

Board meeting minutes (Part 1)

16th May 2018

10:00 – 15:30

Room G1, Ground Floor, 151 Buckingham Palace Road, London

Present	
Ian Dilks	Chair
Keith Edmonds	Non-Executive Director
Mike Pinkerton	Non-Executive Director
Charlotte Moar	Non-Executive Director
Helen Vernon	Chief Executive
Denise Chaffer	Director of Safety & Learning
Joanne Evans	Director of Finance & Corporate Planning
Vicky Voller	Director of Practitioner Performance Advice (by telephone)
John Mead	Technical Claims Director (Associate Board Member)
Mike Durkin	Associate Non-Executive Board Member
In attendance	
Alan Hunter	Director of Claims
Ian Adams	Director of Membership & Stakeholder Engagement
Sanjay Sekhri	Joint Acting Director of Practitioner Performance Advice
Cheryl Lynch	Representative of DH Sponsor Team
Tinku Mitra	Head of Governance
Julia Wellard	Executive Assistant (Minutes)
Apologies	

1 Administrative matters

1.1 Chair's opening remarks and apologies

The Chair opened the meeting by welcoming everybody and noted that today was Ian Adams' last day as Lord Mayor of Westminster.

There were no apologies for absence.

1.2 Declaration of conflicts of interest of members

There were no conflicts of interest to note.

1.3 Minutes of Board Meeting held on 20th March 2018

The minutes of the Board meeting held on Tuesday 20th March 2018 were APPROVED and a copy signed by the Chair.

1.4 Review of actions from Board meetings

The actions from the last Board meeting were noted and the closed actions removed.

The following actions were rolled forward:

- Stakeholder engagement. Paper on engagement to be circulated to Board and a further paper to be brought back to a future Board meeting for discussion – date to be confirmed.
- Prison healthcare – Technical Claims Director to undertake a deep dive into prison healthcare claims and will bring a report back to the July Board meeting.

The following actions were closed:

- NHS Resolution and GIRFT. Head of Governance to circulate examples of Trust dashboards to the Board – these were circulated.
- Sickness absence. Head of HR to look into the possibility of breaking down illnesses of the category anxiety/stress/depression/other psychiatric illnesses'. HoHR to raise with McKesson that the category reflects different illnesses and whether it could be changed – report included on agenda.

2 Operational items

2.1 Chief Executive's Report

GDPR Data Protection Officer Role

Tinku Mitra, Head of Governance, has been appointed as NHS Resolution's Data Protection Officer in compliance with our GDPR requirements, which includes the following responsibilities:

To inform and advise the organisation and its employees about obligations to comply with the GDPR and other data protection laws:

- to monitor compliance with the GDPR and other data protection laws, and with our data protection policies, including managing internal data protection activities;
- raising awareness of data protection issues, training staff and conducting internal audits;
- to advise on, and to monitor, data protection impact assessments;
- to cooperate with the supervisory authority (Information Commissioner); and
- to be the first point of contact for supervisory authorities and for individuals whose data is processed (employees, service users).

Tinku Mitra was thanked for taking on the role.

It was noted that the Deputy Caldicott Guardian role has changed from Dr Alison Budd to Dr Sally Pearson.

Court of Appeal success – 'bulk conversion' cases

It was noted that a pattern of claimants being moved by claimant lawyers from legal

aid to no-win-no-fee funding prior to changes in the rules resulting from the 'LASPO' reforms in April 2013 had been identified. In three separate test cases heard in the Court of Appeal recently, NHS Resolution argued that this was not in the interests of patients as a deduction would be made from their damages as well as the significantly higher costs their lawyers could claim from the NHS. The court agreed that solicitors had failed to provide relevant advice to their clients or the advice was flawed. This has saved the NHS £270,000 in legal costs on the test cases with further millions of pounds of savings expected resulting from the decision.

The decision has received wide coverage and we made the following statement:

"We welcome the Court of Appeal's decision in this case which shows how important it is for claimants to be properly informed when it comes to their legal costs. Having detected this issue and taken the decision to challenge it through the higher courts, we were able to save significant sums for the NHS whilst ensuring that claimants receive the compensation they are entitled to"

Breast Screening

Following notification of this matter by Public Health England (PHE) which has received widespread publicity, we are currently in discussions with PHE and DHSC on the prospect of claims for compensation being received and how they will be approached.

The Board noted the Chief Executive's Report.

2.2 Performance review

The performance review detailing financial performance and key performance indicators for the period under review was presented. The data which support the measurement of our performance in relation to claims management are commercially sensitive and disclosure could adversely impact on our ability to manage claims effectively. Consequently, whilst claims activity is reported in Part 1, claims KPIs are reported and monitored in the Part 2 private Board session.

The performance report provided a year-end report across all divisions.

Claims

An update was provided on the number of cases taken to mediation showing that the target has been exceeded with 189 completed mediations for the year with settlement of around 80%. This achievement would be reported in the Annual Report and Accounts, particularly as the target was to mediate 50 cases through the claims mediation service by the end of quarter 4 of 2017/18.

The position with respect to the number of new clinical claims reported under the Clinical Negligence Scheme for Trusts (CNST) was discussed. The Board requested a commentary for use with key stakeholders and ideally some context in terms of the scale and direction of volumes of activity in the NHS.

Action: DoC

Safety and Learning

All the Safety and Learning KPIs were reported as having been fully met:

- 95% response rate to members following a request for contact within five working days.
- Feedback from at least 60% of trusts visited on recognition of leaflets – oral or written. This KPI has exceeded target at 80%.
- 80% of member NHS trusts visited have accessed their scorecard and provided positive feedback on it. This KPI has exceeded target at 99% in the 13 trusts visited between mid-February to mid-April 2018.

The Board asked for clarity on the target met against the KPI 95% response rate to Members following a request for contact within five working days

Action: DoD&L

The Board noted the performance report for the Finance, Claims, Practitioner Performance Advice, Safety and Learning and Primary Care Appeals functions.

2.3 Complaints Report

A summary of complaints activity was presented for the financial year 2017/18. The report refers to the new policy which was issued last year. Details of the roles and responsibilities drawn from the policy were also presented.

There has been a small increase in complaints during 2017/18 with a total of 52 received for review by the Chief Executive compared with 39 in 2016/17 and 34 in 2015/16. However it was felt that this was probably due to increased awareness of the need to escalate. Complaints have remained relatively small in number over the last few years compared with activity.

Themes in complaints relate to:

- Delays to payments, and responses to claimants by panel firms and NHS Resolution;
- Conduct of claim/NCAS case;
- Management of litigants in person, appointment of clinical experts by panel firm and incorrect information/statements not checked by panel firm on documentation.
- Manner and tone of correspondence from NHS Resolution and panel firms and general handling of issues.

Key areas of learning requiring further action are:

- Implementation of new policy through training and understanding of responsibilities for different roles within the policy which is being coordinated through the Head of Corporate and Information Governance as well as ensuring all staff are aware of the escalation process.
- Where complaints are upheld or partially upheld, there needs to be evidence that learning has been identified and followed up.
- Training to ensure consistency of practice across service leads in the claims function.
- Guidance and training on communication and tone used with claimants. Underway and a seminar has already been delivered on empathy in claims handling.

- Changes to local procedures and guidance to reflect learning from specific complaints.
- Ensuring where delays have occurred that we review to ensure that arrangements are in place to avoid recurrence as well as maintaining communication with parties throughout the process.
- Follow up with Panel if service issues are raised.

These actions are being taken forward and in terms of delays there has been discussion with the Senior Management Team around improving the position by keeping claimants updated on the progress of their claim, particularly where some things can take longer than expected. There is no set number of days for updating claimants on their claim and it was suggested that this should be considered including in the claims process, although this could have resource implications.

A question was raised on whether it is easy for people to complain. It was noted that complaints are also received which are not logged formally, are dealt with locally through business areas per our policies and are often resolved quickly. The Head of Governance will ensure that the Complaints Policy is easily accessible on the website particularly as the website transitions.

Action: HoG

It was noted that very few claims are escalated to the Chair and those that do are very complex and there have been areas of learning identified.

It was suggested that we should triangulate our complaints with those which the legal panel receive as it may identify a hidden level we may not be aware of. It was also suggested that it would be helpful to see a breakdown of complainants by age and ethnicity and that we should be encouraging feedback on complaints handling.

Action: HoG

It was noted that one of the references in the report appeared to show that one of the sources of complaints was the PHSO. However the Head of Governance clarified that this referred to an investigation the PHSO was undertaking on a member trust which was logged with us as we provided information they needed. There have been no complaints otherwise escalated to or from the PHSO.

The Board noted the Complaints Report.

2.4 Information Governance Report

The Information Governance report which provides a year end summary of information requests made under the Data Protection and Freedom of Information legislation plus information incidents for the financial year 2017/18 was presented. The report was considered at the Audit and Risk Committee on the 10th May.

Some of the data will be included in the Annual Report and Accounts.

The incident report has been separated between those incidents reported internally and those by our suppliers, in particular by panel firms.

It was noted that it is difficult to assess from reports whether harm has occurred and it was considered that the reporting needs to be explained in more detail particularly

in view of GDPR.

There has been an increase in FOI requests of 18% (331) for 2017/18 of which 92% were completed within the statutory 20 working day deadline. There are 13 requests which are still active as at 13th April 2018 and 15 requests were completed late in 2017/18 which related to the complexity of requests required or seeking further advice. Information was presented by business area as well as the top 10 response outcomes.

In terms of linking FOI with openness, it was questioned whether there was anything more we could publish. We are publishing more information including all our responses on a disclosure log so that future requestors can see what has already been released. However, this often results in supplementary requests being made.

In terms of the information governance mandatory e-learning, it was noted there are only three members of staff who are still to undertake this, which is a good outcome. It was suggested whether we might enter ourselves for an award for our IG learning package as so many people have completed it and it is a good package.

It was noted that under GDPR requestors will no longer be required to pay for their request. Going forward there is also a shorter turnaround for requests. The impact on resources will need to be kept under review.

We received 38 Subject Access Requests (SARs) in 2017/18 the majority of which related to the Practitioner Performance Advice service and practitioners who have had Practitioner Performance Advice involvement.

The Board noted the Information Governance Report.

2.5 HR and OD Report

Michael Humphris, Head of HR and OD, attended the meeting to present the HR and OD report which provides information on the organisation's key workforce indicators, equalities characteristics and the HR and OD activities for the period March 2017 to February 2018.

Key activities of note are:

Establishment - the turnover rate has reduced from 9% in the previous reported period to 6.7% showing that the organisation is beginning to maintain a more stable workforce and turnover has remained consistent on a monthly basis. The number of staff in post has risen by 13.9 FTE since October resulting in a reduction in the organisation's vacancy rate to just below 10% in February which is down from 14% reported in October.

Agency Workers – there is a reduction in the number of agency workers with a total of 38 engaged during the reporting period, which is down from 49 in the previous period, 9 of whom were active as at 28th February 2018. The FTE level of agency workers has reduced by 1.8 FTE compared with the previous report showing that we are engaging fewer agency workers and the trend is continuing. It was noted that half of agency workers appear to be in the Practitioner Performance Advice team and it was pointed out that agency workers were brought in while recruitment was undertaken to permanent positions and there were a number of fixed term projects

which have now completed. There are now only two agency workers in the Practitioner Performance Advice team.

Leavers and Recruitment – Reports for leavers are broken down by non-voluntary and voluntary showing that by excluding non-voluntary leavers, the turnover rate has reduced to 5%.

Absence – sickness absence since October 2017 has been steady with a small decrease noted in January 2018. Following the launch of the revised reporting and management of sickness absence policy, there has been an increase in reported levels of sickness absence which is positive and shows that reporting is now on a more consistent level. The organisation continues to report below the national average rate. The reasons for absence show that 42% of absence is attributed to anxiety, stress, depression and other psychiatric illnesses. However absence remains low compared to other organisations with a total of just 13 episodes in 10 individual employees with 10 episodes in 7 individuals due to work-related matters. Six episodes were long-term absences and only two cases remain active with one case making up over 45% of the total.

There continues to be concern that sickness absence relating to anxiety, stress, depression and other psychiatric illnesses needed to be broken into subsets and whether this could be raised with ESR. The HR&OD team are currently working on reviewing the local absence reporting procedures to support the capture of absence sub-categories in order to provide a more detailed understanding on the absence. The team are also working on identifying which of the anxiety and stress-related absences are work-related to ensure that these are addressed appropriately and measures put in place. This is the biggest area of absence reported nationally. It was suggested that the Head of HR should raise this at the next ALB HR Directors network.

Action: HoHR

Employee relations - Since the last reporting period, there have been seven new employee relations cases which are being managed to resolution in a timely manner and where possible on an informal basis.

HR and OD supporting activities - The HR&OD team continue to deliver a number of activities supporting our liP commitment, focus group recommendations from 2016 and staff survey results from 2015. A number of work-streams were also identified to support year one of the delivery of the five-year strategy and business plan. The team also delivered a number of training sessions and workshops around behaviours, managing difficult conversations, HR&OD policies as well as holding team development days. There are also coaching opportunities available for staff in terms of motivation. The leadership programme was rolled out in September 2017 over a 7 month period with 6 workshops and 6 action learning sets for 48 members of staff across the organisation.

Mandatory and Statutory Training – There are five Mandatory and Statutory Training (MAST) courses which staff are required to comply with. The level of compliance for each of the MAST courses needs addressing which will be taken forward by the recently appointed Workforce and OD Co-ordinator who will be responsible for actively recording and monitoring our MAST compliance data and will be able to identify those individuals who are not compliant which will be shared with Directors and we should see an improvement in the level of compliance. Work is also

underway to scope a suitable training module for fraud and bribery awareness training which will be included in the corporate induction process. This will also be reported to the Operational Review Group (ORG) who will be responsible for ensuring that people are reminded of the importance of completing the MAST courses. It was noted that we should be reporting the level of compliance for each of the five MAST courses at 100%. It is required within the contract of employment and should be addressed in appraisals. The view of the Board was that we should be reporting 100% compliance against all MAST courses and the Head of HR will draft a note to staff for the Chief Executive.

Action: HoHR

Equality and Diversity - Our organisational profile as at 28th February shows we are closely aligned to the regional figures of 60% white and 40% BAME at 65% and 33% respectively, with a slight underrepresentation within the BAME categories. The gender mix across the organisation's workforce remains the same as previously reported at 40% male and 60% female. We published our gender pay gap (GPG) data in December 2017 reporting a 8.1% median gap which is lower than the national figure of 18.4%. However we still need to work on bringing this down further and we are using our internal audit programme to deep dive into the business by looking at recruitment and whether this can be improved. All staff are paid on NHS Terms and Conditions meaning that jobs are evaluated and banded against set criteria and therefore paid the same rate for doing comparable work regardless of gender. We continue to look at ways of achieving a zero gender pay gap through improving our recruitment processes, development opportunities and enabling flexible working where possible.

The Board noted the HR and OD report.

3 Management proposals requiring Board input or approval

There were no items to consider.

4 Liaison with Key Stakeholders

4.1 Communications and Stakeholder Engagement Report

An update on recent communications and stakeholder engagement was presented detailing key activity relating to proactive/reactive media management, issues management, digital communications, stakeholder engagement and events across NHS Resolution.

The Membership and Stakeholder Engagement (MSE) Digital Communications Manager is continuing to work on replacing the existing NHS LA and NCAS (Practitioner Performance Advice) websites with a single website and has met with 65 members of staff across the organisation to identify key opportunities in order to improve the basics and ensure the new website is fresh and clean with improved layout and mobile responsiveness making it more user-friendly, engaging and providing ready to access resource materials. There is a delay to the website development timetable which has been caused by two documents which have been submitted to DH: the Cabinet Office Technology and Digital Spend Controls form which seeks approval to do anything further on the website, and a business case

approval form which goes to DHSC for permission to recruit two technical developers with specialist word processor skills to support the Digital Communications Manager. Both documents were submitted in the last ten days and we are waiting to hear back. This has resulted in the project slipping by approximately 4-6 weeks. The private beta site has been released internally. It is expected that the website will be up and running in October. A business case has also been put forward to the Workforce Strategy Group for a six month contract to assist the Digital Communications Manager with her work including work which is being taken forward on the development of a new intranet for the organisation and work on the ITSM programme which is scheduled to start on 1st June 2018 and includes the development of the extranet.

In terms of safety and learning, the team are working hard on addressing the question of impact of engagement raised within the customer survey. Two national engagement sharing and learning events took place in March: the 'Inquests – what lies beneath?' event took place on 8th March in Newcastle and the Association of Ambulance Chief Executives Annual Conference took place on 21st March, both of which included a presentation from the Safety and Learning team and panel firms. Five regional events have taken place including the Midlands and East Safety and Learning Reference Group on the 16th March, the South Safety and Learning Reference Group on 27th March and the London Maternity Event on the 16th April. There has been significant engagement with maternity partners on the Early Notification Scheme which has included network and work stream events as well as discussions at a number of regional events. The main focus has been to provide an update on the first year of the scheme, explain pricing and clarify queries from trusts on the operation of the scheme and further detail on this will be included in the next Board report. There are two additional support posts in the South of England which is making a lot of difference and will deal with the feedback from the customer survey that there are a lot of events happening in the North of England. The RCN conference took place in Belfast this week and we received over 200 requests for follow-ups particularly around mental health and inquests. There is an event focusing on mental health on the 5th July.

James Titcombe is working with a patient safety organisation and has been presenting and referring to our CP Report. It was suggested whether we should be doing more to promote the benefits of outcomes, particularly the CP Report which has been used in numerous ways which should be logged. The Resolution Matters newsletter should be used to promote the benefits which our initiatives have brought which would be useful. It was noted that the Safety and Learning team and maternity leads were targeting clinicians at the RCN conference and there were quite a few nurses who had not heard of NHS Resolution and therefore it would be of benefit to use the newsletter to engage frontline staff which is in our strategy for this year.

It was noted that there has been a lot of interest in the Maternity Incentive Scheme and that we should not underestimate the power of the initiative.

The Membership and Stakeholder Engagement Manager has been undertaking in depth interviews with the Senior Management Team and senior staff to determine who is important in other bodies to support the delivery of our objectives.

The Safety and Learning Team have also visited 14 trusts over the reporting period.

The Board noted the Communications and Stakeholder Engagement Report.

5 Key Developments

5.1 Case Report – Contempt of Court – Calderdale and Huddersfield NHS Foundation Trust v. Atwal (High Court, 27 April 2018 – Martin Spencer J.)

Mr Atwal was assaulted in 2008 whilst working as a doorman and sustained fractures to his fingers and a lacerated lip. He attended hospital for treatment and the trust accepted they failed properly to attend to his injuries and made an offer of £30,000 for the admitted negligence which was rejected. In 2014 a claim totalling £837,109 was served which included substantial sums for future loss of earnings and care as Mr Atwal alleged that he had been grossly incapacitated and was unable to work which was inconsistent with entries in the claimant's medical records. As a result, surveillance was approved as well as investigation of publicly available social media postings, the results of which led us to plead fraudulent exaggeration of the claim.

Subsequently in March 2016, the claimant accepted the original offer of £30,000 and as this had been put forward as a Part 36 offer under the Civil Procedure Rules and not withdrawn, the claimant was obliged to pay the Trust's legal costs for the intervening period which amounted to well in excess of £30,000 and he therefore owed a sum to the Trust.

Committal proceedings were brought against the claimant for contempt of court and the judge accepted that fourteen instances were demonstrated from the surveillance and other evidence. It is expected that sentence will be handed down on 1st June which may result in imprisonment.

This is the first case we are aware of where action of this nature has been taken following fraudulent exaggeration of a clinical negligence claim. This should act as a deterrent to future claims of this nature, particularly if publicised within the claimant market.

The Board noted the position.

6 Oversight of Key Projects

6.1 Customer Survey – update

The Membership and Stakeholder Engagement Manager attended to give an overview of the customer survey results together with plans going forward.

The second annual customer survey went live in February 2018 with approximately 4,000 invitations sent out to claims and legal contacts, medical directors and HR leads, senior leadership teams, commissioning and risk/patient safety roles at healthcare organisations. The questionnaire was wide ranging and focussed on what people thought we were like to do business with, measuring awareness and understanding of our brand and expanded focus.

A total of 432 responses were received from 285 different organisations compared with 332 in 2017. Overall, the satisfaction rate was 66% compared with 55% last time with the Practitioner Performance Advice service topping the list at 96% across

service areas. However there is more work to do in relation to primary care. It is encouraging to note that our brand change scored fairly high with 89% recognising the brand and just under 80% in support of the brand, a considerable achievement for year 1. The strategic aim, sharing learning for improvement, received the most support at 91% and there is evidence that dissemination of learning is having a positive impact. There were a number of themes coming through with people asking for things which we already provide. Customers see us as an improving organisation with high levels of support for key corporate commitments.

In terms of process, the team worked closely with colleagues across all directorates to ensure that the questionnaire reflected all areas they wanted to receive feedback on as well as choosing the organisation to undertake the survey, which has been signed up for three years and has a strong public sector background. In addition to questions, there were opportunities for responders to provide suggestions on how the organisation can improve or build on what we are already providing.

An action plan is being finalised with the Senior Management Team which will be collated into a spreadsheet and taken forward with each of the Directors and senior managers with progress reported monthly to the Senior Management Team.

Suggestions for improvements included providing members with access to case correspondence on CMS, improved sharing of learning from cases particularly concerning maternity cases and commissioning disputes, keeping customers better informed as cases progress, and improved consistency of customer service between teams and within teams, much of which is already progressing. Work on the extranet was also a high priority which again is a project being taken forward this year.

A question was raised on whether there should be narrative around what we do and what we do not do so that we can manage expectations of what members expect of us.

It was noted that there was a lack of finance staff completing the survey particularly in view of the maternity incentive scheme which is of interest to finance staff. It was suggested whether we should be doing more to engage with finance staff in trusts and we could work with the HfMA to put a programme of events together.

It was noted that there was some feedback specifically relating to non-clinical claims which reflects the fact that most of these claims are dealt with by ourselves rather than through panel, with tighter timescales than for clinical claims.

Closed loop calling with a member of the senior team was offered to responders and we received 26 requests, the majority of which were claims related. The closed loop calling provided further insights to perceptions by our customers and this option will be considered for the next survey.

The Board thanked the Membership and Stakeholder Engagement Manager and team for their work on the customer survey which is the most comprehensive survey we have undertaken to date.

The Board noted the position and found the outcome of the survey encouraging. An update on progress will be brought back to Board in the autumn.

7 Board Committee Reports and Minutes

7.1 Audit and Risk Committee minutes held on 22nd February 2018

The minutes of the Audit and Risk Committee meeting held on 22nd February 2018 were noted by the Board.

7.2 Audit and Risk Committee Annual Report

The Audit and Risk Committee (ARC) Annual Report was presented which is to provide assurance to the NHS Resolution Board that the ARC has carried out its obligations in accordance with its Terms of Reference.

The ARC play a major part in supporting the Board in its setting of the organisation's risk appetite and ensuring that the framework of governance, risk management and control is in place to manage risk as detailed in the Corporate Governance Code in Central Government.

The Committee focussed on the following areas of work during the reporting period:

- Annual Report and Accounts for 2017/18
- Updates from External Audit (NAO) on their work throughout the year.
- Updates from Internal Audit, which changed from PwC to RSM UK, on the Internal Audit programme.
- Assurance reports from other committees, including the Reserving and Pricing Committee, Head of Governance on GDPR and Head of IT on cyber security.
- Risk and Assurance.

The Committee reviewed its Terms of Reference in line with the HM Treasury Audit and Risk Assurance Committee Handbook which were approved by the Board in March 2018.

The Board noted the Audit and Risk Committee Annual Report.

7.3 Reserving and Pricing Committee Annual Report

The RPC Annual Report was presented for the period January 2017 to March 2018 and provides assurance to the Board that the Reserving and Pricing Committee (RPC) has carried out its obligations in accordance with its Terms of Reference on the following:

- That the case reserving methodology and practice, as well as modelling methodologies assumptions and outputs are appropriate.
- The committee reviews and agrees the key assumptions with regard to cash-flow projections for setting the total collect from members. Monitoring the key risks affecting the cash-flows.
- Report to the Audit and Risk Committee on the key judgements in valuing the liabilities of the indemnity schemes for financial reporting purposes.

To fulfil its purpose, over the course of the year the Committee considered the following matters:

- Annual Report and Accounts for 2016/17 and 2017/18
- Total required cash-flows for 2018/19
- Reviewed business critical models that impact on the reserving and pricing work in response to the Macpherson report.
- Reviewed the Committee's Terms of Reference.

The Board noted the Reserving and Pricing Committee Annual Report.

8 Other matters requiring Board attention

8.1 Policies for approval/noting

8.1.1 Business Continuity Strategy and Business Continuity Policy

The Business Continuity Strategy and Policy has been reviewed and updated and approved by the Senior Management Team. The main changes are:

- to ensure that the organisational name has been updated
- to make amendments to the sample testing schedule to ensure achievability and practicality
- to reduce duplication across the documents.

The Strategy and Policy have been sent to the Joint Negotiating Committee for information.

The Board Approved the Business Continuity Strategy and Business Continuity Policy.

8.1.2 Information Governance Strategy

The Information Governance Strategy has been reviewed and aligned to the NHS Resolution Strategy as well as the information governance work programme which includes compliance with new legal requirements such as the General Data Protection Regulation (GDPR). The key changes are as follows:

- Improvement Plan - This section has been updated to include embedding ISO 27001 into each business area, the IG Toolkit assessment and General Data Protection Regulation initiatives in order to improve the management and security of NHS Resolution information assets.
- Ongoing Assurance - This section has been updated to provide the areas we have to comply with without a list of definitions as it did not add value to the document.

The Information Governance Strategy has been approved by the Senior Management Team.

The Board approved the Information Governance Strategy.

8.1.3 Information Security Policy

The Information Security Policy has been reviewed and updated. Key changes are as follows:

Paragraph 4 – Scope

Updated department names

- NCAS to Practitioner Performance Service, and
- FHSAU to Primary Care Appeals Service

NHS Resolution offices – removed

- Skipton House, London
- Caspian Point, Cardiff

Paragraph 6 - Roles and specific responsibilities

Added section for staff move internally within NHS Resolution to another department:

- Ensure when a staff member moves department or changes roles (including promotion and demotion), line managers will review access rights and privileges to ensure they are still appropriate to the staff members job role.

The Senior Management Team has approved the Information Security Policy.

The Board approved the Information Security Policy.

8.1.4 Guidance for working with Sensitive or Confidential Information

The Guidance for working with Sensitive or Confidential Information has been reviewed and updated. Key changes are as follows:

Paragraph 4.5 – Data definitions

Updated NCAS name to Practitioner Performance Assessment Service.

Paragraph 5.6 – NHS Mail

Updated the guidance on how to send a secure (encrypted) email on NHS mail using the [secure] capability.

Paragraph 8 – Risk roles and ownership

Added the Data Protection Officer Role

The guidance has been approved by the Senior Management Team.

The Board noted the Guidance for working with Sensitive or Confidential Information.

8.2 Scheme of Delegation

The part one draft Scheme of Delegation was presented to the January 2018 Board and comments received by Board members have been incorporated into the document. The part one Scheme of Delegation covers the decisions the Board wants to make itself as well as those which the Board delegates to its Committees and to the Chief Executive/Accounting Officer.

Discussions will be taking place with the Chief Executive/Accounting Officer and Senior Management Team to develop part two which is the operational Scheme of Delegation which sets out the decisions which the Chief Executive/Accounting Officer has delegated to staff and sub groups within NHS Resolution to enable decisions to be taken at the most appropriate level of the organisation.

Part three sets out the delegated financial authorities at NHS Resolution.

The Scheme of Delegation is a companion document to the DHSC Framework Agreement which is currently out of date and it may be that the Scheme of Delegation will need to be revisited once the Framework Agreement has been updated.

It was suggested that in terms of reservation of powers a bullet point should be added that the Board is responsible for approving the risk appetite for the organisation.

The Audit and Risk Committee, Remuneration and Terms of Service Committee and Reserving and Pricing Committee are all committees of the Board.

Subject to minor comments and amendments, the Board approved part one of the Scheme of Delegation.

8.3 Responsible Officer's Report

The formal annual report of the work of the Responsible Officer was presented which is a requirement of regulators (GMC and NHSI) that Designated Bodies will report to the Board annually. The RO role is responsible for the revalidation of any licensed medical practitioners who have a prescribed connection to NHS Resolution and during the year the number rose to three and since the 1st April has risen to four with an additional four licensed doctors who are seconded to NHS Resolution. The Senior Management Team approved the Medical Appraisal Policy during the course of the year.

Sally Pearson was appointed to the post of RO in March 2018 and took over from Alison Budd. The Board thanked Alison for her contribution over the last few years as RO. It was noted that Sally will be well connected in the RO networks in terms of engaging with stakeholders.

The Annual Organisation Audit (AOA) for 2017/18 will be submitted before the 8th June deadline and the Statement of Compliance will also be submitted within the required timeframe.

The annual report covered the following issues:

- Governance arrangements
- Medical appraisal including performance data, appraisers, quality assurance, access, security and confidentiality, and corporate and clinical governance
- Revalidation recommendations
- Recruitment and engagement background checks
- Monitoring performance/responding to concerns/remediation

- Risks and issues
- Improvement plan, assurance and next steps

The Board noted the Responsible Officer's Annual Report and the AOA Comparator Report. The Board noted the appointment of Dr Sally Pearson as NHS Resolution's new RO.

9 Any Other Business

9.1 There was no other business.

10 Date and Venue for next meeting

10.1 The next Board meeting is scheduled for Wednesday 18th July 2018 at 10.00am and will be held in 151 Buckingham Palace Road, London SW1W 9SZ – room tbc.

Signed

Date