

# Minutes of Board Meeting

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## PHIN 1729 Board Meeting held on 16<sup>th</sup> November 2017

### Board Attendees\*

Andrew Vallance-Owen [AVO] (Chair)  
Jayne Scott [JS]  
Fiona Booth [FB]  
Professor Sir Cyril Chantler [CC]  
Professor Nancy Devlin [ND]  
Don Grocott [DG]  
Michael Hutchings (MH)  
Matt James (CEO) [MJ]  
Natalie-Jane Macdonald [NM]  
Gerard Panting [GP]  
Professor Sir Norman Williams [NW]

### Apologies

None received

### Other Attendees

David Minton, Chief Technology Officer [DMO]  
Geoff Green, Finance Director [GG]  
Jonathan Finney, Member Services Director [JF]  
Dr V J Joshi [VJ]  
Mona Shah, Office Manager [MS] Minutes  
Bethany Shears [Observer]

*\*Note, for the purpose of these minutes, Board members will be referred to as Attendees.*

AVO welcomed the Attendees to the meeting and introduced Bethany Shears, who was AVO's mentee and attending as an observer. AVO also welcomed David Minton, Chief Technology Officer to his first PHIN Board meeting.

## 1. Request for declarations of Conflicts of Interest

Attendees noted the following declarations;

- AVO continues as Senior Independent Director at The Royal Brompton & Harefield NHS FT
- NW continues as a NED on the Board St Georges NHS Trust
- NJM continues as NED on the Board of Nuffield Health

There were no other reported declarations of conflicts.

## **2. Approval of Minutes from Board Meeting held on 28<sup>th</sup> September 2017**

The minutes of the meeting were **approved** subject to one minor revision.

## **3. Reports of sub-committee**

Board received minutes from the Audit & Risk Committee (ARC) meeting held on 12th July 2017 and 26<sup>th</sup> October 2017. JS, Chair of ARC, advised that she had given a verbal update to the Board at the July meeting and the approved minutes had been circulated for information; JS invited further questions, but none were raised.

JS advised the meeting that the meeting on 26<sup>th</sup> October focused mainly on the annual accounts for previous financial year, adding that the external auditors had written robust reports in relation to PHIN's year end audit. Board also noted that the previous year's actions had been addressed promptly. Other main points highlighted were the debt collection process and reserves policy. MJ added that the team was reviewing an updated approach to Risk Management and would report to Board in the new year.

No other questions were raised and AVO thanked the Finance team for the work to ensure that the year-end audit ran smoothly.

## **4. Chief Executive's report**

The report was taken as read and Attendees requested that MJ talk through the key points. MJ advised that it had been a busy period since the last Board meeting. The Implementation Forum meetings are much improved with better attendance and engagement from the people attending.

Meetings with the British Orthopaedic Association (BOA) had resulted in constructive conversation regarding how PHIN's data could relate to the National Joint Registry (NJR) and the BOA was very supportive of PHIN. Attendees noted that a signed data sharing agreement with the NJR was now in place and acknowledged that Patrick Palmer from Northgate had supported and facilitated this to completion.

On behalf of the Board AVO congratulated VJ on his appointment as a Founding Fellow of the "Faculty of Clinical Informatics" which has been established by the 'Royal College of GPs' and 'Royal College of Physicians'.

MJ shared a letter from BUPA that had been received during the week and added that there were two key issues for consideration at the AIHO Board and PHIN's AGM. There is a range of interested parties who want to see output information from PHIN, consistent with the CMA's investigation and PHIN's Strategic Plan. MJ clarified that any information shared would be aggregated, statistical information without risk to maintaining patient confidentiality. Attendees also noted that the CQC had stopped collecting private hospital data on the premise that PHIN's data would be available instead and be of a better quality. Board agreed that volume transparency must be back on the agenda and discussed at the Implementation Forum (IF) meetings. There had been a great turnover of senior management at Member organisations and it was an ideal time to start fresh with new appointees and agree to collect absolute numbers and not averages. Meeting further discussed historical issues in the industry, lack of clarity to data and the impact on Provider Competitors and Insurers.

GP asked whether the data would be different for insurers and patients and MJ clarified that this will be carefully reviewed to ensure that the information on the website could be easily accessed and understood by patients; experts within the industry might reasonably require a greater level of detail, and the content would need to be carefully managed and shared with Providers and Board for review and approval.

MJ added that the new release of the Consultant Portal was to be rolled out to 14k Consultants between now and Christmas. The team was planning for the possibility, although not expecting it, for a huge response. Anne Coyne was working with leaders in the profession and her efforts to date had transformed engagement with Consultants on PHIN's behalf. Realistically, it was expected that a few hundred consultants would engage with PHIN at this stage. Attendees noted that the next Portal release was scheduled for February 2018.

MJ commented that following recruitment to a number of posts over the past few months, the new team was working well and there was a good amount of cross collaboration. DM had joined the team and his first role would be to relieve VJ of the technology part of the role that VJ had been covering. DM would be working on PHIN's medium to long term strategy.

Attendees discussed the BBC Panorama investigation into Ian Paterson, aired on 16 October and agreed that it was not very professional journalism, with little further interest generated in the media. Attendees also noted that AVO, MJ and NW had met with Prof Tim Evans from GIRFT/NHSI to discuss the long-term relationship between PHIN, (private data), and NHS Digital, (NHS data), and how to address the lack of data sharing in the future.

CC asked whether PHIN would be able to link a consultant's private activity with their NHS activity and MJ advised that it had worked well to date but there were issues on both sides. Meeting noted that any issues were reported to MJ and that the development of a single system that brings together information from multiple parties was still a few years away. JS commented that it was important to continue in the current direction to meet the requirements of the CMA Order and that PHIN was now viewed as a relevant organisation that was being engaged with by other organisations.

## **Governance**

Board noted that Mills & Reeve had completed their initial review of PHIN's Articles of Association, raising a potential risk to the current membership structure and its compatibility with mutual trading status. Attendees noted that further work would be needed to review this potential risk and a proposal will be presented to Board in early 2018, along with some minor amendments recommended by Mills & Reeve.

## **Information Governance**

MJ advised the Board that a new Information Sharing Agreement, reviewed by the Information Security Management Team (ISMT), was released on 14 November 2017. Spire Healthcare had also reviewed the ISA and were happy with the content.

Attendees noted that a Penetration Test conducted by a third party, prior to the Portal launch, had highlighted a number of security issues. The risks were being addressed and would be corrected as soon as practicable, as the risks were not externally exposed. It was further clarified that the new risks had emerged only because this test had been more thorough than those before it, and exceeded normal standards, in that it allowed testers access to the secure network environment,

pre-supposing that an attacker might breach PHIN's first lines of defence, in order to test what damage could be done once an attacker had gained access.

A meeting had been held regarding consent with Dawn Monaghan, Head of IG across NHS Digital, ICO and NHS England and David Evans of NHS Digital. MJ advised the Board that regardless of the change of prevailing legislation in May 2018 from the Data Protection Act to the General Data Protection Regulations, consent would apparently be required to satisfy the "Common law duty of confidentiality". Following discussion with Dawn Monaghan, PHIN was advised to apply for s251 exemption to cover some circumstances. Meeting asked for clarification about how this would apply to PHIN as it is not part of the NHS and requested that it might be good practice to get a second opinion from a lawyer. MJ agreed to do this and added that this was just the start the process and there was a long way to reach conclusion on the issue of consent; first, to apply for s251 exemption and then to apply to IGARD to accept the s251 and supply the data. Attendees were also advised that the view on consent differs in all four devolved nations.

**ACTION MJ to seek a second opinion from a lawyer in relation to the s251 exemption for a non-NHS establishment and start the application process.**

### **Member Engagement**

MJ updated the Board on recent activity and Attendees noted that the Engagement team had been out meeting and supporting members. Meetings had been held with Cleveland Clinic and BMI and further meetings had been scheduled with various hospital Trusts.

Attendees noted that MJ had met with Dr Karen Prins, the new CEO of BMI Healthcare and a presentation to Aspen Healthcare's full senior management had also been well received.

### **Finances**

#### **a. Annual Accounts for 2016/17 (post -audit)**

GG advised the Board that the Annual Accounts had been reviewed in detail at the ARC meeting held on 26<sup>th</sup> October and the discussion was detailed in the draft minutes distributed for this meeting. Attendees noted that the audit was completed inside 6 days and M Sherlock from Brebners said that there were no major issues. The Audit letter listed five minor issues and JS added that the ARC was reassured that robust processes and control systems were now in place.

GG advised that the ARC members had **agreed** to publish the full set of accounts and not the "filleted" accounts, previously known as "abbreviated accounts".

The Chair invited any additional questions and comments and nothing further to raised.

**The Board formally approved the Annual Accounts for 2016/17 as submitted.**

#### **b. Audit Management Letter & response**

Attendees agreed that none of the issues raised were material and noted the bad debt provision.

#### **c. September Finance Report & Management Accounts**

GG highlighted the main points in the report and advised that going forward he was expecting costs to increase due to the work being undertaken and staffing capabilities and skills were being kept under review. MJ added that currently the team consisted of a single person recovering the specific role they were recruited for, but there was minimal cover for any absences. This needed to be addressed and potentially recruitment of a few new posts would add resilience to the team.

Attendees noted that Debtors continued to be an issue and c.£50k had been received as a result of debt recovery activity. There were seven Providers, (all NHS), whose details had been passed on to the debt collection agency as they had not settled their outstanding debts. The current old debt figure was c.£136k. JS commented that with NHS Trusts, the issue is often about getting the information to the right person.

The Chair, on behalf of the Board thanked the team for their continued hard work.

## **5. Matters arising**

### **a. Annual report**

Attendees had received the draft Annual report electronically. MJ thanked the Attendees for sending email feedback, which would be taken into account, and invited additional feedback. NW commented that the annual report was excellent, it was challenging to the sector and looking to the future; the tone was just right. NMJ advised that she had sent comments by email and agreed that the messages were balanced. ND asked what the comms strategy would be in using the information in the annual report and noted that this information would be in the public domain. The meeting further discussed whether any publicity was needed around the publication of the annual report and **agreed** that no additional publicity would be required.

*NJM left the meeting at this point.*

### **b. Patient Involvement Paper**

MJ advised the Attendees that he had shared this paper electronically and a hard copy was included in the meeting pack. Attendees noted that publicity for the PHIN website had been put on hold until the hard launch. Meeting discussed the possibility of patients requesting data collection outside the scope of the CMA Order and agreed that further work would need to be done to ensure compliance and to review patient requirements. DG added that Stephanie Gordon was principally the author of the paper and thanked her for her input. Attendees noted that the paper essentially outlined where PHIN needed to be and how consumer friendly the website was; noting the important role of GPs as the main gate keepers and that they should be included in the publicity programme. FB advised that AIHO will be undertaking a Patient Choice campaign next year that will also target GPs. DG added that as a NED of the Private Patient Forum, he would like to align with PHIN. CC asked how patients would be recruited to take part and noted the various options including using the Market Research Forum or possibly approaching the large corporate members of Insurers to suggest patients. MJ added a few of the proposals would need testing before they could be implemented. ND advised that she could provide contact information for organisations that carry out market research with patients.

**ACTION MS to contact ND to get details of the organisations that carry out Market Research with patients.**

Attendees suggested working with various partner organisations, including National Voices; MJ noted that he had recently spoken to the Chair of National Voices and clarified that this organisation was a voice for voluntary organisations rather than patients. A number of patient-advocate organisations existed but they did not usually work with the private healthcare sector. NW advised that the Patient Association may be interested. JS requested that these groups should take into account the whole of the UK and should not be London-centric. Board discussed the issue of consumer and patient engagement and requested that going forward this be added as a standing item on the CEO report.

**ACTION MJ to report on Consumer/Patient Engagement on the CEO report.**

### **c. Information Sharing Framework**

Board noted that this document was now in existence as an alternative route to engage with PHIN's requirements, for Providers who did not want to sign the Subscription Agreement.

## **6. AOB**

- **January Workshop** – Board **agreed** that it would like to review PHIN's repertoire on the portal and website and would like the Executive Team to answer questions as they are raised.
- **PROMS** – MJ advised that discussions were ongoing regarding the range of PROMS data; there are eight in PHIN's Strategic Plan and the Royal College of Surgeons had also suggested cosmetic care. Board noted that NHS England will no longer require groin hernias and varicose veins PROMS as they did not consider these to be good measures; PHIN has invited members to express an evidenced view as to whether collection of PROMs for groin hernias should continue, which by default it would. Meeting further noted that the CMA had suggested that PHIN continue to collect the measures per the Strategic Plan and CMA would only enforce the ones that may result in publication of outcomes. ND added that there was huge scepticism with Providers regarding PROMS in general at last meeting and they would be minded to drop one. NW added that alignment with the NHS clinical lead to consider what are the best measures were, may be a way forward.

**ACTION MJ - Contact the GIRFT NCIP Lead.**

- MJ advised the Board that he was looking to hold a conference in the summer of 2018, co-organised with the Royal College of Surgeons and to invite the GIRFT Clinical leads. This would be a round table discussion involving relevant parties and to date, the CMA is interested in supporting collection of data that supports publication. GP highlighted cataracts procedures being done by organisations such as Specsavers, which would broaden the definition of Provider and whether these procedures were being captured.

## Dates for Future Meetings

Meeting dates for 2018

### **PHIN Board meeting dates for 2018**

Thursday 25 January 2018 – 10.30am-1.00pm  
Thursday 22 March 2018 – 10.30am-1.00pm  
Thursday 24 May 2018 – 10.30am-1.00pm  
Thursday 19 July 2018 – 10.30am-1.00pm Followed by Lunch  
Thursday 19 July 2018 – 1.00-4.00pm Informal Members' Meeting  
Thursday 27 September 2018 – 10.30am-1.00pm  
Thursday 22 November 2018 – 10.30am-1.00pm  
AGM 2018 – Date TBC

### **PHIN RemCom meeting dates for 2018**

Thursday 22 March 2018 – 9.00 - 10.00am  
Thursday 24 May 2018 – 9.00 - 10.00am

### **PHIN Audit & Risk Committee meeting dates for 2018**

Wednesday 24 January 2018 – 2.00 – 4.00pm  
Thursday 26 April 2018 - 2.00 – 4.00pm (Teleconference)  
Wednesday 18 July 2018 - 2.00 – 4.00pm  
Thursday 18 October 2018 – 10.30 am – 1.00pm