Minutes of the meeting of the UKPHR Board held on Wednesday 25 September 2024 in person, UKPHR Office, 16a Mclaren Building, 46 Priory Queensway, Birmingham, B4 7LR and via Teams at 11.00 hours

Present:	Andrew Jones (AJ) (Chair) ☎	**Apologies:**	None noted
	Jessica Lichtenstein (JL, Chief Executive)		
	Gill Jones (GJ) (Registrar)		
	James Sandy (JS) (Vice Chair)		
	Linda Smith (LS) (Vice Chair)		
	Marianne Coward (MC)		
	Joanna Dowd (JDd) ☎		
	David Evans (DE) ☎		
	Duncan Vernon (DV)		
	Helen Featherstone (HF)		
	Ranjit Khutan (RK) ☎		
	Ben Humphreys (BH)		
	Jenny Douglas (JDs)		
	Anna Lubasinska (AL, Secretariat)		

1. **Welcome, apologies for absence and new declarations of interest**
    AJ attended the meeting virtually via video link. The meeting was co-chaired by JS and LS. JS welcomed everyone to the meeting and started by sending Board's collective condolences and best wishes to AJ. No apologies were noted. There were no new declarations of interest.

2. **Minutes of Board meeting held on 27 June 2024**
    The minutes of the meeting held on 27 June 2024 were agreed as a true and accurate record.

ACTION	**WHO**	**WHAT**	**BY WHEN**
	JL	**Publish 27 June 2024 Board minutes on website**	**ASAP**

3. **Actions and matters arising**
    JL reported that all actions were on track, with only two still open. Both will be covered under agenda items later in the meeting, including: updating new government post-election (under CE report), skills audit and membership of the Board. JL also noted that she will be reviewing the Standing Orders in the coming weeks.

4. **Governance forward planner – 2024**
    JL noted that as we are at the end of the calendar year, the planner does not have many entries left for 2024. The team is reviewing operational planning and 2025 calendar, and timelines for the following year will be brough to Board consideration at the start of 2025.

    For decision

5. **Annual accounts 2023-24**
    JL noted the accounts have been scrutinised and approved by the last ARRC and explained UKPHR's duty to submit the annual accounts. The accounts have been scrutinised by an independent examiner, Malcolm Wilcox, who we have used last year as well. JL also noted that the narrative report is not going to be published, instead will be publishing the full annual report, which will be discussed later in the meeting.

JS, who co-chaired the last ARRC meeting with LS, confirmed that the annual accounts discussion at the meeting was a straightforward one.

HF asked whether UKPHR has a professional liability insurance arrangement in place. JL confirmed this is in place.

DV highlighted that the forecasting was similar to the actual spends, which is reassuring and shows the strength of the forecasting and budgeting process.

HF asked about the telephony spend – JL explained that it covers other IT costs and will be made clearer in future reporting.

LS said that at ARRC, the members were also reassured with both the reserves policy and the document for Companies House.

The Board collectively approved the annual accounts 2023/24.

	WHO	WHAT	BY WHEN
ACTION	**JL**	**Finalise the Annual accounts 2023/24 for submission.**	**ASAP**

6.   **Annual Report 2023/24**

Item a: Full Annual report 2023-24 for publication

JS said that AJ and GJ have reviewed and contributed to the report, and it paints a very positive picture. JL added that it is the first time we did a report of this kind and it marks a positive shift towards being a modern regulator. It was possible thanks to the introduction of new online systems that collect and allow us to analyse information in a way that was not done before. JL commended Pav Johal, who set these systems up. She also praised AL for picking up the design of the new report shortly after starting with UKPHR, and delivering the final result.

AL then explained that it was interesting to reflect, as an outsider who just joined the team, on all the impressive work that was done in the financial year 2023/24.She said the report builds on multiple data points that are now available in our systems, and that going forward, as we learn about the systems and accumulate even more data, the reports will provide an even more comprehensive picture. The points that stood out were: balance between professions on the Register is changing, showing the direction in which it could be expanding in the future; the success of the new registration system; the positive results of changes to the SRbPA application process. She also flagged that FTP process is not something prominent in the report and it is because of no cases, rather than our preparedness.

HF requested that as the report progresses, it should not lose all the descriptive information in addition to data, as it is a useful overview and induction for anyone new to the Board and UKPHR. She also said how much she appreciated the graphs and format of the report..

JS agreed that the report is very useful and helped with headline messages for the upcoming Practitioner Conference.

BH agreed that the report is an interesting read and that he was impressed with the use of data in it. He remarked it is clear and an easy read and shows the future potential with more data for our use.

BH also suggested that producing an infographic with key messages may be useful.

JS agreed an infographic would be a good addition, as would easy-navigation web version of the report.

GJ added that the report shows clearly the value of being on the register, and all the work that is happening to keep the Register.

HF asked whether the report will be submitted to Companies House – JL said only the annual accounts will, and this report will be published on UKPHR website. GJ suggested PSA may also be interested to see it.

LS said the report is a very good read. She noted that there is the need to do more work around understanding the data going forward, and things like FTP data and doing some work around comparing our data and data held by other regulators such as GMC. JL said that we approached GMC and tried to drill into FTP cases and data in the past, but no in-depth work has been done – it may be something to explore more going forward. JL suspects the difference in levels of FTP cases received in public health by the two organisations may be linked to how FTP is reported.

DE mentioned that close to ten years ago, UKPHR approached GMC to get some more detailed FTP data but at the time it was clear the FTP cases received for public health professionals did not relate to their public health activity.
JL said that we have never done a comprehensive review in that area.
DE said that the report is excellent, but is a bit concerned about aggregating practitioner data with specialist data – which some of the tables in the report do. Care is needed when looking at the numbers of new registrants and lapsing data. An analysis in practitioner area for these markers would be very useful.

GJ said that, going back to FTP conversation, she is reassured with the amount of policy and preparation work in this area that the team has done. A lot stays with employers, and UKPHR appropriately, do not r hear of it, but we are ready for FTP issues relevant to regulation. The slight worry is potential cost of any proceedings, but JL confirmed we have a 'legal fund' for that possibility.

AL explained how the lapsing data has been captured in the past, and as a consequence why the data is shown in the report in a particular way. She also said that one of our plans for developing our systems is to be able to capture lapsed numbers, and reasons, more accurately – so we have a clear picture who lapses from the register and who chooses to come of it due to retirement or no longer practicing in public health.

AJ said that FTP is something JL and him were discussing recently, and that it is right that the local process happens first, because that distinguishes between what might be management and performance issues that should rightly be dealt with locally and it is a real test then as to which bit of the code of conduct or which bit of fitness to practise is actually being reported to the regulator. We need to be ready with our process and budget for these cases that come through.

In relation to practitioner registration, AJ said that we're measuring against an uncertain environment - until we work with employers to get clarity as to whether or not UKPHR registration is an essential requirement or at least a desirable requirement. This is something in our strategic plan for the next five years.
AJ explained he is trying to have these conversations in Wales, but appreciates this is a lot of work.

GJ requested that the way lapsing data is shown in the report is made clearer – i.e. that it is an accumulation of 'lapsed' status.

JDs added she really liked the report. She questioned the limited nature of ethnicity data in the report – since it was said our systems can now capture it more systematically. AL explained that with the introduction of new systems, the plan was that with subsequent renewal, registrants will be asked to complete an EDI questionnaire. We can see results of that for now, but it would not relate to the year that we're reporting on. It was a transition year and the data was still incomplete. Now, through the new system we collect data on all protected characteristics. As we have more data (but outside past financial year) we see there is some more work to be done on how it is organised and fragmented - we are working on that for future reporting. JS said it will be good to account for the gap in the report, so it is clear we are committed to gathering this data. RK agreed with this.

RK added that he noticed the positive data around no formal complaints – but also questioned how we capture complaints that are not formal. JS said that a better categorisation would be useful. GJ agreed. JL said this is something the office can look at in the future.

JDd remarked that the report is really good. As a minor point, she requested that the age data is shown in a clearer way. She also noted the proportion of those who said 'prefer not to say' in relation to gender data.

LS said she also picked up the last of detail around EDI data and suggested to add a template questionnaire as an appendix to the report, to demonstrate what we are gathering.

DV said this is a very good report. He said that it is important to bring out in the report the limited office resource that has done all the hard work in the past year.

JL said that other organisations are very interested in our EDI data, and we will be happy to share this. JDd questioned whether we need to worry about data protection implications relating to the data in the report and in relation to sharing with others – JL confirmed that the report contains high-level aggregated data and this will not be an issue.

The Board agreed the Annual report 2023/24 to be published upon the suggested amendments being actioned.

Item b: Moderators' reports: Specialist and Practitioner

JL introduced the reports, explaining that these were paused during Covid. She flagged that the reports are in different format and that going forward we will want to introduce a template to streamline this. They are a good reflection of how the processes work, and of the quality assurance in them. These reports were done independently by our moderators. This will be the first time when these are published along the Annual report.

BH asked whether we want to use the report to identify trends – JL confirmed that going forward yes, particularly for the practitioner report wheree we have processes delivered by local schemes where there may be variables. We are working on gaining more access to local data, and this is also something NHSE are now interested in. For specialist data, the numbers are very small so identifying trends may not be possible in the same way.

GJ thanked all the moderators for drafting the reports as they are useful. She flagged some of the language in the reports and asked where they will be published. JL said that the reports will be annexed to the Annual Report.

JS asked about the relationship between Annual report and these two reports, going forward. JL said it will be important to produce a template that can fit more elegantly into the Annual report, as opposed to two separate reports added as an annex.

LS suggested that a governance graph could be added to the Annual Report to explain the relationship between the different parties such as moderators, Registration Approvals Committee, Registration Panel etc. GJ agreed that these would help to explain the quality assurance in the process. JL said that it makes sense to add more detail in the report regarding our governance.

The Board approved the reports for publication.

	WHO	WHAT	BY WHEN
ACTIONS	**AL**	**Produce an infographic with key highlights**	**ASAP**
	AL	**Clarify lapsing data ('accumulation of lapsed status')**	**ASAP**

	AL	**Review how age data is shown in the report**	**ASAP**
	AL	**Consider adding EDI monitoring form as an Annex.**	**ASAP**
	AL	**Add information explaining high-level governance.**	**ASAP**

7. New registration type - Retired associated registration

AL gave an overview of the business case presented to the Board for recommendation. The Board discussed the benefits, cost and the risk of introducing a new registration type. The Board agreed that the risks and costs outweigh potential gains, and that as a regulator we need to be very clear about the regulatory purpose of introducing a new registration type.

AJ said that there are other ways of keeping retired registrants involved in public health. RK added that we already are navigating some confusion around current registration types and requirements.

The Board agreed to support Option 1 – 'Do nothing'.

8. Business Continuity Plan & Test update

AL explained that the Board had discussed the updated plan previously, as did ARRC. Since then, only small changes were made to some of the content – mainly updating contact information. Testing scenarios have also been developed and completed, to ensure the plan works as intended.

HF asked about our IT security and recovery times – AL confirmed these were compliant with our plan and expectations, and that our external suppliers shared most up to date copies of agreements we hold with them. AL offered to share these for information, after the meeting.

At this point JL left the room briefly. The Board was interested to know what the plan is for HoBDI role, after AL finishes in November. AL explained that one of the team (ZE) will step up and take on some responsibilities, with JL support. The handover already has started.

JD asked about keeping a hard copy of the BC Plan – AL confirmed these will be printed and distributed to all Board, ARRC and office team members once the plan is approved. AL also flagged that the Board needs to test the plan regularly, as per the agreed guidelines.

Board agreed the plan and the testing approach.

	WHO	WHAT	BY WHEN
ACTION	**AL**	**Ensure the BC Plan copies are disseminated to all ARRC, Board and office team members as hard copies.**	**ASAP**

9. Updating Good Public Health Practice

JL gave an update on the work leading to the production of the new version of Good Public Health Practice Framework. This is now aligned with the newly updated Good Medical Practice. A number of Board members contributed to the review – JL, AJ, JS, RK, GJ, DE (JL participated in the 'task and finish' group reviewing the document). All of our feedback and comments were accepted. The new version will become effective as of 1 January 2025 and replace our Code of Conduct – the aim is to produce a User Guide that compliments, rather than duplicates, the framework.

JL will also participate in the launch event and will deliver an update at the forthcoming Practitioner Conference.

HJ clarified that the User Guide may help to clarify the Good Public Health Practice to registrants and the public, akin to the Outreach team's work on promoting and explaining the GMC's Good Medical Practice.

AJ stressed that we need to explain that the new updated Good Public Health Practice will be adopted as a replacement for the UKPHR code of conduct rather than any interpretation of the code of conduct just being completely removed.

The Board approved removing of the UKPHR Code of conduct and replacing this with reference to revised Good Public Health practice (2024). The Board supported producing a UKPHR User guide instead.

	WHO	WHAT	BY WHEN
ACTION	**JL**	**Work on producing UKPHR User Guide to Good Public Health Practice.**	**ASAP**
	JL	**Ensure that our registrants are informed of the updated Good Public Health Practice.**	**ASAP**
	JL	**Ensure all relevant policies and documents are updated with references to Good Public Health Practice.**	**ASAP**

At this point the meeting has stopped for a short 30 min break.

The meeting reconvened at 1.15pm with LS chairing.

To note

10. **Lapsed registrant survey**

AL introduced the Lapsed registrants survey and explained this is the first time we carried out this exercise. The purpose is to understand our 'lapsed registrants' population and clarity which of these past registrants came off the register voluntarily using the lapsing mechanism or lapsed unintentionally – for example by failing to renew their registration. Over time we should start building a better picture. Reassuring message is that the rate of lapsing is slower than the rate at which the Register grows. AL also mentioned that the key takeaway is that we need to carry on our work on promoting the benefits of registration. Also, we need to ensure the distinction between lapsing and when people choose to voluntarily withdraw needs to be promoted and if people choose between these two processes rather than just 'passively' lapse, we would have access to better data.

LS commented the report is very helpful and was good to see the different comments.

JS asked whether we will be following up some of the comments made in the survey – AL explained the survey was anonymous so we can't follow up directly with individuals, but we will be following up some feedback around clarity of our guidance and processes. She added that the Board will see some additional guidance produced by the team in November, that will be addressing these issues.

DE remarked the paper was very useful, and reassuring. He pointed to one of the comments though, where a respondent flagged confusing advice received from the office. This raises a point of the need to ensure clarity about the relationship between different registration types and the relevant career paths. BH agreed this is feedback he also heard before.

11. **Registration reports**

GJ had nothing significant to report following recent RAC. She remarked that the Registration Panel work very efficiently and the relationship between RAC, RP and Registration Policy Group works very well.

LS asked about a specific application case, and JL explained that this has been resolved through conversations with the applicant and the employer. RK added that the situation stemmed from the applicant not being quite ready to make an application at the point when they approached us. JL said this highlights the need for clear communication with applicants and employers about when it is an appropriate time to apply.

12. Audit, Risk and Remuneration Committee report – including Risk Register discussion

DV was unable to chair the meeting, so LS and JS chaired the last ARRC (although LS had technical issues). JS explained ARRC had a useful discussion around accounts and improving financial reporting.

JL added that our accountant attended the meeting which was very useful and that following the meeting we moved some of our reserves into a savings account to counteract the inflation. We are using accounts under Charity Aid Foundation. The Business Continuity plan was also discussed at that ARRC.

13. Education and Standards Committee report

RK reported the committee discussed apprenticeship route to registration at the meeting, and the capacity for assessors. There was also an EDI action plan update. The purpose and expectations of the committee were also discussed.

At this point the public meeting ended, and the Board proceeded to the Private part of the meeting. (1.45pm)

Date, time and venue of next meeting
27 November 2024, 2-4pm (virtual).

Action points from this meeting

	WHO	WHAT	BY WHEN
ACTIONs	JL	**Publish 27 June 2024 Board minutes on website**	**ASAP**
	JL	**Finalise the Annual accounts 2023/24 for submission.**	**ASAP**
	AL	**Produce an infographic with key highlights**	**ASAP**
	AL	**Clarify lapsing data ('accumulation of lapsed status')**	**ASAP**
	AL	**Review how age data is shown in the report**	**ASAP**
	AL	**Consider adding EDI monitoring form as an Annex.**	**ASAP**
	AL	**Add information explaining high-level governance.**	**ASAP**
	AL	**Ensure the BC Plan copies are disseminated to all ARRC, Board and office team members as hard copies.**	**ASAP**
	JL	**Work on producing UKPHR User Guide to Good Public Health Practice.**	**ASAP**
	JL	**Ensure that our registrants are informed of the updated Good Public Health Practice.**	**ASAP**
	JL	**Ensure all relevant policies and documents are updated with references to Good Public Health Practice.**	**ASAP**

The Chair closed the meeting at 14.15 hours.