CEO Report to Board February 2024

PART 1 –

Kernow Health

Private & Confidential

Meeting Title:	**Board Meeting**	
Report Title:	**Chief Executive Officer and Director's Report**	
Lead Responsibility:	**Jan Randall, Chief Executive Officer**	
Meeting:	**Date: 21 February 2024**	**Agenda Item: Part 1**

Authors		
Name	**Title**	**Sections**
Jan Randall	Chief Executive	Overview introduction Issue Mitigation by Exception The Strategic Landscape Strategy and Growth Seasonal, e.g., Winter C&IoS System Development
Maria Harvey	Director of Integrated Community Care Services	School Age Immunisation Service CEDS (Physical Monitoring) Special Allocation Scheme Governance Regulatory Health and Safety IPC Risk register
Laura Wheeler	Director of Integrated Primary Care Services	Integrated Primary Care PCTH HR dashboard
Jo St Leger-Francis	Head of Integrated Urgent Care	IUCS update -Service assurance EPRR Pilot Updates
Dr Paul Cook	Interim Medical Director	Clinical Governance Safeguarding Clinical Safety Patient Safety

Purpose of the Report	- 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.			
Position Statement				
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

Contents

February – Board Meeting

Section 1 – Overview

Welcome to the February 2024 Board Update report, delivered by the CEO and Executive team.

This month we share with you highlights of the business review work that has been undertaken and the direction of travel that KHCIC is moving in. We focus on ensuring that our services are stable and deliver what we are commissioned to do so, with work across the system on integrated working.

Once stable, we are moving forward with the strategic work on sustainability, although they overlap, and a good portion has commenced. The primary commissioning intentions have been drafted by the ICB and KHCIC appreciates that they are involved in many of the ongoing plans. JR met with KB on the 15th of February to discuss. JR, PC and JLF are attending the ICB finalisation of ICB priorities for 24/25 on the 21st and any ongoing planning..

The Executive supported by HR undertook a business review this month in where we reviewed the business models and any barriers to entry. The Ansoff Model matrix demonstrated that KHCIC is strong at diversification, we are agile at delivery and ideas fulfilment, with strong, effective and agile implementation. However, this comes as a cost and JR has raised this to the ICB CEO. We do not get sufficient time to risk the impact and launch with the communications that we need. Our system partners may not have this opportunity of agility and flexibility due to organisation size, and this gives KHCIC opportunity to integrate on services. Where we concentrate is as a system, patient at

the centre of design and supporting members, staff, and the system. It should not matter who is the commissioned provider if we work integrated to deliver it well.

New Markets	**Market Development – a service not in Cornwall currently that we develop.** - School Imms Devon	**Diversification – Designing solutions that do not exist in Cornwall or implementing differently** - Urgent Care Car - HCP/IFT - Falls - Validation and ITK
Existing Markets	**Market Penetration – Bidding for existing known services** - IUCS - School Imms - CEDS	**Product Development – In Cornwall with new ways to do it** - Right Care Car – proof of concept - Care home nursing - Diabetes pilot - PCTH schemes **Opportunity to integrate services - strategy**
	Existing Products	New Products

When reviewing Porter's five forces and looking and the local markets, KHCIC has barriers to entry, as do other providers. We will be taking the Senior Management Team (SMT) through this learning so that they understand the risk of actions to our core strategy. Whilst bringing forward business development ideas is positive; we are coaching the team that it is not at the loss of relationships or integrated working.

The Executive commenced a review of the purpose of the organisation, commencing with:

- Should we be here, what is our purpose?
- Is CIC the right business model?
- Is our vision, mission, and values, correct?

As Executives we agreed that CIC is the right model and approach with a clear integrated model of working in the system for the benefits of the patients. However, the vision, mission, and values we decided require revitalising to be future fit. There is space for KHCIC to be many things to many people and that should include:

Workforce - Members – Patients

This learning will be brought forward into the Board development session in March 2024. The agenda includes this area of work, with the caveat that this is not to change the original ethos of

existence for our shareholders, however, build on it. Considering the GPs being our shareholder members, we need to become more forward thinking, collaborative and integrated for the next 5-7 years. All Executives are on board with this.

KHCIC has transitioned, the Executive are working effectively as Directors of KHCIC with a leadership of an area, rather than as Director of an area. Working across the business together is benefiting the agility and change opportunities, streamlining meetings, removing unnecessary steps, and freeing up time. The SMT move from March into a group that; challenges, manages risk, improves, and implements projects together across KHCIC rather than in directorates. The learning this brings shares ideas, brings awareness to everything that we do as a CIC. This move ensures that KHCIC has equality of processes, patient safety review and champions in areas such as safeguarding and infection control within operations.

Corporate services looks to move into one directorate in Q1 of 24/25, with director leadership. The mobilisation plan is being drafted and communications readied. An administration review being undertaken will also increase productivity within the care co-ordination team through job fill activities between calls, without compromising safety. The development will create efficiency and smarter working. For instance, clinical and corporate governance leads will be working together as a team and have been given the autonomy the CEO and CMO to draft out integrated flowcharts for approval.

Stakeholder planning and awareness is one of the next steps, raising our profile with all 3 parties' patients, members, and workforce, as well as the system stakeholders. Work with NHSE is paramount, to be known and understood.

We have undertaken a meeting mapper and the Executive meeting now takes place on a Wednesday, from 1 April 24 when PC comes into the substantive post, this will move to Tuesdays so that all attendees can be present. Further work is needed on the meeting mapper in terms of those we currently receive no invitation, to open the door such as the ICB Board.

Further work continues with the output of the GC Index, we will be meeting as a team to look at how the team comes together, where the gaps are and each person's impact on the business. As an early share, our CEO and CMO are absolute opposites, therefore is a perfect delivery team across:

- Strategy
- Implementation
- Game Changer (ideas)
- Polisher

More will be shared once the joint meeting has taken place early March. We look forward to implementing the learning.

Mandatory Training

We are currently reviewing the reporting mechanism for mandatory and statutory training as well as looking at identifying additional role specific training. People who are not up to date with their training are being held to account. The tables were amended in February and split into clinical and

non-clinical, and accountability and responsibility set as follows, to ensure up to date. Full responsibility sits with the individual however the CEO has set a responsible person to manage the issue and an accountable to lead in that area to be held to account.

The target thresholds have been amended as follows:

Rag status	Old threshold	New Threshold
	74% and under	89% and under
	75% to 99%	90% to 99%
	100%	100%

A revised policy is being implemented that covers these areas and gives autonomy and authority to management to hold staff to account with the correct provisions. These have been shared with the leads appointed and then all staff will receive the update in the next brief from the Chief Executive and Medical Director. Chasers are in place for any outstanding.

Any clinical staff that are not up to date on BLS and Safeguarding are now reported to the Medical Director and Head of IUCS.

HR Recruitment

Workforce Planning
Vacancies NED Finance – closing date 16 February, interview 18 March. Lead Clinical Pharmacist for Kernow Health East – closing date 6 March.
Recruitment (interviews) School Age Immunisation Bank Nurse – interviews16 February Driver/Receptionist – interviews pending Care Navigator - interviews 5 February Staff Bank interviews –ongoing NED - interviews 12 February – 1 appointed for Central
Recruited (appointed) (7 started, the rest are onboarding) 2 Care Navigators 1 Driver/Receptionist 1 Operations Manager for Kernow Health East 1 Advanced Nurse Practitioner 6 Staff Bank Practice Nurse 1 Salaried GP Primary Care Hub - 15 GP's and 3 Nurses
Additional Recruitment Activity
St Austell GP practice recruitment – 2.5 hours Kernow Health East recruitment – 4.5 hours

Employment law horizon scanner for 2024

All areas are brought risk assessed and action taken where appropriate.

Holiday, TUPE and working time
The Employment Rights (Amendment, Revocation and Transitional Provision) Regulations 2023 are now in force. The holiday leave and pay changes are significant, particularly to those with irregular hours or part-year workers. Many changes took effect from 1 January 2024, but some provisions have effect on or after 1 April 2024, with the TUPE amendments applying to TUPE transfers on or after 1 July 2024. Indications are already that holiday will continue to be a challenging area for employers as the legislation is interpreted by tribunals.

Flexible working
Provisions to make it easier for employees to make a flexible working request contained in the Employment Relations (Flexible Working) Act 2023 are expected to come into force this year. Regulations making the right to request flexible working a right from day one of employment have been passed and will apply to any requests made on or after 6 April 2024.

Family friendly legislation
Draft regulations extending redundancy protection to pregnancy and to benefit new parents for a period after taking relevant leave will, if passed, have effect on 6 April 2024.This is also the anticipated date for the introduction of a statutory right to a week's unpaid carer's leave for those meeting eligibility criteria.

The right to request a predictable work pattern
Expected to be in force later in the year.

Harassment
The Worker Protection (Amendment of Equality Act 2010) Act 2023 will from 26 October 2024 create a duty on employers to take reasonable steps to prevent sexual harassment of their employees in the course of their employment.

Paternity Leave
Parliament is currently considering draft regulations to allow greater flexibility for new parents who are entitled to parental leave (fathers, same sex partners, secondary adopters, for example). The regulations are due to come into force on 8 March 2024 for children whose expected week of childbirth/placement for adoption is after 6 April 2024.

Governance

The Governance process is in transition. Assurance has been given to the ICB verbally of the work undertaken. Reassurance around 80% of what we are doing is a new way of working under a new CEO and leadership team.

The governance and finance review being undertaken continues and is reaching its conclusion. The first draft of the governance review was shared with the Executive team, but it was felt that some of the observations were in parts inaccurate and some of the language used needed to be more considered. The report has been re-written where necessary and it is felt this is more reflective the excellent work and scope for improvement within the organisation. Exec met with both parties and

CEO met with DK to discuss progress. Assurance has been sought that they are not in conversation with any 3rd parties and NDAs are in place.

Governance meeting 15/2 was a transition meeting from old to new process, as will be the next one. The governance meeting will now be an executive meeting with attendees to get assurance from other committees, a check and challenge approach. Actions will not be held in governance; they will be passed back to the committee. Rather than read all the minutes from committees, a summary highlight and risk report will be provided to governance. As they take place every 8 weeks, in line with the Board meetings, the risk register will still be reviewed monthly.

A step has been removed in the process, so that the Exec go through one together.

Corporate Risk Register and Service Risk Registers

Register reviewed February 2024 by the Executive in the Governance meeting. A decision was taken at the Governance Meeting that all risk registers will sit in part 2, a summary report will sit in part 1 of the CEO report that is shared externally following advice from governance review. Example has been placed into the school Imms register to show how we have been advised to hold both planned and current levels, for approval.

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

Risk Registers

Risk Number	Action	Reason
SIMMS47	Close	Contract for Cornwall SAIS awarded
PCS09	New risk	Closure of GP and GPN Fellowship national programme from April 2024. JR has met with KS and a business case for £300k of the current £500k is being submitted to save the scheme in Cornwall. Score 12.

EPRR Assurance

Ellen Brown meets with the CEO monthly to give a verbal assurance and will provide a bullet point assurance each month. This has been amended so that the meet is now with the Executive team.

February 2024 Update

EPRR is in a positive and professionally managed position in KHCIC, and the Executive reassure the Board that EPRR is reviewed regularly. The Mass Casualty programme was in for evaluating this month. As a CIC we do not get pulled automatically into the response however briefed the importance to the system that we must continue. The next stage of EPRR looks at utilities and those that must sit on the 'keep running' criteria. KHCIC has a generator in place as backup at Cudmore. We are asking to be placed on the register to keep CAS running.

Service Assurances

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

Presented by Maria Harvey

CQC

The Executive team will meet on Wednesday 21st February to discuss CQC's new inspection/monitoring regime and to explore training options for key staff thereby ensuring preparedness for any future regulatory visits.

Health and Safety

The H&S Committee met on 1st February. Agenda items included:

- Fire Assessments
- PAT Testing – this included the recommendation that drop-in sessions are held for home-workers to ensure equipment supplied by KHCIC is safe and fit for purpose.
- COSHH – review of documents and protocols
- Safety needles
- The committee will be reviewing the H&S policy.

School Age Immunisation Service (SAIS)

The contracts for Cornwall and Devon are being varied to allow for the MMR catch-up programme to commence with immediate effect. At present the aim is for children in year 8, with an incomplete vaccination record, to be invited for MMR. There is no indication yet if this will be rolled out via the SAIS to primary school age children, therefore parents are being signposted to their GP for immunisation of pre-school and primary age MMR vaccinations.

Presented by Laura Wheeler – Director

Achievements/Highlights

- Learning Organisation Approval process- 5 PCNs have been approved with a continuing schedule in development. GP lead and panel chair in place to work on this.

- The Training hub has been coordinating the workforce set up for the additional capacity primary care hubs in Cornwall, providing staffing flexibly through the staff bank to run these minor illnesses clinics across the county.

- Appointed to the IMG near peer fellowship role this year. Successful GP started in the role at the end of January.

- Recruitment ongoing for cohort 3 of the Pharmacy Technician Apprenticeships.
- Locum networking event undertaken with several new Locums attending and sharing thoughts on future development of Locum support.

- Practice Manager Development Programme being delivered, and initial evaluation undertaken with positive outcomes.

- 3 IMG doctors have successfully obtained ILR in the last couple of months, following sponsorship by Kernow Health

- Peer appraisal for Practice Managers now available through the mentorship group

- Third cohort of Leading the Business leadership programme now open for applications

- Discussions led at the Primary Care Collaborative Board around guidelines on pay ranges for locum shift types and minimum wage impact within Practices.

- Agreement to work up a business case around Diabetes Super Clinic model to be integrated at place.

Risks

The future of the GP and GPN fellowship programme- to note national programme closure from March and concern around the support provided through this programme since 2020. Paper in development for the ICB around potential replacement options for this support. To note risk to practices around recruitment to salaried posts.

Terms and conditions for staff- This has become more difficult since AFC increase to NHS this year, which has not been paid in full to practices as GMS only makes up a proportion of income, also national minimum wage has eroded pay differentials.

Training Hub delivery plan under review to identify what infrastructure funding can deliver in 24/25. Increasing number of practices experiencing recruitment, capacity, and premises challenges, affecting core service delivery, in addition to supporting staff and learners.

Collaborative Board

The Collaborative Board thanked Dr Nick Rogers for Chairing the Board as the LMC representative for the last three months. The Clinical Directors have nominated Dr Stewart Smith to Chair the meetings for the coming three months. There was some discussion about how the role of the Board has and might change and it was agreed that it would be helpful to plan its future development.

Primary Care Workforce:

Laura Wheeler, Director of Integrated Primary Care at Kernow Health, gave a presentation and led discussion about workforce issues in primary care.

There has been overall growth in the primary care workforce in Cornwall and the risks relating to the proportion of people nearing retirement age has been reduced. There will be a need for continuing work to attract, develop and retain staff to deal with the increasing workload pressures. There was also discussion about the important contribution of locums as a flexible workforce,

coupled with the importance of ensuring employed posts are at least equally attractive as, for example, salaried GPs are key to enabling practices to deliver increased continuity of care.

The second part of the presentation looked at opportunities for working on an integrated basis using diabetes as an example, including highlighting a recent initiative at the Clays Practice which had provided diabetes super clinics which had enabled eighty people to have comprehensive checks and support in a single day.

District Nursing Service:

Clinical Directors had raised concerns about the impact that the workload pressures and vacancies in the service were having on primary care and the ability to provide appropriate support to some patients. Dr Janine Glazier joined the meeting for this item, and it was agreed that there would be further discussion to agree ways of working together to address key concerns at the February meeting of the Board. Janine confirmed that Cornwall Partnership NHS Foundation Trust (CFT) are actively recruiting to all district nursing vacancies and that support for chronic disease monitoring for patients unable to attend the surgery is part of the service they expect to deliver.

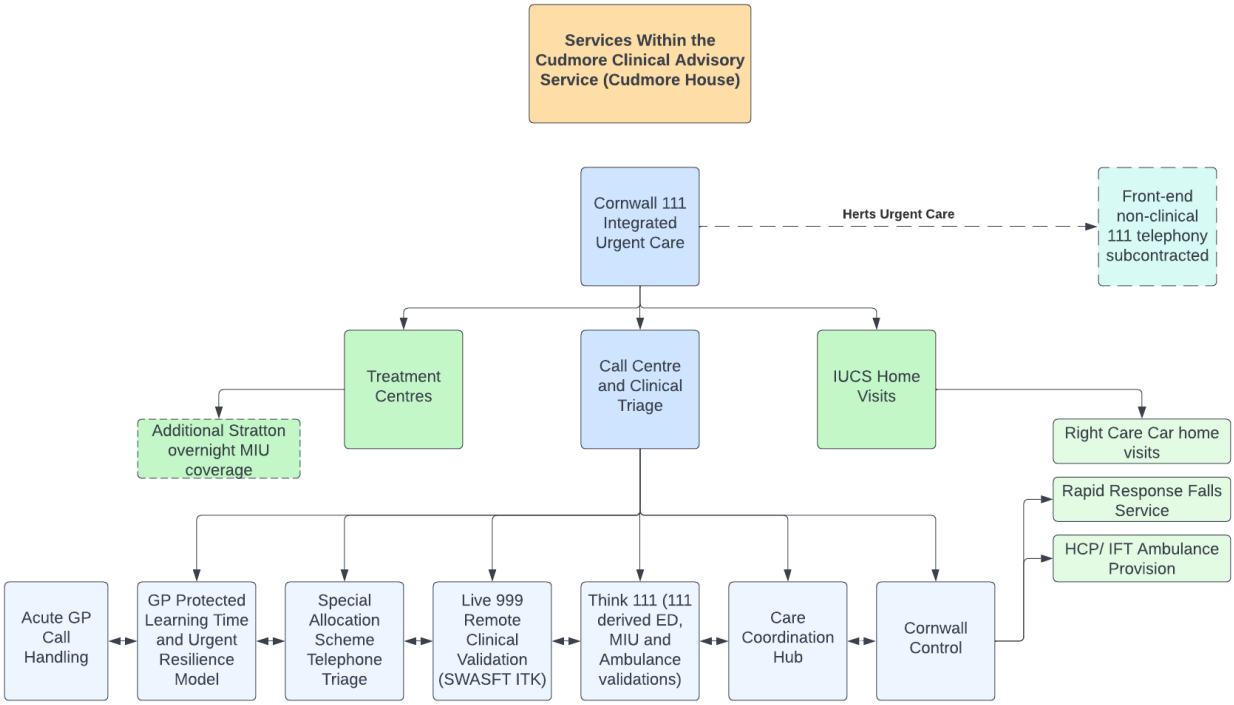
Primary Care Hubs:

The Board received an update on the mobilisation of the Primary Care Hubs since funding was allocated by the Integrated Care Board (ICB) in early December.
Substantial progress is being made with four Hubs already operational and others in the pipeline. Fifty clinicians have come forward to provide the additional capacity required and either have or are being on-boarded by Kernow Health to cover the sessions in the Hubs. Inevitably, a new model such as this has thrown up logistical challenges, but these have all been addressed or at least, partially resolved.

The Collaborative Board will be keen to evaluate the initiative and plan to seek support from the ICB to commission this additional capacity on a long-term basis.

Joe St Leger- Francis – Head of IUCS

Current model of delivery within this directorate:



Operational Performance:
N.B. the data provided for this report is 1 month in retrospect and so each months Board report will be for the previous months data.

KHCIC

- **Proportion of calls assessed by a clinician or Clinical Advisor (KPI 4):** January performance has remained stable. The latest national data available for this KPI (November 2023) ranks Cornwall's achievement the highest out of all thirty-eight contract areas. This KPI has consistently shown improvement, surpassing both the regional and national averages. The service demonstrates important levels of clinical input and promotes call closure through advanced autonomous practice.

- **Proportion of calls assessed by a clinician in agreed timeframe (KPI 5a):** Performance for this KPI has improved in January. The latest national data available for this KPI (December 2023) ranks Cornwall's achievement 3rd highest out of all 38 contract areas.

- **Proportion of calls called back by a clinician in agreed timeframe (KPI 5b):** Performance for this KPI has improved in January. The latest national data available for this KPI (December 2023) ranks Cornwall's achievement 5th highest, out of all 38 contract areas.

- **Proportion of calls recommended as self-care at the end of clinical input (KPI 6):** The latest national data available for this KPI (December 2023) ranks Cornwall's achievement highest out of all 38 contract areas. Additional analysis has been conducted on KPI 6, revealing a consistent pattern where performance tends to decline during the winter and subsequently improves during the summer months. This trend may be linked to the prevalence of winter-related illnesses.

- **Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (KPI 7):** The downgrade rate remained consistent at 92.1%. Cornwall 111 continues to achieve strong downgrade rates, always holding and managing ambulance dispositions beyond the standard 30 minutes, at the request of system partners.

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. This was reported last month but due to the current pressures and system critical incident is still under review. 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.

Risks:
One additional risk has been added to the register:

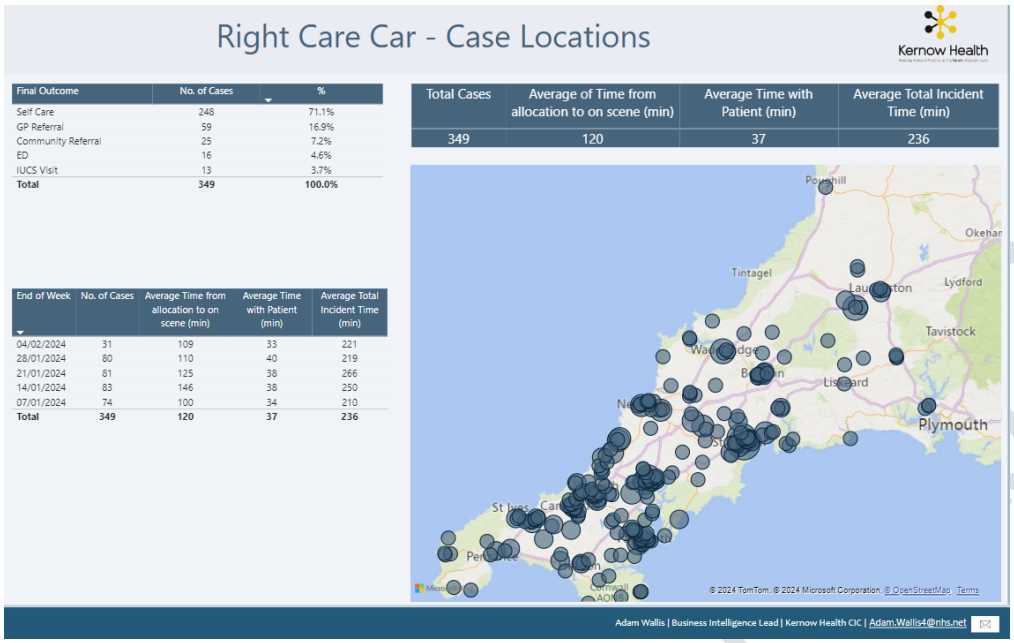
Care Coordination Hub - the CCH is currently in trial status with a number of outstanding risks to include: It has been assessed as good and evaluation positive with a case for continuation.

- Demand versus Capacity modelling not fully understood
- Funding position not formally agreed
- Future model of CCH not yet decided upon
- No formal contractual position of service at present.

GP Protected Learning Time
Successful delivery of the protected learning time model continues with valuable feedback from practices.

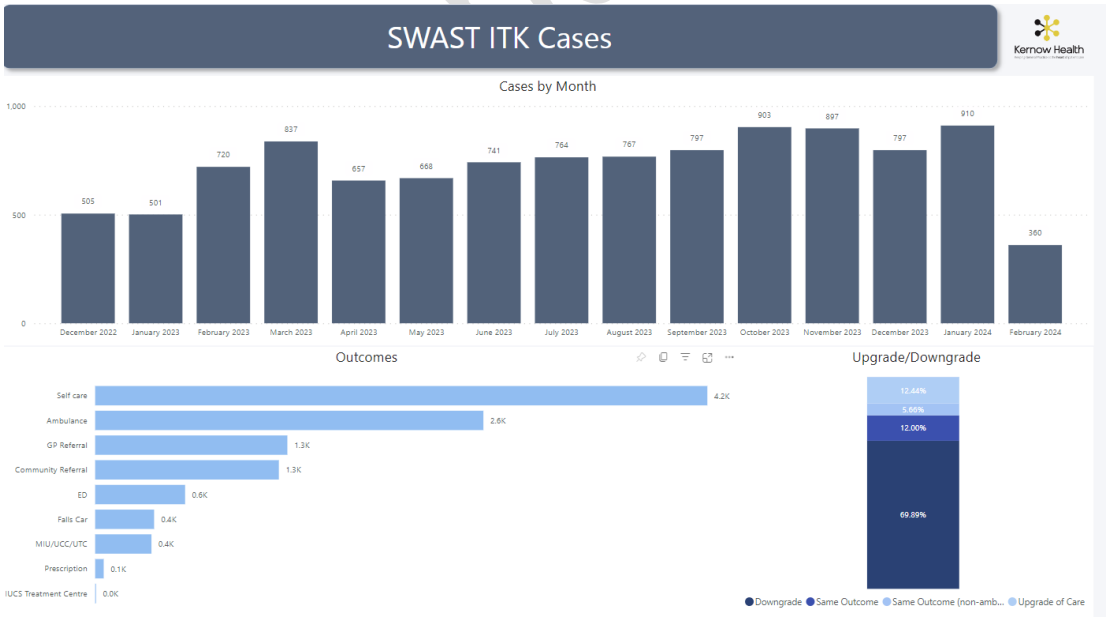
Right Care Car:

The Right Care Car continues positive delivery – though it should be noted that KHCIC have again been required to stand this up without formal contracting due to ICB/ RCHT contractual governance delay. There were 349 cases during January 2024 with 71.1% resulting in a self-care outcome.



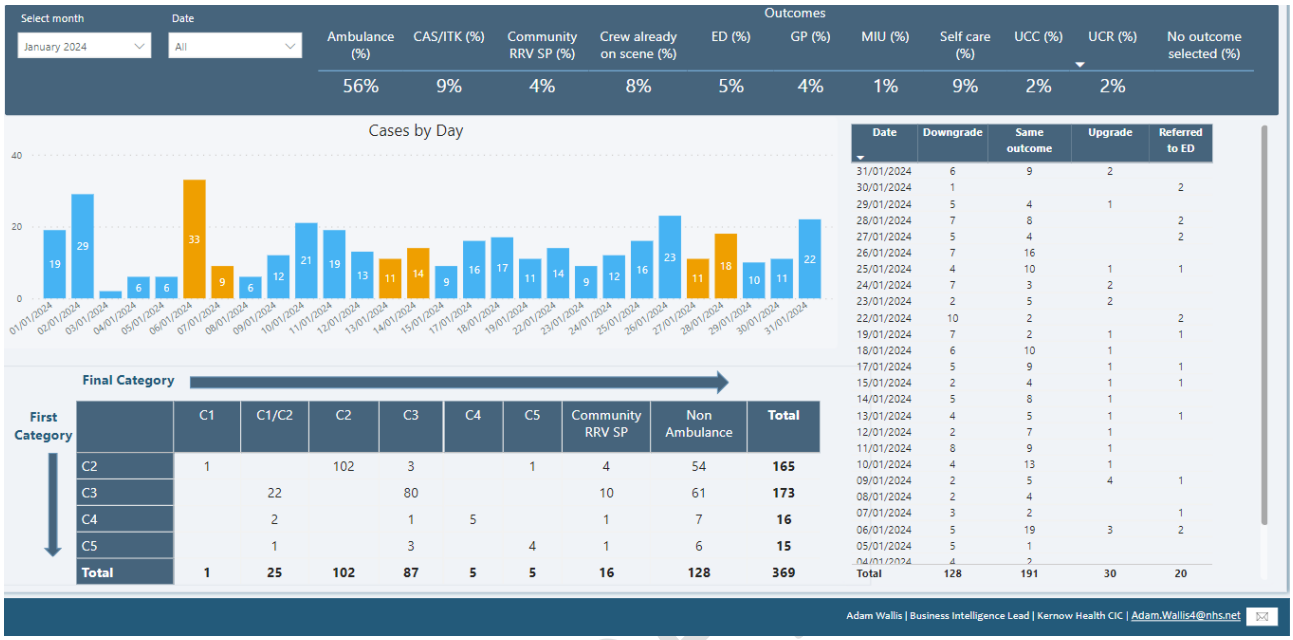
SWASFT ITK:

The SWASFT ITK initiative continues to grow, with a record 910 cases in January managed and a 70% downgrade on these live 999 cases continue.



Care Coordination Hub:

There were 369 cases managed by the Care Coordination Hub during January 2024 with 128 (35%) resulting in a non-Ambulance outcome. This will be cases managed by the SWASFT Specialist Paramedic hosted within Cudmore House. Our model has been seen as the standard and KHCIC is therefore presenting in Somerset to the remainder of the region on how to be really successful.



Dr Paul Cook – Interim Medical Director

VoD review has been completed and a clinical notice has been sent to all clinical staff as part of the learning process

The Safeguarding review and a revised process has been developed which needs to go to exec and then can be shown to board. I am taking over as the safeguarding lead, and we are developing a refreshed structure and clear flow charts to support when and how to raise concerns and any escalation. This will be supported by champions in each directorate and ensuring that the system of KHCIC uses the same methodology.

Ongoing work to overhaul the complaints and significant events process. Patient safety meetings are evolving, and we are organising PSiRF training. As CMO designate, I am getting a clearer picture of how to see the types of issues and near misses as well as level of harm. We have opened a discussion with the wider system to see how we all contribute or experience the effects of our or other organisations errors as a future idea of how to get better learning of impact beyond our touch points.

We have also raised a challenge at collaboration level to understand the meaning of harm and how the system works constructively across provision and commissioner for a single incident management approach.

End of Report