

Audit, Risk, & Remuneration Committee

Minutes of meeting on 12 January 2023



Present: Duncan Vernon - Chair (DV)
David Evans (DE)
Joanna Dowd- (JD)
Linda Smith (LS)
Jessica Lichtenstein (JL)
Pav Johal (PV)

Apologies: Jenny Douglas
James Sandy

Item 1 – Welcome, apologies, and declarations of interest

1. DV welcomed the group and noted apologies from Jenny Douglas and James Sandy. There were no new declarations of interest.

Item 2 – Minutes from last meeting

2. The committee noted the minutes from 19 October 2022 as an accurate record once a typing error is corrected on paragraph 15.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed.
4. No actions were overdue, and JL provided updates on all open actions.
5. She clarified action 22/22 relating to pursuing a new bank account- that there was no issue with access to funds, rather some of the logistics around the previous Lloyd's account are frustrating i.e. the length of time/process for adding her name onto the account and giving
6. JL noted that because of the new reconciliation approach to accounting, production of quarterly accounts for the ARRC would take a bit longer, so the Q3 accounts would be presented at the next meeting in March 2023.
7. JL has identified a new independent examiner who was referred by the accountant and is confirming arrangements.
8. DV noted the increasing preciseness of actions coming out of the meeting, which results in a more manageable workload for the team. JL confirmed this.

Item 4 – Operational planning

9. JL outlined the work the team had done to map out their planned activities for the 2023-24 financial year, and presented it in a table with key milestones, person responsible, and a Gantt chart. She confirmed that there were still several projects that either hadn't been fully scoped but were planned for delivery, or others which hadn't been assigned a deadline.

These remain on the spreadsheet, so they don't drop off the team's workplan. This is meant to be a working document, with the team reviewing quarterly.

10. It was noted that KPIs and reporting were a key part of this. PJ explained that the team are looking into how they might use this as a reporting tool.
11. The Board agreed that this looked like a useful document for the team to use, and to understand how they are contributing individually and together to the aims of the organisation. The document is probably too detailed for the Board to consider regularly, although some sort of reassurance/reporting on key deliverables would be helpful. It was agreed that the activities on the improvement plan are reflected on the operational plan.
12. Forward planning was also raised. A forward planner is presented to each Board meeting, although it doesn't go directly to the ARRC separately. It is important to understand milestones and approaching gateways.
13. The ARRC agreed it would be useful to consider this annually.

Action: Once the board has agreed it's strategic priorities, create additional columns to ensure alignment with the operational work.

Action: to add team contributors to projects

Item 5 – UKPHR Improvement plan

14. The UKPHR improvement plan was agreed in September 2021 and provided a useful roadmap for JL when she took the reins as CEO. An update was provided in summer 2022 and felt that the actions were on track. The table was updated, and some activities are completed or nearing completion. The ARRC felt that the remaining open items are addressed through the operational plan.
15. JL and PJ assured the Committee that they were still working on data and reporting, and that the new system could harness Power BI to produce as much bespoke data as required- PJ is looking into training. JL also noted that Board Member Helen King was working on a data strategy. This is specifically listed as a project on the operational plan. IT was agreed that the ability to manipulate the data we hold and create dashboards would be a significant improvement to what was had previously.
16. JL also noted that there hadn't yet been discussion of whether there should be KPIs relating to the team's performance, and that she would consider how this might be done.
17. JD raised the point that there was still more to be done in terms of developing relationships in Northern Ireland. JL has written to the new Medical Director and is awaiting a response. She promised to ensure JD was updated and involved.
18. Regarding Wales, it was noted that the Chair of the Board was ensuring close relationships, but JL also reassured the group that she was developing relationships and having conversations with others in the country.

19. Lots of development of discussions in Scotland had happened recently, with JL presenting to NES and a general agreement that the practitioner schemes should be nationalised- however the detail was still being discussed. JL was also planning for sessions on the SRbPA route in Scotland.
20. The committee emphasised the importance of maintaining these four-country relationships, monitoring registration/engagement numbers through data strategy, and the risk register.
21. There was agreement to recommend to the Board that the improvement plan is closed, and any outstanding areas of work are addressed through the operational plan and the developing strategic plan.

Action: to recommend to the Board the closing of the improvement plan

Item 6- UKPHR Strategy Day

22. JL confirmed that DV, JS, and LS had volunteered to assist with corporate strategy planning, and JL will organise a meeting and assist with presenting a package of information to the Board for the away day in March. It was also noted that there needed to be some education and training input into the planning.

Action: JL to organise meeting of corporate strategy working group.

Action: JL to discuss Education & Training committee input to strategy day with Helen King

Item 7 – Hardship reduced fees policy

23. PJ presented a draft policy, based on comments made at the last ARRC meeting where there was general support for providing a discount for registrants undergoing hardship. The policy was very clear about eligibility and noted that reduced hours does not constitute eligibility for a reduction. Any decisions would include a time limit for the discount. It is a straightforward 50% discount, to keep things simple with straightforward administration.
24. It was agreed that this is a really positive initiative, particularly with the ongoing cost of living crisis, and that it is good to offer this alongside the fees consultation.
25. It was noted that there had been a number of people requesting this, and that this would provide the Registrar with a structure for making decisions.
26. It was agreed that it would be recommended that the Board approve the policy.

Action: Policy to be presented to the Board for approval.

Item 8 – IT update

27. PJ confirmed that everything was still on track for launch of Registration Online on the 31 January. There is a flurry of activity at the moment, dealing with testing and bugs, but it is all as expected. User guides are being created. Communications to registrants will be sent just

prior to launch date, complete with user videos. Transfer of data is happening. The team had a demo, where they could start to really see the benefits of the new system.

28. JL confirmed that she and the team were also working on the e-portfolio. Process mapping was happening, and we expect to start working with the developers soon so they can make the tweaks to what they've already built.
29. The ARRC noted their thanks to the team for managing the project so well, and were pleased that it had operated so smoothly.

Item 9 – Risk Register

30. JL talked through the risk register. She noted the addition of the table at the bottom of the register which records changes from the last meeting. One key change was an amendment of some of the 'headline risks' based on some initial feedback from the PSA. There had been a recommendation that the risk register focusses more on risks to the public rather than risks to UKPHR. It was agreed that the risk to the public was implicit in some cases, but the ARRC supported JL making appropriate adjustments, although they noted that risk to the public was for employer to manage directly.
31. Changes were made to the headline risks for numbers 1, 2, 3, 8, 9, 10 to ensure the risk to the public was appropriately outlined.
32. The ARRC agreed to close 3, which was about potential confusion between the defined route and the new specialist registration by portfolio route. It was agreed that the new route is becoming embedded and there is very little evidence of confusion.
33. Risk 10 introduced a new mitigation about including financial/commercial expertise on the UKPHR Board, which was recruiting.
34. Risk 12 included new mitigations around the formalisation of the registrar role, and the revision of the appeals rules.
35. It was noted that on risk 11 the mitigation regarding staff vaccination against COVID might not be as relevant as it was initially. IT was agreed to re-frame this mitigation in context of general well-being support being provided to the team.

Action: to reframe 11 mitigations to include access to general well-being support.

36. The ARRC considered the 'red' risks. These refer to changes across the public health system ie UKPSHA and OHID, changes in Wales, and the movement of HEE into NHS England, as well as the continued movement of PH teams into the NHS. These are outside of UKPHR's direct control. However, the ARRC agreed that close communication and swift reactivity were the best mitigations. JL assured the ARRC that measures were in place to ensure this, and that there were early signals that the HEE wouldn't too negatively impact PH workforce.

37. The ARRC agreed that UKPHR was doing what it could to continue to support PH workforce such as reviewing revalidation and supporting the apprenticeship practitioner registration route.
38. JL confirmed that there had not been further news on Risk 14 and the government's consultation on the regulation of health and care professionals, particularly on moving healthcare professions in and out of statutory regulation. Changes in legislation to allow the GMC to regulate Physicians Associates and Anaesthetic Assistants and other changes to the Medical Act are due to go live in autumn 2023, and this seemed to be the focus of the DHSC at the moment.
39. There was not any indication that the GMC is interested in regulating non-statutory healthcare professions.
40. The ARRC discussed a potential new risk to operational resilience regarding relationships and continued development of the register across the four countries. For example, where conversations and engagement do not result in an increase in registration numbers.
- Action: JL to add risk around UKPHR engagement and registration in the devolved countries.**
41. JL noted that changes to the risk register were an expected recommendation of PSA's benefits analysis, but that there were no other recommendations resulting from UKPHR's 2021-22 return. The next return would likely be due in March 2023. The ARRC agreed it would be useful to add a risk around UKPHR losing PSA accreditation, although they acknowledged that it was unlikely.
- Action: JL to add risk around UKPHR losing its PSA accreditation.**
Action: JL to add column onto risk register regarding risk appetite ie tolerance, to discuss at the next ARRC.

Item 10 - AOB

42. It was noted that Q3 accounts would be presented on the next agenda.
43. The ARRC asked about whether there were contingencies with our accountants- JL will look into this.
- Action: JL to enquire with Accountant regarding contingency planning**

Item 11 – Next meeting

44. It was confirmed that the next meeting is scheduled for the 29 March 2023.