

## Board meeting minutes (Part 1)

Tuesday 24 May 2022

10:00 – 15:00

Hybrid Meeting: MS Teams / Room 8.05

Present	
Mike Pinkerton	Interim Chair
Charlotte Moar	Non-Executive Director
Nigel Trout	Non-Executive Director
Lesley Regan	Non-Executive Director
Janice Barber	Non-Executive Director
Sam Everington	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
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
Ian Adams	Director of Membership and Stakeholder Engagement
Niamh McKenna	Chief Information Officer
David Gurusinghe	Deputy Director, Policy, Strategy and Transformation
Tinku Mitra	Head of Corporate & Information Governance
Alex Crowe	Deputy Director Incentive Schemes & Academic Partnerships
Sam Thomas	Associate Safety and Learning Lead (Observer)
Cheryl Lynch	Representative from DHSC Sponsor Team
Julia Wellard	Executive Personal Assistant (Minutes)
Apologies	
Denise Chaffer	Director of Safety & Learning
Mike Durkin	Non-Executive Director (Associate Board Member)

### 1 Administrative matters

#### 1.1 Chair's opening remarks and apologies

The Chair welcomed everyone to the meeting.

Apologies were received from Denise Chaffer. Alex Crowe (Deputy Director Incentive Schemes & Academic Partnerships) attended the meeting deputising for Denise. Sam Thomas (Associate Safety and Learning Lead) attended as an observer.

Sam Everington was congratulated for being awarded the Albert medal.

In line with the intention going forward to schedule in a patient/client/service user experience at the start of each Board meeting a video was shown of a patient's story.

#### 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 22<sup>nd</sup> March 2022

Subject to minor amendments, the minutes of the Board meeting held on Tuesday 22<sup>nd</sup> March 2022 were approved for signature by the Interim Chair.

A request was made for Board minutes to be circulated as soon as possible after meetings whilst memory was still fresh.

#### 1.4 Review of actions from Board meetings

Action 22.02, proposal for a sustainability committee, is rolled forward to the July 2022 Board.

Action 21.12, 21.13, 21.14, 22.01, 22.03 and 22.05 were completed and removed from the action log.

Action 22.04 was closed at the meeting.

## 2 Operational items

### 2.1 Chief Executive's Report

#### *Final report of the Ockenden review*

The final report of the Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust was published on 30th March 2022. It was noted that on the same day the Secretary of State for Health accepted all the actions within the report. It was noted that the report makes reference to poor staffing levels. NHS Resolution has responded to the Secretary of State with its own response to the Ockenden report, informed by the recent Board discussion of the new strategic priority in relation to maternity.

It was noted that members of the NHS Resolution claims team had visited Sam Everington's GP practice and feedback will be shared with the Board. It was suggested that there could be a structured programme of NHS site visits and agreed that this should be targeted, specific and clear on resource impact, objectives and the feedback mechanism. Learning could also be drawn from a previous DHSC civil service programme. Lesley Regan extended an invite to NHS Resolution staff to visit St Mary's Hospital.

#### *Health and Social Care Committee report into NHS litigation reform*

The Health and Social Care Select Committee (HSCSC) released its report into NHS litigation reform on 28 April 2022. We continue to support DHSC with their response.

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*

The 2021/22 year ended with a 10% underspend, primarily on the Clinical Negligence Scheme for Trusts (CNST). The implications of the new Integrated Care Systems (ICSs) was discussed. It was noted that there was an improvement plan in place to tighten up cash forecasting and that Audit and Risk Committee (ARC) Chair oversaw the process for setting the Annually Management Expenditure (AME) budget. The position regarding the DHSC group budget and how NHR's underspends interact with that was explained.

### *Claims*

It was noted that the chart detailing the number of claims and incident reports received in 2021/22 compared with 2020/21 under the GPI schemes showed a significant increase and that whilst it was explained that this was due to the maturing profile of the scheme, greater clarity would be of benefit for an external audience.

For the future, claims data could be reviewed and presented at integrated care system (ICS) level. Current planning is for co-creation of a data pack, to be piloted with two ICSs.

### *Primary Care Appeals*

In relation to the current case that tipped the KPIs related to activity within the primary care setting, a look back has been undertaken to identify the trigger.

### *Practitioner Performance Advice*

A query was raised on the availability of data on the duration of exclusions. This will be included in the new KPIs and data collection and reporting is being progressed as part of the Insights work..

A bespoke communication approach had been taken to the exclusions work, separating out what went to Chief Executives, Chairs, Medical Directors and HR Directors. The three groups who were most engaged with the content were Chairs, Medical Directors and HR Directors. The objective was to ensure that every organisation understands their role and understand what questions they should be asking around exclusions that take place within their organisation. We are continuing to build on this work.

### *Safety and learning - engagement Overview*

- Ten reports have been published with a further eleven in train for subsequent quarters.
- A workshop was held with the Royal College of Emergency Medicine looking at how the recently published Emergency Department reports can be scrutinised and how we can monitor progress and embed the recommendations. It was considered key to make it easy for clinicians to do the right thing. Discussions were also underway with the Academy of Royal Colleges who are supportive of our approach.
- The academic partners were thanked for their input into the current work streams that relate to clinical supervision, coding and maternity modules and the approach to evaluating the impact of the Early Notification Scheme.
- The Maternity Incentive Scheme (MIS) is due to be evaluated and a job description is being finalised for a research fellow to evaluate years one to three.

It was noted that many of the reports had landed in quarter four when the NHS is extremely busy. There is a challenge of getting reports out in a timely fashion but also making sure that the content has had the appropriate engagement. Moving forward, we will consider how we can pace the release of those reports and ensure that we have the appropriate checklists in place so that we get the right people to engage at the right time in order to get sign-off.

It was considered whether we should think about how we disseminate the reports to ensure they get to the right people so they feel that it is personal and important for them as well as whether we should be asking people what they want. It was agreed that further thought be given to this in terms of how we can personalise our messaging and whether this is possible given our current capabilities.

**Action: DoMSE**

One area which has been helpful is that we have been able to get involved with all of the safety committees within the Royal Colleges and have those discussions about what the ask is with the clinicians that are on the groups.

Janice Barber commented that she was a trustee of NCEPOD and when they send their reports out they accompany them with a slide deck which can be downloaded and used locally to distil the key message which is relevant to the clinical teams and they offer to go and talk to particular reports for those who want to hear from them. They also have clinical ambassadors in every trust as their link and it might be worth talking to NCEPOD about what can be learned from them from the engagement they do.

Coming up, there is a pipeline of resources that will be phased over the coming year by looking at an optimal timings for publication. We will consider how we can bespoke the messages for particular groups. We do tend to get a lot of traction when we deliver our products out to the market directly through our social media channels and we deploy some of our clinical colleagues to help promote them and get them out to the front line to those who will find them useful.

For example, our new Duty of Candour video for Safety and Learning has been a widely accessed resource which highlights the difference between statutory and regulatory candour for clinicians, raising awareness in Trusts.

The Board noted the performance reports for the Finance, Claims, Practitioner Performance Advice, Safety and Learning, Early Notification 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 There were no items to consider.

### **5 Key Developments**

5.1 There were no items to consider.

### **6 Oversight of Key Projects**

#### **6.1 Strategic activity update**

An update was provided on NHS Resolution's key strategic change programmes which was noted by the Board.

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

#### **7.1 ARC meeting minutes held on 15<sup>th</sup> February 2022**

The minutes of the Audit and Risk Committee meeting held on 15<sup>th</sup> February 2022 were noted by the Board.

Key points to note from the meeting were:

- There was discussion at the meeting in relation to assurance on fraud risk both within claims and non-claims i.e. there are appropriate controls in place around mitigating the risk of fraud. The new set of government functional standards set out the expectations in relation to fraud.
- There was discussion around Strategic Risk 06 in relation to the identification of an emerging patient safety risk and of the sufficiency of the programme in place to provide assurance. It was noted that the MoU had been agreed with CQC and a data sharing agreement was being progressed.

It was suggested whether the Board could have a broad high level presentation on the kind of data that we are collecting and what we are doing with it. This has many aspects including but not limited to the plans for our future systems and what flexibility we may have within that i.e. a future proof solution to be able to collect new data that we do not currently know about. SMT will include consideration of this in an upcoming discussion of the insights priority in the new strategy

It was commented that there is an enormous amount of data for maternity issues held by the National Maternity Perinatal Audit which is housed at the RCOG and is a collaborative venture between the RCOG, the RCM and the RCP. The data is formulated by trust, and maternity units. It was suggested that we could learn an enormous amount from the data in real time which would complement the work of the Early Notification scheme.

The limitations placed on us by the Data Protection legal framework were noted i.e. that we should only be collecting data that we need in order to perform our essential functions and this also needs to be considered when we share data with other organisations or take in data from other organisations.

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

### **8.1 Policies Update**

The following policies were put forward for Board approval:

#### **8.1.1 Conflict of Interest Policy**

The Conflict of Interest policy has been completely revised from the previous policy which was aimed at managing conflicts within casework management services and other conflicts of interest were being managed within other policies and we have brought together a number of different processes into one policy which includes the hospitality and gifts registers.

Work will be needed to implement the policy through guidance and various other initiatives to help staff understand what they are declaring. The revised policy also broadens the scope to decision makers.

It was suggested that it would be helpful to have a brief discussion of how to manage conflicts of interest. This should ensure that where a new issue is raised in Board meetings, conflicts are routinely sought and declared.

The Board approved the Conflicts of Interest Policy.

#### **8.1.2 Policy for the management of fire and emergency safety**

The policy has been reviewed by our legal advisers, Operational Delivery Group (ODG) and Senior Management Team (SMT) and reflects the legal and statutory requirements and our two new offices, which has to be in line with building management processes. Given the length of the policy, a user friendly guide to support staff will be taken forward as part of the implementation.

The policy relies in part on the availability of fire wardens and we have to ensure that there will be an appropriate number of fire wardens available to support staff in the event of a fire emergency. It was considered that it was important that there were regular fire drills so that people knew what to do without thinking or having to refer to



guidance and whether we are working with building management to ensure there is regular fire drills and exercises, particularly given people are coming in on different days of the week. It was also considered that fire wardens need to know who is in the office and whether anybody needs particular help and assistance.

Changes are being made to the fire evacuation procedures which will mean there will be more people to check and clear areas and less reliance on fire wardens. Additional training will be rolled out on the new procedures.

The Board approved the Policy for the management of fire and emergency safety in principle, subject to the points raised about fire warden presence, fire drills and how personal evacuation plans can be managed.

**9 Any Other Business**

9.1 There was no other business to note.

**10 Date and Venue for next meeting**

10.1 The next Board meeting is scheduled for Tuesday 12<sup>th</sup> July 2022 at 10.00am – details TBC

Signed .....

Date .....

**Board Actions – May 2022****Part 1**

<b>Action Ref No.</b>	<b>Date of Board Meeting</b>	<b>Reference</b>	<b>Action</b>	<b>Date action due</b>	<b>Officer responsible</b>	<b>RAG rating</b>	<b>Status of action</b>
22.02	19.1.22	Sustainability Committee	CE to bring a proposal back to the March Board.	July Board	CE	<b>CLOSED</b>	On the agenda for July
22.04	22.3.22	Special Health Authority – maternity investigations	Meeting to be arranged between CEO, Lesley Regan and Mike Durkin to discuss the scope of the SHA.	ASAP	JW	<b>CLOSED</b>	Meeting arranged for 21.6.22
22.05	24.6.22	Targeted, personalised communications	Report on methods of personalising communications and feasibility within current resources	November Board	IA		