

# Board meeting minutes (Part 1)

11<sup>th</sup> September 2019

10:00 – 16:00

Venue: Thomas House, 84 Eccleston Square, London SW1V 1LP

Present	
Ian Dilks	Chair
Keith Edmonds	Non-Executive Director
Mike Pinkerton	Non-Executive Director
Charlotte Moar	Non-Executive Director
Nigel Trout	Non-Executive Director
Mike Durkin	Non-Executive Director (Associate Board Member)
Sam Everington	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
Denise Chaffer	Director of Safety & Learning
Vicky Voller	Director of Practitioner Performance Advice
Joanne Evans	Director of Finance & Corporate Planning
John Mead	Technical Claims Director (Associate Board Member)
In attendance	
Simon Hammond	Director of Claims Management
Ian Adams	Director of Membership and Stakeholder Engagement
Cheryl Lynch	Representative of DHSC Sponsor Team
Tinku Mitra	Head of Governance
Julia Wellard	Executive Personal Assistant (Minutes)
Apologies	

## 1 Administrative matters

### 1.1 Chair's opening remarks and apologies

The Chair opened the meeting by welcoming everyone.

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 17<sup>th</sup> July 2019

The minutes of the Board meeting held on Wednesday 17<sup>th</sup> July 2019 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:

- Board Effectiveness Review - Chair and Chief Executive to review the actions from the review with a proposal to be brought back to Board for discussion before the end of the year. This will be on the agenda for the Board awayday in October and as necessary brought to the November 2019 Board meeting.

There following actions were closed.

- Learning from suicide related claims: A thematic review of NHS Resolution data – Director of Safety and Learning to bring a report back to Board in 6-9 months on what has happened since the report was launched – included on Part 1 September Board agenda.
- Lord Holmes of Richmond Review - Chair to arrange for the response to be uploaded to Boardpad.
- Emergency Contact card – Head of Governance to ensure that updating of the emergency contact card undertaken every six months and is included in the policy and actioned going forward. This is to be reviewed as part of our business continuity review arrangements.

## 2 Operational items

### 2.1 Chief Executive's Report

#### *GIRFT Partnership Working*

Work has been progressing with the Getting It Right First Time (GIRFT) programme and other stakeholders and professional standards guidance for hip and knee arthroplasty documentation has been produced with the aim of communicating lessons learned from previous and ongoing claims. A strategy was agreed to promote claims learning through GIRFT data packs to trusts and to produce best practice guides starting with hip and knee arthroplasty documentation which provides advice and best practice on aspects of surgery which should be available and clearly documented in a hip or knee arthroplasty operation record. The guidance is available on both the British Orthopaedic Association and GIRFT websites. It was discussed whether we could explore further mechanisms for sharing learning from claims related to specific cases, however it was acknowledged that difficulties were presented by the time lag between an incident occurring and a claim being received.

**Action: DoCM with DoS&L**

#### *EU Exit – No Deal Planning*

Following the change in Cabinet under a new Prime Minister in July 2019, Chris Skidmore MP has replaced Stephen Hammond MP as the Minister responsible for EU Exit preparations.

We continue to take part in fortnightly DHSC/ALB EU Exit communications meetings.

### *Parliamentary Under-Secretary (Department of Health and Social Care)*

It was noted that our new Minister is Nadine Dorries MP who is also responsible for GP indemnity and patient safety.

### *Apprenticeship Scheme*

Our first apprenticeship scheme was recently launched within the organisation in the claims management function which is a two year course where apprentices will obtain a Diploma in Insurance qualification which is certified by the Chartered Insurance Institute. The aim is that there will be a cohort of at least six apprentices commencing the programme in quarter three this year. Over 120 applications for the scheme were received. The HR and OD team are continuing to work with other business functions to develop other apprenticeship opportunities.

### *Emergency Care Report*

Dr Freya Levy, who was appointed as our Clinical Fellow for A&E, has been working on production of the Emergency Care report focussing on the scale of A&E claims. The report concentrates on three areas: lower value claims particularly around missed fractures; nursing care, looking at pressure ulcers and infections in A&E; and the higher value and severe harm and mortality claims. The first draft of the report should be available at the beginning of October 2019. Events to align with the report are planned for later in the year in order to test some of the recommendations which are emerging. The panel conference will also have a session on the report.

It was noted that it is too early to see whether there are any headline figures, however missed fractures and pressure ulcers are a significant proportion of the lower value claims in A&E.

It was agreed that Dr Levy be invited to present the draft report to the November Board meeting.

**Action: DoS&L**

The aim is to publish the report in January 2020.

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 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.

### *Finance Performance*

The summary financial report to the end of July 2019 was presented. This is almost identical to the August position (not reported due to the timing). The year to date net expenditure on all budgets is £93m overspent. Year to date expenditure across all schemes in relation to PIDR is £83m - we are still waiting to hear from DHSC on the PIDR budget. The position net of PIDR is therefore £10 overspent.

## *Claims Performance*

In terms of claims volumes for the three principal indemnity schemes for the financial year up to 31st July, the number of claims and incident reports received for CNST, LTPS and CNSGP are 3,785, 1,317 and 47 respectively compared with 3,687, 1,217 and 0 in the same period in 2018/19.

LTPS claims received year to date have seen an 8% increase with a slight drop to 5% in August. Assault claims appear to be increasing and this will be kept under review. There is no identifiable group or spread of members causing the increase and the majority of the claims are low value of up to £25,000 which are quick to report. An Ambulance event was held by the Safety and Learning team earlier in the year which identified that one paramedic had been assaulted three times in the past three years and body cameras are being piloted at some trusts to reduce assault. We are looking at what has also been reported into NRLS with NHS England / Improvement to see if there is any correlation. It has been suggested that the use of body cameras has demonstrated a reduction in assaults and it was considered whether we should be more proactive in becoming involved in this particularly if this evidences a reduction in claims. However, this is a complex area in terms of rights of patients with ethical considerations around patients being filmed. It was suggested that we could contact the ambulance staff who presented at the conference to see if they have experience of formal evaluation of the use of the body cameras. We should also investigate what other stakeholders are looking at this.

## *Practitioner Performance Advice Performance*

An update on the advice requested by sector and professional group at 31<sup>st</sup> July 2019, current live activity for the assessment and intervention services and Healthcare Professional Alert Notices (HPANs) was presented. A total number of 278 new advice requests have been received in 2019/20 and as at 31<sup>st</sup> July there was a decrease of 16% compared to the same period last year. Work is continuing to understand the factors which may be contributing to the position. The first primary care event looking at awareness and promotion of the service recently took place and it is hoped that this will have an impact on the service. It was also noted that we are in the process of introducing an awareness raising plan with LMCs.

For the financial year 2019/20 to 31<sup>st</sup> July 2019, all KPIs have exceeded their targets as follows:

- 100% against a target of 90% of requests for advice responded to within 2 working days.
- 100% against a target of 90% of HPANs issues/released and 100% against a target of 90% of HPANs revoked within 7 days.
- 100% against a target of 90% of Practitioner Performance Advice education events rated by participants at least 4 out of 5 for effectiveness/impact.
- 90% against a target of 90% of all exclusions/suspensions critically reviewed (where due).

## *Primary Care Appeals*

- All KPIs for the reporting period have been fully met as follows:
- 90% - percentage of "first step" letters sent out within 7 days of receiving the appeal or dispute – 100%
- 100% - percentage of appeals or disputes where 14 or more days notice of hearing has been given – 100%

- 80% - percentage of appeals where Decision Maker agreed with recommendation of Case Manager – 89%
- 90% - percentage outcome of quality audits for appeals and dispute files – 100%
- 15 weeks - The average number of weeks taken to resolve appeals and disputes - Internal input only – 10 weeks
- 19 weeks - The average number of weeks taken to resolve appeals and disputes – additional input - 18
- 25 weeks - The average number of weeks taken to resolve appeals and disputes - Oral Hearing - 22
- 33 weeks - The average number of weeks taken to resolve disputes – CMR valuation input required - NA

### *Safety and Learning*

All KPIs have been fully met as follows:

- 95% response rate to members following a request for contact within five working days. The KPI compliance is 100%.
- Participation in 18 regional engagement events for members which include two national sharing and learning events. This KPI is currently on track with compliance at 55%.
- Eight safety and learning products to be made available for members in 2019/20. The KPI is 75% going into the second quarter.
- Positive feedback from trusts visited on recognition of products. The KPI target is at least 60% and the KPI is on track at 95%.

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

## **3 Management proposals requiring Board input or approval**

3.1 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) team have had a busy period with the publication of our Being Fair report and associated leaflet as well as a number of events which have taken place and are in the pipeline. A recent primary care event which took place in Taunton was a good example of corporate collaboration with all key business functions across the organisation represented. The event was also marketed through a range of partners including LMCs, RCGP etc. A meeting is being held to look at the lessons learnt from the event and a further event is to take place in South East London.

Web statistics are plateauing with CNSGP remaining the highest volume of page views on the website following the launch of the scheme which is good in terms of people looking at the scope of coverage and it is expected the trend will continue.

The Safety and Learning events are becoming more popular and there has been an increase in the number of regional events focusing on themes around consent and our being fair work which are the best way of targeting a large number of people rather than through individual visits. The scorecards are shortly to be revised and relaunched and there will be a number of events arranged to talk through them. There have been difficulties in sharing information from events as we are no longer receiving names of attendees due to GDPR issues meaning it is also difficult to see the coverage in terms of regions.

The Safety and Learning Leads are now represented across all of the regions. There are difficulties in managing expectations in terms of individual trust visits as often they want follow up visits and therefore it is becoming increasingly beneficial to run events where people are brought together.

The Board were reminded that a snapshot of Safety and Learning activity is included in the reading room.

The Board noted the Communications and Stakeholder Engagement Report.

## 5 Key Developments

- 5.1 There were no items to consider.

## 6 Oversight of Key Projects

- 6.1 [One year on - evaluation of our publication 'Learning from suicide related claims'](#)

An evaluation has been undertaken on the 'Learning from suicide related claims' 12 months following its publication, which took place on National Suicide Prevention day on 10<sup>th</sup> September. The purpose of the evaluation was to inform and improve future clinical fellow reports and identify areas to progress mental health related claims. The two aims identified in the report relate to supporting the wider health system and sharing learning and recommendations.

Follow up meetings have been held with the health and justice system and prisons and we have increased awareness with claims relating to the prison service. We have also had conversations around procurement and understanding the claims aspects and have shared our report with them.

We have also been working with the Zero Suicide Alliance. One of the recommendations from the report relates to a short free training video produced by the Alliance to raise awareness. Their aim is for 1 million people to take up the training and it was suggested that Board members may also find the training useful. The training has already been undertaken by the Safety and Learning team, SMT have committed to undertake it and it is being promoted to staff across the organisation.

We are looking to work with key stakeholders across the system to explore a CNST incentive scheme building on the learning from suicide related claims report and a small group is being developed to look at in-patients in mental health facilities.

It was considered whether we should be looking to do more in this area with particular focus on minors in prisons who are often at risk and where there may be a lack of connectivity between the commissioning and prison systems. It was also considered to what extent the CQC has introduced this into their inspections and the report has been shared with the CQC. It was confirmed that CQC have presented at our events and will be involved in the development of an incentive scheme. It was suggested that we should also look at what information is available internationally in terms of good practice - in particular Norway have a low suicide rate. The Director of Safety and Learning will look to see what research was undertaken and this could be included in the Global Conference which is taking place next year. It was noted that NHS England / Improvement have a target around suicide reduction and we should be linking with them in terms of their targets and they will also be included in the development of any incentive scheme. The Director of Safety and Learning will also be engaging with Claire Murdoch, NHS England / Improvement's National Mental Health Director.

It was suggested that now we are a year on following publication of the report whether we should remind stakeholders of the recommendations they are signed up to.

**Action: DoS&L**

A question was raised on whether there are any learnings from the report which can be built into future studies, in particular the emergency care study which is shortly to be published. One of the lessons learnt is the importance of involving stakeholders in the development of the recommendations.

The Board commended Justine Sharpe, Safety and Learning Lead for London, on the evaluation report.

The Board noted the position.

## **7 Board Committee Reports and Minutes**

### **7.1 Audit and Risk Committee**

It was noted that Keith Edmonds will stand down as a member of the Audit and Risk Committee and be replaced by Mike Pinkerton who will be attending the next meeting.

Prof. Edmonds was thanked for his contribution to the Committee over the last few years.

## **8 Other matters requiring Board attention**

### **8.1 Responsible Officer's Report to the Board for 2018-19**

The formal annual report of the work of the Responsible Officer was presented which is a requirement of The Medical Profession (Responsible Officers) Regulations 2010

and supports the Board to discharge its oversight function and to meet the expectations of regulators. The report follows a new template published in June 2019 and recommended by NHS England in “A Framework of Quality Assurance for Responsible Officers and Revalidation” and includes the Statement of Compliance which must be submitted to NHS England by the end of September 2019. NHS Resolution as a Designated Body employing licensed medical practitioners must have a RO. The RO role is responsible for the revalidation of any licensed medical practitioners who have a prescribed connection to NHS Resolution.

In terms of summary and overall conclusion, although NHS Resolution, as a designated body, has a very small number of connected doctors, the nature of its business means that it has relationships with and holds information on a large number of doctors. It is therefore important that it meets the key requirements for compliance with regulations and key national guidance,

The actions identified in the last annual report to the Board in May 2018 have all been progressed and the disciplinary and capability policy and procedures have been strengthened to address explicitly the specific requirements for the recruitment, appraisal and revalidation of doctors.

The content of the report demonstrates that NHS Resolution is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

The Board noted the Responsible Officer’s Annual Report and approved the statement of compliance for submission to NHS England by the end of September 2019.

## **9 Any Other Business**

9.1 There was no other business to note.

## **10 Date and Venue for next meeting**

10.1 The Board Awayday is scheduled to take place on Tuesday 15<sup>th</sup> October.

The next Board meeting is scheduled for Wednesday 13<sup>th</sup> November 2019 at 10.00am, venue tbc.

Signed .....

Date .....