

Board meeting minutes (Part 1)

15 September 2021

10:00 – 15:00

Hybrid Meeting - Room 1.14 & 1.15 10SC/MS Teams

Present	
Martin Thomas	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 Advice and Appeals
Joanne Evans	Director of Finance & Corporate Planning
John Mead	Technical Claims Director (Associate Board Member)
In attendance	
Simon Hammond	Director of Claims Management
Niamh McKenna	Chief Information Officer
Disa Young	Deputy Director of Membership & Stakeholder Engagement
David Gurusinghe	Deputy Director, Policy, Strategy and Transformation
Tinku Mitra	Head of Corporate & Information Governance
Kausar Parveen	DHSC Sponsor Team representative
Julia Wellard	Executive Personal Assistant (Minutes)
Apologies	

1 Administrative matters

1.1 Chair's opening remarks and apologies

The Chair welcomed everyone to the meeting. There were no apologies to note.

The Chair drew the Board's attention to the fact that the organisation is continuing to operate under difficult circumstances due to the ongoing impact of the COVID-19 pandemic.

A list of Board meetings, awaydays and subject-specific sessions was presented for the next 14 months which was noted by the Board.

1.2 Declaration of conflicts of interest of members

There were no conflicts of interest not previously noted.

1.3 Minutes of Board Meeting held on 13th July 2021

Subject to a minor amendment, the minutes of the Board meeting held on Tuesday 13th July 2021 were approved for signature by the Chair.

1.4 Review of actions from Board meetings

The following actions have been closed and will be removed from the action log:

- “People Committee - Chair to discuss with Board members who will be members of the People Committee and bring the proposed membership back to Board for approval.” It has been determined that Mike Pinkerton will Chair the Committee with immediate effect. Nigel Trout will sit on the Committee with immediate effect on an interim basis, pending expected appointments to vacant NED posts.
- Academic Partnership – Director of Safety and Learning to arrange a meeting with the Academic Partners to include the Chair. Meeting has been arranged for 28th October 2021.
- Claims Management Performance Report – Director of Claims Management to arrange for the chart showing the month-on-month volatility of new claims received in the last fourteen full financial years to be standardised against clinical activity. Completed.
- NHSR 2022-25 Strategy - NEDs to indicate to DoMSE their willingness to participate in meetings relating to the strategy.
- Diversity Matters Network - NEDs to contact the co-chairs, April Modestou and Aneisha Munro, if they would like to share their experiences or become involved in the Network.

2 Operational items

2.1 Chief Executive’s Report

Avoiding Brain Injury in Childbirth

The Chief Executive presented a report on a programme of work ‘Avoiding Brain Injury in Childbirth’ which will be delivered by the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and The Healthcare Improvement Studies Institute at the University of Cambridge (THIS). NHS Resolution will be closely involved in this programme of work as it develops.

New Director General, NHS & Workforce, DHSC

A verbal update was provided on the appointment of a new DHSC Director General for NHS and Workforce, Matthew Styles, previously Director of Strategic Finance at NHSE&I. Matthew’s role will include NHS Resolution sponsorship and a meeting with the Chair and Chief Executive will be arranged once he is in post.

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

There had been no significant change overall from the report presented to the Board as at the end of July and the updated position as at the end of August. There is a relatively small underspend on the indemnity schemes and on administration costs.

In terms of prompt payment policy and reporting, it was noted that the number of invoices paid within 30 days was below the target of 95% at 91%. The new finance system has had a beneficial effect on processing times and there is further work being taken forward.

It was considered whether there are any risks or impacts on NHS Resolution's strategic priorities connected with the underspend on revenue and capital. There are no particular delivery issues in terms of our FTE position which reflects delays in receiving approvals for key programmes, namely core systems and the claims evolution programme (CEP). Whilst further recruitment to support delivery of the CEP had been scheduled in July, this was deferred pending receipt of approval from the DHSC.

Claims

The chart showing the month-on-month volatility of new claims received in the last fourteen full financial years had been standardised against clinical activity. It was queried whether it would be possible to fully standardise claims frequency as a rate per thousand or ten thousand. The Director of Claims Management will consider this.

Action: DoCM

External Impact

Safety and Learning

The Safety and Learning team are working with the Membership and Stakeholder Engagement team to plan the publication of a number of national learning reports. Publication has been deferred due to the need to ensure maximum impact and challenges in securing clinical input during the pandemic. There was concern whether we might be at risk of 'flooding the market' in publishing so many publications in the coming months. It was agreed that this was a risk, which was being factored into the communications plan however it was also important to ensure that the report findings were published whilst still relevant. Timing and sequencing is challenging for reasons that we are unable to avoid. We are working with other ALBs and the Royal Colleges to ensure optimum timing with other planned work around the healthcare system. Others have had similar challenges, for example, GIRFT took a decision not to actively publish their reports but to make them available on their website. The Deputy Director of Membership and Stakeholder Engagement will arrange for the NEDs to be alerted each time something is being published.

Action: DDoMSE

EN scheme

Under clinical KPI5, it was noted that the standard operating procedure is already being used and is formally being signed off. It was noted that the surveillance group was hosted by NHS Resolution during the pandemic for the whole system and this has now transferred over to NHSE&I. We have retained an EN concerns group which feeds into the surveillance group. We continue to meet with HSIB and others and to provide immediate feedback to providers from cases.

There will be a deep dive on EN for the Part 2 November Board.

The Board noted the performance reports on Finance, Operations, and External Impact.

2.3 Gender Pay Gap Report 2020

Michael Humphris, Head of HR&OD, presented NHS Resolution's Gender Pay Gap (GPG) report for 2020 which was produced based on March 2020 data.

The report includes comparison data to give Board oversight of how other ALBs are performing in this area. We have also committed to publishing our 2021 data by November.

Amendments were made to the wording in the report in three areas.

Firstly, a minor change to the reference to the appointment of a majority of females to vacant posts.

Secondly a change to the way in which the increase in the mean gender pay gap was described. The report stated mean gender pay gap has increased by 0.8% in 2019 to 7.8%. However, the report uses a snapshot date of 31st March each year. Therefore the report should say that there is an increase from 7% in 2019 to 7.8% in 2020.

Finally, it was noted that the report is pre-Covid and that this should be reflected in the narrative; particularly as there is evidence that Covid has affected genders differently.

Subject to these changes, the Board approved the 2020 Gender Pay Gap report for publication.

2.4 Equality, Diversity and Inclusion Strategy and Action Plan update

Michael Humphris provided an update on the activities that have been progressed to date and activity planned moving forward in relation to the EDI strategy and action plan. It was encouraging to note that, despite the impact of the pandemic, many of the actions have progressed over the last 12 months, in particular the setting up of the Diversity Matters Network and most recently the Disability Staff Network, which are staff led groups. It is reassuring that both networks feel comfortable, supported and invested enough to come forward to progress with these initiatives. It was considered that this was evidence of an inclusive workforce. In response to a question as to how NEDs could be more involved, it was suggested that attendance at network meetings would be welcomed and that as both networks were looking for speakers, offers to play a more active role would be welcomed.

Mentoring was also suggested as an opportunity for increased involvement. The Senior Management Team are all actively involved in mentoring both internally and externally.

It was suggested making contact with the Shuri Network, which is the first NHS and care network of BAME women in digital health. It was confirmed that the Chief Information Officer has already approached the Shuri Network. In addition, we have established a strategic relationship with a recruitment agency where we have set out specific requirements such as to ensure that our job advertisements and recruitment campaigns are inclusive in content and style.

It was agreed that both we and the recruitment agencies could do more here. For example, we have (although rarely) worked with headhunters when undertaking senior recruitment and in the future could be much more prescriptive in our expectations in relation to underrepresented groups.

Mike Pinkerton reported that he attended the NHS ALB NED EDI group on behalf of the Chair on the 8th September and has provided feedback to the Chair and CEO on areas which are likely to be of interest to NHS Resolution. It would be helpful to have our own action plan available when attending such meetings to see if there is anything we can add. It was suggested that there should be a dedicated NED who attends the NHS ALB NED EDI group. Input from the wider ALBs is helpful and the Head of HR&OD attends an HR Directors ALB network which, amongst other things, discusses EDI.

The new People Committee will be responsible for looking at EDI which will report into Board. The action plan is dynamic and will be updated regularly. NEDs were asked to provide any thoughts, new ideas and actions that can be captured as well as anything they consider we should stop doing. Having a two way challenge to identify if we are still on track and a periodic review of the strategy and actions is how this should be taken forward. The People Committee will look at GPG, the Workforce Race Equality Standard and the Disability Equality Standard which provides a good idea of how we are performing as an organisation nationally but we also need to capture the softer issues of how the workforce are feeling and how it is landing on the ground. The standards which we report against help us to measure our effectiveness but it was considered whether there is something specific we might want to measure our progress against e.g. Board composition. This can be discussed at the People Committee by looking in more detail at our profiles and different aspects of our diversity make up which will be more meaningful for our staff as they would see that these are specifically relevant to us.

The Board noted the EDI Strategy and action plan update.

3 Management proposals requiring Board input or approval

3.2 Responsible Officer's report

The Responsible Officer's annual report was presented which provides the Board with assurance and oversight of the work of the RO during the year to support the Board to discharge its oversight function. The report includes the Statement of Compliance which will be submitted to NHS England and Improvement.

The Board noted the Responsible Officer's report for 2020/21.

4 Liaison with Key Stakeholders

4.1 There were no items to consider.

5 Key Developments

5.1 There were no items to consider.

6 Oversight of Key Projects

6.1 There were no items to consider.

7 Board Committee Reports and Minutes

7.1 There were no items to consider.

8 Other matters requiring Board attention

8.1 There were no items to consider.

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 10th November 2021 at 10.00am – details TBC

Signed

Date