

## 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 Monday 23 November 2022 via Microsoft Teams Video-conferencing

<b>Present:</b>	<b>Name</b>	
<b>Executive Directors:</b>	<b>Dr Andrew Craze</b>	Chair
	<b>Mrs Laura Wheeler</b>	Director of Integrated Primary Care Services
	<b>Dr Jonathan Katz</b>	Interim CEO/Medical Director
	<b>Mr Kieran Bignell</b>	Director of IUCS
<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>Dr Lawrence Barnes</b>	ICA Board Director Member representing North and East Cornwall/ 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>Mrs Jemma Ignaczak</b>	Executive Assistant (Minute Taking)

#### CHAIRMAN

Dr Andrew Craze 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.

2022/90	<b>Apologies</b>  No apologies were received.
2022/91	<b>Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items</b>

2022/92	<p>Ms Ridgewell-Howard noted that Dr Bruce Hughes was now a non-executive Director of Devon Doc as a GP was required for the HUC takeover.</p> <p><b>Declarations of Interests Register</b> Dr Craze asked that members who no longer attended the Board were removed from the register. Dr Craze added that he was no longer a GP Partner at Leatside Surgery or a Clinical Director for North Kerrier East PCN.</p>
2022/93	<p><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.</p>
2022/94	<p><b>Board Attendance Register</b> The register was noted.</p>
2022/95	<p><b>Approval and ratification of Part 1 Board Minutes of the meeting held on 26 October 2022</b></p> <p><b>AGREED:</b> Following a preview of the minutes by Dr Katz, Dr Craze and Mr Holby, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 26 October 2022, as a true and accurate record and signed by the Chair.</p> <p><b>ACTION:</b> Mrs Ignaczak to arrange for the ratified minutes from 26 October 2022 to be uploaded to the website.</p>
2022/96	<p><b>Matters Arising and Action Grid from the Board minutes of the 26 October 2022</b> The action grid was noted.</p>
2022/97	<p><b>General Business Update</b></p> <p><b>Primary, Community and Urgent Care Contract Reports – Operational and Quality Performance</b></p> <p>Mr Bignell noted that the IUC Service currently had good rota fill and performance. The contract extension mobilisation work with HUC was going well and the staff shortage issues had been rectified by successful recruitment. Mr Bignell added that the technology workstreams were vast, but the Kernow Health IT team had stepped up. Importantly from a data analytics perspective Kernow Health would have greater autonomy moving forward.</p> <p>Mr Bignell noted that Kernow Health were now partaking in the winter planning meetings on a daily basis, and this offered a reputational benefit. The meetings had a little way to go before they were a fully system rounded group. Mr Bignell</p>

added that the Single Virtual Contact Centre (SVCC) discussions continued but there was no draft specification yet.

Ms Harvey noted that the immunisations team would shortly be starting the flu vaccinations for years 7, 8 & 9. Numerous letters had been issued out to parents with children in years 10 & 11 asking them to contact their GP to book in tetanus, diphtheria and polio, meningitis ACWY and HPV vaccines. The immunisations team were receiving many requests from parents to book vaccination appointments as their GP was declining. Ms Harvey confirmed that clarification would be circulated to practices from Rich Turner at the LMC. School immunisations had been picking up and completing those vaccinations where possible.

Mrs Wheeler shared a locum support poster on screen. This was largely focused on increasing capacity in general practice and had been circulated to practices. A significant number of locums were currently working through the Kernow Health staff bank as this provided them with a community, peer support and access to mandatory training etc. This had made a massive difference in the fulfilment of bank shifts so far.

Mrs Wheeler added that her team had been working on the specialist skills visa which had replaced the tier 2 visa. This was being promoted outside of the county with the offer of an annualised hours contract with Kernow Health. Mrs Wheeler noted that it was important for a newly qualified GP to be able to locum at various practices in order to find an area that they liked. Unfortunately, a locum position did not qualify the GP for a visa and Mrs Wheeler felt this was inequitable. Kernow Health had a unique position as a CIC to offer sponsorship and an annualised hours contract whilst placing GPs onto the staff bank as a locum. The hope was that the GP would then settle in Cornwall. Mrs Wheeler added that this was a unique selling point for Cornwall, and this had been promoted on social media.

Mrs Wheeler confirmed that there had been lots of success with recruitment campaigns for GPs. There were 421 GPs in 2018 and 442 in 2022 so Cornwall were 21 GPs up. Mrs Wheeler acknowledged that it may not feel like there was an increase and this was due to a number of GPs choosing to work part time. Mrs Wheeler felt that it would be interesting to look at the dynamics and changes to the way that GPs were choosing to work in Cornwall.

Mrs Wheeler noted that the Practice Managers Conference the previous week had been a success with great feedback received. There had been people considering leaving the profession who had a change of heart after attending the conference. Mrs Wheeler thanked the LMC for their instrumental part in the conference.

Ms Ridgewell-Howard replied that the LMC were not instrumental, and the conference would not have gone ahead without the financial support of Kernow Health and the support from its staff.

Mrs Wheeler added that the conference had allowed for further discussion around the practice managers apprenticeship programme. The process was

	<p>taking a long time and Kernow Health had asked if it could put together a local offer with Truro and Penwith College.</p> <p>Mr Holby noted that communication should be sent to shareholders regarding the offer for incoming overseas GPs. There was a need to communicate in a way that made it clear that Kernow Health were not competing with GP surgeries; additionally, to be careful not to upset the employed GPs who may perceive that the locums offer was better than their current position. Mrs Wheeler replied that the offer was for the benefit of practices as the GPs were not working for Kernow Health and were based in the practices. Mr Holby reiterated that it was about getting the right message out.</p> <p>Mrs Wheeler noted that protected learning time was raised at the practice managers conference and the ICB should be encouraged to properly fund and structure it. Currently practices had to submit a request to close. A package had been submitted for protected learning time.</p> <p>Mrs Wheeler noted that the Excellence in Practice (EiP) team continued to work on the estate's toolkit along with various other programmes. The back-office functions were being promoted through EiP and Ian Bailey was currently compiling a HR service level agreement (SLA) which incorporated a recruitment offer. Two practices had shown an interest in the HR SLA, and this would be a potential source of income for Kernow Health.</p>
2022/98	<p><b>System Updates</b></p> <p>Dr Barnes noted that extended hours (now 'enhanced access') remained an issue with apparent inequity across networks leading to frustrations.</p> <p>Dr May confirmed there was nothing to report from the central area but did appreciate Dr Barnes' point regarding the process within the ICB. Dr May added that he had queried whether there had been any movement within the ICB on LIVIs role within practices. The ICS had given specific instructions that LIVI could be used to support in core hours, but the ICS would not provide any funding for any other core services to support in hours care. This had put LIVI in a very good position and Dr May was not sure that was legal. The ICS would not fund any additional in-practice GP hours as they were unsure whether they could trust the practices. Dr May added that, if the ICS were happy to provide funding for LIVI, then maybe there was an opportunity for Kernow Health to offer support to GPs in hours.</p> <p>Ms Ridgewell-Howard agreed and confirmed the LMC had called out the inequity. The Primary Care Operations Group had a detailed description of what each PCN had offered. The LMC had requested that the detail was shared across the PCNs so that each one was aware what the others were doing. The information was not commercial in confidence and if the ICS had not yet asked practices, then she would request this again.</p> <p>Ms Ridgewell-Howard noted that remote providers other than LIVI should be made available; having only one provider increased risk if an outage was to</p>

	<p>occur. These issues needed to be worked through as winter was fast approaching.</p> <p>Mrs Wheeler explained that she had been approached to create a 'Cornish LIVI' and work was underway in the background. It was important to get the terms and conditions correct to ensure it did not sound too attractive. Mrs Wheeler added that the logistics of remote working were still under discussion.</p> <p>Dr May confirmed that within the CD group that the PCNs accepted extended hours had been largely shared. No one was feeling protective of the information but equally no one had requested that it was shared for wider inspection.</p> <p>Ms Ridgewell Howard confirmed that she would chase the action.</p> <p>Dr May queried whether anything had been said to the LMC regarding the one-sided contractual arrangement with LIVI.</p> <p>Ms Ridgewell-Howard replied that it was only mentioned that the situation would be reviewed.</p> <p>Dr May noted that there was a quite polarised view regarding LIVI across the PCNs. Some practices were using LIVI through necessity around workforce issues, but the larger body of general practice were concerned that LIVI were the thin end of the wedge who were looking to get in the back door of general practice work using a limited resource. Dr May felt that a commission through Kernow Health would be a good alternative.</p> <p>Ms Ridgewell-Howard noted Mr Holby's point regarding the attractiveness of a 'Cornish LIVI' to the established local GP workforce. The LMC had raised a word of caution that it may destabilise front facing general practice.</p> <p>Mrs Wheeler agreed and confirmed that care was being taken over the agreements and terms and conditions. The aim was to have hybrid working to ensure it could not be seen as an easy option.</p>
2022/99	<p><b>Regulatory Reports</b></p> <p><b>CQC</b> Nothing to report.</p> <p><b>EPRR</b> Mr St Leger-Francis noted that the EPRR Assurance process was complete and had been submitted. Mr St Leger-Francis was pleased to report that Kernow Health were fully compliant across all domains with the submission commended in all areas and therefore being used as an example of what good practice looks like. Mr St Leger-Francis thanked Ellen Brown who completed the piece of work.</p> <p><b>Home Office</b> Nothing to report.</p>

2022/100	<p><b>Corporate Risk Register for ratification, approved by the Governance Committee:</b></p> <p><b>Corporate Risk Register</b>  Ms Harvey confirmed that there had been a couple of updates since the previous Board. KH/40 Loss of Sessional GPs had reduced now that Kernow Health had been given classic status by NHS Pensions. KH/42 Industrial action had been reduced but may increase again once decisions around nurse strikes had been confirmed. Agency costs and pension risks remained at 16 as the risks were still significant.</p> <p>Mr Holby queried whether the further actions for KH/41 were correct.  Mr Bignell replied that there was a tenable link.  Mr Holby noted it may be pertinent to have something additional recorded.</p>
2022/102	<p><b>Policy Ratification</b></p> <p>The Board was asked to ratify the following policies, which had been robustly reviewed and agreed by the Governance Committee.</p> <ul style="list-style-type: none"> <li>• Maternity, Paternity, Adoption &amp; Shared Parental Leave Policy v2.0</li> <li>• Meds Management Policy v2.0</li> <li>• Appraisal Policy v4.0</li> </ul> <p>Mr Holby noted that the Meds Management Policy contained a different definition of Patient Specific Direction (PSD) on page 4 and on page 9. It was agreed that this could be resolved without further reference to the Board and the policy should be deemed to have been ratified.</p> <p><b>AGREED:</b> With the amendments above the Board approved and ratified the Maternity, Paternity, Adoption &amp; Shared Parental Leave, Meds Management and Appraisal Policies.</p>
2022/103	<p><b>Any Other Business</b>  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 Katz, Dr Craze and Mr Holby, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 26 October 2022, as a true and accurate record and signed by the Chair.
4. With the amendments above the Board approved and ratified the Maternity, Paternity, Adoption & Shared Parental Leave, Meds Management and Appraisal Policies.

**FINAL COPY – RATIFIED**

Signed by the Chair:



Dated: 21 December 2022