

Minutes of Board Meeting

Board Meeting held on 1st October 2015

For Publication

Board Attendees

Andrew Vallance-Owen (Chair) [AVO]

Fiona Booth [FB]

Sir Cyril Chantler [CC]

Nancy Devlin [ND]

Don Grocott [DG]

Matt James (CEO) [MJ]

Michael Hutchings (MH)

Gerard Panting [GP]

Jayne Scott (JS)

Sir Norman Williams [NW]

Apologies

None

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. NW noted that he was working as a Senior Clinical Advisor to the Secretary of State for Health. The Board did not feel that this produced a conflict.

2. Introduction

AVO welcomed JS to her first Board Meeting

3. Minutes from previous board meeting

Minutes of the previous meeting were approved.

4. Matters Arising

Any Matters Arising would be covered under the relevant Agenda Item.

5. CEO update

MJ presented the CEO report.

MJ noted that JR would introduce the Finance report.

MJ noted that the legal support review was underway and that we had seen a number of firms. All firms were to submit a Request for Proposal outlining their charges and services available. MH noted that this was a vital review to ensure that PHIN had suitable access to advice ahead of any issues arising, for example, clarity on the scope of the Order in case of any challenges.

Staffing update

PA/Office Manager has been recruited, and has started.

An Information Analyst has been recruited. We are currently recruiting a SharePoint Developer, this role is likely to be a three to six month contract.

Communications Manager is being recruited, two candidates have been shortlisted.

ND requested that an organogram be circulated.

MJ noted that two new staff benefits were to be introduced to ensure that PHIN had a comparable benefits package. These are a Death in Service (3x) and a Long Term Sickness Income Insurance policy. The costs of both were marginal. The Board felt that such issues would be better discussed at a Remuneration Committee rather than at the full Board. The Board nominated FB to Chair the Remuneration Committee and for JS and GP to be the other Board representatives.

ACTION: An organisation chart is to be circulated to Board Members

ACTION: A Remuneration Committee be established.

Implementation Forum

MJ noted that the meetings in July and September had been helpful and the Forum is working well. The CQC had been in attendance and has been keen to work with PHIN to improve their own processes.

CC welcomed this and noted that requests from the CQC can be quite burdensome. NW reported that he had chaired two pilot inspections, one of a private hospital and one of an NHS hospital, noting that both had been a learning exercise for the CQC. NW noted that some very important information was coming out as a result.

FB noted that AIHO was working with the CQC and that member hospitals had fed back on the process. They also hoped to be involved in helping with the inspectors training.

New Subscriber Engagement

MJ reported that new subscriber engagement was on track, but many hospitals, notably smaller NHS PPUs, were yet to engage.

The Board asked what would happen if a provider did not comply with the Order, and MJ gave an overview. NW wondered if the Board should be updated on reasons given where new subscribers were choosing not to be involved. MJ noted that PHIN probably should not get overly involved in individual provider decisions, maintaining focus on helping those hospitals choosing to get involved.

MJ noted that a New Subscriber Forum would be launched shortly.

DG expressed a concern that a 'last- minute' rush to comply could potentially be an issue.

MJ reported that 3 large Foundation Trust PPU's were not engaged at present, and that the team was giving those particular attention.

FB reported that she was meeting with Monitor shortly.

Data Sources

MJ Noted the continuing lack of HES data was leading PHIN to consider other options, including exploring direct data submission.

FB asked what the risk to PHIN would be of a direct data submission.

MJ reported that PHIN was increasingly coming to the view that we might not be able to avoid holding Patient Identifiable Data. An example of this was in the data linkage exercise NHS numbers would need to be stored, who should hold them?

AVO noted that it would be essential to note what records would be stored. CC noted that patient consent would be required.

MJ reported that patient consent had been sought in member hospitals since January 2014, using a consent model drafted by DAC Beachcroft. MJ reported that the feedback from the HSCIC had been that more detailed patient consent would be required. MJ noted that this would have to be done as part of the hospital admission process.

MJ reported that access to data would be via secure methods and that data would be held remotely. PID would be held separately again.

CC noted that he supported this view.

Data Processing and Analysis

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

MJ noted that additional analytical support may be required going forward. To date PHIN has used a third party for analytical support, however, moving forward PHIN may seek support from hospitals and specialities. MJ reported that an academic partner might be sought to endorse the methodologies used in the analytics, and invited further discussion.

MJ noted that PHIN may approach ND, CC and NW in particular for support particularly, for example, regarding case mix adjustment.

NW agreed that looking at a wider range of support was a sensible approach.

Website redevelopment

MJ reported that we were hoping to demonstrate the new website at the AGM. MJ confirmed that out of date data would be removed with the refresh of the website.

ND noted that the accuracy and validity of the data was key.

6. Finance Update

JR introduced the Finance Update. It was noted that the year end position had produced a higher than forecast year end surplus mainly as a result of the delayed development of the website and some costs coming in below budget, mainly relating to the data warehouse.

JR reported that Brebners had been appointed to undertake the year end independent review of the financial statements. It was noted that this could either be as an Independent Assurance report or as an Audit. The Board expressed the view that should time permit an audit should be undertaken.

Banking

MJ reported that we had met two potential banks

7. Governance

MJ noted that the Articles of Association would not need to be amended at the AGM to reflect the revised categories of membership as these are covered by the Membership Regulations rather than the Articles. The Board considered whether this change should be brought to the AGM. CC noted that as the change was required to the Membership Regulations and not the Articles it was the responsibility of the Board to make the change.

MJ noted that a revised strategic plan was presented to the Board to incorporate feedback from both the Board and Stakeholders. The Board discussed the key change which related to the risk to PHIN relating to the CMA's enforcement of the Information Remedies. The Board agreed that the current wording needed some revision but that this had provided a good starting point. It was agreed that JS and MH would facilitate a meeting with the CMA.

The Board also confirmed its view that a key strategic aim would be that the provision of information would ultimately lead to improved standards of care. CC wondered if the strategic plan should refer to the economic value of the sector to the UK economy.

Information Governance

There was nothing to report

8. AOB

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

9. Dates for Future Meetings

29th October

26th November

Proposed AGM Date: 29th October (1pm)