

Monthly Report to the Board- June 2024

PART 1 – Board Reading

Workforce - Members - Patients

Meeting Title:	Board Meeting	
Report Title:	Director Report to the Board	
Lead Responsibility:	Jan Randall, Chief Executive Officer	
Meeting:	Date: 26/6/24	Agenda Item: Part 1
Authors		
Name	Title	Sections

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June – Board Meeting

Section 1 – Overview

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

Chief Executive Report to the Board

An interesting couple of months with lots to celebrate and people to thank. We must be however aware that we are in the position of Purdah, which is currently impacting on the ICB plans, in order to follow the NHSE guidance. Some delays are therefore being seen however will not hamper working up in the background.

Paul, Andrew and Jan commenced a programme of listening sessions, inviting GPs into a GP conversation and all other staff to another. Although the turnout was approximately 17 of our staff, Paul and Jan have been receiving email contact and undertaken some 121 meetings where applicable. This is the pre cursor to the launch of our culture programme. Here is the Kernow Connect laying out the plans.



_Kernow Connect
June 2024.pdf

As an organisation we are aiming to reach the level where all staff feel that they can healthily challenge one another and openly support each other, which comes from trust. Early stages are promising, and we know that this is a longer journey in some areas than others.

During June, the NHS in Cornwall and Devon were hit by an NHS Wi-Fi outage. The impact was great across all providers. I am very proud of our team who pulled together, were flexible, moved bases and quickly implemented our business continuity. We do have some learnings from this event which will be documented in the debrief.

KHCIC took part in the Devon show in May, I visited the stand for half a day on day one and worked with the nursing team; speaking to the public, educating about vaccines and encouraging children to play with the wonderful learning games around herd immunity and coverage, designed and implemented by the team and the communications team. I was also able to share the vision and direction and received a written thanks for doing so.

The governance team is working hard to implement our mock CQC in July and we look forward to understanding where any and all our gaps and opportunities for improvement lie.

Perfect Days – Joe St Leger Francis will be leading 2 perfect days across the system where we place all of the UCR 2 hour responders together from KHCIC, CFT Care Co-Ordination and RCHT as well as the IToc to demonstrate what is the art of the possible when all together. How this improves patient outcomes and timescales. These days were the idea of Joe and his team and we all wish him and the team the best of luck on these, as a concept of the future model.

Strategy

The board output from the May 2024 strategy day has been received and going through a clean up. We will then be launching to staff the values and vision for consultation and engagement, following the culture programme questionnaire. A timetable is currently being produced.

Board Structure

The CEO, CMO and Chair, following a direction from the Executive Board wish to share with you the plans for the Board moving forward and ask for your input and ideas. This is so that we complement the introduction of the Collaboration Board and ensure we have a seamless thread between us. Any changes would take place after a vote at the AGM in early January, as it will improve the Articles of Association.

Governance

On the Board Agenda –

The CEO has agreed to share the outcome of our review with the RCHT and ICB Board, this will be in a summary version. Our director responsible for leading governance will walk the Board through the recommended areas of sharing, without losing the content messages. The governance report found the organisation to be well led.

Project sign off

We have now completed the sign off and closure of the governance external review and support project. Lee Budge met the team to close the project, clarifying objectives against outcomes. All had been met and Lee shared both his gratitude to all of the Board as well as gave his apologies for the lengthy process. There are a few documents to complete the last edits of and our governance lead is ensuring that this is completed.

Results:

- Improved governance framework
- Streamlined committee meetings with clear accountability
- Streamlined handovers from one to another
- Implementation of revised documents and policies
- Learning and development
- Executive team challenge on governance to keep all on track

The team will be progressing the following:

- Audit of the meetings to ensure they deliver as required
- Amending of the Articles of association to match scheme of delegation for approval by board and AGM

Risk

Risk Amendments for Approval –

Risk Number	Action	Reason
KH/50	Financial sustainability to be added to the RR	The pension funding has not yet been received from the ICB.
SIMMS/49	Risk to be closed	Excess hours for Devon School Imms no longer a potential issue.
IUCS/19	Risk to be closed	Winter surge planning at this stage no longer a risk.
PCS/09	Risk to be closed	Fellowship retention programmes have been closed nationally. SDF funding business case raised.
IT/16	Risk to be closed	Resilience for BI Manager has been explored with Devon School Imms, but this will not be an option.
KH/38	Risk score increased from 8 to 12	The future of Cudmore House remains uncertain. (note updates received September)
PCS/07	Risk to be closed	Financial visibility: move from RCHT to Whyfields has been successful and all budgets have been moved across.
EDS/55	Risk to be closed	Recruitment into CEDS currently not an issue.
PCS/10	Risk to be closed	NHSE Training Hub funding streams now clarified.
EDS/56	Risk to be closed	Duplicate.

Data Protection Toolkit Assurance

Each year all providers must submit a self assessed DPSA. In 2024 we have been notified that we have become a category 1 provider ‘provider of essential services’. Therefore the process is extended and externally audited. The toolkit is completed ahead of schedule and the auditor provided good positive feedback. We await the final score. Well done to Maria, Laura M and John and teams for their hard work on this. Note - KHCIC were awarded with a full pass.

Issue of B Shares and Articles of Association Update

Due to advice provided to PCN’s around their options of make up, the majority of PCN’s do not meet the NHS Family test required by NHS pensions. This has caused a problem in issuing the B shares as we would not comply with the NHS Family test should we issue a B share to those PCN’s. This means KHCIC would not have access to the NHS Pension. Solutions have been agreed that prevents this risk and the paperwork will be at the September board for ratification to send to companies house.

Finance Tender Process

KHCIC has utilised Francis Clark for the 2021/22 and 2022/23 end of year management accounts and audit. Francis Clark has further provided ongoing VAT advice. In 2023 KHCIC moved away from the financial SLA with RCHT and appointed Whyfield for bookkeeping. Four companies have been approached to request a quotation for the 2023/24 accounts, audit and ongoing VAT advise.

Whyfields have been instructed to go ahead with the end of year accounts in readiness for audit.

Reserve Account

We are ensuring that both a reserve account and reserve report are set up. The report template has been shared at the F&R meeting, where we discussed content. This is to include:

- Enabling us to save 15% of operating costs (target)
- Pension provision £1m (achieved)
- Malpractice excess £50k (£25k achieved)
- Redundancy costs provision (being calculated)
- Cap and collar running balance (to hold risk)

Director of Finance Post

On Agenda

The Chair, CEO and CMO have reviewed a request from the F&R Committee to appoint a Director of Finance / Head of Finance position in the company.

The Board is asked to agree and ratify the agreement by the CMO, CEO and Chair to move forward on this post. The Board previously approved the post and we wish to ratify moving ahead with the advertisement.

Pension Update

We have met with DHSC, NHS Pensions and RCN, it was a useful discussion based on three areas which we collectively were seeking clarification on:-

1. The length of time to repay arrears
2. The possibility of a full refund from NEST
3. The HMRC tax relief

Further meetings are taking place which HMRC will be invited to. The meeting was very positive with all parties being supportive in seeking a practical solution.

The following were not discussed at F&R and provided for information

3 – The Pension underwriting of £800k per annum from 2022/23 onwards is missing (£3.2m) from the table

We are aware from the ICB that they had not included no 3, although contracted, in their year end and KHCIC will not accept a failure by the commissioner to provision as an acceptable position.

We have invoiced RCHT for April and May pension contributions and RCHT are unable to reimburse until this matter is resolved.

CVO reconciliation

HR

Mandatory Training

Dr Cook has taken over from the CEO in leading on the improvement of mandatory training levels, linked to clinical safety. The Executive had discussed and agreed a better ownership way of working and staff are due to be spoken to.

Recruitment

On the 1 July, the recruitment team will grow to 2 people. The level of recruitment into bank and locum pools is growing and it will also enable onboarding to be quicker. Most areas are still on freeze. We have however approved the redesigned clinical leadership post MW resignation. 2 posts will replace this and include leadership on Infection, Prevention and Control.

HR Dashboard

Removed from part 1 as Confidential

Business Development and Growth

There are multiple cases on our pipeline that have now been pulled together into 1 or 2 plans. By integrating the services and plans together, this means that one cases covers all and KHCIC is wrapped into the delivery models in the future. See notes on perfect days in the IUCS report.

Joe St Leger Francis to verbally update on the business case created for utilisation of HCP/IFT funding.

EPRR Assurance

Although KHCIC is not classed as a level 1 responder, and not funded that way, we are expected to complete the assurance templates and participate in overall resilience testing as if we were. We are linked closely in both pathway and patient flow.

Public Enquiry Training – Dr Cook, Mrs Randall and Mr St Leger Francis attended the training along with the executive team of RCHT. The training was enlightening, gave us both assurance on what we have in place is good and gave us time to consider how to do some things differently. For instance, we should not only document the decision in a business continuity or emergency recovery but write down feelings.

Principles of Health Command – Mrs Wheeler and Mrs Harvey attended this in June. The course enables directors to ensure that they fully understand the principles of leading an event. Mrs Randall will attend on the 11 July.

EPRR Gold training – for assurance, the annual training is now in June and November and the Executive Board completed their training this month.

Cyber Security – All of the Board attended their training in May

Service Assurances

Presented by Maria Harvey – Director

School Age Immunisation Service (SAIS)

Cornwall:

- No changes to the service, delivery running smoothly

Devon:

- The team attended the Devon County Show in May to promote the school age immunisation schedule. CEO, Jan Randall also attended with the team on day one – photographs were shared with the commissioners.

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.

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

- A meeting took place with CFT's Head of Contracts on 8th May regarding the future of the physical monitoring element of CEDS provided by KHIC.

Special Allocation Scheme (SAS)

- The contract ends on 30th June 2024. The ICB has proposed an uplift to the contract by numbers registered due to the increase in patient numbers excluded from GP Practices.

Presented by Laura Wheeler – Director

Integrated primary care - Operational highlights

Growing our own workforce

- We continue to support advanced practice across General Practice and IUCS with 10 new trainees and 17 continuing on the programme. The Advanced Practice scoping survey has gone live to capture an understanding of the spread of practitioners across Cornwall.
- 4 GP Health Inequalities Fellows started in May and June spread across the county the areas of work are:
 1. Supporting Community Health Care Workers

2. Deep End Cornwall
3. Women's Health
4. Community Health and Wellbeing Hub (Launceston)

- Our annual recruitment fair was held in May, which gave the opportunity for promotion on Radio Cornwall via interview on International Nurses day, the fair was a success with over 30 attendees.
- The Practice Manager Development programme has just launched its second cohort of applications. It has been so successful that we are now working to get this fully accredited as the first of its kind in the Country.
- The fully funded post graduate diploma Specialist GP Nursing Qualification has just been launched, with 6 places available.
- The Safe Learning Environment Charter has been launched which links to the placement expansion programme, National Education Workforce Strategy and Learning Organisation approval led by the Training Hub.
- A successful and well attended Women in Partnerships evening event was held in May to encourage and new women into partnerships as well as supporting those women already Partners in practice. This supports one of the 5 priority areas of the Collaborative Board.
- A meeting has been arranged with Devon Training hub to discuss how we may be able to provide Education and Training to our Devon Colleagues.

Primary Care Hubs

Primary Care Hubs are continuing to grow and deliver increased capacity across General Practice. A slightly different model has emerged due to continuous improvement reviews which provides closer working with three practices who are staffing the Hubs with people who have capacity. Liskeard goes live on the 15th June with Trevithick in the next couple of weeks

Collaborative Board

The Collaborative Board had an away day where it set its priority areas for the next 12 months with clear task and finish groups established to drive the practical implementation of the areas. The five areas underpinned by a common thread of workforce are:

1. Safer Working
2. Frailty / proactive Care
3. Primary care Hubs
4. Partnerships
5. Patient segmentation

Practice Back Office support

- Demand is increasing for our HR Business Partners and we have worked up a proposal for our Occupational Health service offer which we have been piloting for the last couple of months. We are now moving to a more formal arrangement with the practices and the OH clinician with a dedicated OH email address for practice to use.

Joe St Leger- Francis – Head of IUCS – report submitted by K McSherry

1. IUC ADC KPI Performance

HUC

HUC continue to be supported through resilience funding from NHSE. The current rate is 20% of all calls, this will reduce to 15%, then 10% and zero on the 20 September 24. Assurance has been sought of a breakdown of delivery between the two, for risk identification for October 24.

Proportion of calls abandoned (KPI 1): The abandonment rate has improved by 3.7% to 5.4%, with 905 calls abandoned out of 16,629 received. Performance for this KPI is below than the national and regional rates, both of which 5.7%. This KPI is being managed via the RAP (Recover Action Plan).

- **Average speed to answer (KPI 2):** The average speed to answer has improved by 80 seconds from 162 in April to 62 in May. Cornwall's average call answering performance is below the both the national and regional averages of 94 and 122 seconds, respectively. This KPI is being managed via the RAP. HUC now provide a report to the IUCS board, JR has asked for assurance to be provided.

KHCIC

- **Proportion of calls assessed by a clinician or Clinical Advisor (KPI 4):** May's performance has remained stable achieving 75.7%. The latest national data available for this KPI (April 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 in May by 4.7%, achieving 58.0. The latest national data available for this KPI (April 2024) 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 May by 0.5%, achieving 66.0%. The latest national data available for this KPI (April 2024) 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):** Performance against this KPI improved by 0.7% in May, achieving 37.2% The latest national data available for this KPI (April 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 95.9% in May. Also, the downgrade rate remained consistent at 91.1%. 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. 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.

A formal meeting was held with HUC on the 6th June where HUC were advised of the improvements required as well as KHCIC notifying HUC of concerns over their integrity and delivery. The CEO also met HUC CEO on 14 June 2024 to lay out the forward professional, transparent and relational way of working expected.

Strategic, Operational and Financial Planning:

Due to system pressures some of the strategic operating planning has been delayed. There is therefore a renewed timeline on planning which is as follows:

- September 2024 – implementation of stabilisation plan for 4 months.
- September 2024 onward – implementation of Annual Operating Plan 2025 and Clinical workforce Plan 2025 (implemented in Sept 2024 to give us 3 months lead into 2025 to actually get it done).

Alongside this, work is being completed on the budget with the assistance of Wyfield. Current budget work is looking positive with substantial changes being made to ensure that areas are clearly defined. The budget aims to be set within the next 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 was extended to the end of June, pressure has been placed on the ICB to decide on the future as we cannot run this at financial risk to KHCIC.

Dr Paul Cook – Chief Medical Officer

Verbal update on:

- Prescribing
- Formularies

End of Report

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