

Agenda Item: 3  
Reference: 12B.001

UNCONFIRMED

**NHS Direct Board Meeting**  
**MEETING HELD IN PUBLIC**

**Minutes of the Board Meeting held at 10.30am on Monday 19 December 2011 at 120 Leman Street, London, E1 8EU.**

<b>Present:</b>	Joanne Shaw Nick Chapman Alan Bentall Peter Catchpole Luisa Dillner Brian Gaffney Keith Gait Tricia Hamilton Tim Heymann Trevor Jones Ruth Rankine Roger Rawlinson Trevor Smith Tim Walton Helen Astle	Chair Chief Executive Chief Information Officer <sup>1</sup> Non-Executive Director Non-Executive Director Medical Director/ Director of Public Health Chief Operating Officer Chief Nurse/Clinical Director Non-Executive Director Non-Executive Director Director of Strategy and Planning <sup>1</sup> Human Resources Director <sup>1</sup> Finance Director Non-Executive Director Interim Director of Corporate Services <sup>1</sup>
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<b>In attendance:</b>	Keisha Aimiuwu Dave Tee Sheena Nixon	Corporate Governance Manager London Regional Director Head of Strategic Development
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**Observing** 5 members of staff

**Observing online:** 26 online viewers (for the public session)

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<sup>1</sup> (non-voting)

<b>1.</b>	<b>Welcome and apologies for absence</b>
1.1	Apologies were received from Sue Hunt, Non Executive Director, and Steve Duncan, Non Executive Director. Tim Heymann, Non Executive Director attended for the private session of the meeting. Trevor Jones, Non-Executive Director, left at the start of the private session.
<b>2.</b>	<b>Declarations of Interest</b>
2.1	There were none.
<b>3.</b>	<b>Minutes of the Board meeting held on 28 November 2011 (11B.116)</b>
3.1	The Board minutes were agreed as an accurate record subject to the following amendments:
3.1.2	Para 4.2: <i>Within</i> the 0845 service, more callers are asked to consider contacting another healthcare professional only if symptoms persist.
3.1.3	Para 5.3: <i>There was a difference in the different pilots in terms of the proportion of patients that were referred on by either ambulance or urgent needs to a primary care professional; the critical component which determined whether the rate of referral was higher or lower was the degree of clinical involvement in calls</i>
3.2	<b>Resolved:</b> that the minutes of the Board meeting held on 28 November 2011 be agreed subject to the above amendments.
<b>4.</b>	<b>Matters Arising (11B.117)</b>
	<b>Action Log</b>
4.1	All actions on the log were closed or on the agenda.
4.2	<b>Resolved:</b> that the action log (11B.117) be noted.
<b>5.</b>	<b>Chair's Engagement Report (11B.118)</b>
5.1	The Chair updated the Board on her engagements since the last Board meeting.
5.2	The Board noted her attendance at the Cisco public services summit which focussed on public services developments around the world.
5.3	111 awareness in these forums was generally low.
<b>6.</b>	<b>Chief Executive's Report (11B.119)</b>
6.1	The Chief Executive presented the report to the Board. The following points were noted:
6.2	<b>NHS 111 Procurements:</b> The bid return date for the SE Coast invitation to tender was 22 February 2012 and not 31 January 2012.
6.3	<b>Birmingham Own Health (BOH) consultation:</b> The BOH consultation period had been finalised and Birmingham PCTs are currently out to consultation on the cessation of the BOH service. The Executive Team had agreed proposals to redeploy staff from 31 <sup>st</sup> March in line with the contract termination notice received from the PCTs..
6.4	<b>Whole System Demonstrator Programme:</b> The Whole System Demonstrator Programme is part of a wider report to show how the NHS can contribute to the economy by its use of innovation through the telehealth and telecare. The report indicates that there is a compelling business case. PC shared some experience from the Local Authority viewpoint. He highlighted the importance of telecare for local authorities looking

	after frail elderly people and patients with dementia. He stressed the need for a whole systems approach and proposed joint commissioning as the way forward. NHS Direct has a team working on solutions for commissioners to meet the opportunities identified in the report. More detail would be provided to the Board in the future. A link to the innovation report would be circulated to the Board. <b>Action: Nick Chapman.</b>
6.5	<b>Implementation of Our Future Workforce:</b> It was noted that the first stage of the implementation phase (staff submission of roster options) would be completed by 31 December 2011 and not Christmas as stated in the report.
6.6	<b>Effect of strike on 30 November:</b> The Board heard how performance was maintained on strike day and thanked staffside for their mature handling of the industrial action. NHS Direct took 11,000 calls compared to a normal midweek demand of about 8,000.
6.7	<b>Resolved: that the Chief Executive's Report (11B.119) be approved</b>
<b>7.</b>	<b>Corporate Performance (11B.120)</b>
7.1	The Director of Finance presented the Corporate Performance Scorecard for November 2011 and the Finance report.
7.2	The following points were noted: <ul style="list-style-type: none"> <li>- There were 343,000 patients and users of our Core Service.</li> <li>- There were 952,000 uses of our health and symptom checkers on-line and the appointments line service received 247,000 calls in the month. Core service performance levels improved slightly</li> <li>- There was good performance on access targets for the service with 96% of users able to access the service within 60 seconds and we had an abandonment rate of 0.9%.</li> <li>- Clinical assessment for the most urgent of patients remained well within target but was below target for both less urgent and non-urgent calls.</li> <li>- Patient satisfaction levels remained good at 92% and complaints were 0.3 per 10,000 calls.</li> <li>- Financial performance on Income and Expenditure remains on target for the year to date with a surplus of £1.1m.</li> <li>- There was a cash balance 22m, with £1.8m invested in capital for the year to date.</li> </ul>
7.3	The Board noted that the expert call review scoring was 65% at the end of November against a target of 80% by the end of December. The Clinical Director advised that there were issues with new recruits which had impacted the scoring. The whole process was being reviewed in line with the RCPG tool which will be used for benchmarking 111 service, and had a lower target level of 61%. The Clinical Governance Committee would look into this. <b>Action: Tricia Hamilton</b>
7.4	The Board asked the reason for the increase in the number of calls not requiring onward referral in November <b>Action: Keith Gait</b>
7.5	It was noted that the usual Autumn increase in staff sickness was not as pronounced as last year. Staff and management were commended for this in light of the destabilising

	effect of ongoing changes to rostering arrangements.
7.6	The Chief Operating Officer provided an update on preparations for Christmas. Approximately 125 WTE new Nurse Advisors were about to go live from training. There was sufficient staffing for Christmas day, but there were staffing challenges for Boxing Day and the 27 <sup>th</sup> of December, which was expected to be the busiest day.
7.7	There was a pick up on The Appointments Line for the last four months and the drivers for that would be investigated. <b>Action: Trevor Smith</b>
7.8	The Finance report stated that 'WTE numbers are closer to last years due to the impact of additional winter pressures activity and 111 Pilot budgets'. The Finance Director clarified that this was due to additional funding from East of England to provide winter capacity rather than additional winter pressures.
7.9	<b><u>Resolved:</u> that the Corporate Performance Reports (11B.120) be noted.</b>
<b>8.</b>	<b>Risk Register (11B.121)</b>
8.1	The Interim Director of Corporate Services presented the paper to the Board. The public section of the Corporate Risk Register had four entries; three had a risk rating of twelve whilst one risk relating to possible future industrial action had a reduced risk rating of nine.
8.2	The Board commended the improvements in the process around the risk register.
8.3	<b><u>Resolved:</u> that the Risk Register (11B.121) be noted.</b>
<b>9.</b>	<b>'Our Workforce' Consultation – TAL recommendations (11B.122)</b>
9.1	The Chief Operating Officer presented the report to the Committee. Building on the Board seminar and meeting in Nov 2011, the paper set out recommendations in respect of The Appointments Line (TAL) staff, for whom the recent consultation was extended to 25 November 2011. Eighty percent of staff had undergone one to one consultation.
9.2	The recommended principles for TAL rostering were: <ul style="list-style-type: none"> <li>- Maintain a 2:8 requirement for weekend-working but retain flexibility to adapt as market changes and internal transition progress</li> <li>- Prioritise the deployment of substantive staff within TAL's operating hours (08:00-20:00)</li> <li>- Deploy agency staff in a similar way to our other insource providers: <ul style="list-style-type: none"> <li>- To support small business unit activity and TAL</li> <li>- To work outside the 08:00-20:00 period</li> <li>- To cover periods of low substantive staffing</li> <li>- Shift start-times will be on the hour and the half-hour</li> <li>- Shifts across each week will have a similar start-time</li> <li>- A minimum of 3 working days per week is expected</li> <li>- Contracted hours will be 37.5; 30; 22.5; 20; 15. Other variants will be discontinued</li> </ul> </li> </ul>
9.3	The Board noted that staffside recognised the need to develop similar flexibility for TAL as for the core service, although it may not have been implemented exactly as they would have desired. TAL staff felt very positive about the changes which would enable them to work more easily in the core service.
9.4	Implementation was dependent on securing an extension of the TAL contract which ends on 31 March 2012. NHS Direct was awaiting final sign-off from NHS Midlands and East to

	renew the contract. This was likely done before the contract ended.
9.5	The Board asked whether the outcomes from the various consultations had been gathered centrally and suggested that this would be useful to review. <b>Action: Keith Gait</b>
9.6	Improvements of roster efficiency of up to 94% were very significant and would have positive benefits on performance levels and user experience. This would support the organisation in its delivery of the NHS national efficiency target of 4% per annum.
9.7	<b>Resolved:</b> that the 'Our Workforce' Consultation – TAL recommendations (11B.123) be agreed.
<b>10.</b>	<b>Clinical Governance Committee minutes (11B.124)</b>
10.1	Sue Hunt, Chair of the Clinical Governance Committee, presented the minutes of the 11 November 2011 meeting to the Board.
10.2	The Clinical Director gave an update on the CQC inspection. An unannounced visit had taken place in Wakefield which involved listening to calls and having discussions with managers. There was a further visit to the Milton Keynes site and there was a planned visit on 9 January 2012 to Headquarters in London.
10.3	The Board welcomed the visits and thanked staff who had been involved.
10.4	<b>Resolved:</b> That the Clinical Governance Committee minutes (11B.124) be noted.
<b>11.</b>	<b>Trust Engagement Visits (11B.125)</b>
11.1	Trevor Jones and Alan Bentall had visited the Exeter site on 20 October 2011, listened to calls and had one on one conversations with four members of staff. The following points were noted: <ul style="list-style-type: none"> <li>- They received feedback on the consultation and staff understanding of the process.</li> <li>- One of the homeworking staff reported a feeling of isolation. The HR Director explained that there would be more homeworkers in the future with their own division which would provide support and reduce the feeling of isolation.</li> <li>- 111 call handlers described how much they welcomed the new service</li> <li>- Some NHS 111 clinical content seemed wordy and technical. The Medical Director agreed that the example quoted was inappropriate and undertook to follow up through the normal feedback channels to the content provider (Pathways). <b>Action: Brian Gaffney</b></li> </ul>
11.2	Roger Rawlinson and Joanne Shaw visited the Nottingham site on 6 December 2011. Of the 111 calls they had listened to, only two required clinical assessment, both of which were very complex and demanding. It was agreed that a further discussion would take place with the Clinical Director to explore issues raised in those calls.
11.3	<b>Resolved:</b> That the Trust Engagement Visits (11B.125) be noted.
<b>12.</b>	<b>Frequent Callers (11B.126)</b>

12.1	The Clinical Director presented the report to the Board. This paper highlighted the benefits of focused intervention in the management of frequent callers.
12.2	The difficulty of the issue was acknowledged. Some Board members felt that the actions described in the paper were more service centred than patient centred and felt there could have been a greater focus on the needs of this patient. It was agreed that a further discussion would take place with the Clinical Director to explore issues raised by the paper.
12.3	<b><u>Resolved:</u> That the Frequent Callers paper (11B.126) be noted.</b>
<b>13. Any Other Business</b>	
13.1	The Board noted the departure of Helen Astle, Associate Director of Corporate Services. The Chair thanked her for her services to the organisation and valuable work on risk management and the Foundation Trust preparation.
13.2	The Chair also thanked the members of the Board for their efforts in what had been a challenging year.
<b>14. Next Meeting</b>	
14.1	The next Ordinary Board Meeting will be held at 10.30am on 30 January 2012 at NHS Direct, 120 Leman Street, London, E1 8EU.

<b>15. PRIVATE SESSION – RESOLUTION</b>	
15.1	The Board passed the following resolution to move into private session to consider private items of business:  <b><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.</b>
<b>16. Chief Executive’s Report (11B.052P)</b>	
<i>This item was considered in the private session as it contained commercially sensitive information.</i>	
<b>Trust Engagement Visits</b>	
16.1	The Board would be provided with information on how to raise queries regarding calls and visits. <b>Action: Tricia Hamilton</b>
<b>Situation review</b>	
16.2	A situation review meeting convened on 6 December 2011 to review a recently received invitation to tender. The Board discussed and noted the implications, outputs and recommendations highlighted in the report.

16.3	<b>Resolved: that the Situation Review recommendations be noted.</b>
<b>17.</b>	<b>Feedback from Special Finance Committee meeting on 12 December 2011 (11B.053P)</b>
	<i>This item was considered in the private session as it contained commercially sensitive information.</i>
17.1	The Board noted that the Finance Committee had met on 12 December 2011 to discuss a 111 bid.
17.2	A paper was circulated which contained proposals for the bid. The Board reviewed the risks, costs and prices detailed in the report and agreed with the recommendations.
17.3	<b>Resolved: that the Feedback from Special Finance Committee meeting on 12 December 2011 (11B.053P) be noted and recommendations agreed.</b>
<b>18.</b>	<b>Corporate Risk Register (11B.054P)</b>
	<i>This item was considered in the private session as it contained commercially sensitive information.</i>
18.1	The Associate Director of Corporate Business presented the private section of the risk register to the Board.
18.2	<b>Resolved: that the Corporate Risk Register (11B.054P) be noted.</b>
<b>19.</b>	<b>Contracts Awarded (11B.055P)</b>
	<i>This item was considered in the private session as it contained commercially sensitive information.</i>
19.1	The Finance Director presented the report to the Board. The report identified and reported on contracts signed between 19/11/11 – 07/12/11.
19.2	<b>Resolved: that the Contracts Awarded (11B.055P) be noted.</b>
<b>20.</b>	<b>Evaluation of the meeting</b>
	<i>This item is taken in the private session of the agenda so as to cover the entire meeting.</i>
20.1	Trevor Smith evaluated the meeting and provided the following comments: <ul style="list-style-type: none"> <li>• Papers were concise and well formed, particularly in view of the fact that the Board meeting was scheduled earlier than normal this month;</li> <li>• All the content was covered well within the time and without being rushed;</li> <li>• Key exception issues were picked up and there was a good balance in terms of private and public content on the agenda.</li> </ul>

**Keisha Aimiwu**  
Corporate Governance Manager  
January 2012