

Monthly Report to the Board- April 2024

PART 1

Workforce - Members – Patients

Meeting Title:	Board Meeting	
Report Title:	Director Report to the Board	
Lead Responsibility:	Jan Randall, Chief Executive Officer	
Meeting:	Date: 24 /04/24	Agenda Item: Part 1
Authors		
Name	Title	Sections
Dr Andrew Craze	Chair	Chair Update and Overview
Jan Randall	Chief Executive Officer	CEO Update and KHCIC Development Issue Mitigation by Exception The Strategic Landscape, Strategy and Growth, Seasonal, e.g., Winter and C&IoS System Development Finance and Performance
Maria Harvey	Director of Integrated Community Care Services	Service Assurance - School Age Immunisation Service, CEDS (Physical Monitoring), Special Allocation Scheme Governance, Regulatory and Risk Health and Safety and IPC Corporate Services
Laura Wheeler	Director of Integrated Primary Care Services	Integrated Primary Care PCTH and Collaborative Board, HR Dashboard Pension and People Update Culture & Workforce Experience
Jo St Leger-Francis (attendee)	Head of Integrated Urgent Care	IUCS update -Service assurance EPRR / Accountable Emergency Officer (AEO) Pilot Updates
Dr Paul Cook	Chief Medical Officer	Clinical Governance & Safeguarding, Clinical and Patient Safety, Clinical Audit and Patient Experience
Purpose of the Report	<ul style="list-style-type: none"> - To provide assurance in advance of the meeting - Enable reflection of areas 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 – The Board is asked to:	<ul style="list-style-type: none"> • Note, receive and ratify the content for information • Acknowledge the content and assurance provided • Discuss by exception any area of risk, issue or clarity needed • Note the ongoing reporting of development • Approve the risk register amendments / additions / deletions 	

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April – Board Meeting

Section 1 – Overview

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

Chair Report to the Board

April Milestones of the Board:

- Dr Paul Cook commenced in the Chief Medical Officer (CMO) Post
- Jan Randall, CEO has been in post for 6 months
- We said thank you and good luck to the following Directors: Dr Andy May, Kieran Bignell
- We welcomed new Non-Executive Directors: Dr James McClure, representative for ICA Central and John Acornley, representative for Finance.
- The Board completed part 1 of 2 Board Development sessions, the follow up being 22 May.

Chief Executive Report to the Board

KHCIC Presence – Improving KHCIC visibility

We are proud that KHCIC is now being recognised and involved in the integration of patient services. and through relationship building KHCIC is accepted as a key player into most senior meetings. We will accept that there are ones where we are not included, these are set by NHSE and look at the ICB and trusts only. We can however influence and assist the big 3 to meet their targets. We are also being recognised as a key system player. Appreciation goes to the executive team for the proactive push with stakeholders, demonstrating our worth and our role in the wider system.

The CEO attended the ICB Board 2 months in a row and is now automatically invited to log into part one, where the CEO can raise asks and provide assurance and reassurance. It is interesting to listen to the volume of KHCIC and our staff named references in the meeting, all positive. Due to the updates, we provide on the Cornwall Provider Report, that the CEO has pushed to get KHCIC onto, we are also now being praised and challenged to see opportunities through, by the ICB NEDs. The good news is that everything so far that has been raised, KHCIC or the wider system is already in progress. A request has been made by the ICB NEDs to undertake a dedicated piece around 111 and our urgent care services as a spotlight report to the May ICB Board, which will then be published on the ICB website to the public.

Board Papers 24/25

The current format, introduced on inception of the CEO in late 2023 has served its purpose to bring the Non-Executives and Executives into a baseline position together. The Chair, CEO and CMO are meeting to agree and sign off a new format for parts 1 and 2, which reflects the revised streamlined governance framework. This will start to reduce volume and focus the updates where required.

The new format will include, *to be ratified*:

- Chair and CEO Updates
- Integrated Performance Report – Organisational Key Results (OKR) that give assurance on operational services selected targets versus achievement and early warning systems. Currently being designed by the Executives and Lee Budge.
- Summary Outputs from committees – Finance and Remuneration, Contracting and Performance, Quality Assurance and Audit (previously governance), Combined Continuity, Safety and Resilience Committee (previously EPRR, H&S, IPC), People Committee and Risk Registers
- Wider System Awareness, impacts on decision making, ICA updates and System updates
- Strategy and delivery

Sign Off - Finance Project

Dave Kloran attended a sign off meeting with the Executive to close the project, ensure that the deliverables had been met and secure the documents into KHCIC property. Final invoice has been paid. The exercise was value for money in most respects with work undertaken with Wyfields on the transfer from RCHT to Wyfield accountants, however was diverted in timeframe to resolve and improve processes. This meant that the baseline of contracts expenditure and establishment numbers was not concluded. This work was therefore picked up by Wyfields and JSLF with JR overseeing. The actual costs were drawn out quickly to assist with the budget setting.

Governance Assurance Project

Lee Budge has agreed the final stages of this project with the CEO and works directly with MH as the lead on Governance. Deliverables to be received

- Scheme of Delegation – draft received and reviewed
- Standards of Business Conduct – draft received to review
- Governance Framework Document – Received 19th April
- Final Board Development Session – Undertaking 22nd May

Draft Governance Structure

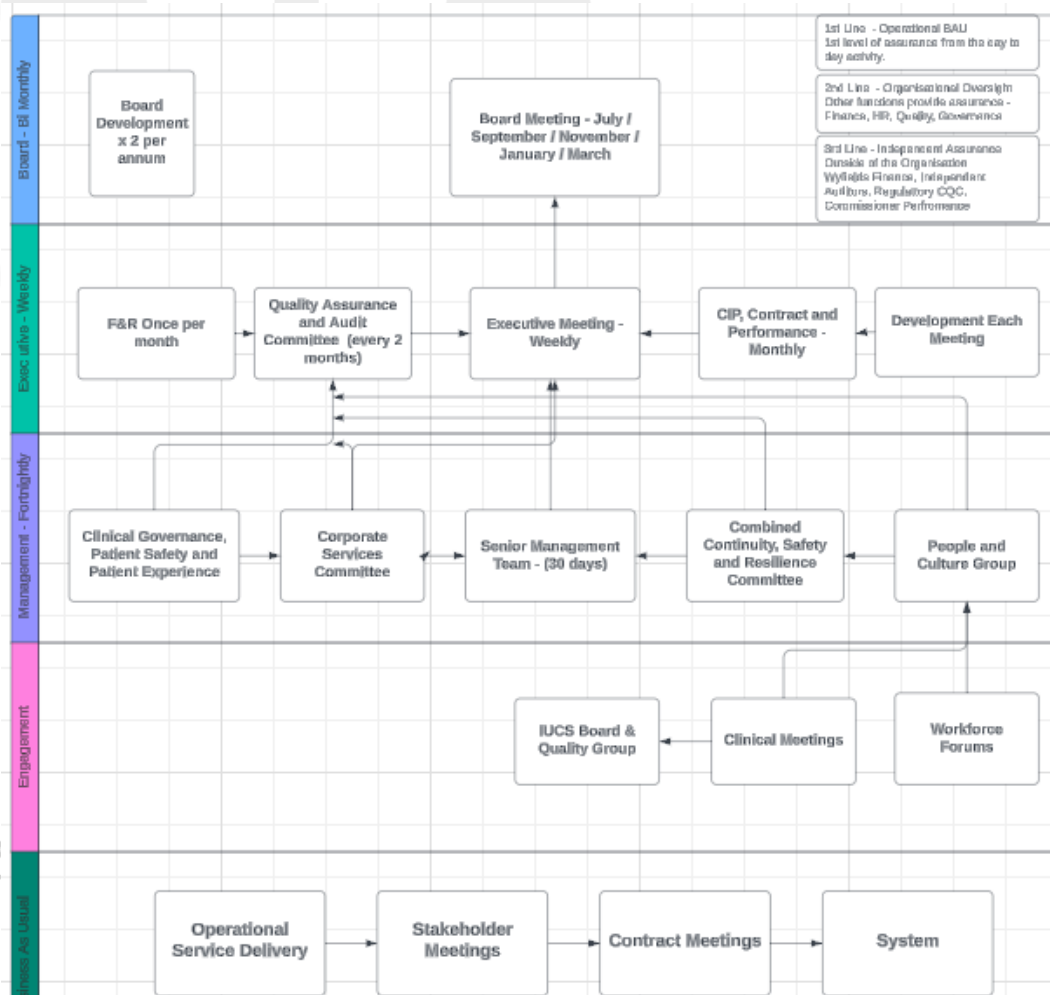
We have also implemented a three line approach to assurance, which confirms the difference in reassurance and assurance.

1st Line - Operational BAU
1st level of assurance from the day to day activity.

2nd Line - Organisational Oversight
Other functions provide assurance - Finance, HR, Quality, Governance

3rd Line - Independent Assurance
Outside of the Organisation
Wyfields Finance, Independent Auditors, Regulatory CQC, Commissioner Performance

The revised structure below has been to the Executive and sits as a draft, we are currently testing out our draft position, with the first round of meetings as a test and learning prior to sign off and ratification. Please see the draft below that is being tested.



Recommendation: We are recommending that the Board dates be moved so that they fall:

May, July, September, November, January and March – to align with the signing off requirements and avoid Christmas and August which have been the highest level of board member absences.

- March – Final Budget sign off for coming year, strategy update sign off
- May – Operating plan approvals
- July – Commencement of Audit
- September – Sign off of Accounts previous year
- November – Audit sign off and publishing
- January – Draft budgets, draft strategy
-

Finance

NHSE Better Payment Practice Code

The ICB reports it is currently achieving 97% target to pay suppliers on time, confirming why KHCIC is amber. Table raised to ICB senior leadership to demonstrate the delays and impact by their finance team, for remedy.

Financial Timetable for Reporting and Process

Our new process and systems allow for real time access to accounts by all budget holders and access to run reports when needed. The enclosed gives assurance around when and how the monthly process is undertaken.

Monthly Accounts Processing Timeline		
Date following month end	Description	Team members
1st - 6th	Entry of final purchase invoices for prior month dated invoices received into Xero. Recharges invoices for previous months expenses raised.	Holly & Laura Y
7th	Lock of Xero up to end of previous month for all users. Any backdated purchase invoices to be checked before entering or dated in current month.	Rach - Whyfield
1st - 9th	Solo GP Payment and Sessional GP pensions processed and entered into Xero	Laura Y / Becky
7th - 13th	Entry of Journals: Wages, deferred income, accrued expenses and income, prepayments, DBS splits, Depreciation, AL Purchases. Bookkeeping review and reconcile all balance sheet accounts	Rach - Whyfield
13th - 18th	Budget holders informed to review their budget transactions, and confirmation sent to Whyfield that either all correct /corrections required/accruals required - and detailed	Laura W, Joe, Maria, Jan
18th - 22nd	Any corrections to budgets made as required and then Budget variance reports reviewed by Budget holders, any variances explained.	Rach - Whyfield, Laura Y
23rd	P&L ready to be distributed with notes on variances from Budget holders	Rach - Whyfield
	Note - This is a 'standard' timeline, any AL may effect this but would be notified in advance so that Exec's are aware of when P&L will be available.	

You will note from this timetable, that the readiness of the papers will time out and miss the Board paper deadline, to avoid a 2 month gap, consideration has been given to moving the board date forward within the month and was discussed for feasibility.

Year End Forecast

A draft forecast was created for the sign off meeting with Wyfields and Francis Clarke, this was a holding position. Final draft will be received 31 May and the audit commence.

Government NHS Staff Bonus Payment

An announcement was made this month regarding additional bonuses to staff for the covid period. Following research by HR, again KHCIC staff are not entitled to this, neither are Practice staffing. Devon School Imms nurses however are being reviewed as they may fall into the category and we would be reaching out the commissioner for that funding support if valid.

A message will be relayed to staff on this disappointing approach by the government to create further workforce inequalities.

HR, People and Culture

Mandatory Training

We implemented to documented planned change to mandatory training thresholds and ownership in March 2024 as planned. A names lead is now accountable for a group with a responsible deputy. We also stretched the thresholds as planned below.

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

Recruitment

We currently have a recruitment freeze in place, other than for Bank and external workforce supporting our members.

Gender Pay Gap Report was issued to the government 2 days before the cut off.

Risk

Next Steps

The governance committee has been renamed Quality Assurance and Audit. The Executive will convene every 2 months to sign off and review the audit prior to being submitted to the Board.

Risk Amendments for Approval – Corporate Register

Risk Number	Action	Reason
EDS56	New Risk	Coming to end of current contract, working with CFT and currently unknown what procurement process if any will be undertaken. MH meeting with CFT.
SIMMS41	Close	No longer a risk, recruitment successful.

EPRR Assurance

EPRR, IPC and H&S are brought together with effect April as the Combined Continuity, Safety and Resilience Committee, chaired by the Accountable Emergency Officer (AEO) Joe St Leger Francis. We have identified qualified H&S staff in the driver team and a feasibility is taking place as to how best we learn from our team.

Service Assurances

Presented by Maria Harvey – Director

School Age Immunisation Service (SAIS)

Cornwall:

- Monthly mobilisation meetings are being held with NHSE as we move towards the new contract which starts on 1st August 2024. As the incumbent provider we are on-track to smoothly transition with no concerns or risks identified.

Devon:

- A review of the Devon workforce has been undertaken to look at the number of hours needed to run the service, moving the majority of the team to annualised hours contracts. This has been successfully completed with the necessary reduction of clinical hours being achieved due to staff leaving and nurses choosing to work less hours per year.

Cornwall and Devon

- A catch-up programme for MMR has now begun for children in year 8 specifically, with opportunistic vaccinations for year 9 to follow. Numbers across both counties for school age children are relatively low, i.e. a maximum of 1904; the work has proven to be admin-heavy rather than clinical.

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

- A meeting took place with the ICB in November regarding the future of the physical monitoring element of CEDS provided by KHCIC. Conversations continue to keep this service as is for location and content. Support is being given by the LMC where appropriate and CFT and KHCIC at strategic level aim to integrate services where possible and undertake joint delivery.

Special Allocation Scheme (SAS)

- No updates.

Governance – Current Legal Cases

- There are no new legal cases for the Board's awareness.

Events

We will be at the Devon Show with the immunisation stand in May, as contracted.

Presented by Laura Wheeler – Director

Contract and Funding Changes

Funding has been cut for two of our most popular programmes – Supporting Mentors and New to Practice Fellowship. This is despite a regional and national campaign to keep the programmes running. In real terms it is a reduction in funding of circa £500k. We are looking at alternative ways of continuing support for newly qualified GPs.

We are in the process of setting our agreed programme of delivery for 24/25 in line with budgets.

Integrated primary care - Operational highlights

Growing our own workforce

- The Training Hub has been working closely with the GP Deanery to increase the number of Practices achieving approval as Learning Organisations. Five practices have now received approval meaning they are able to host students from multiple disciplines. This is part of a continued programme to support practices to grow their own workforce.
- Visa sponsorship has enabled a further 2 GPs to be employed in the last 3 months. Two GPs have now received Indefinite Leave to Remain and are continuing to work in Practices and OOH in Cornwall.
- The Practice Manager Development programme is now 6 months into delivery. It has a cohort of 10 future Practice Managers providing a pool for future recruitment into a very difficult to recruit to role.
- Third cohort of Leading the Business leadership development programme due to commence next month. This cohort includes GP Partners and potential Partners, to assist them in taking on leadership roles in Practices.

Primary Care Hubs and Women's Health Hubs

We have increased the number of Primary Care Hubs available, which has provided 750 hrs extra capacity during March. We are also working with the ICB to put in place Women's Health Hubs, using the Primary Care Hubs as the model for delivery. They will be staffed by existing staff across health and social care and will target women in deprived groups in line with the Women's Health Strategy. This will provide additional funding for the Training Hub to help with delivery and training for upskilling in women's health.

Collaborative Board

A date for the Collaborative Board away day has now been confirmed to be the 1st May, the day will be about setting strategy and agreeing the projects and programmes which will be monitored to support General Practice.

Practice Back Office support

We are continuing to review the option of Back Office support. Models for delivery are being explored and a business case developed for engagement with Practices.

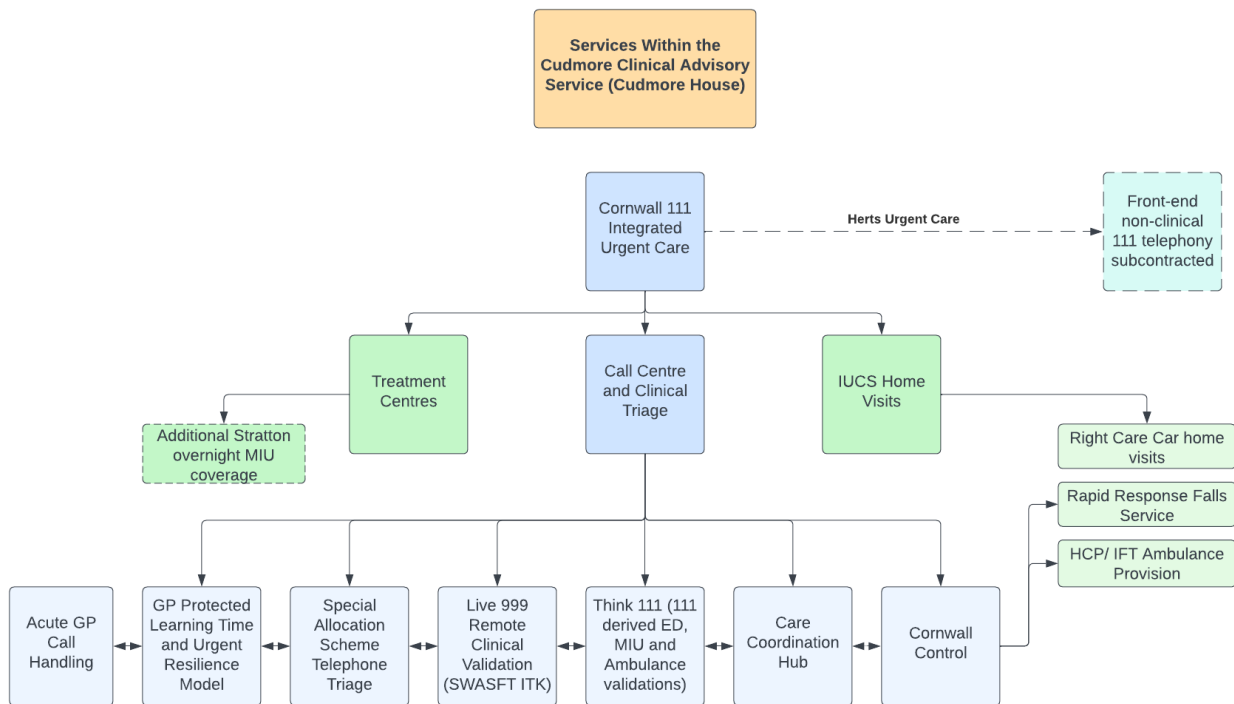
Leadership Training

Laura was lucky to attend the feedback and reflective session for the latest cohort of Leading the Business on Wednesday, the feedback was fantastic with David Tinkler GP and LMC representative describing the course as 'nourishing and an opportunity to reflect and move forward positively'. Our next cohort of Leading the Business is already full and we have a waiting list.

Risks/ Mitigation

- NHSE funding into the Training Hub has been reduced for 24-25. We are reviewing our programmes to see how we can deliver them differently with a reduced budget.
- Capacity to deliver the multitude of programmes continues to be our greatest risk, continual assessment of the programmes and delivery we can prioritise monthly mitigates this.
- Having appropriately qualified clinical leads for the required areas is a challenge as funding is being reduced. We have managed to secure funding to continue those areas which were most at risk.
- Risks continue to be reviewed on an ongoing basis.

Joe St Leger- Francis – Head of IUCS



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):** March's performance has remained stable. The latest national data available for this KPI (February 2024) ranks Cornwall's achievement the highest out of all 38 contract areas. This KPI has consistently shown improvement, surpassing both the regional and national averages. The service demonstrates high 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. The latest national data available for this KPI (February 2024) ranks Cornwall's achievement 5th 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 March achieving 65.9%. The latest national data available for this KPI (January 2024) ranks Cornwall's achievement 7th highest, out of all 38 contract areas.
- **Proportion of calls recommended as self-care at the end of clinical input (KPI 6):** Performance against this KPI improved by 1.5% in March, achieving 45.5% The latest national data available for this KPI (February 2024) ranks Cornwall's achievement highest out of all 38 contract areas.
- **Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention (KPI 7):** Performance against this KPI remains above target achieving 95.3% in March. Also, the downgrade rate remained consistent at 93.2%. 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. Overall, the Cornwall 111 IUCS contract remains highly thought of regionally and nationally and is one of the gold standard IUCS nationally. There are continuing issues however with the front end 111 performance run by HUC, with poor abandonment rates and service levels particularly noted over the weekend.

Risks:

The risk register currently has no additions from last month.

GP Protected Learning Time:

Successful delivery of the protected learning time model continues with good feedback from practices.

Right Care Car:

The Right Care Car continues positive delivery and has been one of the few Winter Pressure Programmes to be extended for 3 months.

An audit of this service was recently undertaken where KHCIC liaised with RCHT BI to ask the question 'when our Right Care Car discharges a person on scene, do they just end up attending ED anyway within the next 72 hours?'

890 Right Care Car cases were sent to RCHT BI. Of these:

- 793 (89%) did not attend ED within 72 hours
- 42 (5%) were advised to attend ED, of which 28 (3%) did go
- 69 (8%) were logged as a Non-ED outcome, but subsequently attended ED within 72 hours (some would have been given worsening advice)

Dr Paul Cook – Chief Medical Officer

With effect 1 April 2024, Paul has taken up the substantive post of Chief Medical Officer at KHCIC, following a competitive recruitment process.

The CEO and CMO will be undertaking listening sessions with the staff as the commencement of the culture program. This will be followed by a staff forum and clinical meetings, to keep the communication relevant, topical and swiftly dealt with, implementing standards and behaviours plus development where needed in the management team to handle these concerns.

A full review of the drugs has commenced with the formulary being changed and minimum and maximum limits of medications to be implemented. RCHT our supplier has been advised that we will roll over the current agreement for 3 months whilst we complete the review.

Verbal update was given on the position of patient safety.

The Wider Cornwall & IoS System Overview

Integrated Performance Report of system providers – Extracts

All data presented can be found in the ICB report April 2024 available on the ICB website.

Constitutional Standards

The key constitutional standards e.g., elective waiting list recovery, key cancer standards at the end of January 2024, except for the 28 day Faster Diagnosis Standard and A&E 4 hour standard are currently not being met (ref: ICB Board report April 2024).

System	Target	Achieved
UEC – SDEC	30% same day	29%
UEC – 12 Hour decision to admit – Feb 2024	<5% (SOF4) Constitutional Standard 0%	9%
4 Hour Wait – Mar 24	76% (SOF4) Constitutional standard is 95%	75.6% Feb 24 – March expected to deliver
Elective Care 78 week waits	Eliminate 78 week waits	Continual improvement but will not be met in March 24. Currently 339 patients. Note 4 patients over 104 weeks.
Elective Care 65 week waits	Less than 50	Continual improvement but will not be met in March 24. RCHT planned to achieve in Sept 24. Current 62 waiters.
95% of diagnostics seen within 6 weeks	Achieve by March 25	74.66% January 24 total CT = 90.22% Ultrasound = 90.54% Dexa = 88.87%
Cancer 28 day faster diagnosis from referral- January 24	75%	Achieved 75.3%
Cancer over 62 day combined January 24 starting treatment	95%	Achieved
CAT 2 ambulance response times	30 minutes	Feb 24 = 69.6 minutes
Ambulance Handovers	42 Minutes	77 (Feb 24) 165 (Jan 24)
Finance Oct 23 to March 24 (H2)	Break Even	Deficit of £2.7m forecasted (Industrial Action)
Community waiting list RTT		19,154 (oldest 1/12/23)
Total waiting list size Jan 2024		56,616 patients (reducing monthly)
Access to talking therapies	Need 315 per week	Actual 161 per week Access gap 5418
Access to community mental health 2+ contacts	Need 4,055 by end Q4	Achieved 4,455

System Oversight Framework

The system is currently at level 3. A regional review of SOF commenced in early April where there is a risk that the system may move to SOF4.

End of Report