

## 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 28 July 2021 via Microsoft Teams Video-conferencing

<b>Present:</b>	<b>Name</b>	
<b>Executive Directors:</b>	<b>Dr Adam Ellery</b>	Chair/ GP partner
	<b>Dr Jonathan Katz</b>	Medical Director
	<b>Mr Mark Woolcock</b>	CEO, Kernow Health CIC
	<b>Ms Maria Harvey</b>	Director of Integrated Community Care Services
	<b>Mr Kieran Bignell</b>	Director of Integrated Urgent Care Services
	<b>Mrs Laura Wheeler</b>	Director of Integrated Primary Care Services
	<b>Mrs Tyra Fox</b>	Director of Corporate Services
<b>ICA Director and Deputy Representatives:</b>	<b>Dr Andy May</b>	ICA Board Director Member representing Central Cornwall/ PCN Clinical Director/ GP partner
<b>Non-Executive Directors:</b>	<b>Mr Stephen Holby</b>	Non-Executive Director/ Managing Partner, Carn to Coast Health Centres
	<b>Mr Gary Jennings</b>	Independent Non-Executive Director
<b>In Attendance</b>	<b>Ms Emma Ridgewell-Howard</b>	CEO of Kernow LMC
	<b>Ms Jemma Ignaczak</b>	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.

2021/49	<b>Apologies</b> Apologies were received from Dr Malcolm McKendrick and Dr Andrew Craze.
2021/50	<b>Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items</b>

2021/50a	<b>Declarations of Interests Register</b> There were no further declarations of interest to register.
2021/50b	<b>Conflicts of Interest for Part 1 Agenda Items</b> <b>AGREED:</b> 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.
2021/50c	<b>Board Attendance Register</b> The register was noted.
2021/51	<b>Approval and ratification of Part 1 Board Minutes of the meeting held on 23 June 2021</b>  <b>AGREED:</b> 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 23 June 2021 as a true and accurate record and signed by the Chair.  <b>ACTION:</b> Ms Ignaczak to arrange for the ratified minutes from 23 June 2021 to be uploaded to the website.
2021/51a	<b>Matters Arising and Action Grid from the Board minutes of the 23 June 2021</b>  <u>The following actions were completed and closed:</u>  2021/47 - Mr Bignell to report back to Board the outcome of his meeting with PHE regarding RMS returning to Cudmore.  The action grid was updated and completed actions closed.  There were no other matters arising from the meeting.
2021/52	<b>Policies and updated Corporate Risk Register</b>  <b>Policy Ratification</b> 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. <ul style="list-style-type: none"> <li>• Incident Reporting Policy v4.0F</li> <li>• Mandatory and Statutory Training Plan v1.0F</li> <li>• Safeguarding Policy v1.0F</li> <li>• DBS Policy v3.0F</li> </ul>

	<ul style="list-style-type: none"> <li>• Risk Register v5.1</li> </ul> <p>Mr Holby mentioned for consideration that he would have expected to see a list of the safeguarding training levels required for different staff groups within the Safeguarding Policy.</p> <p>Ms Harvey replied that there were 4 levels of training and would consider adding this to the policy.</p> <p>Mr Holby added that it may be something that the CQC would like to see.</p> <p>Dr May commented that he believed that level 4 safeguarding training was relevant to hospital level consultants only.</p> <p>Ms Ridgewell-Howard commented that the LMC had sat in on a CQC practice inspection recently where level 4 safeguarding training had been requested. The LMC had sought further advice and were awaiting confirmation that level 4 was not a requirement from the CQC.</p> <p>Mr Woolcock noted that KHCIC were going to request that Jill Churchill, the Safeguarding and Quality Lead, complete the level 4 safeguarding training. Mr Woolcock further noted that KHCIC prefers to go above and beyond the basic requirements within their policies, so the basic requirements were not always listed.</p> <p>Ms Harvey commented that there was nothing new to note on the risk register.</p> <p><b>AGREED:</b> The Board approved and ratified the Incident Reporting, Mandatory and Statutory Training Plan, Safeguarding and DBS Policies.</p>
2021/53	<p><b>Board Assurance Framework</b></p> <p>Mr Woolcock commented that following a review the Board Assurance Framework was found not fit for purpose with no clear flow through the KHCIC committees. Mr Woolcock added that the Board Assurance Framework had been redesigned to allow for the flow of information and the assurance that any item of significance will now reach the KH Board. Each committee now has a Terms of Reference and the Board should feel assured.</p> <p>Dr Ellery queried whether the Board Assurance could be tested to provide further assurance to the Board.</p> <p>Mr Woolcock replied that it could be but felt that the process was tested daily, and the minutes were carried through each of the committees and up to the Board. To provide further reassurance the new process meant that recently an incident was reviewed, overturned, and upgraded to an SI following the flow of information.</p>
2021/54	<p><b>Covid 19 - planning for business as usual</b></p> <p>Mr Bignell confirmed that the CCG were not planning to return their staff to Cudmore House at scale.</p>

	Mr Bignell noted that the Covid challenge continued with cases rising in both the community and hospital. A piece of system work was being undertaken from a 111 perspective to review where hot clinics would be based. PPE supplies were good. Mr Bignell felt that the service was in a strong position, however, like many others were becoming victims of the 'pingdemic' with staff isolating and going through the testing process. Extra staff were in place and the team were working hard.
2021/55	<b>KH HQ training</b>  Mrs Fox noted that it was important to complete the outstanding training and increase the current figures to 100% to comply with the CQC. Mrs Fox added that if training had been completed via the Practice to please send copies of the certificates to her or Ms Ignaczak. Mr Holby noted that most practices use Bluestream and there may be an option to provide a link so that KHCIC can view the items completed.  Dr Katz reiterated the importance of being training compliant.
2021/56	<b>Any Other Business</b>  Dr Ellery informed the Board that Mrs Fox would be leaving KHCIC at the end of August. Dr Ellery thanked Mrs Fox for all her support and wished her all the best in the next stage of her career.
	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 23 June 2021 as a true and accurate record and signed by the Chair.
4. The Board approved and ratified the Incident Reporting, Mandatory and Statutory Training Plan, Safeguarding and DBS Policies.

**FINAL COPY - RATIFIED**



Signed by the Chair:

Dated: 22 September 2021