

## **Approved Minutes of the Board Open Session meeting held on 26 January 2022 by video conference**

### **Chair:**

Rob Behrens CBE, the Ombudsman

### **Non-Executive members:**

Sir Alex Allan KCB

Linda Farrant

Dean Fathers

Balram Gidoomal CBE

Carolyn Hirst

Mick King

Anu Singh

Amerdeep Somal

### **Executive Members:**

Amanda Amroliwala CBE, Chief Executive

Gill Kilpatrick, Chief Operating Officer

### **Apologies**

Elisabeth Davies

Mick King

### **In attendance:**

Karl Banister, Director of Legal, Quality and Clinical

Andy Gillies, Interim Director of Resources

Rebecca Hilsenrath, Director of Strategy and Communications

Abigail Howarth, Director of Operations

Maria Mansfeld, Chief of Staff

Andrew Dawson, Governance Officer (minutes)

James Hand, Assistant Director Business Management

## **1. Chair's Introduction and Welcome**

- 1.1 Rob Behrens welcomed members, other attendees and observers to the meeting. In particular he welcomed Becky Bishop to her first meeting of the Board.
- 1.2 Rob Behrens noted that the March meeting would be Elisabeth Davies' last meeting of the PHSO Board. Alex Allan would take over as senior non-executive director from 1 April 2022. Ram Gidoomal would take over from Alex Allan as chair of the Remuneration and Nominations Committee.

## **2. Declarations of Interest**

- 2.1 There were no declarations of interest relevant to items on the agenda.

## **3. Corporate Strategy 2022-2025**

- 3.1 The Board was presented with the outcome of the external consultation alongside the final version of the draft strategy for the Board's approval.
- 3.2 The consultation had not resulted in any changes to the draft.
- 3.3 Board members raised the following points in discussion:
  - There was a good level of external support for the strategy.
  - Members stressed the importance of the new engagement approach and the need to get this right.
  - It was also important to retain the complainants' perspective, particularly in relation to our complaints processes.
  - Whether the Strategy should include developing a wider role for PHSO within the administrative justice landscape.
  - The need to ensure inclusivity in how we use technology in engagement - i.e. make our systems accessible to all and ensure that our processes do not discriminate against those without easy access to good ICT.
  - References to outreach and engagement should be strengthened in line with the commitments in the 2022-23 Business Plan.
- 3.4 Members queried and rejected the Medical Defence Union's objections to the references to the Venice Principles. It was confirmed that the reference to the Venice Principles in the draft strategy needed to be amended to differentiate between the Venice Principles and United Nations General Assembly (UN) resolution.

**Action: Strategy to be amended to correct the reference to the Venice Principles and to emphasise the proposed engagement and outreach activities.**

- 3.5 The Board **approved** the draft strategy, subject to the amendments above.

#### **4. Risk Appetite**

- 4.1 The Board received a paper proposing that PHSO should adopt an Open risk appetite for 2022-23, reflecting the ambitious nature of PHSO's Corporate Strategy for 2022-25.
- 4.2 Members raised the following points in discussion:
- Whether it was right that our overall appetite was open when our approach to certain core activities remained cautious
  - The potential adverse impact on the Board's decision-making. Members noted that collegiality was essential, but that did not rule out robust discussion or challenge.
  - Whether the risk appetite in respect of the Venice Principles should be hungry rather than open
  - Whether the wording of the risk appetite in relation to Strategic Objective 3 should reflect a desire to engage more openly with the public and to be more challenging of the system
- 4.3 The Board recognised that whilst it was appropriate to act cautiously in some core areas, this could be achieved with a more open approach in other areas. Good risk management was key and needed to be embedded at all levels. A final paper, incorporating the Board's comments, will be presented at the March meeting.
- 4.4 The Board **noted** the draft 2022/23 Risk Appetite statement.

#### **5. Draft Business Plan and Budget 2022-25**

- 5.1 The Board received a paper setting out the first draft of the business plan and budget for 2022-25. This sets out the activities, and financial plans to deliver the new strategy.
- 5.2 The Board was advised of two areas where caution was required:
- i) The current inflation rate was over 5%, compared to 2.5% at the time of the CSR bid.
  - ii) Our CSR bid was based on an increase of demand of 20% p.a. It is currently increasing at over 30%.
- Following the Board's comments, the business plan and the budget will be refined before the final version is presented to the Board in March. The new Transformation Programme is currently being developed; the Business Plan will be reconfigured to align to the Programme, which will enable the Board to focus on strategic outcomes.
- 5.3 Amanda Amroliwala informed the Board of a number of changes in the senior management structure, which were being implemented to deliver the business plan.

- An Interim Director of Human Resources had been appointed.
- An Assistant Director Transformation role will be created, reporting to the Chief Operating Officer.
- The Director of Legal Services and Clinical will take over responsibility for Data and Management Information.

5.4 Board members raised the following points in discussion:

- The need to proceed cautiously in the face of rising inflation and increasing demand.
- The potential to co-ordinate the large number of work strands relating to ICT projects under one overarching role. It was confirmed that all ICT projects will be brought together under the Transformation Programme.
- The potential that business plan activities under Objective 2 may adversely impact on Objective 1 activities.
- Whether an activity to Statistical Process Control was missing from the Business Plan. It was confirmed that we are taking this forward, and an update will be presented to the next Quality Committee meeting.
- There was no mention in the plan of the Board's role, or of developing the Board as an enabler. This will be considered further.
- Was there any intention, under 1.4 relating to communications activities, to say something about thought leadership and developing a plan for this? This will be developed as part of our Engagement Strategy.
- The importance of carrying out a sensitivity analysis of the key risks prior to the March Board meeting
- The Executive to consider whether the delivery risk arising from recruitment challenges was recorded appropriately within the business plan risks.

Amanda Amroliwala confirmed that all comments had been noted and would be considered further when developing the final draft of the business plan and budget.

**Action: The Board's comments and thinking on the Business Plan will be incorporated into the final version, to be presented to the Board in March 2022.**

**Action: Update on the introduction of Statistical Process Control to be brought to the next Quality Committee**

5.5 The Board **noted** the draft Business Plan and Budget.

## 6. Demand Management

6.1 The Board received a paper detailing the outcome of the review of the demand management measures introduced in April 2021.

6.2 Members noted that the measures had broadly been successful and that the queue of unallocated cases was on track with projected levels.

6.3 The following points were raised in discussion:

- Whether it was now appropriate to apply the measures to Parliamentary (PCA) cases. Members noted that the volume of PCA cases was already low, with little scope for further reduction.
- The success of the measures reflected the quality of forecasting.
- Members noted that, whilst some overtime had been utilised, the report was based on performance without the use of overtime.
- The impact on staff satisfaction. This is under constant review. However, indications were that staff understood and accepted the need for the measures.
- Whether and how the increase in demand was related to the need for PHSO's services and how this could be measured. This linked to the complexity of casework, and the need to identify what work is not coming to us. The Board noted that, whilst the Scottish Ombudsman asked bodies in jurisdiction to submit returns on 9 different measures, this involved the use of powers that were not available to PHSO.
- Members noted that, following the pandemic, the volume of complaints involving systemic decision making across multiple parts of the NHS was likely to increase.

6.4 The Board noted the report.

**The meeting ended at 12:30**