

Minutes of the Board Meeting

Location: Online meeting via Microsoft Teams

Chair: Andrew Vallance-Owen

PHIN PB 2025 Board Meeting held on 30th July 2020

Board Attendees*

Andrew Vallance-Owen (Chair) [AVO]
Professor Sir Cyril Chantler [CC]
Don Grocott [DG]
Michael Hutchings (MH)
Matt James (CEO) [MJ]
Gerard Panting [GP]
Jayne Scott [JS]
Professor Sir Norman Williams [NW]
David Hare [DH]

Apologies

None received

Other Attendees

Jonathan Finney, Member Services Director [JF]
Jon Fistein, Chief Medical Officer [JLF]
Jack Griffin, Finance and Commercial Director [JG]
David Minton, Chief Technology Officer [DMI]
Mona Shah, Director of People & Process (Company Secretary) [MS]
Suzanne Ekpenyong, Executive Assistant, (Minutes) [SE]

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

Welcome and introductions (Chair)

AVO welcomed Attendees to the virtual meeting and advised that there were no apologies to note.

1. Review & Consideration of the Directors' Register of Interests

Attendees noted that all declarations of interests as recorded to date in the register still applied. There were no new declarations.

MH advised that he had written an article for the European Competition Law Review, which mentioned the competition act exclusion orders, one of which relates to the agreement between the NHS and private hospitals; the Board noted this but did not feel this was a conflict of interest.

2. Approval of Minutes and Actions



- a. The minutes of the virtual Board Meeting held on 21st May 2020 were approved, subject to some minor corrections.

3. Reports of sub-committee

- a. Audit & Risk Committee (ARC) 17th July 2020: The Chair, JS, provided a verbal update. JS stated that the updated financial position and the budget would be covered in the Finance section, noting that the ARC endorsed the 2021 budget as proposed, and recommended that the Board approve it.

ARC also carried out an in depth review of the risk on the PHIN Risk register relating to “Published Information is misleading or wrong” and JS advised that it gave members of ARC a better understanding of the issues relating to this risk, and the impact of the mitigations in place.

4. PHIN Membership

The Federation of Surgical Speciality Associations (FSSA) confirmed that they would like to join PHIN and their application for membership now needed to be formally approved by the Board. Attendees expressed their delight that they will join. They would be formally introduced as Members after the September Board. NW asked how they will select their representative for PHIN, as different disciplines had their own person in charge of their own areas. It was suggested that the President could represent them; it was noted that Nigel Mercer was due to step down in December 2020, but agreed that he would be a good person to represent all the disciplines covered by the FSSA; his replacement was as yet undecided.

Action: MJ and GP to catch up to arrange to meet with the FSSA.

Approval: The Board approved the FSSA’s membership application to PHIN

5. Matters Arising

- a. *NED Appointments update*

AVO advised that he had contacted Fiona Harris (Chair of the Association of British Insurers Health Committee) and had not yet received a response; AVO will follow up.

Board discussed the consultant body nominations and Attendees noted that PHIN would now have two consultant bodies as Members, the FSSA and FIPO. Board discussed the issues relating to a nomination system, which could be difficult to organise. Alternatively, PHIN could ask the two organisations to nominate candidates and the Board make a final decision regarding the appointment.

Approval: The Board approved asking the FSSA and FIPO to nominate candidates.

Attendees commented that the appointed person should be supportive of PHIN’s aims. MJ added that a formal process would be undertaken and the contract provided will outline PHIN’s objectives. Attendees agreed that they should be sent the CMA order to make them aware of the tasks that PHIN has been set.



The Board **agreed** that it would be a good idea to be flexible over whether or not the chosen person is a practising consultant. All **agreed** that flexibility would be required in choosing the right person.

AVO advised that the 2020/2021 budget allows for the appointment of a new NED and therefore it was agreed that PHIN should proceed with the recruitment, whilst being mindful of saving recruitment costs where possible. DG advised that the recruitment should be extended to potential replacement of existing NEDs; many of the current Board Members had been in post for some years and it was good practice to allow for a turnover in Board membership.

ACTION MJ/JG/AVO to proceed with the Independent NED recruitment

b. Paterson response; IMMDSR Report

MJ commented on the Cumberlege Report, following the Independent Medicines & Medical Devices Safety Review (IMMDSR), which was published on 8th July, and offered a huge congratulation to CC. The recommendation on the way that database and registries should be taken forward is very helpful and relevant for PHIN. CC commented that the female patients interviewed during the review shared the positive point of view and it is vital that the recommendation regarding the financial and commercial interests of a doctor be maintained on a central register; there was also no reason why links between employing NHS authorities and the central register could not be made. Overall, patients interviewed felt that their consultants were linked to industry and that they were being influenced by marketeers.

MJ advised the Board that Jem Rashbass had taken over as chair of the ADAPt programme from Tom Denwood, adding that Jem Rashbass had been running the National Cancer Registration Service (NCRS) for 25 years and was very experienced.

ACTION: MJ and CC to discuss the Cumberlege Report to discuss next steps and arrange a meeting with Jem Rashbass.

MJ advised that he had reached out to the patient representatives from the IMMDSR steering group and was awaiting responses and hoped that they would like to be involved with PHIN. MJ shared the concept of patients and consumers, and commented that people in reality are both. PHIN has a role to produce information that is fit for consumers and information about private healthcare, the latter being highlighted in both the reports as being lacking in the sector.

CC emphasised PHIN's role in producing information for patients about private healthcare and patients' expectations for this information to be available. Attendees noted that information about outcomes matters to patients, and further discussed PROMs in that context. Patient representatives have commented on the fact that some of the validated outcome measures available are not the ones that they are interested in and they do not work for patients.

MJ added that as the Board was aware, he had been working to form a coalition between PHIN, NHS Digital and GIRFT to draft a response to DHSC; he advised that the DHSC would be delighted to receive a paper but was not quite ready to do so for now. Good progress had been made with the GIRFT team to clarify the data sharing issues. MJ will be sending the draft Paterson paper to GIRFT team and invite GIRFT to add comments. MJ thanked NW for his support and Attendees noted that the paper will be shared with the Board in due course. AVO and MJ extended thanks to everyone involved.

ACTION MJ to share the Paterson paper with the Board

c. Staff Wellbeing

AVO introduced the topic of the return to work survey, the results of which were circulated to Attendees in advance of the meeting, and noted that many members of staff cited they would be happy to continue to work from home for the immediate future.

MS presented the key point of the report shared in advance and advised that both MS and Aleksandra Gould (AG - Office manager) continued to keep in touch with staff on a fortnightly basis. The initial “wellbeing” survey was anonymous, however with the media starting to report about the easing of lockdown measures and businesses going back to the office, MS decided to collect more formal findings and issued the “Returning to work after the pandemic” questionnaire.

Attendees noted that some people had found it uncomfortable working from home five days a week for various reasons such as family being present, or dealing with isolation. These issues were being addressed individually. People generally wanted to continue to work from home, primarily due to safety. For those who would like to return to work, the office had been prepared in line with the King’s Fund risk assessment and PHIN’s offices had also been risk assessed and prepared in line with social distanced working

Most people travel on public transport which they felt presented a safety issue. Attendees noted that regular team meetings were continuing online and monthly newsletters still being published to keep the PHIN team update.

Attendees commented that the results of the survey were very interesting and advised continuing to issue the questionnaires on a regular basis. MS stated that the next survey was due to be circulated at the end of August, following the holiday period. MS added that four new members of staff have been recruited during this period and from an office space perspective, working virtually was going well. PHIN needed to manage the return to work in various phases, the immediate future up to December, the first six months of 2021 and the longer term future working for PHIN. MJ added that the situation would continue to be monitored and that the office space could be re-configured to be made more suitable for flexible working and to optimise meeting space.

Overall, staff seem pleased at the way that PHIN has handled matters during lockdown. Attendees extended thanks and praise to MS and AG for managing a very systematic working from home process. They added that it is useful that PHIN now had evidence that staff are happy to work virtually, as this showed that the business model could be changed going forward and that we did not need to prepare for staff rushing back to the office. Attendees noted that if PHIN decided to withdraw from the current office working culture, it is would need to be open minded about how to preserve the positive aspects of this culture with alternative working environments.

MH added that it might be a good idea to let the staff make arrangements for collecting personal items at the office. It was noted that this could be considered for deep cleaning purposes.

d. Members’ Meeting

MJ explained the plan for the Members’ meeting and it was noted that there would be short presentations on the ADAPt and GIRFT/NCIP programmes by Richard Steele and Professor Tim Briggs, respectively, that MJ will present strategic discussions after which there will be an opportunity for questions.



6. PHIN Executive Report

The written report was taken as read and MJ raised some key points for Attendees' attention and discussion.

MJ stated that PHIN was on course to publish Never Events in September. Attendees added that it is essential that when they are published, there should be an explanation about them, especially the importance of post incident learning to indicate what will be done to prevent them in the future. Attendees noted that the definition is exactly the same as used by the NHS and the team was working to translate that into understandable information for patients, but PHIN's role was only to publish the data. Board also noted that the work on publishing "Length of Stay" datasheets, at hospital level, was also progressing and publication was expected in September, after the September data freeze.

MJ stated that the testing of the new Data Management Process is ongoing and congratulated the team for continuing to make improvements to this. Consultants were now using the portal and hospitals would have been invited to view the changes were extremely pleased with it. MJ invited the Executive Team to make additional comments.

DM commented that there was nothing to add on data submission and that it was a nice piece of work which PHIN should be very pleased about. JF explained that work on the website design was ongoing and added that a freelance designer had been commissioned to work on the final touches of the website over the next few weeks. Hospitals were now increasing their private patient activity and the team was starting to engage with them to ensure that data submission was back on track for September submissions. Consultants had been more available during Covid-19 and so it has been useful to work with them on a few matters too.

MS advised that Monmouth had undertaken an internal audit against the ISO 27001 Standards that were due to be audited at the next surveillance visit on 10th August, and the report had not highlighted any non-conformities.

In response to a question from the Board, JF clarified that the "Quarterly Digest" was a quarterly update for general stakeholders, in addition to the monthly newsletter, to engage them in PHIN's activities. DG raised a question about social media numbers being low and JF stated that numbers have grown organically from sector interest, but patient groups or consumers that PHIN would be looking for in the long term had not been targeted specifically as yet.

JS commented on the projects update report stating that in the past it had been a struggle to know how to present a performance report. JS pointed out that she liked this version of the report as it set everything out clearly and it would be great to keep this report up to date. JS requested that format be used as a standard template for future meetings. MJ advised that a new Senior Programme Manager was due to start with PHIN in August and they will be able to keep control of this going forward. In addition, new admin resources in both the Engagement and Informatics teams would also ensure keeping on top of updating project reports.

7. Finance

JG presented the main points from the Finance report and the draft Budget, which were taken as read.



a) Finance Report, Management Accounts and Reserves

The period to June 2020 is included in the report. PHIN made savings by benefiting from the rent holiday from the Kings Fund, various unfilled vacancies and from reduced running costs due to staff working from home. There had been recruitment costs during this period and the vacancies have gradually been filled but will appear as costs in the new financial year. By September, there will be just one vacancy for a Developer in the Technology Team.

Year to date, a NET surplus of £153k was achieved, but at Year End, this will drop to c. £90k once we factor in Year End adjustments for depreciation and irrecoverable debt. Overall, this represents a good turnaround from where PHIN had budgeted a deficit and budgeted 5 months cover on our reserves at year-end 2019/20nd.

The cash position continued to be stable at c. £1.8m. The debt position was also stable and all major invoices for Q4 2019/20 had been paid to PHIN. Noted, that there are a few providers who went into administration pre-Covid. Board did not raise any additional questions.

b) 2020 – 21 Budget

A conservative budget was presented. The current expectation is for a £248k deficit, based on a 1.4% uplift in subscription fees. At the end of next year, this will give reserves of about 5 months cover and whilst this was not ideal, over a three-year period we will be in surplus overall. If the savings continued then there will be an upside to this position (for example, the longer we work from home the more money will be saved) and the team will continue to identify savings wherever possible

JS commented that a detailed discussion was held about the Budget at the ARC, who concluded that it displayed a pragmatic solution and that PHIN continued to maintain adequate reserves.

Concerns were raised that there may be a second wave of Coronavirus infections and secondly that the NHS will continue to use the private sector to help with its waiting list. Importantly, the private sector will continue to be able to operate. JG noted that many providers are in a difficult position at the moment and PHIN is tracking this. NW commented that different possible financial scenarios should be modelled as there are many unknowns about how the next few months will pan out. Attendees agreed that the next few months are going to be unpredictable. JG advised that the risk of financial volatility had already been raised in the PHIN Risk register and this was being actively monitored.

MJ advised the Board that PHIN should generally be little affected by market increases and decreases due to being funded by subscriptions based on the total volumes in the previous calendar year, shared proportionately across the private sector. Attendees discussed the possible options available to PHIN to ensure future financial stability and the impact on the private sector under the NHS contract due to the Covid-19 health crisis. Attendees noted that Health Code had advised MJ that private patient activity in the third week in July was at 70% of normal for the private sector.

Approval: The Board approved the 2020/21 Budget

8. Governance

The Chair of the Audit & Risk Committee (ARC) stated that the ARC was happy with the arrangements in place and had reviewed the risk register. ARC was satisfied that robust ongoing financial governance was in place and governance was all well controlled.

9. IHPH Consultant Information Sharing System Opportunity

No update as project was currently in suspension.

10. Strategy

MJ presented the updated draft Strategy Plan 2020/2025 issues paper, which was taken as read. MJ noted that the document may need to be more succinct although many points may be considered by some stakeholders to be contentious, therefore needed to be explained in detail. AVO commented that the consultation exercise could be complex as PHIN needed to speak to other stakeholders such as insurers, profession and patient representatives i.e. not just the providers. MJ invited comments and questions.

MH commented that the length and detail of the document was impressive, however he suggested that a succinct, bulleted summary of the executive summary, be presented as a foreword when consulting with other stakeholders such as the public. MH noted that whilst Covid-19 is ongoing, it may not be a good idea to issue the document, due to general uncertainty. JS agreed that a foreword to the Executive Summary should be included and wanted further clarification of the engagement exercise. DG raised a concern about the level of engagement with the document from the sector considering all the other issues that the sector is currently dealing with. MJ advised that he had proposed that an additional Board meeting be held in October due to people being on leave in August; the consultation period would begin after the Board meeting on 1st September, lasting about 6 weeks and the outcomes would be discussed at the October Board meeting. Following suggestions by Attendees, MJ advised that he is open to the idea of delaying the sign off, to get the strategy signed off in July 2021 and hopefully post Covid-19.

NW commented that The National Clinical Improvement Programme (NCIP) is in the process of being rolled out and this will have a huge amount of information of benefit to consultants and kept in a single repository. This would be of great benefit for consultant appraisals and MJ agreed that there should be a system whereby consultants take their data into their appraisal. All the existing programmes and platforms did not need to be competing with each other, but offer a single source of information. MJ added that the mission and vision for PHIN were not particularly clear in the paper. However, the mission should be proposing something wholly with PHIN's control, relating to provision of information within private healthcare for the benefit patients, to improve quality and generally to inform all audiences. The bigger vision would be to part of a bigger system that would see better working and information gathering – “collect once, use often”.

Attendees suggested that PHIN needed make sure the GMC and the private sector are in tune regarding providing quality for patients and advised that the information in section 4 of the paper should be strengthened for consultants. Attendees discussed the “Opt-In/Opt-Out” approach and the time available to communicate this to the relevant bodies to implement it next year. Attendees advised that MJ should include the points raised in this discussion and the benefits for consultants.

ACTION MJ to update the Strategy paper with the suggestions from the Board

Attendees **agreed** that the document should be shared with the providers for consultation, following the recommended revisions have been implemented. MJ proposed to send the paper out after the September Board meeting. MH offered to support in any meetings when MJ is meeting with Chief Executives at provider organisations; AVO and other NEDs offered to do the same.

11. AOB

MJ stated that JG passed his one-year anniversary and that JLF will shortly pass his two-year anniversary. Attendees **agreed** that they have both made a great impact during this time and extended their thanks to them both.

PHIN Board meeting dates for 2020

Tuesday 1st September 10:30am to 2pm , Virtual meeting
Monday 12th October 10.30am to 1pm, Virtual meeting
Thursday 12th November 10:30am to 1pm, Virtual meeting

Wednesday 10th December 2020: AGM and Lunch 12pm to 3pm

