

Present:	Duncan Vernon - Chair (DV) David Evans (DE) James Sandy (JS) Jessica Lichtenstein (JL) Pav Johal (PV)	Apologies:	Jenny Douglas Joanna Dowd
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Item 1 – Welcome, apologies, and declarations of interest

1. DV welcomed the group and noted apologies from Jenny Douglas and Joanna Dowd (who had sent comments on the papers prior to the meeting). There were no new declarations of interest.

Item 2 – Minutes from last meeting

2. The committee noted the minutes from 19 January 2022 as an accurate record without further comment. They noted that the minutes needed to be redacted in some areas considered confidential, before publication. JL confirmed that this set of minutes would be the first published for this committee.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed.
4. JL noted that David Seeley from Accuo would be able to remain independent examiner for the 21/22 financial year and was taking up expanded accounting responsibilities from 1 April 2022. Independent examination happens retrospectively. He can give a referral for a new examiner for next year.
5. DE agreed to support with the fees review and noted his schedule will free up in several months when he retires.
6. JL noted that she will look at a staff questionnaire/360 review, and this would be brought to an upcoming meeting.

Item 4 – Annual pay rise for UKPHR staff

7. PJ excused herself for this item due to conflict of interest. JL noted she had no conflict as her role would be considered separately as it was a secondment; she noted the Chair was seeking independent HR advice on the future of her role.
8. JL introduced the paper, which modelled three options for pay increases: 2%, 3%, and 6.2% - which is in line with consumer price inflation. She noted that last year's CPI was .5% for comparison. NHS pay rises for nurses and other non-medical staff would be 3%, and the projected average increase across all sectors in the UK is 3%. The committee agreed that this was a necessary expense, and supported JL's initiative to find savings elsewhere (ie getting rid of landline phones in the office, and pursuing independent corporate sponsors for the Practitioners

Conference) to cover this, so reserves would not need to be used. JL confirmed that the budget, as agreed by the Board in February, was very tight with a minimal surplus, so this would need to be monitored very closely.

9. The Committee acknowledged that they would ideally give staff a pay rise in line with inflation, but that a static income didn't allow that. They felt that aligning the pay rises with the average across the UK was reasonable. It was also noted that it could be a reputational risk to the UKPHR to raise wages much beyond national/health sector averages.
10. It was agreed that a 3% pay rise, with an additional .5% as a goodwill gesture, was appropriate. A 3.5% rise would be recommended to the Board at their meeting in April, and that the rise would be backdated to 1 April (for May payroll).
11. The Committee also discussed whether there was any other non-financial support UKPHR could offer staff. They noted that it was challenging to offer benefits that a larger organisation might be able to provide ie Employee Assistance Programmes and other benefit schemes, because of UKPHR's very small size.
12. It was agreed that rather than financial benefits, UKPHR should be focussing on other kinds of benefits ie development and support, a flexible/supportive working environment. JL noted that she was looking into several options that had the team's support, such as a flexitime schedule (this is being piloted and would be brought to the next meeting), more reflective and developmentally focussed appraisals, and offering training where possible. She noted that the team seemed positive about the organisation, but that she'd report back to the Committee on a staff survey to provide evidence of this. JL also agreed to test other ideas with the team, such as volunteer days or shadowing opportunities.

Action: JL to research and test potential options for staff such as Employee Assistance and volunteer days.

Action: JL to benchmark salaries against healthy living wage

Item 5 – Registration software upgrade

13. DV welcomed PJ back to the meeting.
14. JL outlined the process she, PJ, JS, and Derek Edwards from Embridge had undertaken in order to agree to take forward IT system development with Fortesium. The Committee agreed that they would have the experience and the positioning to keep up with developments across the sector, and that these updates would be part of the RegulatorOnline package. Any bespoke development could be higher risk if changes in the regulatory landscape were to come into play, as new and potentially expensive further development would be needed. It was agreed that this was the best option to futureproof UKPHR.
15. JL also noted that RegulatorOnline was less outlay in the first year, but licensing fees were significantly more expensive. This spread the risk out- with the potential for increased income in future years after the fees review is completed. As the trajectory is increased registration and income, it's predicted that future reserves won't be necessary. Because of the efficiencies predicted with the new system, staff will be able to dedicate more time to

the expansion of the register and development of services. However, JL agreed to bring a formal reserves policy to the Committee to consider (already on action log).

16. The Committee noted that the Chair had taken Chair's action on the decision to move forward, because of time sensitivity, so this paper is for the Committee to note.
17. It was noted that UKPHR will progress with development of the e-portfolio through SiteOn, as there are three years left on contract. There is still some development work to undertake before it can go-live. The e-portfolio will not be delivered through RegulatorOnline. So far engagement on this with SiteOn has been encouraging.
18. DV reminded the Committee of the journey they'd been on, and noted that the upgrade is meant to mitigate some Red risks noted on the Risk Register.

Item 6 – Review of fees structure

19. JL referred the Committee to the project initiation document she'd circulated prior to the meeting, which outlined three phases of the fees review project. She noted a risk of the project becoming quite broad in scope, and re-iterated the need to get the scope right at the beginning. The Committee agreed that the scope as outlined looked reasonable.
20. It was confirmed that an independent consultant was the best way to move the project forward. It was also agreed that there was benefit in engaging several consultants for quotes, to ensure we get the best value for money with appropriate methodology, although going out to full public tender wouldn't be necessary. Phase one would most certainly require external expertise, but it was agreed that phases 2-3 could likely be managed in house, with Committee support- additional meetings could be scheduled to deal with specific issues if required.
21. DE noted that we would need to pay particular attention to the value of registration, particularly for practitioners. There would likely need to be direct engagement with our registrants on this.
22. It was also agreed that wage averages would need to be considered as part of this, as medical public health specialists might be paid more- an approach directly aligned with the GMC might not be appropriate.

23. It was noted that some of the draft milestones had passed.

Action: JL to adjust milestones on PID document

Item 7 – Top risk register

24. The Committee reviewed the amber and red risks, and noted where there were changes and updates. It was noted that some risks, especially to do with public protection (Risk 4) could remain static on the register for some time.
25. Risk 5 relates to continued buy-in for revalidation. JL noted that this is something UKPHR wants to look at, and a workshop is being held in May to discuss potential improvements. External partners such as FPH and UKSHA will be invited.

26. Risk 6 is around staff capability and capacity- there is significant investment in staff and succession planning at the moment, and the new IT system will reduce risk in this area further. This risk is now amber after being red two quarters ago. The trajectory is going in the right direction.
27. Risk 7 addresses shocks and surprises, which the Committee noted was going to be a risk that likely remains on the register. However, engagement with partner organisations is good, and UKPHR is likely to be consulted and communicated with on key changes.
28. Risk 8 relates to the status of volunteer assessors. They are well trained and managed at the moment, and the sustainability of a system based on volunteer assessors will be discussed in the context of the fees review.
29. Risk 9, addressing the practitioner scheme, has now moved from Red to Amber, as additional mitigating actions have been put in place such as a new staff member starting, and an improvement working group being implemented to deal with some of the challenges. The Committee noted that they would wish to actively monitor this.
30. Risk 10 – the Committee agreed that this risk should be re-framed to focus less on the lack of effective financial systems, and more on ensuring spending is monitored appropriately and reserves are managed effectively

Action: JL to reframe financial risk

31. Risk 11 – the Committee will reconsider the risk around office working, potentially downgrading for next time.
32. Risk 12 is about potential lack of rigour in decision making. This has significantly changed with the introduction of the Registration Policy Group, which is working effectively and reporting to the Board as intended. This will likely downgrade to a green at the next meeting.
33. Risk 14 , regarding legislative reform, is currently red. JL continues to engage with other regulators, the PSA, and the DHSC on this. At the moment, it seems that the DHSC's focus is not on non-statutory regulation, although they've issued a consultation on criteria for professions entering or exiting statutory regulation. UKPHR has responded.

Action: JL to circulate UKPHR response

34. Risk 15 Focusses on institutional and regulatory changes to public health bodies, particularly in England. This continues to be a significant risk, although UKPHR continues to engage through UK People in Public Health, and meeting frequently with UKSHA and OHID to ensure registration processes are not interrupted. IT was noted that the introduction of ICSs may result in further fragmentation of the public health workforce. JL confirmed that this will be discussed in detail at the Board Strategy day on 7 April.

35. Risk 16 focusses on the pressures staff face as part of a small organisation, loss of expertise, and challenges in keeping up with trends on salaries and staff support. Significant improvement in this area has happened in the last year, including salary benchmarking and introduction of a flexitime pilot, although there is a remaining intrinsic risk because of small size. The Committee also noted the need for a strategic conversation about office vs home working.

Item 8 – Any other business

36. No other business was raised.

Item 9 – Date of next meeting

37. It was noted that there was a typo on the agenda. The group agreed that 18 May would be preferable for the next meeting.

Action – JL to resend invite for 20 May 2022

Action- JL to include review of improvement plan on next agenda