

## 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 22 February 2023 via Microsoft Teams Video-conferencing

<b>Present:</b>	<b>Name</b>	
<b>Executive Directors:</b>	<b>Dr Andrew Craze</b>	Chairman
	<b>Dr Jonathan Katz</b>	Interim CEO/Medical Director
	<b>Mrs Laura Wheeler</b>	Director of Integrated Primary Care Services
	<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>Mr John Ball</b>	Head of Digital
	<b>Mr Adam Wallis</b>	Business Intelligence Analytics Lead
	<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.

2023/23	<b>Apologies</b>
	Apologies were received from Maria Harvey.
2023/24	<b>Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items</b>

2023/25	<p>There were no new interests to declare.</p> <p><b>Declarations of Interests Register</b> The Declarations of Interests Register was noted.</p>
2023/26	<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>
2023/27	<p><b>Board Attendance Register</b> The register was noted.</p>
2023/28	<p><b>Approval and ratification of Part 1 Board Minutes of the meeting held on 25 January 2023</b></p> <p>Page 4 – Replace Chris Reed with Chris Reid Page 5 – Replace opal and black with opel black</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 25 January 2023, 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 25 January 2023 to be uploaded to the website.</p>
2023/29	<p><b>Matters Arising and Action Grid from the Board minutes of the 25 January 2023</b></p> <p>2023/09 – Mr Bignell to circulate 2 recent SEG papers to Board members. Mr Bignell confirmed that he had circulated. Close.</p> <p>2023/09 – Ms Ridgewell-Howard to issue information regarding care hotels out to practices. Ms Ridgewell-Howard confirmed that this had been completed via the GPAS report. Close.</p>
2023/40	<p><b>General Business Update</b></p> <p>Mrs Wheeler confirmed that there had been requests to expand EiP into Devon. At present practices were approaching individuals to complete work but would prefer a coordinated approach. Mrs Wheeler was working with Paul Green at Devon ICB to see how this could be coordinated. The current EiP</p>

team could be utilised as members were based in north Cornwall/Devon. Mrs Wheeler felt that this was a good business development opportunity. Mrs Wheeler noted that there had been a regional meeting with the ICS leader to look at the education strategy run by HEE. Kate Shields and Patrick Wier had represented Cornwall. Education across the whole of the southwest was reviewed including changes in CPD etc. Mrs Wheeler felt that this had been a useful meeting from a collaborative perspective.

Mrs Wheeler noted that the Collaborative Board had reached agreement on both the terms of reference and meeting frequency. The principle was that services were commissioned through Kernow Health at the request of the CDs. A meeting would be held with Andrew Abbott and the ICB team to discuss how the Collaborative Board fit into the system.

Mr Bignell confirmed that the relationship with HUC was in full swing, however December was a difficult month due to increased strep call volumes. In December 2017 16k calls were received, this had risen to 33k calls in December 2022. Mr Bignell added that NHS England were completing some regional monitoring and were forecasting 80k additional calls over 2023. The HUC trajectory was promising and was in line with national performance.

Mr Bignell noted that Cornwall's validation work had been recognised regionally. The category 2 A & B trial was continuing successfully. Mr Bignell added that there had been an ask for Kernow Health to provide regional support and the opportunity to expand this further would be very lucrative.

Mr Bignell confirmed that the system admission avoidance work continued, and he was trying to drill down what admission avoidance actually was. Mr Bignell was completing a piece of work to achieve further understanding and to begin shaping up an offer.

Dr May queried whether the increased activity with HUC would expose Kernow Health to a financial risk.

Mr Bignell replied that it did not as HUC were not able to answer the presented calls, it could have a financial impact in the future, however. From a population perspective Kernow Health had started conversations as it did not want patients sat on unanswered calls.

#### **Data Dashboard Showcase**

Mr Wallis noted that he was developing an in-house business intelligence (BI) solution to help increase performance and provide further information to stakeholders.

*Mr Wallis shared his reports on screen.*

Mr Wallis commented that he had created this within Microsoft power BI, which was easy to roll out with access granted on a user-by-user basis. This avoided the need to email reports. Mr Wallis added that the reports were interactive and provided the user with the ability to seek the data they required. Users could

	<p>fire up insights and would be provided with some brief narrative around the graphs on screen.</p> <p>Mr Wallis noted that the ARI activity was required by the system and the ICB had direct access to the report. This was taken to the national group and no other organisation was able to display data at this point. The strep and ARI cases could be displayed by day or week and included where the cases came from, for example 111 or primary care and could be filtered by outcome.</p> <p>Mr Wallis noted he could provide Board members with access to the reports. Mr Wallis was currently working on a HR dashboard.</p> <p>Mr Bignell commented that he had been trying since 2017 to get Kernow Health's data to this level of presentation and user interface ability. These dashboards shine in comparison to others in the system. Mr Bignell had been part of a conversation at the last Collaborative Board regarding these reports and how they could support primary care with data. St Agnes surgery had granted permission for Kernow Health to use the data directly from SystmOne.</p> <p>Dr Barnes noted that this was a brilliant source of information. Dr Barnes added that within EMIS there was a workload tool, but it was all predicted based on what had been entered into EMIS. Dr Barnes queried how much manual input the dashboards would require.</p> <p>Mr Wallis replied that the for the IUCS report all data was received by HUC and fed into the dashboard via an automatic flow that he had created. There was no need for daily data entry.</p> <p>Ms Ridgewell-Howard commented that the GPAS data published each week was powered by BI software, however she had to sit and enter the information into a formal report. Ms Ridgewell-Howard would like to be kept in the loop regarding any primary care dashboards as the LMC did not wish to duplicate. The GPAS had a national purpose behind it as well as a local one.</p> <p>Dr Craze queried whether this would work for EMIS and SystmOne data.</p> <p>Mr Wallis replied that it would, he just required access to the data.</p> <p>Mr Holby noted that he would be interested in looking at it from EMIS perspective. The practices and therefore shareholder members very much needed to be able to show the system just what levels of activity there were. Mr Holby added that this unfortunately required a great deal of work by the practice, and it would be useful to pilot the dashboard to see how it could be set up to optimise what practices were already doing; it was important to ensure activity was not under recorded. There was no appreciation in large parts of the systems of the current workloads of practices.</p> <p>Mrs Wheeler commented that she had been speaking with practice managers regarding workloads and staff turnover etc and felt from a workforce perspective the data would be really useful.</p>
2023/41	<p><b>Digital Strategy Update</b></p> <p>Mr Ball commented that he had made the Digital Strategy a priority upon joining Kernow Health. There were a few standards which needed to be</p>

evidenced including the NHS Long Term Plan 2019 and the What Good Looks Like Framework 2020. Mr Ball noted that these had been described in detail within the document along with a timestamp for where Kernow Health were at present. The document set out how Kernow Health could meet the depictrers and where Kernow Health would be in 3 years' time if the pieces of work were completed. Mr Ball added that there was a roadmap of what needed to be implemented and the implementations had been worked up over the past year.

Mr Ball commented that the document described how Kernow Health would have internal BI services, including population health management. A Digital Committee had been implemented with Director level involvement in the digital projects.

Dr Craze noted that this was a great document and queried how Kernow Health compared to similar organisations.

Mr Ball replied that as a CIC Kernow Health had a lot of freedoms that bigger trusts did not have. The N365 suite had revolutionised digital, and a wealth of products were available to Kernow Health which was trailblazing in many ways. Dr Craze noted that this was encouraging.

Mr Bignell commented that this was an excellent document, and it was positive to see strategic documents coming through to the Board. It was a shame that Kernow Health were already a third of the way into the roadmap. Mr Bignell added that it was really important to see the next steps and the services that should be built into the annual operating plan.

Dr May commented that he would like to see it separated out slightly to state what things Kernow Health needed to do, what the tools looked like and what was needed in place to deliver the functions. The digital strategy did not mean that Kernow Health would be well led, it was the actions taken with the tools available that would determine this. Dr May added that it should be clear within the digital strategy, what have Kernow Health got, who is trained, what was missing, what would be put in place, and what it would deliver. The digital strategy could be a little more binary.

Mr Ball noted that perhaps the digital strategy had morphed into something it was not meant to be. Me Ball was happy to review the document with Mr Jennings and Mr Bignell to see how the suggestions could be implemented. Mr Bignell noted that this was where the annual operation plan and digital strategy collided. This strategy was digitally specific and digitally well led so Mr Bignell wondered whether it was a wording issue.

Mr Jennings commented that the Digital and BI Committee had talked about the strategy and digital plan of the organisation as a whole. What good looks like was very much about the enablers. Mr Jennings would take on board Dr May's comments and aim to add further clarity.

Mr Holby commented that when looking at things from the digital side, it was important to identify what Kernow Health lacked and what steps would be most useful. The digital strategy should be about what Kernow Health needed as an organisation and the drive should come out of what it needed to prioritise out of digital.

Mrs Wheeler commented that the strategy had been presented in isolation and would be better reviewed at a Board away day where all strategies could be

	<p>reviewed together. The operating plan was more than an operation plan and it had 3 other strategies underpinning it. Mrs Wheeler noted that there had not been a Board away day for some time and this was needed to look at the future of the company.</p> <p>Mr Bignell queried whether the Board would like to see the strategy again or if members were happy that this went back to the Digital Committee.</p> <p>Mr Holby queried how priorities would be made within the framework. The statement in the introduction that assumed the NHS 2019 framework would achieve its goals was simply untrue and there was a need to be clear what could be done with the resource available.</p> <p>Mr Bignell confirmed that Kernow Health needed to meet the What Good Looks Like Framework. Mr Bignell proposed that this came to Board on an annual basis to review the progress.</p> <p>Mr Ball noted that the digital strategy could not keep up with what Kernow Health were doing as an organisation. The strategy was the framework needed for the next few years and the operational plan would have multiple things week in week out that would be completed even though they were not on the strategy.</p>
2023/42	<p><b>System Updates</b></p> <p>Dr Craze noted that there had been a delay in the induction process and therefore the representative from the west would join the Board in March</p> <p>Dr Barnes commented that they were working with the Managing Directors of each ICA area to ensure that general practice was captured within the system planning around models of care and training etc. Dr Barnes noted that it was quite interesting that the ICB had not involved primary care in these discussions to date.</p>
2023/43	<p><b>Regulatory Reports</b></p> <p><b>CQC</b> Dr Katz noted that the CQC were looking at how partners were working together within the system. Mr Bignell confirmed that he had picked this up at a system group that CQC attended. It was likely to be a short notice thing.</p> <p><b>EPRR</b> Nothing to report.</p> <p><b>Home Office</b> Nothing to report.</p>
2023/44	<p><b>Corporate Risk Register for ratification, approved by the Governance Committee:</b></p> <p><b>Corporate Risk Register</b></p>



	<p>Dr Craze noted that the annual average leave payments were a new risk. Mrs Wheeler commented that the way Kernow Health had been calculating annual leave payments was not correct. Mrs Wheeler confirmed that Kernow Health were now legally compliant moving forward.</p> <p>Dr Craze queried whether this was a risk to be worried about going forward. Mrs Wheeler replied that it was a financial risk, but Kernow Health were required to be compliant.</p> <p>Mr Bignell noted that the ambulance delays risk needed to be slightly more dynamic as it changed day on day. Mr Bignell added that the risk owners also required review with clear guidelines around who could hold risk on behalf of the organisation.</p>
2023/45	<p><b>Policy Ratification</b></p> <p>Mr Holby noted that the Compliments, Complaints &amp; Feedback Policy was a very confusing document. It did not seem to have a clear idea and contradicted itself. Mr Holby added that the Code of Conduct Policy referred to other policies and queried whether the policies that this policy referred to had been checked for potential conflicts.</p> <p>Mrs Wheeler agreed with Mr Holby's points and noted that there was a need to review the policies collectively and streamline them. The capacity had not been available to complete this and it may be that there was a requirement to bring in an external person to complete this for Kernow Health.</p> <p>Mr Bignell noted that the Code of Conduct Policy had a co-dependency on 6 other policies and wondered whether there would be a benefit to amalgamating these into 1 larger policy. There were currently around 50 policies.</p> <p><b>AGREED:</b> The Board agreed that the Compliments, Complaints &amp; Feedback and Code of Conduct Policy would not be ratified.</p> <p><b>ACTION:</b> Mrs Ignaczak to refer the policies and feedback to Ms Harvey and Laura Manolchev.</p>
2023/46	<p><b>Any Other Business</b></p> <p>There was 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 25 January 2023, as a true and accurate record and signed by the Chair.
4. The Board agreed that the Compliments, Complaints & Feedback and Code of Conduct Policy would not be ratified.

**FINAL COPY – RATIFIED**

Signed by the Chair: 

Dated: 26.04.23