

CEO Report to Board

January 2024

*Part 1 (taken from the full part 2
report)*

Private & Confidential

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| Meeting Title: | | Board Meeting | | |
| Report Title: | | Chief Executive Officer and Director’s Report | | |
| Lead Responsibility: | | Jan Randall, Chief Executive Officer | | |
| Meeting: | | Date: 24 January 2024 | | Agenda Item: Part 1 |
| 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 and development.- Confirm risks and ask for amendments, inclusions for ratification.- Reduce the need to minute most of the meeting to save valuable resources. | | |
| 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

January 2024

This month we commence the update with congratulations and gratitude, this does not take away from all the good work by all staff, however a spotlight is needed in these areas:

- To the IUCS team for the pre planning around the winter festive period, who were all on duty 24/7 over the period. No single business continuity or EPRR issue arose, the teams provided an excellent service to all. The Directors on call were not called upon. Demonstrates good planning and awareness.
- To the Directors and leadership teams who have swiftly taken on the challenge of transition at scale, including breaking down silos. Your attitude and mindset are a great strength in KHCIC.
- To Dr Paul Cook on his appointment as Medical Director (brief to go out later in January).
- To Maria and team for the award of the Cornwall School Immunisations to July 2029.
- To the head office team for hitting 100% compliance on mandatory and statutory training

January saw the launch of the new NHSE procurement process, we have received notification from the ICB that they will be implementing this, more details are in the strategic section of the paper, along with what it means and our preparation.

We continue to grow both in services and systems and this month will see a select number of the leadership team undertake a joint development around the Game Changer Index. See the HR section for information.

Confirmation has been gained and process set up to incorporate KHCIC into the ICB monthly provider report that is shared at ICB Board and the public with effect the 5/2/24 ICB meeting. Giving both an opportunity for exposure and ICB input.

Regular sessions have also been set up with the ICB with JR with separate meetings with Kate Shields and Carolyn Anderson, to take forward working together closer. Carolyn will leave the ICB at the end of April as part of the restructure, hoping to locate a part time role.

Finally, the AGM for 22/23 takes place on the 31st of January, the papers have been circulated in line with the Articles of Association (14 days). We aim to hold the 23/24 AGM by June 24.

January 2024 – Board Meeting

Finance

Finance Update

Letter received from ICB regarding a quarterly reconciliation of HCP/IHT services. JR has contacted the ICB to advise that this is incorrect, and actions agreed. JSL working with the ICB on the detail.

Wider notes:

- Wyfields continue with the project to rectify the incorrect posting of transactions by a previous provider.
- Projects now set up in system to enable primary care to hold each program as a service for income and expenditure management and oversight.
- MH and LW working with Wyfields to set up their budgets on Xero as needed.
- HUC conversations continue, evidence shared, JLF inviting their CEO to attend face to face.

VAT

Assurance provided on the VAT position of accuracy.

Month 8 Financial Update – Information gained in assurance.

Enclosed is month 8 – this shows a profit for the month. Wyfields are confident that this is correct including the corrections they need to make. We are continuing financial efficiencies work that has commenced, all areas will be scrutinised.

Enclosed are the accounts and below are Rachael's comments:

HR

Staff Vaccinations for Assurance of Monitoring

Covid and Flu as at the 8/1/24

250 of the 549 workforces on file had submitted their return confirming vaccinations 45.5%

Flu – 83% have had or are having the flu vaccine.

Covid –70% have had or are having the Covid vaccine.

Occupational Health Update on SLA 24/25

A challenge this year was obtaining access to covid and flu vaccinations, although covered in our Occupational Health SLA with RCHT. AC has reviewed the SLA and agreed that all areas need to

continue, particular attention will be made to the meetings referenced that have not taken place. These will commence from April to ensure that the SLA is delivered.

The contract meeting with RCHT and OCC Health has taken place to ensure the future SLA is correct from 31 March 2024. Assessment shows that for the next 12 months it is more cost effective to remain with RCHT than bring in house. The 12 months will be utilised wisely to transfer copy records and undertake a feasibility on the best solution going forward.

Occupational Health holds the master list of staff vaccinations, we have requested a copy to ensure that HEP B updates have taken place.

Mandatory Training

The overall move in training has been positive, however we still have some work to do. This month we have split out the bank staff that are not active on contracts so that we can see the level of risk.

HR Report

| Executive Monthly Update | |
|--|--|
| Human Resources – January 2024 (for December Data) | |

| Workforce | |
|--|------------|
| Number of employees on the payroll (inc. KHE) | 453 |
| Number of employees paid this period | 383 |
| Sessional GPs | 96 |
| From 453 how many are Zero Hours contract | 129 |
| Total staff on our system live (all sessional being checked for last session worked) | 549 |
| Leavers | 6 |
| Starters | 4 |

| Workforce Planning |
|---|
| <u>Vacancies</u> Medical Director - filled. Staff Bank – HCA, Dispenser, Admin, Practice Nurse IUCS – Driver/Receptionist, overnight Receptionist IUCS – Care Navigators IUCS - Clinicians & Sessional GP's Primary Care – Practitioner A process reviewing locum costs is also taking place in IUCS with KM, JLF, JR to reduce reliance on locums and the costs involved. |
| <u>Recruitment</u> Clinician interviews 29/11 and 4/12 resulted in 8 appointments, currently doing onboarding. These will replace mostly locum shifts. |

6 Sessional GP agreements issued in last 3 months.

IR35 Update

UHUK has been working with its members on a project to identify safe solutions and documents that will reduce risk. Overall advice (non-indemnified) is that concentration is not on the substitution clause however sits more within control. The group met on the 16/1 (JR attended) to look at the options. UHUK is now taking this to phase 4 working with HMRC and the appointed barrister. JR has requested a simple table to be produced showing what is control, including bringing your own equipment or not.

The suite of documents has been shared with Lee Budge (governance project) to review and will then be discussed with the Executive and HR for clarification and decision on any implementation.

The Strategic Landscape

We aim to put our strategy on a page together by the end of March, utilising our development session. In the interim, the Executive meet on the 31 January to bring together all projects into a single continuous improvement plan at strategic and then operational level. This will also challenge all current projects that have not previously had a feasibility undertaken.

Changes to the Procurement of Services

NHS England launched the new procurement rules on 1 January 2024. KHCIC attended the Hempsons Solicitors webinar on the 17/1/24 to see how these impact on KHCIC and our member practices. Contracts will now fall into 5 areas of opportunity. In summary with the level of allowance for ICBs to interpret how they wish; it may not be as beneficial as first indicated in the media. Area C direct award is our opportunity to retain, based on good performance, governance, and financial standing.

NHSE's policy is that over time **ICBs** will take on a greater role in commissioning the specialised services which are assessed as suitable for local leadership. Note that they are subject to interpretation, and this is how Hempsons's shared the information.

The current financial thresholds have been removed and from the 1 January a private provider or other cannot just take over a GP practice GMS or APMS contract.

| | |
|----------------------|--|
| Area A Direct Award | Trusts, Ambulance Services |
| Area B Direct Award | The old AQP – multiple contract holders |
| Area C Direct Award | Existing providers of contracts |
| Route 1 – not direct | Existing providers however changes may be needed |
| Route 2 – not direct | Tender |

Hard to Replace Providers

[NHS England » Monitoring and enforcement](#)

We are currently reviewing the opportunity pros and cons of undertaking a licencing approach of Commissioning Requested Services (CSR). It would mean that KHCIC are designated as a 'hard to replace provider' to secure our future. However, at the same time open the ICB to enable them to audit.

Risk

Corporate Risk Register

Register reviewed January 2024 by the Executive. From February 2024, the registers will come to the Executive 2 days before papers are issued for a final check and executive approval of actions to raise, add, or amend for board approval.

The register will go through a baseline process with the exec to ensure that they are correct across the system. The Board are asked to review the register and make the following decisions.

Corporate Risk Register (part 1)

| Risk Number | Action | Reason |
|-------------|--------|--|
| N/A | N/A | No changes this month for ratification or approval |

EPRR Assurance

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

January 2024 Update

- There has been no impact on KHCIC workforce or performance because of ongoing industrial action, call volumes were increased and well handled.
- KHCIC directors attended an on-call training session with Ellen Brown and Bonnie Rowe prior to the festive period, where they supported the organisation as part of the Strategic Director on-call rota over Christmas and the New Year.
- Demand and capacity planning enabled the Integrated Urgent Care Service (IUCS) to staff rotas effectively within the scope of the Demand Management Plan throughout the festive period, with no EPRR or business continuity incidents raised across this period.
- Looking ahead to the upcoming month, KHCIC will attend the regular monthly providers meeting, a system-wide exercise planning meeting, and carrying out a "shadow day" where a member of the ICB's EPRR team will be spending time with KHCIC's EPRR lead to increase understanding and build on existing positive relationships.
- The KHCIC EPRR Lead has also been allocated a place within the fully funded Diploma in Health Emergency Preparedness, Resilience and Response, which will further increase the

organisation's robustness and resilience when responding to incidents and supporting system partners.

Service Assurances

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

Presented By Maria Harvey – Director

Please note that the current legal cases have been added this month.

Current Status

Presented by Laura Wheeler – Director

Highlight(s) - October 2023

Contract and Funding Changes

This last month has all been about reviewing where we are financially and working with Whyfield to understand the infrastructure that needs to be in place to enable each budget holder within the Integrated Primary Care Team to be able to manage their budget. The application that is needed is called 'Projects' in Xero and we will be going live with projects from the 1st of April, in the meantime we will use a combination of the last mth 6 reports from RCHT and look ups of spend on the budget.

Integrated primary care - Operational highlights.

Primary care Hubs

Operations has been focused on the Primary Care Hubs, since the advert went live, we have had 51 expressions of interest from workforce across Cornwall from primary care and CFT.

- We went live with the first Hub at Redruth Health Office on the 18th of December.
- St Austell was next on the 28th of December - with additional capacity of 70 appointments with two members of staff.
- Helston went live on the 5th of January.
- Launceston goes live on the 16th of January.
- Truro goes live on the 19th of January.

This has been a real team effort with the project team across the ICB, Primary Care, CFT and us to make sure the governance, prescribing, IT and workforce is in place.

General Practice staff Bank and Locum Club

Lisa is doing an amazing job in securing people for the rotas in the Primary Care Hubs and for shifts at practices. There is still a slight misunderstanding from practices when the request locums or bank staff and there will be a focused article on how to book bank staff and a short summary about a few individuals who are available to book in eth next shareholder newsletter.

We can promote shifts across the whole of our business via our weekly Kernow Locum Support newsletter which keeps our Locums up to date with what is available.

Collaborative Board

The Collaborative Board took place on Tuesday, it was an interesting meeting and focused on workforce issues and the Primary Care Hubs. Please see attached the presentation which I took. Agreement was reached to work on a business case which could work for Diabetes Super Clinics but to seek additional investment also from the ICB. Agreement was also reached to jointly work on some guidelines around pay for both locums and practices depending on the types of shifts needed. The chair rotates for the next meeting and Stewart Smith is the next nominated Chair.

Joe St Leger- Francis – Head of IUCS

Verbal assurance provided.

Dr Paul Cook – Interim Medical Director

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

End of Report