

Minutes of Board Meeting

Board Meeting held on 23rd July 2015

For Publication

Board Attendees

Andrew Vallance-Owen (Chair) [AVO]

Fiona Booth [FB]

Sir Cyril Chantler [CC]

Don Grocott [DG]

Michael Hutchings (MH)

Gerard Panting [GP]

Matt James (CEO) [MJ]

Sir Norman Williams [NW]

Apologies

Nancy Devlin [ND]

Jayne Scott (JS)

Other attendees

John Rudkin, Finance Director & Company Secretary [JR]

Dr VJ Joshi, Clinical Informatics Director [VJ]

1. Declaration of Conflicts

AVO asked if there were any potential conflicts of interest. There were no declared conflicts of interest.

2. Minutes from previous board meeting

Minutes of the previous meeting were approved.

3. Matters Arising

NW reported that responsibility for Patient Safety in the NHS was being moved to NHS Improvement from NHS England. NW also noted that there would need to be a strategic position for the Board to take regarding patient safety investigations and any role that PHIN would have in providing information to the investigators.

CC asked about litigation within the private sector. FB replied that the ISCAS complaint procedure ensured that learnings from incidents could be made. Hospitals have to insure against litigation. GP noted that most claims within the private sector were against a clinician and not a hospital.

GP noted that the key thing was that the insurance industry could benefit from PHIN collecting the activity denominator for reporting purposes.

MJ agreed and noted that PHIN was also working with Public Health England (PHE) and the National Joint Registry (NJR). MJ further noted that many of the regulators do not have a major focus on the private sector, usually due to resource constraints.

MJ noted and FB confirmed that responsibility for representing the interests of the sector in discussions with regulators and other authorities lies with AIHO rather than PHIN.

4. CEO update

MJ presented the CEO report.

MJ noted that there were ongoing discussions with the PMI's regarding their representation on the PHIN Board.

The Members Implementation Forum had been held. MJ reported that it had again been a very positive meeting. A sub-group has been created to work with The International Centre for Health Outcomes Measurement (ICHOM) to understand international best practice in PROMs, specifically in relation to cataract procedures initially. The CQC attended and continues to work with PHIN and Forum participants on improving their Provider Information Request (PIR), issued 12 weeks prior to an inspection. PHIN will work on producing a standardised data submission that the hospitals can then submit to the CQC. FIPO also attended the meeting.

A Consultant Engagement Plan is now in place for both individual consultants and specialities.

MJ reported that he had attended the hospital directors' conference.

New Subscriber Engagement

DG noted that MJ and the team should be congratulated on the subscriber engagement activity.

MJ noted that PHIN would draft a letter for the CMA to send to Monitor and the NTDA. MJ reported that there had been some contact from Northern Ireland and that the question had been raised as to whether the CMA applied to the regions. It was noted that the CMA applied to the whole of the UK.

HES Data Application

MJ reported that the application had been adjusted to split the requirements into three parts, an initial application for the plain data, a second application for consultant identifiers and a third application for the data linkage. The plain data application has been submitted.

NW asked if the consultant bodies had been contacted to clarify that HES data will be used.. NW felt that we needed to be very clear about what PHIN wanted to use the HES data for, noting that the HES data would not deal with outcomes data.

NW also reported that the National Audits have been involved in consultant revalidation and that consultants had accepted this involvement it would potentially only cover half the overall level of activity.

GP noted that as the consultant information would provide a personal view of the information PHIN should be aware that PHIN could face threats of being referred to the Information Commissioner if there was any question over the accuracy of the data.

CC sought clarification on the reason for needing information from HES.

MJ stated that we would use HES to collect PPU's data rather than having to get them to submit directly to PHIN. It was also required to be able to report on a consultants total NHS and Private activity and to enable Standards measurement.

CC felt that it was important that PHIN states why we need the information from HES.

MJ noted that the Board has expertise to take a nuanced view on the activity and the Board can determine whether the reporting is 'doable'/achievable/not achievable?

NW noted that the Board needed to be clear on what PHIN wants to get out of data? What is feasible? What is achievable?

AVO stated that the data linkages are key to reporting of the data. MJ agreed and noted that the data linkages pilot study had shown the value of the project.

It was reported that a Clinical Outcome Advisory Group, formed by FIPO and chaired by John McPhee, had been formed to work through what should be happening to reporting consultants.

It was felt that circulating more detail to the Board on what data is being asked for would be helpful. MJ noted that the HES application form detailed the data being requested and the reasons for the request.

ACTION: JR to circulate the relevant extract from the HES application.

Data Processing and Analysis

MJ reported that PHIN was waiting for the installation of our own secure internet connection.

MJ reported that it was felt that the portal solution proposed by Healthcode would not be suitable. It was felt that the most likely solution would be a Sharepoint based solution, either developed in conjunction with Concentra or by hiring resource internally.

MJ reported that initial PROMs submissions were now being received.

Website redevelopment

DG noted that the information on the current website was out of date

FB felt that the launch of website would show progress to the members and that this should go ahead as soon as possible.

DG concurred that the launch should go ahead as soon as possible.

MJ noted that the website could be on the Member Implementation Forum Agenda in September for sign off, feedback could be taken and reported back to the Board prior to launch.

Staffing update

PA/Office Manager in recruitment

We are looking to recruit a 'customer friendly, technology knowledgeable' clinical data analyst to provide information to members.

5. Finance Update

JR introduced the Finance Update. It was noted that all subscriptions had now been received. Expenditure continues to be in line with expectations, subject to the delayed infrastructure project.

JR introduced the proposed Budget for 2015/16. The key messages were that the cost per private case would be maintained at the same level of £3.12 per record and that the £0.50 cost per NHS funded case would be removed from 1 August 2015. MJ noted that the Order did not capture this charge and whilst acknowledging that PHIN had previously charged these fees and that it would be difficult to re-introduce them, it was felt that compliance with the Order was more important. JR noted that the Budget had also been based on the volumes reported directly to Healthcode and that this volume was higher than the volume reported to PHIN. This increased volume offset the reduction in revenue from the NHS funded cases.

JR noted that the Budget included subscription income from PPU's and other providers from 1 November 2015. The cost per case for all records submitted would be £3.12 irrespective of the submission route (HES/ Healthcode). The Board felt that it may be difficult to get payments from the NHS in the expected timescales.

The Board felt that an independent examination of the financial statements should be undertaken and that this cost should be reflected in the Budget.

Joining fees

Following the discussion at the June Board meeting, MJ circulated a paper on joining fees. It was noted that the paper was extremely well considered. The Board re-affirmed the June decision not to introduce joining fees.

Banking

MJ reported that we would investigate moving banks..

6. Governance

MJ reported that he was still working on the five year strategic plan, noting that it needed to appeal to a wide variety of audiences. CC noted that the Strategic Plan could become a risk to PHIN and noted that we should consider how the risk could be mitigated prior to publication.

MJ noted that the Articles of Association may need to be amended at the AGM to reflect the revised categories of membership.

Information Governance

There was nothing to report

7. AOB

AVO noted that he had recently referenced PHIN as part of an overview presentation on NHS PROMs.

AVO reported that he had met with Sue Hill regarding an accreditation scheme within the healthcare sector.

FB noted that the next AIHO Board was scheduled for 12th October 2015

8. Dates for Future Meetings

1st October

29th October

26th November

Proposed AGM Date: 29th October (1pm)