Agenda Item 3	**UNCONFIRMED**
10B.055	

NHS Direct Board Meeting

MEETING HELD IN PUBLIC

Minutes of the Board Meeting held at 10.30am on 26 April 2010 at Riverside House, 2a Southwark Bridge Road, SE1 9HA.

Present:	Joanne Shaw – Chair Nick Chapman – Chief Executive Luisa Dillner – Non-Executive Director Tim Heymann – Non-Executive Director Sue Hunt – Non-Executive Director Trevor Jones – Non-Executive Director Ronnette Lucraft – Chief Operating Officer Trevor Smith – Finance Director Tim Walton – Non-Executive Director Helen Young – Clinical Director/Chief Nurse
In attendance:	Alan Bentall –Chief Information Officer James Bufford – Interim Head of Governance Markella Konisti – Corporate Governance Manager Emma Farlow – Acting Corporate Governance Manager Ruth Rankine – Director of Strategy and Planning Roger Rawlinson – Director of Human Resource
Observing:	Catherine Meaden – Associate Director of Communications Anne Riddaway – Associate Director of Corporate Business Two members of staff (for the public part) One member of staff (for the private part) One member of the public (for the public part)

1	**Welcome and apologies for absence**
1.1	No apologies were received.
1.2	The Chair welcomed Brian Gaffney and Emma Farlow to their first Board meeting. The Chair thanked Markella Konisti for her exceptional contribution to NHS Direct and noted that it was her last Board Meeting.
2	**Declarations of Interest**
2.1	There were none.
3	**Minutes of the previous meeting (10B.043)**
3.1	**<u>Resolved</u>: that the minutes (10B.043) of the Board meeting held on 22 March 2010 be agreed as a correct record subject to the following amendment:** **(a) Page 3 of 9 – Item 6.1e to read "The Chief Operating Officer acknowledged the staff side concerns. She assured the Board that the recommendations had been carefully considered and recommended endorsement of the proposals."** **(b) Page 6 of 9 – Item 10.1e to read "Our organisation is also potentially experiencing a unique combination of circumstances, of the kind in which things can go seriously wrong"; and** **(c) Page 6 of 9 – Item 11.1: add a point to read "Board members had listened to the relevant call recording."**
4	**Matters Arising (10B.044)**
4.1	**Action Log**
4.1.1	**Audit Process**: The action log would be reviewed. **Action: Emma Farlow (Completed)**
4.1.2	**Web Streaming** (Ref: 10B.015): There were two reasons why NHS Direct was not streaming today's Board meeting: (a) It was during the election period; and (b) the need to look at more cost effective ways of web streaming. It was agreed that NHS Direct would inform its members once a working solution was in place. The written minutes will remain the official record of the Board Meeting. If the videotape record shows something different from what is recorded in the minutes, then the minutes will be amended, as they are now if a correction needs to be made. However, the minutes remain the official record.
4.1.3	**West Yorkshire Audit** (Ref: 09.202): The audit review report had been circulated to the Audit Committee and to the Board.
4.1.4	**<u>Resolved</u>: that the action log (10B.044A) be noted.**
4.2	**March Board Strategy Event**: It was agreed that the Strategic Development Programme Dashboard be considered at greater length and detail. **Action: Joanne Shaw (Completed)** **<u>Resolved</u>: that the outcomes and actions from the March Board Strategy Event be noted.**
5	**Chair's Report (10B.045)**
5.1	The Chair introduced her report and provided some further detail about the "Visit to Beckenham call centre" with David Nicholson, Christine Connelly and Gary Bellfield. The Chair noted that this was a very important meeting and commended the facilitation of the day. An invitation has been extended to NHS Direct to

	discuss 3DN implementation and a way forward. Overall it was a positive day. The value proposition was very powerful. It needed to be communicated more widely in the NHS. Board members would be invited to a seminar/demo to gain a better understanding of the Value Proposition work and tool. **Action: Ruth Rankine** The Chair concluded that we need to be very clear about our future, we have established our credibility, but we need to be able to articulate our longer term strategy.
5.2	**<u>Resolved</u>: that the Chair's report (10B.045) be noted.**
6	**Chief Executive's Report (10B.046)**
6.1	The Chief Executive introduced his report. He drew the Board's attention to the following points: (a) The change made in relation to the Operations Reconfiguration included in appendix 1; (b) The potential organisation changes in relation to the National Operations Centre and Operations Support functions will be discussed at the July Board; (c) The Contracts Framework consultation came to an end and a paper will be brought to the Board for consideration in May; (d) The Board received an update on the progress with the Criminal Records Bureau checks. The Chief Executive has agreed with the Director of Human Resources that there will be an increase in the number of checks being carried out. It was agreed with the Director of Human Resources that all checks would be completed by 31st December 2010; **Action: Roger Rawlinson** The Board expressed concern over the delay in the project and asked that a trajectory be provided for monthly monitoring as part of the monthly Corporate Performance report. **Action: Roger Rawlinson** (e) The Board discussed in detail the proposal to disestablish the role of Commercial Director; The following were noted and discussed in detail: • What the impact below director level would be; • That there is a need for leadership on bids; • Detail on the transition from business development to operational; • The potential cost savings of disestablishing the Commercial Director role; • The need to review the current activities of the role; • The Board asked that it be considered that NHS Direct business opportunities should not be restricted to specific market sectors; and • The disestablishment of the Commercial Director role would create an opportunity for a new voting position on the Board. In response to the above queries, the Chief Executive assured the Board that the disestablishment of the Commercial Director role would not reduce the capacity to absorb and deliver relevant responsibilities.

	The Chair agreed that there would need to be a formal review process to review capacity with the top team over a period of 6-12 months and the Chief Executive invited the Non Executive Directors to be involved in this process. **Action: Nick Chapman** (f) The Chief Executive advised that Sue Hunt would take on the work of Patient Champion. The role and title of the position would be further reviewed; and **Action: Nick Chapman / Sue Hunt** (g) The Clinical Governance Committee Chair commended NHS Direct's achievement of registration with the CQC to undertake regulated activities from all our registered sites, as per our application submitted in January 2010.
6.2	**<u>Resolved:</u> that** **(a) the Chief Executive's report (10B.046) be noted; and** **(b) the disestablishment of the Commercial Director role be agreed subject to a six month review.**
7	**Corporate Performance (10B.047A)**
7.1	The Finance Director presented the Corporate Performance Scorecard for March 2010.
7.1.1	The following were highlighted: (a) Access Performance continued to exceed target for both Calls Answered in 60 seconds and Calls Abandoned; (b) Clinical Performance on Urgent Calls was good and achieved target. Less urgent and Non Urgent remained challenging and we failed to achieve target. A Clinical Access Improvement Plan has now been implemented and benefits are expected early 2010/11; (c) An update on the rostering initiative. 97-99% of preference forms had been received. Some roster options were over-subscribed and some will be merged. (d) Only 30 band 5 nurses had so far been recruited. The pilot was being extended to other sites to increase the recruitment pool. (e) NHS Direct ended the year with a surplus of £448k; (f) Capital investment of £3.2m was made during the year, slightly less than planned due to lower than planned levels of expenditure on the Self Assessment Tools; (g) NHS Direct's final unaudited accounts have been submitted to the Department of Health and the National Audit Office; (h) The Board thanked Steve Horner for his significant contributions to delivering the annual accounts in a timely manner; and (i) The need for further work on the summary sheet around the narrative provided. **Action: Trevor Jones / Trevor Smith (Completed)**
7.1.2	**<u>Resolved</u>: that the corporate performance report (10B.047A) for March 2010 be noted.**
7.2	The Human Resources Director presented an update on sickness absence levels.
	The following were highlighted: a) The Board were reassured that sickness levels had improved, showing a downward trend from January to the end of March, with numbers for NHS Direct in total having decreased from 10.5% to 7.6%;

	b) The level remains far too high, however, and the activity reported to the March Board continues at the same pace; and c) It was asked that that the Board receive a top level, year on year comparison, to identify issues in the management of sickness and or seasonal trends. **Action: Roger Rawlinson**
7.2.1	**<u>Resolved</u>: that the update (10B.047B) on sickness levels be noted.**
8	**Patient Contacts with NHS Direct (Dental Out of Hours) (10B.048)**
8.1	The Clinical Director/Chief Nurse introduced a report of a recent patient contact that was read in conjunction with the CD of the recordings of calls that Board members had listened to.
8.2	The following were highlighted and noted: (a) The dental self assessment tool should ideally incorporate location specific information; (b) Concern was expressed over the 3 stage process being too elongated for the patient; (c) NHS Direct had been invited by the SHA Dental Leads Group to present the level of volume of calls NHS Direct received and where it struggled to provide our patients with accessing dental appointments with Out of Hours Clinics**;** (d) The Board observed that the call recording did not reflect the typical experience of callers with dental problems. It welcomed the opportunity to review further Dental Out of Hours calls at the May Board, to gain a greater understanding of the service provided to our patients; and **Action: Helen Young** (e) In future patients would be asked for consent so that call recordings do not need to be anonymised. **Action: Helen Young**
8.3	**<u>Resolved</u>: that the report on patient contact with NHS Direct (Dental Out of Hours) be noted.**
9	**Corporate Performance Scorecard (10B.049)**
9.1	The Chief Executive tabled a revised version of the Corporate Performance Scorecard for 2010/11, showing the proposed key performance indicators (KPI) and proposed targets for 2010/11, together with the baseline performance against each KPI for 2009/10.
9.2	The Board discussed the scorecard in detail In response to a query it was noted that the methodology used for measuring patient satisfaction had been modified
9.3	**<u>Resolved:</u> that the 2010/11 Corporate Performance Scorecard be agreed.**
10	**Francis Report into Mid Staffordshire NHS Trust (10B.050)**
10.1	The Chief Executive introduced a review of the report. Its relevance to NHS Direct had been analysed by the Clinical and Corporate Governance Teams. The Board discussed the issued raised, and the actions that NHS Direct needed to take for assurance that all relevant lessons from the Mid Staffordshire NHS Trust were being learnt within this organisation.
10.2	The following were highlighted and noted: (a) The Board asked that actions should be allocated to specific individuals with a clear deadline; **Action: Nick Chapman**

	(b) Whistle Blowing activity should be regularly reported to the Board in future via the Audit Committee; **Action: James Bufford** (c) The Board asked that the Whistle Blowing policy be reviewed in light of the Francis report, giving staff access to Non Executive Directors where necessary; and **Action: Roger Rawlinson** (d) Strengthening the role of the Board, with the right balance and skill mix. Sue Hunt to provide the Chair with a Foundation Trust template. The Chair would review skill mix in light of the Francis report. **Action: Joanne Shaw / Sue Hunt**
10.3	**Resolved: that** **(a) The assessment of the report and its impact in NHS Direct be noted; and** **(b) The actions set out in the report be approved.**
11	**West Yorkshire Urgent Care – lessons learned (10B.051)**
11.1	The Chief Executive introduced the report which proposed actions to be taken in response to the lessons learned from the process of bidding for, and subsequently mobilising the West Yorkshire Urgent Care Service.
	The following was noted: (a) The Chair noted that this was a very important process to go through, both operationally and financially; and (b) The importance of a design authority, which would significantly improve the process.
11.2	**Resolved: that the recommended action plan be agreed.**
12	**Corporate Registers (10B.052A&B)**
12.1	**Resolved: that** **(a) the register for the use of the Trust Seal be noted; and** **(b) The register of Declarations of Interest be noted.**
13	**Sub-Committee Work (10B.053)**
13.1	The Board received the minutes of the Appointments Committee held on 17 March 2010.
13.2	**Resolved: that the Sub-Committee work be noted and received.**
14	**Board Engagement**
14.1	The Chief Executive presented the report on proposals for organising the Board members engagement.
	The following were highlighted and noted: (a) Improving engagement between Board and front line staff; it was suggested that each of the Trust's sites be visited at least once in the next 12 months; (b) The benefit of Non Executive Directors extending their awareness of external stakeholders perspective; and (c) It was agreed that the report would be used as a model and individuals will agree their personal objectives with the Chair. **Action: Non Executive Directors and Chair**
	Resolved: that the proposal on Board engagement be agreed.
15	**Any Other Business**

15.1	**Annual Report:** the Board was asked to provide any declarations on transactions to the Human Resources Director. **Action: All**
15.1	**Black Gold Exercise:** Tim Walton provided an update on the outcomes of Black Gold Exercise. Between 1st and 14th April NHS Direct participated in Exercise Black Gold which was a command post exercise testing the National Emergency Plan – Fuel, 1st-13th April constituted the build up phase and the main exercise took place on 14th. The exercise involved 41 NHS organisations in the East of England including East of England SHA, the Health Protection Agency and East of England Ambulance Trust. It was asked that the emergency planning arrangements for NHS Direct technical hubs and key call centre sites be reviewed and a report to the Executive Management Board to be considered. **Action: Helen Kerrigan**
16	**Next Meeting**
16.1	The next Ordinary Board Meeting will be held at 10.30am on 24 May 2010 at NHS Direct, 8th floor, 2a Southwark Bridge Road, London SE1 9HA.
17	**PRIVATE SESSION – RESOLUTION**
17.1	The Board passed the following resolution to move into private session to consider private items of business: **<u>Resolved</u>: that in accordance with the Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.**
18	**Chief Executive's Report (10B.009P)**
18.1	*This item was considered in the private session as it contained commercially sensitive information.* The Chief Executive introduced his report and drew the Board's attention to the following points: (a) The good progress made with the contract negotiations with Clinical Solutions. NHS Direct awaiting approval from East of England to enable the contract change notice to be signed and put into effect; (b) VAT matters progressed through NHS Direct's financial advisors who are seeking written confirmation from HMRC on VAT recovery, which they believe should not be an issue; (c) The Chief Executive provided a revised wording for paragraph 1.6 which would also be circulated to the Board for completion; and (d) NHS Direct have now signed the 12 month extension contract with Conduit to provide a managed, in-sourced service at the Milton Keynes Contact Centre.
18.2	**<u>Resolved:</u> that the Chief Executive's report (10B.009P) be noted.**
19	**Contracts Awarded (10B.010P)**
19.1	*This item was considered in the private session as it contained commercially sensitive information.* The Finance Director introduced a report summarising contracts signed or originated between 23 March 2010 and 26 April2010.

19.2	**<u>Resolved</u>: that the report on contracts awarded (10B.010P) be noted.**
20	**<u>Clinical Safety</u>**
20.1	The Chair reported back the outcome of a review of a serious safety incident. She commended the review process but emphasised the need to always remember our duty of care to patients and relatives even in complex and sensitive situations involving other agencies. The Chief Executive noted that this needed to be judged at a senior level on a case-by-case basis.
21	**Evaluation of the meeting**
21.1	*This item was considered in the private session as it contained commercially sensitive information.* Tim Walton evaluated this meeting and the following were highlighted and noted: (a) All Board members were present following a considerable period with apologies; (b) Constantly improving the process; i.e. introduction of a new way of looking at the actions; (c) Board papers of a good quality and circulated at a timely manner; (d) It was a significant achievement to have agreed the business plan and objectives in March; and (e) Non Executive Engagement was of good balance and quality. The Chair would coordinate a further discussion with Non Executive Directors offline. **Action: Joanne Shaw**

Emma Farlow
Acting Corporate Governance Manager
30 April 2010