

# Board meeting minutes (Part 1)

Tuesday 15<sup>th</sup> November 2022

10:00 – 15:00

Hybrid Meeting: MS Teams / Room 8.05

Present	
Sally Cheshire	Chair
Mike Pinkerton	Non-Executive Director
Charlotte Moar	Non-Executive Director
Nigel Trout	Non-Executive Director
Janice Barber	Non-Executive Director
Lesley Regan	Non-Executive Director
Sam Everington	Non-Executive Director (Associate Board Member)
Mike Durkin	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
Vicky Voller	Director of Advice and Appeals
Joanne Evans	Director of Finance & Corporate Planning
Denise Chaffer	Director of Safety & Learning
John Mead	Technical Claims Director (Associate Board Member)
In attendance	
Ian Adams	Director of Membership and Stakeholder Engagement
Simon Hammond	Director of Claims Management
Niamh McKenna	Chief Information Officer
David Gurusinghe	Deputy Director, Policy, Strategy and Transformation
Tinku Mitra	Deputy Director of Corporate & Information Governance
Cheryl Lynch	DHSC Sponsor Team representative
Julia Wellard	Executive Personal Assistant (Minutes)

## 1 Administrative matters

### 1.1 Chair's opening remarks and apologies

The Chair welcomed everyone to the meeting, in particular Zoe Moulton who joined the meeting as an observer as part of shadowing the Chief Executive. It was noted that this was Mike Pinkerton's last Board meeting as his term as a NED ends on the 16<sup>th</sup> January 2023.

The Chair commented that she has been in post for eight weeks and has met with all NEDs and Directors and has attended a number of staff network meetings. The Chair has also started a programme of meeting with external stakeholders.

The Chair and Chief Executive attended a meeting of all Arm's Length Body (ALB) Chairs and Chief Executives on the 11 November 2022.

The Chair thanked everyone for making her feel welcome over the past eight weeks and looks forward to working with everyone going forward.

## 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 13<sup>th</sup> September 2022

The minutes of the Board meeting held on Tuesday 13<sup>th</sup> September 2022 were approved for signature by the outgoing Interim Chair.

## 1.4 Review of actions from Board meetings

Action 22.05 was closed at the meeting. Action 22.10 is carried forward.

## 2 Operational items

### 2.1 Chief Executive's Report

#### *DHSC Ministers*

The Rt Hon Maria Caulfield MP has been appointed as the Minister responsible for NHS Resolution, as part of her portfolio. This provides continuity and the Minister is already well briefed on all matters relating to NHS Resolution. The Rt Hon Steven Barclay MP has been appointed Secretary of State for Health and Social Care.

#### *Early Notification Scheme (ENS), publication of second report*

The second ENS report, which provides an overview of progress made since the report of the first year of the scheme, was published on 29<sup>th</sup> September 2022 and has landed well. Our National Maternity conference is planned for the 28th November 2022 followed by an international indemnifiers meeting in the evening after the conference. We have good contacts with international organisations and meet with them on a bilateral basis. Regular meetings are also held with our UK and Ireland equivalents.

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.

The performance reports are now aligned with the strategic aims within our new strategy. Feedback on the reports should be passed to the Deputy Director of Policy, Strategy and Transformation.

## *Finance*

It was noted that discussions are taking place with DHSC on budgets for the GP and Covid schemes in the context of the parliamentary spring supply process.

In terms of the AME timetable, we are working on final sign off for the 16<sup>th</sup> or 19<sup>th</sup> December before the forecast is submitted to DHSC.

The prompt payment policy KPI continues to be below target (95%) at 86% for the year to September. Analysis has been undertaken to identify where the issues occur which relate to purchase orders not being set up at the outset and not receipted. A new finance system was implemented in December 2019 and the organisation has gone through a lot of change over that period in terms of how we operate, including the need to set up new joiners and leavers on the system. We are working with colleagues in a collaborative way to improve the position. An improvement on the KPI was requested for the next Board meeting.

**Action: DoF**

## *Claims*

There has been a slight increase in the number of claims reported versus last year, indicating we are returning to a more normal reporting pattern, post-pandemic.

In terms of time to resolution, it was noted that the number of open cases is high and the time to resolve cases longer. When viewed alongside the headcount, which is below the budgeted establishment, it was queried whether this will drive an increasing number of open claims. It was noted that there is work ongoing to review the position, however budgeted numbers for staffing should be viewed in the context of the CEP transformation programme and the transition to increased insourcing. It was suggested that it would be useful to illustrate the tipping point between the various stages of recruitment in the CEP programme to show the milestones and equivalent establishment for the relevant stages i.e. scaling up for GPI, regionalisation and the phasing of insourcing. It is not anticipated that we will see an increase in the open book because we will be appropriately resourced for the volume of claims that we have. An update will be included in the next performance report.

**Action: DoCM**

Potential claims risks were discussed. It was commented that patients will soon be able to access their own GP notes and this could lead to inadvertent access to other patients' notes as well as issues around safeguarding.

In connection with the non-clinical schemes and NHS staff risks, it was noted that through our employers' liability claims, we have seen an increasing number of staff with long term illnesses and stress of work cases although this has been factored into our modelling. It is possible that we will get early indicators of potential employee claims trends through the experience of the Advice service and this will be monitored.

We are beginning to see long Covid claims and the claims function is considering how to respond to these claims.

### *Practitioner Performance Advice*

Advice published a new Insights paper on behavioural assessments, which received a high rate of views and has been well received.

### *Primary Care Appeals*

Primary Care Appeals undertook their first education awareness raising session in ICBs, which was well received. There is good engagement from ICBs and there are three ICBs which are involved in the pilot work on Appeals.

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 **Liaison with key stakeholders**

The non-KPI related information on strategic stakeholder engagement activity co-ordinated by the Membership and Stakeholder Engagement (MSE) and Safety and Learning teams for the current reporting period was presented.

### *Safety and Learning*

There has been a huge amount of activity by the team. There is now a lot more appetite for one hour webinars but there are still requests for face to face work. A number of reports have also been published.

The team have been unable to appoint to the MIS research fellow and other options are being considered. Current pressures within NHS organisations mean that they are unable to release staff.

The academic partners had three key workstreams of which one was the maternity module in response to the HEE platform. They have also supported work on GP claims and a taxonomy and have provided an options appraisal approach for the EN evaluation. We have been provided with helpful oversight of our clinical fellows and improved research governance around our reports. The next phase of work will be on tracking recommendations through to implementation which will be followed by looking at evaluation.

It was suggested that we could approach each of the post-graduate Deans who are active in training. There are also three Patient Safety Centres in London, Bradford and Manchester which are partnerships between universities and NHS trusts that support patient safety research. It was also suggested whether we could develop a long term partnership with a specific university to focus on the area of maternity and it was suggested that Mike Durkin, Lesley Regan and Sam Everington could think about

which universities could be approached. The RCOG Tommy's National Centre for Maternity Improvement has four universities which we could approach.

There is great interest when talking to organisations about their scorecards and an appetite to do more on this. ICBs have access to the litigation packs that we co-produced with GIRFT. There was discussion of the engagement strategy for ICBs. We will be exploring developing an ICB scorecard and possibly piloting it with a number of ICBs to see whether it is useful to them. It is anticipated that ICBs will also be interested in the collect for their area as well as the breakdown of the trusts within their area and the connection with safety. ICBs have access to and are interested in 'Factsheet five' which includes data on all the trusts and we could explore looking at this through ICB groupings. There are options for group meetings of, for example, Chief Nursing Officers or Finance Directors etc. and potential to work with other ALBs to develop a programme of learning for them which has all the different elements. NHSE&I have a programme with the chief nurses of ICBs but it is uncertain how widely that programme is extended to other individuals. It was agreed that we should find out who the programme is aimed at so that we can plan our own engagement.

**Action: DoMSE**

It was noted that the Membership and Stakeholder Engagement (MSE) team have a task and finish group which will be looking into finding out what ICBs need from NHS Resolution. The Director and Deputy Director of MSE have had meetings with the NEDs to identify who they could speak to in their areas. Board will be kept updated on the strategy.

#### *Membership and Stakeholder Engagement (MSE)*

The MSE team have been working closely with the Director of Finance and her team on the production of contribution notices including the approach to engaging ICBs on the finance side.

The team are continuing to provide a more targeted approach which is evident from the information provided, in particular the high level of engagement we have had through the promotion of the insights work as well as the work with the Safety and Learning team e.g. 31,000 people have viewed the duty of candour animation, 32,500 people have looked at the various EN report materials.

Users are being given more control over the type of information they wish to receive from us and we are introducing further improvements to the website which will enable people to continue to receive generic materials e.g. through the Resolution Matters newsletter.

In terms of direct connection with clinicians, we are using partner channels in order to disseminate information to front line services. We have an open invitation with the GMC to use their channels and we have also used the NHSE leaders network.

The Board noted the report on liaison with key stakeholders.

## **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 main strategic change programmes.

The transformation programmes are complex and rated as Amber which is not unusual to see and is reflective of progress to date. The two main programmes are currently interconnected and dependent upon each other to reach planned milestones.

The Board noted the strategic activity update.

## 7 Board Committee Reports and Minutes

### 7.1 People Committee minutes held on 20<sup>th</sup> September 2022

The Board noted the draft minutes from the People Committee held on the 20th September and a summary report of the main discussions held.

The minutes show that the meeting discussed our strategy, policy and performance and as the committee matures the meetings are starting to move into understanding the reporting structures as well as governance issues and risk registers related to our people.

### 7.2 Audit and Risk Committee (ARC) minutes of June and July 2022

The minutes of the Audit and Risk Committee (ARC) meetings held in June and July 2022 were noted by the Board.

## 8 Other matters requiring Board attention

### 8.1 Schedule for Board and the Board sub-committees

The schedule for the Board and Board sub-committees was presented. It was pointed out that most of the reports are for noting and some of the reports should provide some assurance to Board rather than be simply for noting. The Deputy Director of Corporate and Information Governance will review the schedule for those items where Board takes assurance.

The Board noted the schedule.

## 9 Any Other Business

### 9.1 Mike Pinkerton

It was noted that this was Mike Pinkerton's last formal Board meeting. The Chair thanked Mike for everything he has done for the organisation and for the excellent

handover provided in her first few weeks as Chair. Mike has served six years on the NHS Resolution Board and, most recently, reached his 40 year anniversary working in the NHS. The Board wished Mike all the best for the future.

The Chief Executive thanked Mike, in particular for his help over the last year when he took up the post as interim Chair. NHR staff have also appreciated the support and visibility Mike provided to them.

Mike thanked the Board for their support and professionalism and commented he had great confidence in the future of the organisation. Mike also thanked all staff members of the organisation.

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

- 10.1 The next Board meeting is scheduled for Wednesday 18<sup>th</sup> January 2023 at 10.00am – details TBC

Signed .....

Date .....