



Q4 PHSO BOARD MEETING

28 April 2015

Minutes (Final)

**FINAL MINUTES OF PHSO BOARD
28 APRIL 2015**

CHAIR:

Dame Julie Mellor DBE, the Ombudsman

EXECUTIVE MEMBERS:

Mick Martin, Managing Director

Mike Procter, Executive Director of Finance and Governance

Sally Sykes, Executive Director of External Affairs and Strategy

NON-EXECUTIVE MEMBERS:

Sir Jon Shortridge KCB

Dr. Jane Martin

Dr. Julia Tabreham

Peter Freedman

Helen Walley (exited after Item 13)

Ruth Sawtell

IN ATTENDANCE:

Chris Morgan, Director of Quality & Service Integrity

Gill Bull, Director of Strategy and Insight

Rebecca Milner, Head of Parliamentary Policy and Insight

Dr. Chris Barben, Clinical Adviser (General Surgeon) (Observer)

Marina Soteriou, Press Officer (Observer)

Glynn McDonald, Interim Head of Public Affairs

Krista Thomas, Executive Committee Administrator (minute-taker)

1.	Chair's Introduction
1.1	The Chair welcomed Board members and three observers. There were no conflicts of interest items declared.
1.2	The Chair advised that the agenda would be re-shaped so that the morning session could be devoted to discussions around the interrelated items of the Managing Director's report, the Integrated Change Programme, the Role of the Ombudsman and the recent PASC report (<i>Investigating Clinical Incidents in the NHS</i>). This change will be reflected in the items being out of sequence in the minutes.
2.	Minutes, Matters Arising from previous meeting
2.1	6 February 2015 minutes were agreed as read with the exception of wording in the section on staff engagement which needs revision to clarify the responsibilities of managers.
2.2	11 March 2015 minutes were agreed as read with the exception of the recommendation on page 6 relating to the letter from the Chair to Baroness Fritchie which needs to make the purpose of the letter clear.

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2.3	Matters Arising
	<p>ACTION 1 The Chair asked the Executive Committee Administrator to ensure that the Quality Committee dates have been agreed and invitations sent to the appropriate members.</p> <p>ACTION 2 There are a number of old outstanding actions that need to be followed up and closed by the Executive Team</p> <p>ACTION 3 The actions summary table needs to have an additional column added to make it easier to see who was responsible for the action</p> <p>ACTION 4 The original deadline for establishing a date for the first meeting of the Quality Committee has passed and the reason for the slippage needs to be explained and a new date established.</p>
2.4	It was agreed that the Chair could sign both sets of the minutes subject to the above.
3.	Chair's Report to the Board
3.1	The Board noted the Chair's report.
4.	Managing Director's Report to the Board
4.1	The Managing Director introduced his report in the context of the three main priority areas and his assessment of the current position.
4.2	<p>General points of discussion were:</p> <ul style="list-style-type: none"> • There is a need to pause at year-end and reflect how well the workforce has done to achieve the outturn position. • The new service model needs to be embedded and documented. • We need to involve staff in a way that we haven't done to date.
4.3	<p><u>PASC Report</u></p> <ul style="list-style-type: none"> • PASC are not convinced about the changes we have made - we have not landed our message • There will be a new Committee in a few weeks following the election, providing an opportunity for PHSO to develop its relationship with PASC • We are sure that our decision-making is robust but we have to be able to demonstrate that to the outside world - it is insufficient to just make that assertion. • There is a tension between moving these issues forward at pace and ensuring that we have the workforce with us.
4.4	<p><u>Staff Engagement</u></p> <ul style="list-style-type: none"> • There have been listening sessions with the staff to do three things: say thank to staff, discuss our role and listen to what the workforce has to say. • A significant number of staff are dissatisfied about the way that change has been imposed at pace

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	<ul style="list-style-type: none"> • Some staff think we have lost sight of our role and core purpose • The workforce wants us to explain how the new method and approach are supposed to work • Staff want us to respond more robustly to the external criticism and 'fight our corner'.
4.5	<p>Chair's summary:</p> <ul style="list-style-type: none"> • We need to defend our role more strongly • Strategic Aims 3 and 4 are not our priority this year • We need to make clear to staff that we know they are doing the best they can. We need to give them the tools to make further improvements.
8.	Integrated Change Programme - Initiation Approach
8.1	The Director of Quality & Service Integrity presented his paper to the Board and advised that the underlying rationale for the Integrated Change Programme is that staff often feel that change is ad hoc and unplanned (even when there has been sound planning), so there is a need for something that is explicitly and demonstrably cohesive and integrated.
8.2	<p>The Director of Quality & Service Integrity described the five phases of the programme:</p> <ol style="list-style-type: none"> 1. Deploy the Service Model (including completion of the documentation) 2. Embed - measure impact on performance (3 to 4 months) 3. Deploy modern tools (e.g. the new Casework Management System and telephony) 4. Consolidate performance so that the new ways of working become 'business as usual' 5. Publish the Service Charter - i.e. after we have achieved the above we need to be able to be able to say we've done it, rather than just make promises.
8.3	The Board discussed the proposals and agreed that change needs to be delivered in a structured fashion, although there was a query as to whether this work effectively addresses the external criticisms.
8.4	<p>Chair's summary:</p> <ul style="list-style-type: none"> • The key thing is the re-emphasis of our role • The "what" has to be prior to the "how" - we need to be clear about what we're going to do (to be explored further at the next Board meeting) • The programme addresses the right issues but we have to be clear on the milestones that need to be achieved before we move on and be sure that this all achievable within the timetable. • Have we arranged the resources and support that the programme needs? • Quality - we need to be sure what we're trying to do before we can assess whether we've achieved it. The Quality Committee can deliver an assurance role here but cannot become involved in executive issues.
	ACTION 5 Executive Committee Administrator to liaise with the Chair and Executive Director of External Affairs and Strategy to arrange a meeting to discuss the Service Charter to take place before the July Board.
	ACTION 6 Executive Committee Administrator to arrange a meeting for Julia Tabreham to meet with Tom Stoddart to discuss the overarching ICT strategy.

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	ACTION 7 Executive Committee Administrator to provide copies of the 2015/16 Business Plan, Governance Framework, Assurance Framework, and Risk Register to the two new Non-Executive Directors.
9.	Listening and Learning: Shaping our Response to External and Internal Feedback
9.1	The Executive Director External Affairs and Strategy presented an analysis of the PASC report (<i>Investigating Clinical Incidents in the NHS</i>), which divided the comments made by PASC into categories and detailed the evidence that PASC had used in making these observations. This analysis formed the basis of the Board discussion, which focussed on the role of PHSO and whether we are equipped to deal with big clinical issues.
9.2	<p>Chair's summary:</p> <p>The Chair summarised the discussion as follows, noting that this all needs to inform the work on the Integrated Change Programme and the Service Charter:</p> <ol style="list-style-type: none"> I. Our Role - is it do-able and what do we need to do to improve? <ul style="list-style-type: none"> • It's not our job to be the NHS' learning and improvement body, although we can refer matters which require attention and comment on the quality of local investigations • We provide redress for detriment caused by service failure • What do we need to do and what skills do we need? Remedy must involve the provider being able to show that they have taken action to ensure that this cannot happen again. II. Scope - we need to be clear about what we will investigate, what that investigation will and will not cover and what we need to refer elsewhere. III. Relationship with Others - we need to understand and specify how our role relates to that of e.g. the Coroner.
	ACTION 8 Head of Parliamentary Policy and Insight to circulate the evidence we submitted to PASC to Board members.
10.	Care Quality Commission: Strategic Relationship
10.1	The Director of Strategy and Insight presented her paper to the Board and asked them to agree the overall purpose of the strategic relationship that PHSO has with CQC.
10.2	The Board's attention was drawn to the draft Memorandum of Understanding (MOU) and data sharing protocol that sets out the framework for the working relationship between the PHSO and CQC. It is intended to inform PHSO staff and the public about how the two organisations relate to each other, and work together. The Board was asked to consider if the MOU demonstrates that PHSO shows impartiality. AGREED.
10.3	The Board was asked to consider the recommendations of providing input to shaping the development of the Board to Board relationships as set out in point 3.10 of the paper. AGREED.
10.4	The Director of Strategy and Insight advised the Board that the CQC has requested a two-hour session in July when a group of Executives and Non-Executives from each Board meet to debate the MOU.

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5.	Corporate Performance Report - End of Year
5.1	The Executive Director Finance and Governance introduced the item with an overview of performance.
5.2	The Managing Director gave a summary of the outturn performance for Operations: <ul style="list-style-type: none"> • 101,000 contacts • 6,900 assessments • 4,280 investigations
5.3	The Board was assured that the time taken to complete cases has fallen but this achievement is masked to some degree by the fact that waiting times before we actually start work on a case still require improvement - work needs to be allocated more effectively.
5.4	The Board was advised that the year ended with 93 cases that had been with us for over 12 months. This represents a significant improvement but is still too high. There will always be some cases that take a long time to investigate due to their complexity but there should probably only be about 30-40 of these at any one time.
5.5	The Board accepted the report and acknowledged the terrific achievement in terms of the volume of investigations completed.
5.6	The Chair asked for some amendments to the way that Operations data is presented in future: <ul style="list-style-type: none"> • Duration data provided for each stage of the process • Bar charts showing the number of old cases (snapshot and cumulative) • Satisfaction data split into the figures for cases upheld and cases not upheld.
6.	Finance Update
6.1	The Executive Director Finance and Governance gave an overview of the provisional outturn position, which showed a surplus of £183k. The Board was given a verbal update that the figure was now likely to be closer to £150k due the impact of further accruals being applied as the final accounts work neared completion. The financial year ended with the organisation within all of its control totals, although there was a request to present these in a table to provide greater clarity. The Board was also informed that the interim audit by the NAO had produced a favourable report which will go to the Audit Committee in May. The work to produce the final accounts is on schedule and our internal auditors (KPMG) have just completed their work to confirm that the integrity of the data transfer from the old financial system to the new has been sound, therefore, giving assurance on the basis on which the year-end accounts will be prepared.
7.	Q4 Strategic Risk Register
7.1	The Board considered the Strategic Risk Register and were content that the risks identified and the mitigations were appropriate. However, there was a request that for future meetings the Executive should specify in the covering paper what they considered to be the main areas requiring discussion, so that non-Executive members were given a steer on where to focus their attention.

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	ACTION 9 Executive Director of Finance and Governance to ensure that the Deep Dive of Aim 2 report (Annex D) is expanded and provides more detail of the discussion held at the Audit Committee in February.
11.	Update on Preparing the 2014/15 Annual Report and Accounts
11.1	The Executive Director Finance and Governance gave a progress update on the project to produce the Annual Report and Accounts. The project group continue to meet weekly and work is on schedule. A first draft will be ready for consideration by the Executive Team at its meeting on 5 th May.
11.2	The Board were assured by the progress made and were content with the editorial plan submitted, which gave an outline of the content of the narrative section of the report.
11.3	The Board asked that the report should also: <ul style="list-style-type: none"> • Cross reference work with LGO • Reference the work with hard to reach groups • Contain the required references to equality and diversity
12.	Report: Audit Committee
12.1	The Chair of the Audit Committee recommended that the Board adopt the minutes as presented. AGREED.
13.	Report: Remuneration & Nominations Committee
13.1	The Chair of the Remuneration & Nominations Committee recommended that the Board adopt the minutes as presented. AGREED.
13.2	The Chair of the Remuneration & Nominations Committee recommended that the Board formally accepts the appointment of the two new Non-Executive Directors. Ruth Sawtell and Julia Tabreham exited the room while the Board voted. ALL IN FAVOUR.
13.3	The Chair of the Remuneration & Nominations Committee recommended that the Board formally accepts the appointment of the Independent Audit Committee Member Alison White. ALL IN FAVOUR.
13.4	The Chair of the Remuneration & Nominations Committee recommended that the Board formally accepts the appointment of the new Executive Director of Finance and Governance Gill Killpatrick. ALL IN FAVOUR.
15.	Board Forward Programme
15.1	The Chair advised that the July Board will start at Noon.

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	ACTION 11 Executive Committee Administrator to ensure that all Board members have been sent updated calendar invitations to reflect the time change.
16.	AOB
16.1	No items were raised.
17.	Date and location of next meeting
17.1	Tuesday, 16 th June 2015 1:30PM at Millbank Tower. It was agreed that Non-Executive Directors could participate in the discussion via teleconference. Monday, 27 th July 2015 and Tuesday, 28 th July 2015 at Millbank Tower Monday's session will commence at Noon.

Meeting concluded at 15h45