amount of work with Vocare. Mr Francis noted there had been lots of positive movement based on the development plan and Kernow Health were above and beyond targets set with the commissioners. Mr Francis added that whilst Kernow Health were meeting targets there was still a struggle with the Vocare front end.</p>
2022/05	<p>Training Hub Update</p> <p>Mrs Wheeler shared that she had been helping and supporting the system as the Acting Director of Workforce. Mrs Wheeler would be splitting her time between the two roles until the end of March 2022.</p> <p>Going forward Mrs Wheeler would be focusing on bringing a programme of work to the Board and would like the Board to help engage practices and colleagues to have an awareness of what programmes were available. There were lots of upcoming opportunities including working with Health Education England on gender equality and linking into the Primary Care School.</p> <p>Mrs Wheeler explained that there was an upcoming virtual recruitment event which would include a push on Primary Care vacancies. Each ICA area would be promoted, and Pam Smith would be promoting working in Cornwall. There would be support available to assist with relocation.</p> <p>Excellence in Practice was going from strength to strength, with analyst and back-office support functions now available. Mrs Wheeler was hoping to go out to advert for the Finance support soon.</p>
2022/06	<p>System Updates</p> <p>ICS Development</p> <p>Dr May noted that the start date for the ICA had been pushed back to July. The main aspect would be how the ICS adopted a Primary Care input into its structure and Board development. At present the plan was to have only one GP on the Board.</p> <p>The job description for the Managing Director of each ICA detailed that it must be a GP who would carry the accountability and responsibility of how services and budgets were commissioned. They would be managed by a Lead Clinical Director, and it was expected that out of the three Medical Directors one would then sit at the ICA Board. Dr May noted that there was not yet definition around what the Clinical Director roles would look like. Verbal sign off had been completed by John Govett and Carolyn Andrews that the right people would need to be pitched at the right remuneration and Dr May felt that to attract the</p>

	<p>right pool of applicants it should be a two day per week role with financial flexibility to support any additional work.</p> <p>Mr Woolcock noted that the other system roles were out to advert which would have an impact on Carolyn Andrews and Kieran Bignell.</p> <p>Dr May replied that everyone should be mindful that there would be a number of colleagues who would be stressed about their future positions.</p>
2022/07	<p>Regulatory Reports</p> <p>CQC Ms Harvey commented that there would be suspended inspections for anyone supporting the booster programme and that would continue through to the end of January.</p> <p>EPRR Mr Woolcock shared that Ray Dawe had tendered his resignation and would leave Kernow Health on 31st January. Mr Francis would be looking at how the role could be absorbed without the need to employ a new staff member.</p>
2022/08	<p>Corporate Risk Register for ratification, approved by the Governance Committee:</p> <p>Corporate Risk Register Ms Harvey noted that Corporate Risk Register had been circulated to the Board and welcomed any queries.</p> <p>AGREED: The Board approved and ratified the Corporate Risk Register.</p>
2022/09	<p>Policy Ratification</p> <p>The Board was asked to ratify the following policy, which had been robustly reviewed and agreed virtually by the Governance Committee.</p> <ul style="list-style-type: none"> • Acceptable use Policy V2.0 <p>AGREED: The Board approved and ratified the Acceptable use Policy V2.0.</p>
2022/10	<p>Any Other Business</p> <p>No other business.</p>
	END OF PART 1

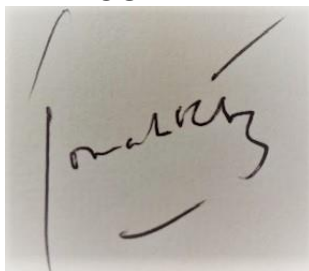
AGREED/ DECISIONS:

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 24 November 2021 as a true and accurate record and signed by the Chair.
4. The Board approved and ratified the Corporate Risk Register.
5. The Board approved and ratified the Acceptable use Policy V2.0.

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Signed by the Chair:

Dated: 05.05.22