

*Meeting  
Minutes  
KH Board  
Part 1  
24.04.2024*

**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 24<sup>th</sup> April 2024  
via Microsoft Teams Video-conferencing**

<b>Present:</b>	<b>Name</b>	
<b>Non-Executive Chair:</b>	<b>Dr Andrew Craze</b>	Chair
<b>Executive Directors:</b>	<b>Mrs Jan Randall</b>	Chief Executive Officer (CEO)
	<b>Ms Maria Harvey</b>	Director of Integrated Community Care (DICC)
	<b>Mrs Laura Wheeler</b>	Director of Integrated Primary Care (DIPC)
	<b>Dr Paul Cook</b>	Chief Medical Officer (CMO)
<b>ICA Director and Deputy Representatives:</b>	<b>Dr Lawrence Barnes</b>	ICA Board Director Member representing North and East Cornwall/ GP partner
	<b>Dr James McClure</b>	ICA Board Director Member representing Central/ 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>Mr Joseph St Leger-Francis</b>	Head of IUCS
	<b>Ms Emma Ridgewell-Howard</b>	CEO of Kernow LMC
	<b>Mrs Jemma Ignaczak</b>	Company Administrator

**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.

0424/1	<b>Apologies</b>  Apologies received from Mr Acornley as director agreement to implement.

0424/2	<p><b>Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items</b></p> <p><b>Declarations of Interests Register</b> The Declarations of Interests Register was noted.</p> <p>It was noted that the register had been issued to Dr McClure and Mr Acornley for completion.</p> <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> <p><b>Board Attendance Register</b> The register was noted.</p>						
0424/3	<p><b>Approval and ratification of Part 1 Board Minutes of the meeting held on 24 April 2024</b></p> <p><b>AGREED:</b> Following a preview of the minutes by Dr Craze, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 21 February 2024, as a true and accurate record and signed by the Chair.</p> <p><b>Matters Arising and Action Grid from the Board minutes of the 21 February 2024</b></p> <p><u>Action Grid</u> 1223/6 – Ms Harvey to arrange suitable training on the updated scheme for all executives. It was confirmed that a mock CQC would take place in July.</p>						
0424/4	<p><b>Shareholder Transfers</b></p> <p>The Board is asked to consider and, if thought fit, approve the transfer(s) of one ordinary share(s) of £1.00 following the holder of such share(s) ceasing to be an Eligible Representative <i>for the purposes of the Company's articles of association in accordance with Article 29(1) (a) (iii).</i></p> <table border="1" data-bbox="328 1688 1406 1765"> <thead> <tr> <th data-bbox="328 1688 683 1727">Transferor</th> <th data-bbox="683 1688 986 1727">Transferee</th> <th data-bbox="986 1688 1406 1727">Name of Practice</th> </tr> </thead> <tbody> <tr> <td data-bbox="328 1727 683 1765">Dr Simon Fullalove</td> <td data-bbox="683 1727 986 1765">Dr Jonathan Carty</td> <td data-bbox="986 1727 1406 1765">Quay Lane Surgery</td> </tr> </tbody> </table> <p><b>AGREED:</b> The Board approved the shareholder transfers as detailed above.</p>	Transferor	Transferee	Name of Practice	Dr Simon Fullalove	Dr Jonathan Carty	Quay Lane Surgery
Transferor	Transferee	Name of Practice					
Dr Simon Fullalove	Dr Jonathan Carty	Quay Lane Surgery					
0424/5	<p><b>General Business Update</b></p>						

	<p>The Board report was taken as read.</p> <p>Healthwatch had undertaken a report and review back in September and October 2023 having spent a couple of days in ED at RCHT. The draft report had been provided to Julie Green in the ICB. Spotlight was placed on Cornwall 111. Julie Green and Mrs Randall arranged to meet with Healthwatch. Mrs Randall felt that a positive relationship had been started and Mrs Randall was pleased that Healthwatch had published a brief provided by Mrs Randall from KHCIC covering education and performance, alongside its report.</p> <p>Mr St Leger-Francis noted the Adastra outage. A planned 7 hours that became 36. This was the longest service downtime that had been experienced in a number of years. It was felt that KHCIC were well prepared, Mrs Randall was proud of the team and how they had performed, and further learning would be taken from the situation. Overall, the continuation of the service showed how robust the EPRR and continuity were at KHCIC.</p> <p>Dr Craze queried what was used instead of Adastra. Staff had gone to paper on this occasion.</p> <p>Ms Ridgewell-Howard noted for awareness that the LMC sat on the EPRR meetings on behalf of general practice.</p>
0424/6	<p><b>System Updates</b></p> <p>Mr St Leger Francis shared how the team had handled well the note uploads and how long the process was, and digital resolution was being sought for future. Dr McClure noted that his practice used a programme that identified patient details within documents and added the notes directly to their file. Mr St Leger-Francis would like to meet with Dr McClure to discuss this further.</p> <p>Dr McClure would like KHCIC to complete some administrative items at scale on behalf of general practice and asked that this was taken to the Collaborative Board.</p> <p>Mrs Randall noted that she had met with Dr Cook and Dr Craze regarding the KHCIC strategy and highlighted that there was no formal link to the Collaborative Board, and this required formulating. Mrs Randall would like the shareholders to sign off the strategy.</p> <p>Mr Holby did not feel that in terms of document management there would be much to be gained in taking this to the Collaborative Board. There was software available to help administrative staff manage the clinical documents coming in daily. The only way to find out the needs of practices was to ask them directly.</p> <p>Dr McClure noted the income pressures this year. St Austell Healthcare were being supported by KHCIC to undertake a practice closure, allowing the 180 staff to come together for the first time. There was a lot of noise around money and pay increases.</p>

Dr McClure added that there had been a drop in pressure from patients in the past couple of weeks. However, the community matrons and district nursing teams were right up against it. The ICB were reviewing the situation as it was difficult to get hold of a district nurse. Dr McClure would like to see the service come back into general practice along with links to health visitors and midwives as it was currently disjointed.

Dr McClure noted he was unsure of the governance structure for the winter pressure hubs and how they were held. They were not staffed everyday in some of the more deprived areas but fully staffed in other areas where there appeared to be less pressure.

Mrs Wheeler provided some background on the winter hubs. Each of the hubs was owned by the PCN and they provided the clinical leadership. KHCIC provided the staff through its bank. The concept would not have worked if the days and hours were stipulated and therefore the hubs were staffed based on individual availability. The Collaborative Board were reviewing the hubs. There was currently no commitment with zero hours contracts and there was a need for confirmed funding in order to obtain committed hours, however there was a danger of the ICB not giving enough time to evaluate the impact of the hubs.

Mr Holbys impression was that there was not a significant impact from the hubs. They did not give enough additional appointments in the deprived areas to give practices sufficient breathing space to catch up with anything when considering the pressure they are under. Dr McClure to speak with Mrs Wheeler for further details.

Mr Holby added that with the increase of the living wage it was likely that some practices would hand back their contracts and there was no plan B for those patients. Practices were not in a position to take on a large patient population. Some practices may approach KHCIC for help. There was also a great deal of concern around the mental health ARRS offer.

The ICB, for the first time, were recognising that KHCIC were the integration glue for the system. KHCIC was working with CFT around a 24-hour approach and what was really required. The way forward was to put in what was needed and not what NHSE stated. The Right Care Car was a good proof of concept. Mrs Randall currently was not aware of the outputs of these meetings; the aim was to work together to build an integrated service fit for the local area.

Mrs Randall added that focus is on Members, workforce and patients, although Dr Craze added that Primary care would remain KHCICs main focus. Mrs Randall added that integration would help remove some of the system pressure.

When the Board met for its away day in May there was a need to be clear in the strategy how KHCIC best support general practice. Different methods were considered with prevention and interim support. Mrs Randall shared how the people who ran the practices were experts in what they were doing and KHCIC should support them to survive, not just be there if they fall, prevention was key.


	<p>Mr Holby added that it was getting close to a point where a practice partnership in a deprived area would not be able to deliver a safer service whatever they did. No courses or support would help when there was no money to safely run the service. Agreed to discuss as strategy approach at away day.</p> <p><b>ACTIONS:</b></p> <p>Mr St Leger-Francis and Dr McClure to discuss IT solutions to manual record input post downtime. (1)</p> <p>Dr McClure and Mrs Wheeler to take operational items on Primary Care Hub offline and discuss. (2)</p> <p>All to discuss primary care support strategy at away day (3)</p>
0424/7	<p><b>Regulatory Reports</b></p> <p><b>CQC</b> No further update for CQC.</p> <p><b>EPRR</b> Nothing to update.</p> <p><b>Home Office</b> No updates.</p>
0424/8	<p><b>Corporate Risk Register for ratification, approved by the Governance Committee:</b></p> <p><b>Corporate Risk Register</b> The corporate risk register was taken as read. There were no updates.</p>
0424/9	<p><b>Policy Ratification</b> There were no policies for ratification.</p> <p>The Policy Sign-off Process was presented and taken as reviewed.</p> <p>There was a need to produce a flow chart detailing the process for signing off policies, ensuring they were reviewed by the correct people. Mr Jennings queried whether 10 working days was practical given current workloads. This was a good point, but Ms Harvey felt that 10 days was reasonable.</p> <p>Mrs Randall added that each of the polices had now been assigned to the relevant committee for accountability and not to the Business &amp; Quality Assurance Manager. Some of the policies would be set into packs such as HR. All policies required updating and would be looked at based on priority. It was shared how the HR policies were being rewritten as user friendly.</p>

0424/10	<b>Reflection</b> There was nothing to add.
0424/11	<b>Any Other Business</b>  Apologies were received from John Acornley as he had not received his director agreement prior to this meeting.  <i>Mr Holby left the meeting at this point.</i>
	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 Craze, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 21 February 2024, as a true and accurate record and signed by the Chair.
4. The Board approved the shareholder transfers as detailed above.

**FINAL COPY – RATIFIED**

Signed by the Chair: 

Dated: 26<sup>th</sup> June 2024