

*CEO Report to
Board
November
2023*

PART 1

Private & Confidential

Meeting Title:	Board Meeting	
Report Title:	Chief Executive Officer and Director's Report – Part 1	
Lead Responsibility:	Jan Randall, Chief Executive Officer	
Meeting:	Date: 22 nd November 2023	Agenda Item: Part 1
Authors		
Name	Title	Sections
Jan Randall	Chief Executive	Overview introduction Service Assurance Issue Mitigation by Exception The Strategic Landscape Health and Safety Strategy and Growth Seasonal, e.g., Winter
Maria Harvey	Director of Integrated Community Care Services	School Age Immunisation Service CEDS (Physical Monitoring) Special Allocation Scheme
Laura Wheeler	Director of Integrated Primary Care Services	Integrated Primary Care
Jo St Leger-Francis	Head of Integrated Urgent Care	IUCS update
Dr Paul Cook	Interim Medical Director	Verbal Assurance
Purpose of the Report	<ul style="list-style-type: none">- To provide assurance in advance of the meeting- Enable reflection of areas for assurance and challenge under stewardship- Give oversight and clarity over different areas of the business.- Describe highlights and lowlights.- Describe action plans.- Confirm risks and ask for amendments, inclusions for ratification.- Reduce the need to minute most of the meeting to save valuable resources.	
Position Statement	November 2023, first draft format of the report to the Board. Guidance – rules – if it is highlighted it means that a director wishes to verbally discuss at the board within this section.	

Purpose	For Information: Items for information will not be allocated time for consideration within the meeting	To Note/ Receive / Ratify: For Assurance and to be acknowledged as approved	Decision: To agree a course of action to be taken	For Approval: For debate by the meeting and decision taken
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Section 1 – Overview

Firstly, I wish to share my gratitude for the warm welcome to KHCIC and the wider system from the Board, Directors, and the team.

This is the first board report as CEO at KHCIC, the format represents an assurance summary that will improve over time, including a members and internet version for sharing (not business confidential) and a subsequent detailed Board only section, for now it is one report that I will split for the minutes. The aims of the report are:

- To provide assurance in advance of the meeting
- Enable reflection of areas for assurance and challenge under stewardship
- Give oversight and clarity over different areas of the business.
- Describe highlights and lowlights.
- Describe action plans.
- Confirm risks and ask for amendments, inclusions for ratification.
- Reduce the need to minute most of the meeting to save valuable resources.

It is week four of my role (as at writing) my summary so far is, honestly and transparently given, not personal, and it will be recognised as words said to me (evidenced) as well as witnessed. It is imperative that this information is retained for the Board Members only to ensure that we plan effectively and deliver professionally. Our reputation depends on this. I am sure that this is already known information to you all.

The organisation tends to split into 3 segments, driven by defined leadership roles that have concentrated on their parts of the business. This is expected and positive on concentrating on the customer, patients, and members and now we are breaking down that segmentation to work horizontally. By bringing together for a joint strategy, we are already seeing a shift in language and understanding in terms of Primary Care and what we can all state we do to support our members and our joint patients. I am pleased to see both theory and practical brought into work in many areas and a start to a culture shift.

Culture shifts take 18 months to two years and is lead from the Board downwards, we have a head start by having professional roles in place that can now be also directed to look inward as well as outward. This sits within the skills of the teams that we have and how we utilise them for the benefit of the organisation and wider. These culture improvements are valuable to patient services yet need to be fully embedded and there is always room for the continuation of good practice and improvements. Whilst we level up our members, we too need to do the same.

Whilst our 3 strands of the business are set by title, a plan of true integration is needed, with system partners, and this brings the prospect of real health system wide collaboration. Primary Care is further along that journey than others and this advancement will help to level up the rest of the business. I have met with the CEOs of RCHT, CPFT and gained agreement and assurance that we are not at risk from either party, and all agree on system working and there being space for all of us in the system. I will be seeking a signed partnership agreement to cover this.

Financially, we will soon be working through a single system (Xero), manual work is being followed and we will soon be able to utilise the tools available to us, which is a big improvement on the systems and processes from our previous provider. RCHT finance is built for trusts and not for organisations of our size. Direction has been provided to:

- Set I&E budgets by Service contract from 24/25
- Budgets set in Xero so that a variation report can run by MTD and YTD and variances explained.
- We will create efficient budgets, where all leaders know what their finances are in line with their processes.
- Financial policy updates to match Wyfields processes in Xero and Approval Max
- Revision of the Terms of Reference of the F&R to be Finance, Performance and Remuneration.
- Full drugs review, formulary update and cost savings
- Procurement processes embedded, including costs.

These are purely some of the financial ones above.

- Incident management and PSiRF forms automated with real time reporting.
- Electronic forms created that move onto the next person and summarises action – reduces man hours.
- Full asset register creation for asset lock split by IT, non-IT and data held.
- We will brand so patients know who we are and how we are the General Practice working together.

There are many more....

We can grow in the right places, to integrate across partners, to ensure that we are effective in the system resources that exist and reduce competition, remove duplication and driving collaboration.

In addition to this, I want to add today at the board that our staff are our greatest asset and I it is a pleasure and privilege to work with and to work together with many talented and hardworking individuals and teams. We do have the opportunities for productivity improvement in some areas of the business and to make the improvement in both our skills, deliverables, and maturity. It has also been frustrating, challenging and sometimes we have had head in hands moments, they will continue as we work as a team unearthing any issues or risks and working to mitigate those. I am pleased to say that we will see these reduce as we move forward. What has been **in the past**, will be continually improved effectively.

My aims include to secure our future through integrated and collaborative working. This includes.

- Putting General Practice membership as a key relationship across KHCIC
- Branding improvements
- Strategic partnerships with trusts, providers including partnership agreement.
- Collaborative way of working across C&IoS

Let us remind ourselves of the achievements that have made at KHCIC and be proud of them. We need to celebrate success better than we currently do and we will build on staff recognition.

This month the aim is to baseline as much as possible for assurance and as discussed with the Exec team, this is to enable us to move forward smoothly and strategically.

This report contains operational level information as a one off, to demonstrate a level of detail that is not required at the board, however, acts for assurance that the Directors are holding the system to account. Moving forward this detail will not be shared.

Finally, I wish everyone every success as we move forward together as a team.

Finance

RAG Status – Demonstration only

This demonstrates what we will be measuring in this area – work is being undertaken to get the monthly process set up and included in the F, P&R meeting.

		KHCIC
Invoices Issued	Are all invoices we expect to raise been issued and sent?	We will put in here a % and what is the action if not 100%
Invoices Paid to KHCIC	Have we been paid on time for all invoices and if not – what is the narrative	We will tell you where it has improved or reduced from last time. £X overdue
Social Value Target pay in xxx days	Are we meeting the BACS runs dates in line with contracts and if not why and action	Narrative if not green
Payroll	Internal assured. Are they accurate and where any owned it needs to come back to us	and what is the plan?
Pension Processing	Assurance process shows that since payroll became internal, are they all set up correctly. Looking to see if the % rate can be put on the payslips so that it is easily spotted if wrong. However, risk low as % will not be adjusted. Historic	Historical pension issues on 8 people – see risk register
Budget Setting		
Variances to Budget		
New investments		

Cash Reserves Account – Aims

We will be looking to create a cash reserve in the organisation that covers:

- Either 15% of operating costs or 3 x payroll amount
- Excess for any insurance policies kept safe.
- Any redundancy costs per service held.
- Then moving into the future – service dividends for General Practice
- Any legal case provision required.

Finance Update

Is presented as an agenda item.

Tender Process for the Accountancy – closed and contracts in place.

Wyfields have been appointed and on phase 2 of the project. PO training is concluded on Approval Max – work is needed on the reconciliation.

Budget Setting Project

For 23/24, some areas have provided to Wyfields how they wish to see the budget set up. Work is needed on all areas.

For 24/25 the budget setting project will commence in January, with Board sign off in March. We are currently forecasting the current year. We have commissioned David K Consulting for this work.

Efficiencies Program

We have commenced a programme of efficiencies;

A few examples below – note that they will only be an update each month.

Current stats	Set by and leads	Area	Information	Aim
New	SB: CEO Leads: MW, Kimco, SL, MD	Drugs	New formulary – to be checked 6 monthly. Stock prices checked for best provider. Only stock as per need – minimum and maximum Reduce overall spend and remove 90- 95% of waste.	per annum saving 24/25
New	SB: CEO Leads: SL, LY, Directors	Purchasing rules	Scheme of Delegation / Articles of Association amendment Budgets set.	

			Change under social value who we use	
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HR

Succession Planning -

This week (w/c 20/11) We will be issuing the adverts for the following:

- NED – West
- NED – Central
- Medical Director – 4 sessions permanent
- NED – Lay member Accountant

Non-Board Post

- Interim Assistant Head of IUCS (cost negative) to backfill Joe and release the CEO. Open to internal staff only who will not be backfilled.

The Chair issued an email to all CDs in the West to ask for interest. We have also taken the liberty of widening the ask to ANPs to see what interest comes forward for skill mix. The CEO attended the West Pow Wow on the 21st of November and encouraged for applications.

Health and Safety

The Health and Safety meeting was held as planned. Evacuation testing is required.

From December 2023, this section will provide a high-level assurance on Health and Safety as a RAG status.

Description	RAG	Actions
Health and Safety Checks undertaken at Cudmore House, and any findings resolved, and learnings taken		
Evacuation testing at Cudmore House		
Operational Hubs – checks undertaken		
Evacuation Testing at all Hubs		
Health and Safety Incidents		
Number of continuous days without an accident		

Risk

Corporate Risk Register

- Keys – New column on the right to direct you to where asks are made for approval.
 Bold – Bold typing is an update.
 Order – Highest risk order first.

Please note that the keys should not be used to shortcut reading the entire register, they are there to direct you to where changes have been made.

Register reviewed November 2023 by the CEO and Directors. The risk registers will come to the Exec meeting the Monday before papers are issued for review, rather than by email.

For board consideration. The Board are asked to review the register and make the following decisions.

Risk Number	Action	Reason
KH/49	To add to the register	Discussed at board
New Request	To add to the register	Discussed at board
For Information	To acknowledge visibility	Discussed at board

Service Assurances

The following gives a snapshot of each service including governance, finance, contracting and CQC assurances and risk.

Presented By Maria Harvey – Director

School Age Immunisation Service

Cornwall:

- There is no update in relation to the bid for Cornwall, and none is expected until January 2024.
- The nasal flu vaccine has been extended to include all year in secondary schools this year, therefore the full programme is Reception to year 11 inclusive.

Devon:

- The next stage of the Devon post-mobilisation is to ensure all processes are aligned thereby enabling cross-border working and realisation of economies of scale. This next phase specifically relates to internal communications and information sharing within the team and can be implemented easily and quickly over the next month.
- The contract variation for additional block funding for the secondary schools in Devon is approved.

Children's Eating Disorders Service (CEDS) – Physical Monitoring

- We are a mandated subcontractor for the service, subcontracted by CFT.

- We are currently directly commissioned by the ICB for remote monitoring.
- We invoice the ICB direct for any remote monitoring costs.
- The ICB has initiated conversations with us and CFT regarding the future of physical monitoring.

Special Allocation Scheme

- The service is running well with 36 patients at present.

Presented by Laura Wheeler – Director

Contract and Funding Changes

- Near Peer International Fellowship CCN
- 16 GPN prescribing places funding secured £35,200 for practices.
- Requested to host the Advanced Practice Nurse Lead from TH following successful appointment of one of our educators.
- Secured further funding of £23,600 to continue the personalised care and health coaching education programme.
- GP Fellowship funding confirmed 23/24 £35,000.
- Confirmation of SDF funding received - awaiting NHS Contract

Education and Development – Operational highlights

Innovative Placement Expansion Programme - Presentations at both N&E and Central ICA meetings. Successful pilot for 4 student nursing placements in residential homes in conjunction with Plymouth University. Benefits include skills transfer to existing staff. Evaluation report available. Further placements planned under placement expansion programme.

General Practice Assistant Level 4 qualification programme launched to practices and available to sign up.

Gateway to Primary care launched and already bringing results – designed to support those from outside the county and from other sectors to make moving into a GP role easier, including skills assessment and competency support before employment via the staff bank.



11 responses to the form and so far, facilitated I believe 5 1:1 meeting with myself which has led to two being interviewed for the staff bank and being offered training to bolster their CV and we have also put them through for job matching.

Pharmacy Tech apprenticeships - Our first cohort of 5 are now qualified and working in roles in practices, the second cohort of 5 are in post, and a bid for further a further cohort submitted.

Practice Management

- Development programme kicked off with 9 prospective Practice Managers of the future.
- Experienced Practice Manager Loan Scheme launched and functioning two Practice Managers so far supporting practices.

Primary Care Spotlight podcast hit 2500 followers.

- Successful promotional Podcast, NA webinar and webinar recording video resource to promote NAs which has resulted in the recruitment of 11 TNAs. These Webinars will continue to be run biannually to continue to promote the TNA offer.
- TNA support offer in place to enable smaller practices to upskill their HCSWs, this support offer has currently supported 3 TNAs within Cornwall and been offered to prospective TNAs joining the 2023/24 cohorts.

Learning Organisation Approval

- 3 PCNs have been approved and 3 further PCNs have panel dates over next month. Admin process in place in the Training Hub, with a GP leading the process.
- Approval to continue for a further 9 months with GP lead.

Shared good practice at NHSE regional meeting.

- Nonclinical career pathways

Best Practice attended – multiple ideas triggered and need to be evaluated for launching in Cornwall. Requesting to present 'Getting the best from your Training Hub' next year.

Practice Protected Learning time model agreed and costed.

[Retention programme overview](#)

Current Status

- GP Partners are decreasing – number of GP partners in practices overall decreasing putting the practices at risk if partner leaves/becomes ill – single point of failure.
- Mid-career programme just starting suggests that those in the middle of their career are looking for new opportunities, so this is an area we are looking to focus on. Increasing opportunities for portfolio working to try and keep people in practice. Ties in with the 35-49 age bracket we are targeting for relocation to Cornwall. Mid-career programme is run by Dr Rachel Morris of the Shapes Toolkit. This programme is a 1-day f2f which ran mid-October 4 evening seminars and then a final f2f in Jan/Feb time. Course is fully booked with a waiting list.
- Leavers – Starting work with practices on planning for retirements, linked to job matching and vacancy dashboard.
- GPs in training – proportion of GPs in training are IMGs who often fail their exams first time so are taking longer to complete training. Working on retaining those in training to stay in Cornwall, through job matching, visa sponsorship and IMG ambassador. Currently

2 in process of being hired, and 2 more come through end of Oct wanting sponsorship (following October CCT).

- Work Well webinar series kicked off 12th October.



01_Cornwall
Training Hub Work

-

Current Challenges to retention

- Burnout and wellbeing – working on this as part of wider offer.
- Culture – working on this as part of wider offer two practices currently purchasing support from us.
- Working in general practice is hard for staff – required to do more with fewer resources and less funding, this is having an impact on staff morale.
- Salary is lower compared to locums (particularly for GP partners).
- A lot of salaried GPs working fewer number of sessions so opportunity for wider pool of workforce. Other portfolio opportunities and reduction in burnout. Portfolio options being worked on including OOH's options.

Key push and pull factors for staff.

- Turnover across the county is lower, as those that want to move into another area to progress their career may have to move out of county.
- Internal turnover in between practices is higher, but overall churn isn't high.
- Pull factors is always being in Cornwall – great place to live and often those in training want to come back after some time away.
- Good place to bring up children.
- Push factors – options are limited in terms of career development and only one acute hospital (plus Devon border).

What are you planning to do differently?

- Recruitment campaigns continue to focus on bringing people into Cornwall – focus on those with children – particularly those where children are starting college/university and it is the right time for a change or those starting a family and wanting to make the move.
- Continuing to sponsor IMGs and expand our support offer – linking peer groups.
- Job matching – help people into roles 3 GP's actively participating in Job matching in October.
- Continuing to provide leadership development – as more people take it up, we're hoping to develop a shared language and encourage a drip feed culture change.
- Implementing practice manager development programme to help with resilience long term of a key role.
- Community of practices for all staff groups going forward

Are there any different factors that need to be considered for other staff groups?

- Admin and reception staff – high turnover. Wages – can't compete.
- Trying to focus on career development and promote as a career.
- Using the staff bank to train people who are ready to work in practice.

Additional support – care navigation

- As national offer is only 1 per practice, we are offering a local level training session on a practice, individual basis so that more people have access to the training.

Joe St Leger- Francis – Head of IUCS

Leadership

During the secondment of the Director of Integrated Urgent Care, Joe St Leger-Francis, Head of Integrated Urgent Care, has temporarily expanded his role to oversee the duties left in the wake of the secondment. This responsibility is shared with Jan, balancing between the Head of Integrated Urgent Care Services (HIUCS) and CEO roles. The HIUCS, handling most strategic and operational aspects of the Integrated Urgent Care Service (IUCS), ensures stable contract delivery, as detailed in the risk register.

Operational Performance

A comprehensive analysis of Cornwall's Integrated Urgent Care Key Performance Indicators (KPIs) was conducted. This analysis, benchmarking Cornwall against other regional and national contracts, included response times for clinician callbacks, remote clinical interventions, call abandonment, and average speed to answer. Notably, Cornwall ranks third highest out of 39 contract areas and ranks in the top 10 for more KPIs than any other contract area nationally (featuring in the top 10 in 9 out of 14 KPIs), including being ranked first in 3 KPIs – a testament to the quality of our IUCS.

Strategic Operational and Financial Planning

The HIUCS has drafted a Clinical Workforce Operational Plan for 2023-2026 and an Annual Operating Plan for 2024-2025, awaiting review by the Executive Team.

UHUK Award:

We are proud to announce that Kernow Health CIC has received the 'Best Quality and Safety Initiative' award at the recent UHUK conference, recognising our 'Shift Lead Clinician and Demand Management' initiative designed by the HIUCS and delivered by the operational management team, Clinical Advisory Service, and newly formed Shift Lead Clinicians. This honour reflects the dedication and innovation of our team.

Dr Paul Cook – Interim Medical Director

Verbal assurance on clinical governance assurance process and getting the clinical structure right.

KHCIC Governance Report

Quality and Safety Reported in part 2

This section will be expanded from Dec 23 – listing a governance assurance on Corporate and Clinical Governance.

End of Report