

CEO Report to Board December 2023

PART 1

Meeting Title:	Board Meeting	
Report Title:	Chief Executive Officer and Director's Report	
Lead Responsibility:	Jan Randall, Chief Executive Officer	
Meeting:	Date: 13 December 2023	Agenda Item: Part 1 – 1223/5
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	<p>December 2023, Assurance in place end October as to financial position</p> <p>Guidance – rules – if it is highlighted it means that a director wishes to verbally discuss at the board within this section.</p>	

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

November has been an interesting month for KHCIC, balancing business as usual services with a focus on continuous improvement at scale. The team commenced multiple projects around finance and governance assurance in addition to financial efficiencies.

The plan of action on the NHS Pension last steps were shared with those impacted and a mobilisation plan put together by the Directors, this includes creating the electronic questionnaires and creating a dedicated process for pensions that enables staff representatives to be part of the solution.

We were disappointed and had to share with our staff that the covid bonus from NHSE would not be payable to KHCIC staff or any non-agenda for change staffing, based on the criteria issued by NHSE. Challenges are being raised nationally. I have asked staff to be proud of the fantastic work that we all did for the patients. In the interim KHCIC has joined the list of providers that the NHS Confederation is fighting for.

Meet and greets have taken place across the system and beyond, including UHP Chair who thanked us for reaching out and taking notice of the impact in their area from Cornwall patients. I will share with you verbally the highlights of the meeting with the ICB. I also took part in the quarterly MP meeting, who thanked us continually for the good service, after I shared with them some of our business intelligence and outcomes. I have shared those thanks directly with the leads.

The winter plans have been approved by NHSE, with £3m investment. Primary Care will see a 'Right Care Car' launched by KHCIC running approximately end of Dec to end of March acting as a failsafe around community services and overnight. It will need quality reassurance as we move forward to understand the true gap in community services. We hope this to be a forerunner to a future solution to these gaps, delivered across system providers collaboratively.

One other winter plan where KHCIC are involved include an 'overflow' facility (Primary Care hubs) for winter to ease the on-day demand on General Practice. Raising a risk, what was meant to be an across system solution, has fallen heavily on KHCIC to take a large share of the organisation and delivery. I am currently seeking assurances over regulations and indemnity, suggesting to the ICB that it should fall under CSNGP.

We launch the commencement of our Director on call facility over Christmas, following Gold command training of the Executive which will ensure an oversight of the whole business by a Director or Clinical Lead.

This month it should be noted that as the Board was pulled forward a week, some of the committees have not yet completed their meetings and therefore the update from the Governance Committee will be limited as it meets 14th December. We have taken the opportunity to update the Risk Registers prior to the governance meeting to ensure that they reflect the current position.

I am pleased to report that although the exec team is immature in terms of the time they have had together in this format, it is working well. Trust is established, with a common objective for sustainability, lean working and organisational growth and safety. This enables members to healthily challenge each other, and I pass my gratitude to the team for making this happen so quickly.

December 2023 – Board Meeting

Finance

The F&R meeting is to be amended to hold a RAG status assurance on the following areas:

- Invoices raised
- Invoices paid to KHCIC
- Social Value target to pay in 28 days
- Payroll processing accuracy
- Pension Processing assurance
- Budget setting process 24/25
- New investments/services funding

Finance Update

The project is going well with finance services transferred from RCHT to Wyfields. Final transaction clean up is underway. Staff have been trained in Xero.

Accountancy

December 23 update – Assurance was attained of our current financial position at the end of month 6/23 (October). Full variances have been identified and added to a spreadsheet shared at the F&R committee. Adjustments required have been approved.

We are better assured by Whyfields than we have ever been with RCHT.

January will see stage 3 of the transition, correct coding of items into the relevant budget areas and nominal codes to enable reports to be run by all line managers of current position, variance against budget for 23/24.

Efficiencies Program

Targets will be set in each area once they have been reviewed. We are confident that every area of the business will be scrutinised to create a leaner system that is cost effective and adds value to the organisation, our staff benefits and member practice support.

HR

Mandatory Training

Standard set by the CEO is that you have to be 100% up to date on Mandatory training to work on KHCIC contracts and/or services. All staff have been given until 6 January 2024 to reach this standard, supported by funded time where employed.

Head office is 100% and those not have been given time to do so.

Future – Business Development and Growth

Part of H2 winter planning. Signed off £3m of the £5m requested. Included in this are the Right Care Car and appointments for General Practice. KHCIC is playing a significant role in the delivery of both.

Status Last Meeting	Opportunity	Progress/description
New	Right Care Car	Funding requested – to support patients remaining at home.
New	Collaborative delivery of winter and H2 services between KHCIC, CPFT, General Practice	12-15000 appointments in the community based on the Sheffield model
New	Locum Staffing Club	To reduce costs and remove finders' fees for KHCIC and practices. A membership club to enable us to manage IR35

Health and Safety

Quarterly Health and safety committee meetings are held:

- April
- July
- October (carried out 15th November)
- January (17th Jan 24)

The committee also include Infection, prevention, and control (IPC). An update on IPC will be provided to the Board in January 2024.

Risk

Corporate Risk Register

Keys – yellow highlight in last row to focus on changes

Note change from December 2023 – The scored headers have been renamed:

The plan should be to remove the risk completely or enable mitigation to drive the risk so low that it can be archived. Therefore, names have been amended and are going to the Governance meeting to be ratified 14/12. Focus now moves to 1- what was the original risk when identified and 2 – What is the current risk score based on our mitigations.

Meaning	Original name	New name
Score when created	Current score	Initial Risk Score
Score Now	Planned Score	Mitigated Risk Score

Register reviewed December 2023 by the CEO, as the meeting commences on the 14th December. The risk registers will come to the Exec meeting the Monday before papers are issued for review, rather than by email, with effect January.

Mandatory Returns – Office of National Statistics (ONS)

KHCIC have 7 mandatory ONS returns to complete. I have requested that they are reviewed in the governance committee to ensure that they are accurate, mandatory, informative and do not implement unnecessary risk, identifying the benefits to the business.

- Business Insights & Conditions - Fortnightly
- Monthly Business Survey - Monthly
- Quarterly Acquisitions and Disposal of Capital assets - Quarterly
- Annual Business Survey – Annual
- Annual Purchase survey – Annual
- Annual Survey of Goods and Services – Annual
- Research & Development – Annual

EPRR Assurance

Ellen Brown meets with the CEO monthly to give a verbal assurance and will provide a bullet point assurance each month.

- Joseph St. Leger-Francis will be attending to the role of Accountable Emergency Officer (AEO) on an interim basis, supported by Ellen Brown as EPRR Lead and Jan Randall as CEO.
- KHCIC attended the Cornwall & Isles of Scilly EPRR Providers meeting on 16 November 2023. The Primary focus was to review the feedback from an exercise relating to national power outages, which took place in early November. The findings from this exercise have been shared with provider EPRR Leads and will be taken into consideration in the development of the KHCIC national power outage standard operating procedure (SOP).
- The Integrated Care Board (ICB) EPRR team have set out a process to carry out quarterly assurance catch up meetings for 2024 in order to ensure that system partners are prepared for the 2024 assurance process. The first of these meetings for KHCIC took place on 5 December 2023, where the Integrated Care Board (ICB) EPRR Team received an update against the actions assigned at the 2023 assurance review meeting and were content with these actions.
- The KHCIC Severe Heat and Cold weather plans have been amalgamated in line with latest Met Office and UKHSA guidance to create a single “Adverse Weather Plan”. This plan was approved at the EPRR Committee meeting on 23 November 2023.

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 (SAIS)

Cornwall:

As of 30th November, 31394 children from reception to year 11 have received the nasal flu vaccine. The programme in schools is due to end on 15th December, but some will be revisited in January due to the large numbers of students absent on the day.

We are running 26 community catch-up clinics at various locations around the county from Monday 4th December to Thursday 14th December.; the majority of clinics are fully booked.

Devon:

As of 30th November, 62177 children from reception to year 11 vaccinated

There will be 16 community catch-up clinics across various location in Devon from Tuesday 28th November to Tuesday 19th December.

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

We have reiterated to the ICB our view that we could develop the same level of service for adult eating disorders. Discussions are ongoing.

Special Allocation Scheme

The service is running well with 36 patients at present. (No change from last report).

Presented by Laura Wheeler – Director

Integrated primary care - Operational highlights

We met as a face-to-face team on the 23rd November and focused on discussing the mid-year KPI return for our Training Hub KPI's.

Provided a nine station Diabetes Clinic at the Clays in full partnership with key stakeholders, 80 patients booked in with a 98% attendance rate. Patients received eye checks, foot checks, etc saving hours of practice time and more convenient for individuals. Full evaluation being worked up.

Primary care Hubs

Update provided verbally – all members are aware of the winter plans

General Practice Closure Support Model

It has taken a few months to reach an agreement on what this looks like and create an application process, between Joe and I we have now got a model which we are happy with. This was soft launched at the Practice Manager conference last month and discussed with ICB colleagues, it has been refined from a cost point of view and is now in circulation amongst practices for use. There is an agreement from the ICB that KH CIC will be informed when practices are closed even if through an alternative provide so we are aware from an operational point of view.

General Practice staff Bank and Locum Club

A refresh of our approach for Locums has taken place with Dr Rhiannon Day Thompson our new GP Locum Ambassador making an impact. We are looking forward to our Locum meet and greet Christmas event on the 14th December (ticketed event).



Locum weekly
update - 1 December

We are working closely with our ICB colleagues to assess the impact of Locum rates on our practices and are actively working to support this to come down. Anecdotally we have heard on the grapevine that practices are not booking locums as much at the moment due to the astronomical rates. We continue encourage practices and Locums to come to the staff bank for a locum rather than paying and going through agency and subject to fees!

We are also changing the way we book our bank staff and going out to advert for portfolio opportunities across all staff groups.

Practice Back Office support

- We continue to support our local practices with services including culture project work, recruitment, and HR employee relations.

Joe St Leger- Francis – Head of IUCS

Operational Performance:

Front end performance (HUC):

- There were 14,873 calls received directly by HUC into the 111 service, with 12,806 calls answered and 2,067 abandoned. Performance conversations and continuous improvement continue.

The partnership with Herts Urgent Care (HUC) has significantly improved the working dynamics and data access compared to the previous provider.

Our Cornwall 111 IUCS also continues to rank first in the country for the amount (therefore – the least amount) of patients referred to ED.

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. These plans, which will be led by the HIUCS and operationalised by the management team, focus on workforce sustainability, strategic financial recovery, digital innovation, and contractual governance. They will be available for final review by the KHCIC Board.

Governance:

There are no new Patient Safety Incident Investigations (PSII) in either HUC or KHCIC IUCS areas.

GP Protected Learning Time

KHCIC, as a dual Training Hub/ IUCS project and with the utilisation of the IUCS infrastructure have successfully piloted several variations of support models for our shareholders to allow them to close for protected learning time.

We are now in a position where a standardised offer for all practices is available and ready for full dissemination and implementation. The model is clear, digitally streamlined and has gained excellent feedback from shareholder practices involved in the trials.

Right Care Car:

KHCIC, through infrastructure within the IUCS, have offered to mobilise a single additional car to manage urgent patients at risk of hospitalisation in the winter months. This car, currently termed the Right Car Care, will bolster capacity for General Practice for and urgent community response and hopes to see upwards of 10 patients per day. Agreement on funding is still outstanding from the ICB prior to full mobilisation being initialised.

Dr Paul Cook – Interim Medical Director

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

End of Report