

## Minutes of the Board Meeting

Location: Online meeting via Microsoft Teams

Chair: Andrew Vallance-Owen

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### PHIN PB 2041 Board Meeting held on 12 November 2020

#### Board Attendees\*

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

#### Other Attendees

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

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

#### Welcome and introductions (Chair)

The Chair 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 interest as recorded to date in the register still applied. There were no new declarations.

#### 2. Approval of Minutes and Actions

- a. The minutes of the Board Meeting held on 12 October 2020 were approved, subject to a minor change.

The action log was reviewed at the meeting and all items updated.

### 3. Reports of sub-committee

#### a. Audit & Risk Committee (ARC) 22 October 2020

The minutes of the ARC meeting on 22 October 2020 were taken as read.

It was clarified that the abbreviation “MuPPeT” in the ARC minutes stood for “Measures Production Process Template”.

JS, the ARC Chair, advised that PHIN received a very strong endorsement from Brebners for the controlled financial environment in place in the organisation and had thanked PHIN for conducting a smooth audit process. JS thanked JG, MS and the wider team for their work to ensure PHIN was in such a sound position.

ARC had reviewed the risks in the Risk Register in detail, as set out in the minutes.

JS commented that significant progress had been made in data protection by the new Data Protection Officer, Ben Seretny, and was confident that PHIN was quite secure in the area of Information Governance and Data Protection.

JS stated that ARC was happy to endorse the Annual Report and Accounts and recommended that these be signed by the Board.

JS thanked MH and CC for their work on the ARC committee and noted how well they and the wider group of MJ, JG and MS worked together.

The Chair commented on the impressive level of detail in the work carried out by ARC and thanked them for their diligence, effectiveness and clarity of output.

### 4. Matters Arising

#### a) NED Appointments

The Chair gave a verbal update.

##### i. Insurer nominations

The Chair advised that he had followed up with Fiona Harris (Chair of the British Insurers Health Committee) to obtain the details of two potential candidates.

##### ii. Consultant nominations

PHIN has received one nomination from The Federation of Independent Practitioner Organisations (FIPO) and are waiting for a nomination from The Federation of Specialist Surgical Associations (FSSA). MS confirmed that she had followed up with the FSSA Secretariat office and it was confirmed that they will follow up with the FSSA Board.

In response to a question from the Attendees, the Chair clarified that the PHIN Board would have final approval of the candidate to be appointed. This decision would be made after due diligence had been carried out and a recommendation would then be made to the Board.

*CC joined the meeting*

### iii. Independent (consumer) search

The advert for the role has been posted on LinkedIn and to date there have been over 200 applications. The deadline for applications is 22 November 2020 and a shortlist will be provided by the agency. A number of applicants have also been in touch with MJ directly to express interest. To date, several candidates do have the consumer, patient and advocacy background that is preferred for the role.

In terms of future NED recruitment, the current recruitment process would ensure PHIN had a good pool of candidates to revisit.

### b) 2021 Meeting Dates

The dates for the Board and committee meetings in 2021 were **approved** by the Board.

### c) LSE Research Proposal

The report was taken as read and JG raised key points from the report:

PHIN has 3 projects planned with LSE: Two consultancy projects and one research project. The research project triggered Article 24.3 of the CMA Order:

*“The information organisation may seek subscriptions from its members in order to carry out the duties specified in this order, and may with the agreement of its members grant licensed access, which is in accordance with the Data Protection Act 1998, to its database”,* whereby PHIN require member approval.

Members were consulted via the Implementation Forum (IF) on 6 October 2020. There was no adverse feedback or objections raised at the subsequent IF on 10 November 2020 and Members were supportive.

**Approval: The Board approved the granting of a licence to the LSE to complete the research project.**

**Action: JG to send a copy of the LSE agreement to MH at his request**

## 5. PHIN Strategy

An informal Board roundtable discussion on PHIN's five-year strategy took place on 6 November 2020 further to the discussion at the October 2020 Board Meeting. The purpose of that meeting was to address concerns raised following the October Board meeting, regarding the achievability of the list of work required to complete the CMA Order.

MJ confirmed that the PHIN team has a good understanding of what is required to complete the Order and a well thought through approach.

A timeframe of 2023 was suggested for the delivery of the CMA Order.

A 5-year plan and strategy would have a 90% to 100% focus on fulfilling the CMA Order for the first 3 years. Priorities 2, 3 and 4 of the strategy would be pursued to the extent that they support PHINs achievement of the Order and are not seen as separate to it.



MJ commented that PHIN were planning for an optimistic outcome of the consultation due to the positive member feedback received to date on the proposed priorities and financials.

The Board discussed at length the correct strategic approach to enable delivery of the CMA Order. Two broad options were initially discussed. “Plan A” and “Plan B” were identified for the purposes of the discussion and for clarity it was noted that it was not the preference of the Board to pursue either plan in isolation.

MJ defined the two plans as follows:-

In “Plan A” PHIN would carry out the work required to deliver the Order themselves which is often the default route for an organisation with a mandate.

“Plan B” would be a partnership approach with far greater integration with The National Clinical Improvement Programme (NCIP), Getting It Right First Time (GIRFT), NHS Digital, and the ADAPT programme amongst others.

MJ suggested the ideal approach would be a combination of plan A and B so that there were a set of deliverables within PHINs control and additional deliverables that were dependent on input from partner organisations.

MJ commented that even with successful partnerships, significant resource from PHIN would be required. In addition, a plan would need to make very clear which deliverables had dependencies on partners.

If a partner model were successfully put in place, MJ believes the requirements of the Order could be delivered in a 4 to 5-year timeframe.

MJ stated the need to produce a strategic plan for the next 5 years drawing on the current consultation that would include the approach to the delivery of performance measures, a list of measures and what would be taken on in each year of the plan. More work was needed on the financials which were dependent on stakeholder conversations taking place which were impacted by the COVID-19 situation.

Attendees requested that a detailed operational plan be created containing a set of clear parameters, to be agreed in due course with stakeholders. The plan would map out what is deliverable within the initial timeline to 2023 and further into the 5-year plan with the proposed financial and resource requirements. This operational plan should clearly differentiate between the deliverables PHIN had direct control over and could therefore be delivered in isolation and those deliverables that were reliant upon joint working with partners.

The Attendees pointed out that the plan would enable PHIN to track progress and demonstrate to stakeholders that PHIN was on track to deliver. Such a plan would also make the reasons clear to the CMA and allow for discussion if it were subsequently found that parts of the order could not be delivered.

The Attendees recognised that the plan would be a living document that would evolve as stakeholders were consulted.

The Attendees agreed that a clear pragmatic plan to deliver the strategy was what was required.

The Attendees suggested PHIN consider the formation of a programme board comprised of senior operational stakeholders to work with PHIN through the opportunities and challenges and reporting



regularly to the Board on progress. Ideally, stakeholders would be senior level decision makers within relevant organisations, preferably reporting directly to Chief Executives of these organisations. Working in this way would create a sense of shared ownership of the plan. The Attendees recognised that all work was taking place in a very complex, external environment that needed to be navigated.

Attendees stated that it was key that PHIN understood the strategy of partner organisations and enmeshed with those strategies where it was feasible to do so. Attendees understood that working with partners also required recognising the differences in the objectives between PHIN and partner organisations and the necessity of always keeping a clear focus on PHINs primary objectives. The interdependencies were noted in that PHIN relied upon partner information to be able to publish meaningful data for patients. The optimal situation was identified as one where all the different parties were focused on their core competencies.

The Chair commented that plan A and plan B working in parallel would be the preferred route.

MJ summarised that a plan with dependencies on partners carries an inherent risk. PHIN would plan with optimism for an integrated approach but an alternative plan to deliver the mandate was vital in case the partnership model did not come to fruition.

Attendees confirmed their commitment to working in partnership as the most effective way to achieve the requirements of the Order and the best solution for the overall system, as duplication of effort would be reduced and better results achieved; but accepted that an alternative plan would also need to be prepared.

The Attendees requested more information on when the operational detail would be available.

MJ confirmed that the AGM would see the summing up of the consultation responses which had been positive to date. The aim would be to try to build consensus to move forward whilst outlining at a high level what that would look like.

MJ stated his plan that by January 2021 PHIN would have planned for and initiated parts of the consultative work with stakeholders and begun documenting the strategic plan. The aim would be to have the strategic plan document finalised in time for the March Board meeting, with the intention that a staged strategic plan for 2021 to 2025, including the financials, would be presented to Members for approval at the July 2021 Members' meeting.

MJ added that there were several areas that needed to be worked through with the Board prior to the timescales and plan being finalised. These areas included whether to revisit the earlier decision to not take shorter routes to publishing measures and publishing interim data. Several operational realities needed to be finalised including opt in/opt out for consultant data and whether hospital fees were going to be available or not, as this would have an impact on resourcing requirements.

The Attendees urgently requested a 1 to 2 page project summary be created and shared with the Board to capture the key things agreed at this meeting, key timescales, key dates, the topics that PHIN needed to engage with stakeholders on and key assumptions made. It was pointed out that this would also be a useful document to take to hospitals when looking to set up a programme board. This document could then be refined in January 2021 and in the interim PHIN would have a clear summary of what was being worked towards. JG confirmed that a lot of this work has already been undertaken in the background.

The Board agreed that the plan should be created in the overarching context of needing to meet the needs of patients.



Attendees requested that information on the barriers to success be included in the project summary. After consideration, the Board **agreed** that this broadened the scope of the requested paper too much and noted that the detail on the barriers could be obtained from the strategy consultation paper.

**Action: MJ to prepare a 1–2 page operational document and submit to the Board.**

## **6. PHIN Executive Report**

The written report was taken as read and MJ commented that there had only been 4 weeks since the last Board meeting. The intervening time had been relatively quiet following several significant milestones, discussions and events in the previous month.

JF explained that there had been a huge effort from the team to engage with hospitals for data submission and quality for the next publication period, resulting in hospital queries returning to normal levels.

JF was pleased to report that web traffic had continued to increase following the work PHIN had undertaken on SEO. The Attendees asked where the web traffic originated from and JF confirmed that whilst the analytics capability was currently limited; visitors were searching directly for PHIN rather than arriving via other searches e.g. for a procedure.

The Attendees were pleased to note that 7,840 consultants had submitted fees data which demonstrated progress but only 5,505 consultants had supplied enough additional information for their profiles to be published. The PHIN team continued to engage with consultants to increase this number.

MJ reminded the Attendees that the PHIN website would be relaunched in 2021 and would include a visual refresh, improved search functionality and revised taxonomy.

The Attendees were pleased that whilst the refreshed website would continue to focus as a priority on giving patients the information they wanted, it would also in parallel be helpful to consultants.

*DH left the meeting*

## **7. Finance**

### **a) Financial Statements 2019-20**

The report was taken as read. JG introduced the Financial Statements for 2019/2020 and summarised that a surplus of £42,000 was achieved against a prior year surplus of £248,000 and original budgeted deficit of £(167,000).

The draft annual accounts, management letter and audit adjustments were discussed at length by ARC, as reported by JS.

The impact of COVID-19 had been a key concern and Brebners were happy with the work that had been done and PHIN received a clean audit opinion. PHIN accepted the recommendations in the audit report and had also implemented the prior year's recommendations.

### **b) Management Letter 2019**

No questions were raised by the Attendees in relation to the Management Letter

**Approval: The Board approved the Financial Statements and Management Letter provided by Brebners.**



It was noted that due to the ongoing COVID-19 situation, digital signatures would be used for signing the financial statements, management representations letter and Board resolutions

**c) Finance Report, Management Accounts and Reserves – September YTD**

JG presented the financial position to the end of September 2020 which had been reviewed and discussed at ARC. A surplus of £10,000 in the month was achieved against a budgeted deficit of £(15,000). Overall expenditure was £26,000 under budget mainly due to reduced spend on consulting and recruitment. These costs would start to be incurred with the upcoming LSE projects and NED recruitment. When the budget was originally prepared it had been assumed PHIN staff would be office based so savings will be realised as staff continue to be required to work from home.

The Attendees asked if staff would be returning to work in the office in January 2021. MJ confirmed that a return would not happen until such time as the Government actively encouraged it by issuing an all clear. MJ said that due consideration continued to be given to the various permutations including impact on office space requirements. The complex and evolving situation requires a balanced approach to ensure the needs of PHIN and of the staff are met.

The Attendees enquired about the status of internet connectivity in the office. MJ confirmed that this was not resolved but the process to reinstate it was clear and would be actioned at the earliest appropriate time.

Attendees requested an update on the volumes that had returned to the private health sector. MJ summarised the information available on PHIN's website and in the previous report from JG. Some hospitals are back at 75% and others reported even higher activity than normal private health capacity. The sector is in a strong position and 2021 is likely to be a strong year for independent hospitals and private healthcare in general. Attendees commented that there was a massive backlog of work in the sector and that private work had increased to 82% of pre COVID-19 volumes.

The Chair thanked JG and his team for their hard work to ensure that annual audit process was seamless.

**8. Governance**

Nothing to report in addition to the Executive Report.

**9. AOB**

**a. Draft Annual Report**

The report was taken as read. The Chair commented that the content was as expected and invited questions.

The Attendees asked for clarification regarding the Never Events data in the report and MJ clarified that it is the generally accepted view that a denominator is not used, per the NHS, as there would never be an acceptable benchmark for a Never Event.

Attendees continued to discuss the draft report in the context of consultant fees and insurance companies and the pricing system in private health in general.



**b. Gerard Panting**

The Chair noted that this would be the last Board meeting that GP would attend. GP was thanked for his great service to PHIN. The Board were grateful for his wise and considered input and wished him well for the future.

**PHIN Board meeting dates for 2020**

Wednesday 10 December 2020: AGM 1.00pm - 3.00pm

**PHIN Audit & Risk Committee meeting dates for 2020**

Monday 14 December 2020: Informal Risk Discussion 10.00am -12.00pm

