

Meeting of the Governing Body

Summary sheet

Date of meeting: 5 April 2022

For: Public session (Part 1)

For: Information

Agenda item: Minutes of the Governing Body meeting held on 1 February 2022

Author(s): Trudy Corsellis, board secretary and Samantha Cox, pa to chief finance officer

Presented by: Governing Body chair

Executive summary

The minutes of the minutes of the Governing Body meeting held on 1 February 2022 along with the updated action grid are presented for accuracy and approval.

Meetings of the Governing Body for NHS Kernow are held in public and a record maintained of proceedings in accordance with the requirements of the Constitution. Minutes are presented for agreement of accuracy and the action grid is presented to satisfy the Governing Body that appropriate progress has been or is being made.

Recommendations and specific action the Governing Body needs to take at the meeting

The committee is asked to:

1. Approve the minutes as an accurate record of the minutes of the Governing Body meeting held on 1 February 2022
2. Consider progress to complete actions and either agree that satisfactory progress has been or is being made or designate further action.

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Minutes

Governing Body

1 February 2022

10am

MS Teams

Members

- Dr Paul Cook, chair
- Chris Blong, lay member for governance and vice chair
- Clare Bryan, chief finance officer
- Dr John Garman, GP member
- Dr Deryth Stevens, GP member
- Dr Judy Duckworth, GP member
- Dr Rob White, GP member
- John Yarnold, lay member for fiscal management
- Dr Matthew Hayman, secondary care clinician
- Nikki Kelly, lay member for patient and public involvement
- Natalie Jones, chief nursing officer
- Rachel Wigglesworth, director of public health Cornwall council

Attendees

- Dr Chris Reid, ICS Adviser
- Mrs Joan Heaton, chair of the citizen advisory panel
- Nikki Thomas, deputy director of quality
- Ms Maria Patterson, patient safety specialist
- John Govett, ICB chair (designate)
- Trudy Corsellis, board secretary
- Sam Cox, PA and minute taker

Apologies:

- Kate Shields, accountable officer
 - Dr Francis Old, GP member
 - Melissa Mead, lay member for primary care and prevention
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Minutes from the meeting

GB2122/132 – Welcome and apologies

Dr Paul Cook welcomed all to the meeting and apologies were noted. Governing Body meetings will run until end of June at which stage NHS Kernow will transition to the Integrated Care System (ICS) and the establishment of the integrated care board. He noted the meeting was being recorded and offered the opportunity for individuals to leave their cameras off, if preferred.

GB2122/133 – Declarations of interest plus gifts and hospitality registers

Dr Paul Cook reminded Governing Body members of their obligation to declare any interest they may have on issues arising at committee meetings which may conflict with the business of NHS Kernow. Declarations made by members of this meeting had been circulated with the agenda and supporting papers.

There were no additional declarations of interest.

GB2122/134 – Questions from members of the public received in advance of the meeting

There were no questions received in advance of the meeting.

GB2122/135 – Minutes and action grid of Governing Body meeting on 7 December 2021

The minutes of the meeting held on 7 December were agreed and signed as a correct record subject to the following amendments:

GB2122/101 – remove [deleted as unsure what this means as the report is about the adult safeguarding team]

The action tracker was reviewed and updated. All outstanding actions were closed.

GB2122/136 - Chair's update

Paul Cook expressed his thanks to staff for their support in delivering the booster vaccination programme in Cornwall and the Isles of Scilly throughout and beyond the festive period. There have also been sustained pressures on the system, leading to workforce demands and innovative support measures are required to be put in place.

GB2122/137 - Directors update

Mrs Natalie Jones advised the directors report was very detailed and had been received for information.

One of the highlights of report was the community pharmacy community walk in clinics which have been very successful and are being promoted as a service for

people with minor injuries to go their community pharmacies rather than presenting at accident and emergency departments.

GB2122/138 - Quality report and Quality committee chairs report, update from January 2022

Dr Rob White noted most of the discussion at the January Quality Committee had fallen into part 2 and will be discussed at the afternoon part 2 session. The report had been submitted for information

The committee noted several members of the CCG had been redeployed to other parts of the system to support the pandemic, but as a result there were holes forming in the routine quality assurance processes and it was becoming difficult to provide a safe and high-quality overview and as a result, there might be a requirement to pull people back to their substantive roles, adding this was work in progress.

Mr Blong asked when those members of staff who have been redeployed will be returning to their substantive roles? Mrs Jones noted this will be reviewed on an individual and daily basis to prioritise the work of the CCG but has been more nuanced than a blanket redeployment.

Mr Blong asked if the recent government announcement regarding those NHS staff who do not need to be vaccinated, had it improved the situation or were there still pinch points and gaps in workforce.

Mrs Jones noted social care colleagues had already left employment before the consultation on new rules had come into place. Not all members of staff have direct interaction with the public and discussions are ongoing with staff to understand vaccination status and the roles they are undertaking. There are some people who have chosen not to have the vaccination, but the imminent vaccination requirement deadline of Thursday 3 February no longer applies due to the consultation.

Dr White commented all staff should have the same level of protection in order to assure the public and the most vulnerable patients across the system they are safe whilst being treated, and asked how assurances could be given if some members of staff had taken the decision not to be vaccinated and was there a requirement to prolong the use of PPE.

Mrs Jones advised the discussions were continuing with staff to record their vaccination status during the consultation process.

Dr Judy Duckworth noted clinical teams were working shorthanded, morale and resilience was low with large numbers of clinicians talking about early retirement and leaving clinical roles. There appears to be an escalating issue with unvaccinated workforce and a tipping point for colleagues and there was a need to not underestimate the risks in primary care and community services.

Mrs Jones noted more children are becoming infected, and as a consequence, affecting parents ability to work, and the pandemic is not over yet. Pinch points continue to be reviewed on a daily basis with the workforce teams.

Dr John Garman added it is essential to have an agile workforce and having vaccinated and unvaccinated staff is divisive.

GB2122/139 – Patient safety specialists (PSS) briefing

Dr Paul Cook welcomed Mrs Nikki Thomas and Mrs Maria Patterson to the meeting.

As part of the national patient safety strategy executive boards, the Governing Body are asked to consider, engage and approve the support to the patient safety specialist (PSS) initiative. Mrs Patterson gave a presentation which had been compiled by the national patient safety team to ensure a standardised message was delivered to all boards and discussed the role of the PSS, national key deliverables for patient safety, key priorities and the support required from the executive team. The presentation also highlighted the support that the PSS requires from the executive team (The presentation is available on the website).

Mrs Rachel Wigglesworth asked how the team might engage with people as there are other services to name but 2 and asked within her remit had patients been engaged with them if not already and how it is applied in particular settings and would it extend to pregnancy support for example.

Mrs Patterson noted yes there was a remit to work across the system, providing support to RCHT as an early adopter and will support across the system, including care homes, with the focus currently on the pandemic and urgent and emergency care, but once over winter pressures there will be an opportunity to support further. Mrs Patterson noted she is a midwife by background and supporting the Local Maternity & Neonatal system (LMNS) and there is a strong programme in place and would be happy to provide support where required.

Mr Chris Blong asked about a unified approach across Cornwall and Isles of Scilly. Mrs Patterson noted this was work in progress.

Dr Matthew Hayman commented Cornwall's work as a combined process to develop a PSS agenda and appointment is excellent, however finds the term specialist challenging and a label of PSS will stop it being seen as a person every clinical specialist is engaged with and there was a need to move away from blame culture and move towards a focus on learning and clinical teams owning the PSS agenda and avoid the blame culture of the past.

Mrs Joan Heaton thanked Mrs Patterson for attending the CAP meeting in November. Patient voice needs to be listened to at an early stage and asked how this would be implemented and also the new NED responsible for PSS engagement and if there was any progress? Mrs Patterson noted discussions were taking place across the system, but more work is required to engage and it remains an ambition and would welcome thoughts from Mrs Heaton and members of CAP.

Dr Judy Duckworth asked how many PSS posts would be across the system. Mrs Patterson noted there would be 2 partners per system. Only 1 or 2 systems nationally that have made any further progress due to the pandemic.

Dr Duckworth asked about the banding of these roles and asked about clinical governance and patient safety reviews and the medical aspects can be overlooked or looked at from a different perspective and this role needs to be diverse and incorporate other clinical groups and senior doctors.

Mrs Patterson noted this was the ambition to engage different groups of staff.

Dr Rob White welcomed these roles and feel they are very timely but questioned the definition of risk to patients within the system and keeping patients safe, the remit of these roles and an open and honest dialogue with the public is a key part of this role. Traditionally hospitals are thought of as a place of safety for our frail and vulnerable people, but realistically they can be much safer and have a less level of risk in their own homes. The level of risk could be escalated by admission to hospital and these roles need to be reviewed to reflect risk and thought needs to be given on how to influence change.

Mrs Patterson agreed this was a valid and timely point and discussions are continuing.

Mr Govett noted he was looking at training for the new ICB NEDs and he will ensure the PSS is part of their training.

Dr Cook thanked Mrs Patterson and Mrs Thomas for their report.

Post meeting note: John Govett meeting Maria Patterson on 14 February at 11.30am.

GB2122/140 – Finance and performance committee report and chairs report, update from January 2022

Mr John Yarnold noted the CCG is forecasting a year end position in line with plan, however this was contingent on the successful implementation of several initiatives during the final quarter of the year. An additional £20m had been added to the allocation during November and December which has made it difficult to ensure the financial target is reached rather than ending with a surplus.

The Performance update painted a rather depressing picture, and at the core of that is the urgent and emergency care pathway. The number of over 12-hour trolley waits has increased, but the dashboard showed that the ambulances waiting at ED had reduced, but on closer examination there was no change in the daily average. There were approximately 100 patients medically fit for discharge in Treliske Hospital and a similar number in community hospitals. In addition, there were 75 COVID-19 patients, so a total of 275 occupied beds more than needed if there were no pandemic. This is causing congestion in the system and is the main cause for ambulances held outside urgent and emergency departments. We need to start thinking, in the new year, how to tackle this differently because of the an impact on patient safety and elective care ,and why there is very little change in the 1 year plus and 2 year plus waiters . The key issue to solve is how to deal with patients who no longer need an acute hospital bed and acute hospital care and innovative thinking is required to resolve this issue.

Dr White noted on the urgency care system, frequently see a 4% rise year on year in the urgent care system and data from the "engine house" showed numbers had not reached pre-pandemic levels of attendances for minor injury units and emergency departments so attendances are still lower than pre-pandemic, which is a good thing, and the engine house is seeing the level of acuity increasing in RCHT and MIUs. There is good work in pharmacies, and 111 downgrading calls that would normally end up in the urgent care system now being dealt with in the community. However, we are not seeing the funding flow around the system to reflect this, and going forward how are we going to go into a ICS to reflect the flow of money around the system, as there has been a change in how people are accessing urgent care, but not hearing any discussions in system about reflecting that anywhere.

Mr Yarnold thanked Dr White for his point and agreed the finances did need to be addressed, but the guidance for 2022/23 may not make this as easy as it otherwise might be.

Dr Duckworth noted the ideas are brilliant but are these only sticking plasters and had never known it be so difficult to discharge people from hospital. There were people with terminal diagnosis who were unable to get home for Christmas who should have been a top priority but noted this was not only an issue in Cornwall, but nationally. Dr Duckworth stated "It's a simple rule of economics, shortage of workers in key areas, wages rise. The only thing here is the market economy won't work as there is a state monopoly controlling wages, so, will NHS England enable us to increase the pay for carers to stimulate the market? People don't do the job just for the money, but because they care about people and want to do something useful and helpful for society, but they need to live, they need to pay their rent. Talking to staff recently, organisations in Cornwall are putting key enhancements on carers workers' pay to cover key shifts as they are so short of carers and staff are jumping at the chance to earn £100.00 more pay per shift so economics really is a key factor here and when will we be able unblock our system and pay people a decent wage for a very demanding and challenging job. Would like an answer from NHS England on this point."

Dr Cook asked if it would be appropriate to mention what the council are doing as part of the critical incident.

Mrs Clare Bryan informed just before Christmas a report was published on market sustainability and fair cost of care fund relating to the period of 2022/23. It has been issued by the Department of Health and Social Care and there is a statement that goes with it which sets out the purpose of the fund which seeks local authorities who are responsible for market management in these areas to submit returns and requests for further funding to support fair cost of care, which is at its core for wages for workers. There are national policy initiatives starting to respond to this agenda and recognise in a challenging position.

GB2122/141 – Finance and performance report - month 9

Mrs Bryan provided a summary of financial performance. The CCG are being monitored and measured in 2 halves this year, the first half of the year ended in

September and now in second part of the year and due to complete the second part by 31 March. At end of December, month 9, ahead of plan and planning to delivery £1.6m surplus, but at moment, delivering £3m better than that and a larger surplus than originally planned. There are a number of reasons for that as described by Mr Yarnold, given additional funding and also seeing slippage in planned spent that is giving us a benefit in areas including prescribing, which tends to be difficult to predict and control and not able to influence. In last 3 months of year, planning to recover the £3m surplus and still deliver the planned £1.6m surplus, but requires us to deliver a large amount of money in a short space of time, but confident will achieve, particularly working with local authority partners to land initiatives in the last quarter.

Dr Cook asked about the money for developing the ICB and moving over to new functions in July and asked if the cost of transition, staff and anything else associated has that been included in the funding or has it been kept separate?

Mrs Bryan there have been some costs incurred in planning for the transition including programme and project resource to assist in ensuring have undertaken due diligence and are ready for the transition to happen and also incurring some double running costs. Mr John Govett is the chair designate of the ICS, which doesn't currently exist and Dr Cook is the chair of the CCG, so are currently double-running with those sorts of costs, but funded nationally and not impacting on local resources. The majority of the transition actions will be happening next financial year and are not reflected in this report as it relates to the current financial year.

Mr Blong asked Clare about the financial accounting arrangements as the CCG moves to the ICS.

Mrs Bryan noted colleagues will be aware that the start of the ICB has been delayed to 1 July 2022 and the CCG will continue to operate for first quarter of the financial year. The CCG is expecting to close its financial accounts as usual on 31 March 2022 and then have a further 3 months accounting period as a CCG from April to June 2022. But, what is unclear and further guidance is awaited is when the CCG will need to publish the relevant accounts. The 3 months will not be audited until end of next financial year, but this has not confirmed yet and still unknown

GB2122/142 – Integrated care board (ICB) update

Mr John Govett expressed his thanks to Governing Body members for their continued support until the end of June 2022. The integrated care system is on track to be established on 1 July 2022, noting the delay had been due to some required amendments which are going through the House of Lords currently.

The 5 designate non-executive appointments had been made and the induction process was due to commence on 4 February 2022. Shadow arrangements are due to be established and Dr Cook and Mr Govett will be working together to complete the closedown and stand up in a collegiate way.

The recruitment for the executive directors:
Chief finance officer
Chief nursing officer

Chief medical officer
Director of transformation
Director of workforce
Director of inclusion (and commissioning)

Are out to advert with a closing date of 6 February 2022 and being facilitated by Gatenby Sanderson.

The ICS needs to be citizen focused with more dynamic ways of engaging with individuals and service lines collectively and consideration given to commissioning more place based and local to home services, focused and articulated, and to ensure the public are brought along on the journey and engaged in the process.

Dr Duckworth noted money is being spent in the wrong places and more consideration needed to be given to spending money on the workforce and expanding the care sector which would in turn empower people to live their lives in their own homes and communities, but without it, services will grind to a halt. This is a difficult situation and need to focus on doing rather than standing back and reflecting.

GB2122/143 – Committee updates

- **Audit committee of 16 November 2021**

Mr Blong stated that not as much progress had been made as hoped for, in addressing outstanding internal audit (IA) recommendations. Members were advised that there should be a step change in addressing such issues throughout February and March. The continued impact of dealing with COVID-19, ICS transition, unrelenting pressures on routine and emergency healthcare provision along with a range of other factors, had impacted adversely upon staff time and availability. With the handover of the ICS now delayed until 1 July, audit committee members and staff expected that most if not all pre-31 March 2021 IA recommendations would be addressed.

Members were given assurance that large parts of the £12,584,000 debt owed to NHS Kernow CCG were now being processed - noting that Cornwall Council remained the largest debtor (£11,960,000). Debt reduction was being addressed via a soon to be concluded dispute resolution process. Significant reductions in the amount owed, are expected to be reported at March's audit committee meeting. Audit committee members were notified of a request by the ICB Chair and CE to employ the services of an additional auditor to provide them with independent assurance on the ongoing drawdown of the CCG. Governing body members were provided with a summary of the audit committee discussion and recommendations within the report for information. In the absence of an ICB Audit committee, CCG Audit committee members offered advice and guidance to the ICB on how to proceed.

- **Primary care commissioning committee of 9 December 2021**

Dr Deryth Stevens noted the last meeting had been held in December.

Prescribing: Savings made and concerns shared that not all practices are using Optimise RX and additional work is going to be undertaken with the LMC to look to see if practices can justify not using it on the basis of cost saving and a report to be submitted to the PCCC February meeting.

Winter pressures mitigation plan: the plan was updated in February 2022. Winter pressures are already happening and no one would have been able to predict the huge number of increased cases in Cornwall of the omicron variant and the impact on practices, which has been very challenging. Earlier in the meeting, the winter access funding had been widened to include community pharmacies which has helped the system.

Improving broadband for practices because of the new ways of working in terms and remote working as some practices were struggling.

Dr Cook thanked Dr Stevens for stepping in to provide the update in Mrs Mead's absence.

Mr Yarnold asked if there was a valid reason why some dispensing practices are not using Optimise RX or a view that an extra push is required. Dr Stevens noted an extra push is required and an update to be provide to the next Governing Body meeting.

- **People and organisational governance committee of 21 December 2021**

Nikki Kelly expressed thanks on behalf of the people and organisational governance committee to Mr Nigel Morson the outgoing chair of the Citizens advisory panel (CAP) and a warm welcome and thanks to Mrs Joan Heaton, incoming CAP chair who had attended the POG committee.

There were no decisions required to be made by Governing Body members at the meeting, and the report submitted for information.

GB2122/144 – Questions from members of the public relating to the agenda

Mr Nigel Morson, expressed his thanks to Mrs Kelly for her kind words. The meeting had been rather depressing with the discussion about staff leaving and the division over vaccinations and delays, but it's important to be realistic and the public do need to be engaged and realise the journey to brilliance isn't great if sitting in an ambulance for hours. At CAP last week, Amanda Nash from UHP talked about pressures there, this was a very strong fact-based presentation and asked the same question. Do you see light at the end of the tunnel and if a struggle, what can be done to find a torch?

Dr White commented there is always light at the end of the tunnel, or it wouldn't be a tunnel, but it is quite a way off at the moment. Elective activity isn't going to suddenly improve, the hospital still has over a 12 ambulances sitting outside most days and the urgent care system is still in crisis and the social care system is still woefully short of workforce and beds. These are not easy fix solutions, but are problems, that can be solved and working as a system will provide the answers we need. Need to

take political realism with us. General practice needs to be fully engaged or won't be heard.

Dr Duckworth replied on behalf of clinicians and those in admin who in the thick of it and people are leaving as struggling and looking at ways out and early retirement and hoping there will be strong political decisions made on the horizon. There will be solutions but can't see these are the moment and there is a long tunnel ahead. Pessimistic but optimistic.

Mr Govett was slightly more optimistic. Can't promise anything but was committed to being ambitious, putting the citizen and the individual at the heart of what we do and break silos to deliver pathways and hold ourselves to account to deliver. Throwing money in the NHS isn't the answer, lets do something to shift the dial.

Dr Duckworth noted her opinion remains the same, need to invest in increasing capacity and unblocking beds that would stop ambulances waiting outside casualty. Difficult to keep holding this level of risk and feels bleak and not going to dress up in any other way as not being true to colleagues or patients.

Mr Yarnold was unsure whether to be optimistic or professionally pessimistic. Due to the situation and the background, have to get into prevention, more involved with citizens as the NHS is needed between 3 and 4% per annum in increased demand – aging population, advances in medical technology but the economy not growing at that rate and can't keep increases taxes if economy not growing at that rate. There is enough resource coming down to buy time whilst work though fundamental changes but need to tackle in the next year and be innovate and reduce the overall demand on health service as money won't be there as it has been in the past.

Dr Cook noted it was the context of where coming from and where going to and all have different experiences and views. This is an unsettled period whist moving forwards noting sometimes the simplest question is often the most difficult.

Close of meeting

Dr Cook thanked all for a healthy and interesting discussion and expressed thanks to everyone who had joined the meeting.

The meeting closed at 12.35

Final copy for ratification

Signed by the chair:

Date: 5 April 2022

NHS Kernow Clinical Commissioning Group Governing Body - Action Grid

| Item | Actions | To be actioned by | Target date | Progress/ date complete |
|------------|---|----------------------------|---------------|--|
| | Actions from 1 February 2022 | | | |
| | Actions from 7 December 2021 | | | |
| GB2122/106 | Natie Jones to provide an update on looked after children (LAC) initial health assessments. | Natalie Jones | Closed | <p>Looked after children (LAC) Initial Health Assessments as at 7 December 2021. Most of the Initial Health Assessments continue to be outside the 28day statutory timescale however the time lag is reducing. Although over 28 days, the majority have been completed within 2 months of the child entering care. Some are only a few days overdue.</p> <p>Additional medical capacity has been identified for December 2021 and January 2022 through a community paediatric registrar and a Speciality Dr.</p> <p>If the numbers of children entering the care system remain low it will be possible to reduce the pending list which stands at 19 cases today.</p> <p>Unaccompanied Asylum seekers have been seen within 10 days of arrival as agreed.</p> <p>Mrs Jones to share a copy of the annual report with Mrs</p> |
| GB2122/106 | Mrs Thomas to share a copy fo the annaul report with Mrs Wigglesworth following the meeting | Nikki Thomas | Jan-22 | Closed |
| GB2122/109 | Rachel Wigglesworth to develop a simplified “sense-making” version of her inequalities presentation that can be used to update system colleagues and help inform our 2022/23 priorities and deliverables. | Rachel Wigglesworth | Feb-22 | Presentation to Senate on 1 March 2022. Item closed. |
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