

Agenda

		Timing
1.	Welcome, introductions and declarations of interest	10:30-10:30
2.	Apologies	10:30-10:30
3.	Minutes of the meeting on 22 May 2025 (for approval) (Paper 1)	10:30-10:30
4.	Actions and Matters Arising from the meeting on 22 May 2025	10:30-10:35
5.	Chair's report (Paper 2)	10:35-10:40
6.	Executive report and project dashboard (Paper 3)	10:40-10:55
7.	Finance report (Paper 4)	10:55-11:00
8.	Committee updates	11:00-
	• Audit and Risk Committee (Paper 5)	11:05
	• Scrutiny Committee (Paper 6)	
9.	Plans for a Board meeting in Scotland (Paper 7)	11:05-11:10
10.	Right Touch Regulation 3 update (Paper 8)	11:10-11:15
11.	Governance and Assurance Framework review (Paper 9)	11:15-11:20
12.	Board annual workplan (Paper 10)	11:20-11:20
13.	2026 Board and Committee dates (Paper 11)	11:20-11:20
14.	Any other business	11:20-11:20
15.	Agree actions	11:20-11:25
	Questions from the Public	

The next Board meeting is scheduled for Thursday 18 September 2025 and will be held in Edinburgh.

Unapproved Public Board meeting minutes

22 May 2025

Present

Caroline Corby (CC - Chair)
Alan Clamp (AC - Chief Executive)
Candace Imison (CI)
Juliet Oliver (JO)
Nick Simkins (NS)
Ali Jarvis (AJ)
Geraldine Campbell (GC)
Eleanor Marks (EM)
Ruth Ajayi (RA)

In Attendance

Melanie Venables (MV)
Jane Carey (JC)
Amanda Partington-Todd (APT)
Douglas Bilton (DB)
Polly Rossetti
Dinah Godfree
Rachael Culverhouse-Wilson
Suzanne Dodds
Marija Hume
Oyinkan Onile-Ere
Melanie Hueser (Secretariat)

Observers

See below

1. Welcome and Declarations of Interest

- 1.1. The Chair opened the meeting and welcomed everyone to the Board meeting, which was taking place in Belfast. Observers included members of staff and external observers: Aveen Croash (HCPC), Sarah Barlow (GMC) and Anisah Chowdhury (GMC).

2. Apologies

- 2.1. There were no apologies.

3. Minutes of meeting held on 19 March 2025

- 3.1. The minutes of the last Board meeting held on 19 March 2025 were accepted as a true and correct record and approved, with the follow corrections:
- 3.2. Paragraph 6.11 should read: 'The Board also agreed that choosing the most appropriate venue was key.'
- 3.3. Paragraph 7.1: Change deficit from £101,000 to £391,000.

4. Actions and matters arising from the meeting on 19 March 2025

- 4.1. All actions were complete, on the agenda or on track.

5. Chair's report

- 5.1. The Chair introduced the item.
- 5.2. Government Commitment to Reform: On the 8th of May, Karin Smyth, the Minister of State for Health, confirmed the government's commitment to proceed with plans to update the legislation of the healthcare professional regulators. The work will begin with the General Medical Council's (GMC) framework for doctors, before moving on to the Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC).
- 5.3. Statement on Surgical Cosmetic Interventions: A piece has been written by the PSA about concerns regarding the patchiness of regulation in terms of non-surgical cosmetic interventions, which would be shared with the board.
- 5.4. Meeting with Statutory Regulators: On the 14th of May, The Chair met with all the chairs of statutory regulators. She highlighted the importance of these meetings for collaboration and shared updates from various chairs.
- 5.5. Carrie MacEwen from the GMC discussed the regulation of Physicians Associates and Anaesthesia Associates, noting the challenges and the need for regulation.
- 5.6. The General Pharmaceutical Council is working on drugs for weight loss and coordinating with GMC. They are also considering the implications of the assisted dying bill.
- 5.7. The Chairs are monitoring the outcome of the Supreme Court judgment¹ on the meaning of 'sex' in the Equality Act 2010 and its implications.

6. Executive report and project dashboard

- 6.1. The Chief Executive introduced the item. The consultation for the Standards Review closed on 8 May with over 160 responses from a diverse range of organisations. The analysis will be presented to the Board at the next meeting.
- 6.2. The Right Touch Regulation consultation closed with 32 responses. There was significant support for collective and collaborative regulation, with some questioning about the inclusion of fairness as a new principle
- 6.3. A high-level timeline and plan for Regulatory Reform will come to the next Board meeting.
- 6.4. No publication date for the Omambala NMC reports had been announced yet. The PSA's performance review report was currently with the NMC for factual accuracy checks, targeting mid-June for publication.
- 6.5. The PSA's submission to the Leng Review on Physician Associates and Anaesthesia Associates was published, with significant interest on social media. The review was expected to report in June 2025.
- 6.6. The Barriers to Complaints research had concluded and will be published in September. Key findings will be shared with the Board in July.
- 6.7. The PSA may be moving forward with using social media influencers to raise awareness of the Accredited Registers program. Mitigations and impact measurement had been discussed by the Executive.
- 6.8. The Equality and Human Rights Commission consultation on guidance to support public bodies in implementing the new Supreme Court ruling on sex and gender went live. The PSA will consider responding based on its relevance.
- 6.9. Concerns have been raised regarding counselling and psychotherapy risks, and the Chair had written to Minister Stephen Kinnock.

¹ [Supreme Court judgment on the meaning of "sex" in the Equality Act 2010: For Women Scotland - House of Commons Library](#)

7. Finance report

- 7.1. The Director of Corporate Services introduced the item, which was the end-of-year financial report for 2024/2025. The original forecast for the performance review regulatory activity was a £290,000 deficit, but the actual deficit came in at £124,000. This improvement was attributed to increased legal cost recoveries, better investment income, and a slightly higher turnover rate, reducing staff costs.
- 7.2. The Accredited Registers side had an original forecast of an £82,000 surplus, but the year-end position was £44,000 due to the recruitment of additional staff.
- 7.3. Section 29 activities, which were the biggest variable, had a quieter Q4, leading to lower spending. Long-term trends will be used for better forecasting.
- 7.4. The Board agreed that forecasting should attempt to be more realistic, and it was confirmed that more detailed forecasting meetings with all budget holders will take place regularly.
- 7.5. The Board noted that training spending had decreased and emphasised that training should be encouraged for all staff. It was highlighted that training costs had decreased due to the shift to online training and that all staff were reminded frequently through appraisals and catch-ups to book training courses, and that efforts will be stepped up even more. Personal development plans are required as part of appraisals and forms are sent back where this section has not been completed.
- 7.6. The Board **noted** the report.

8. Risk register

- 8.1. The Chief Executive introduced the discussion on the risk register, emphasising the need for fresh perspectives. Feedback was requested on whether any risks were missing, unnecessary, or needed re-evaluation.
- 8.2. The Board suggested including a risk related to risk appetite, particularly in light of the new strategic plan's ambitions. It was highlighted that the PSA needed to be comfortable with making decisions based on incomplete information. The Board agreed that resetting the risk register in line with the new strategic plan in November was sensible.
- 8.3. The Standards Review should be added to the risk register, emphasising the importance of having robust standards in place.
- 8.4. The Board discussed that the register should reflect potential risks associated with under or unregulated high-risk areas, such as non-surgical cosmetics.
Action: AC to add a risk on under or unregulated areas like non-surgical cosmetics to the risk register.
- 8.5. The Board noted the concerns regarding the review of Arms-Length Bodies, emphasising that the PSA was not currently in scope but that there remained a potential risk due to political factors. The importance of adding value to the system to mitigate this risk was highlighted.
- 8.6. It was confirmed that the risk register will be revisited in November, following the strategic plan's finalisation, to ensure it aligns with the new strategic goals and risk appetite.

9. Committee updates

- 9.1. Audit and Risk Committee Report: The Committee Chair provided an update on the recent Audit and Risk Committee meeting. EM had attended her first meeting, while RA attended her last.
- 9.2. The Committee received the 2024-2025 internal audit annual report, which provided overall assurance on the areas reviewed. This will feed into the annual assurance review.
- 9.3. The external audit by the NAO was underway. The committee received a surprise proposed fee increase of 32% from the NAO, which was challenged, and the Chair requested a written justification for the increase.
- 9.4. The Committee reviewed the draft financial statements and annual report. The next committee meeting in June will look at these in detail and review the results of the external audit.
- 9.5. The Board delegated authority to the Committee to approve the accounts.
- 9.6. The Committee also examined the overall governance assurance framework, which includes the processes involving the Board and Committees. Some minor changes were suggested, and the updated framework will be presented to the Board in July.

10. Board workplan 2024/25

- 10.1. It was agreed that the risk appetite discussion would be scheduled for November, following the finalisation of the strategic plan.
Action: AC to schedule Board risk appetite discussion for November.
- 10.2. The Board **noted** the workplan.

11. Any other business

- 11.1. There was no other business discussed.

12. Questions from Members of the Public

- 12.1. There were no questions.
- 12.2. The Chair thanked the observers for their interest in the PSA.

Signed by Chair..... Date.....

Action Log

On track (including not started) Delayed (or medium risk of delay for projects) Overdue (or high risk of delay for projects) Complete

Mtg. Date	Item No.	Action point	Owner	Date required	Action progress	Status
19 March 2025	5.2	Invite all Board members to attend the next Staff day.	MH	September 2025		
19 March 2025	7.3	Invite the new Board members to attend the next Business Planning Review Committee meeting.	MH	July 2025	Complete	
22 May 2025	8.4	Add a risk on under or unregulated areas like non-surgical cosmetics to the risk register.	AC	July 2025	Complete	
22 May 2025	10.1	Schedule Board risk appetite discussion for November.	AC	November 2025		

Chair's report

- 1.1. Our Board last met in Belfast on 22 May 2025. I am looking forward to our next meeting on 16 July 2025 in London. Please note that this will be followed by a lunch for all staff and Board members so it would be great if you could ensure that your travel arrangements allow time for this.
- 1.2. On 3 June 2025, Alan and I had one of our regular catch-ups with the Chair and CEO of the GMC. Topics covered were our standards review, whether gender or sex of registrants should be on the published register (covered in more detail below), the Leng Review and priorities for 2025/26, including reform.
- 1.3. On 1 April 2025 Ron Barclay-Smith took over as the new chair of the NMC. Alan and I met with Ron and Paul Rees, the interim CEO, on 30 May 2025. Ron has a background in the RAF, leaving in 1992 to pursue a civilian career. Ron has since been the CEO of Lincolnshire Health Authority, a barristers' chambers and a corporate insolvency chambers. Since retirement in 2017, Ron has been a NED of the Criminal Injuries Compensation Authority and a lay member of the Royal Institute of Chartered Surveyors Regulatory Tribunal. At our introductory meeting it was clear that Ron was fully appraised of the recent Independent Culture Review at the NMC as well as the work of the Independent Oversight Group. Ron is also leading on the recruitment of the NMC's next permanent CEO.
- 1.4. The Ijeoma Omambala KC reviews of the NMC are due to be published later this summer. One review is into the NMC's handling of FtP cases raised by a whistleblower and the other is into the NMC's handling of whistleblowing disclosures. Our Board will be updated on these reports once they are published.
- 1.5. On 19 June 2025 we published the performance review report on the NMC. The NMC did not meet 7 of our 18 standards. This is only the second time that a statutory regulator has met so few standards, after the PSNI in 2023/24. In line with our practice, I wrote an escalation letter to Wes Streeting, Secretary of State for Health and Social Care, and Ministers in Wales, Northern Ireland and Scotland as well as the Chair of the Health and Social Care Committee. Following on from this letter, Jeremy Miles, the Cabinet Secretary for Health and Social Care in Wales, has asked for a meeting with me and Alan which has been arranged for 7 July 2025.
- 1.6. On 27 June 2025, Alan and I met with Baroness Dianne Hayter of Kentish Town and Baroness Ilora Finlay of Llandaff to discuss the implications of the recent Supreme Court ruling on sex. The discussion focused on the best way to address requests for same sex care, where the relevant information should be kept, who should know it and the duty of a registrant in these circumstances.

The outcome of the discussion was that in line with the Sullivan Report, data collection on registrants should be based on biological sex. This presents some difficulties for the GMC as their current Rules use the term 'gender', however, we will continue to liaise with the GMC on opportunities to address this including upcoming reform. The PSA will also review its position on whether the sex of a registrant should or should not be on the published register once the guidance from the Equalities and Human Rights Commission is published later this year. These are all nuanced matters which will come to the Board for discussion.

- 1.7. Ali kindly shared the recently published Recognising and Responding to Early Warning Signs in Public Sector Bodies report from the Committee on Standards in Public Life. This led to email exchanges between Board members on its impact on a potential 'governance standard' and whether this would make a good discussion topic for the Board. Please let me know if you would like us to take this forward.
- 1.8. Finally, I hope everyone gets a decent break over the summer period.

Caroline Corby
2 July 2025

Executive report

1. Issue Summary

- 1.1. In addition to our statutory duties, the key priorities for the organisation at this point in time are: (1) the standards review project; (2) revising *right-touch regulation*; (3) promoting and supporting legislative reform for the regulators; and (4) closely monitoring the performance of the NMC, including its response to the recommendations in the Independent Culture Report.

2. Recommendations

- 2.1. The Board is asked to note the Executive report and to ask any questions of the Chief Executive and Directors.

3. CEO stakeholder engagement

- 3.1. Between the May 2025 and July 2025 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
 - Meeting the CEO of the Health Services Safety Investigations Body (HSSIB).
 - Chairing the quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.
 - Individual meetings with the CEOs of the GOsC, GMC and NMC.
 - Together with the Chair, meetings with the Chair and CEO of the NMC and the GMC.
 - A discussion with the Royal College of Surgeons of England about its report on sexual misconduct and the implications for professional regulation.
 - Observing meetings of the councils of the GCC, NMC and GOsC.
 - Speaking at a parliamentary event to mark the launch of the GPhC Strategic Plan 2025-30.
 - Attending a meeting of the Health and Social Care Regulators' Forum.
 - Chairing a meeting of the Independent Oversight Group of the NMC.
 - Attending a meeting of the regulators' Chief Executives Steering Group.
 - A meeting, together with the Chair, with Baroness Hayter to discuss the implications of the Supreme Court judgement on the meaning of "sex" in the Equality Act 2010.
 - A meeting with the Deputy Secretary, Healthcare Policy Group NI.
- 3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following:
 - The quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.

- Together with the Chair, a meeting with the Chair and CEO of the HCPC.
- Meeting the CEO of the Health Services Safety Investigations Body (HSSIB).
- Attending the board meeting of SWE and the council meeting of the GOC.

4. Summary of risks

- 4.1. We have assessed the top three known risks facing the Authority as: (1) the backlogs of fitness to practise cases in some regulators; (2) the lack of clarity about the use of Disclosure and Barring Service (DBS) and other criminal record checks by regulators and registers; and (3) the implications of the independent reviews of the NMC and the impact on regulatory effectiveness and public protection.

Regulation and Accreditation

5. Performance Review

Reporting

- 5.1. On 16 June 2025, 2025, we published a Monitoring Report for the General Osteopathic Council (GOsC). GOsC met 18 out of 18 Standards. The report can be found [here](#).
- 5.2. On 19 June 2025, we published the 2023/24 Periodic Review Report for the Nursing and Midwifery Council (NMC). The NMC met 11 out of 18 Standards as we identified weaknesses in multiple regulatory functions during 2023/24; namely in relation to Equality, Diversity and Inclusion, education quality assurance, accuracy of the register and that there were delays in dealing with fitness to practise cases. Due to the wide-ranging failures, we have written to the Secretary of State of Health and Social Care and the Vice Chair of the Health and Social Care Select Committee. The report can be found [here](#).
- 5.3. We are awaiting the outcome of the two independent reviews led by Ijeoma Omambala KC: one into the NMC's handling of the fitness to practise cases raised through the whistleblower's concerns, and the other into the NMC's handling of whistleblowing disclosures. We are expecting those reviews in August/September 2025 and remain clear that they are important and are likely to be relevant to our view of the NMC's performance. We will consider them in detail when they are available, including deciding how we can most appropriately report on what they tell us.
- 5.4. On 27 June 2025, we published the Monitoring Review Report for the Health and Care Professions Council (HCPC). The HCPC met 17 out of 18 Standards. The HCPC did not meet Standard 15 again this year because it is still taking too long to process fitness to practise (FTP) cases, despite the significant efforts the HCPC has made in recent years. We have escalated our concerns to the Secretary of State for Health and Social Care and the Vice Chair of the Health and Social Care Select Committee. The report can be found [here](#).

Standards Review

- 5.5. On 8 May 2025, the three-month consultation on our Standards of Good Regulation and Standards for Accredited Registers ended. We received 176 complete responses.
- 5.6. We generally had high levels of support for the proposals, namely:
 - to align the Standards as much as possible,
 - make them clearer to different audiences that use them,

- provide more information about the evidence we require as a minimum,
- explore further how we can set proportionate expectations around culture, leadership and governance, and criminal records checks.

5.7. We will have a further period of targeted engagement in Autumn 2025 with stakeholders on the revised Standards.

6. Section 29

6.1. The table below sets out the key statistics so far for this financial year, compared to the same period in the previous financial year. The number of decisions received from regulators is similar to last year. The number of cases considered at statutory deadline meetings has decreased, with the number of case meetings increasing, potentially due to the pilot process of these being able to proceed more flexibly with Decision-Makers, and the impact this has on being able to organise the meeting in time. The number of appeals lodged has decreased.

	1 April – 31 May 2025	1 April – 31 May 2024
Decisions received by the PSA	373	397
Initial reviews completed	265	228
Detailed Case Reviews (DCRs) completed	19	15
Statutory deadline decisions		
• No appeal	1	4
• Appeal	1	6
Case meetings held (including s40b case meetings):		
• Sufficient	2	0
• Insufficient but no appeal	0	1
• Appeal	2	1
•		

Appeals lodged	4 ¹	7
Learning points sent	13	37


- 6.2. Between 1 April and 31 May, four appeals have been lodged (NMC/Drizam, NMC/Pollock, HCPC/Johnny, NMC/Deuchars). Two appeals have been settled by agreement (NMC/Cradock, NMC/Yates). Settlements are being explored in several other cases and all other Section 29 litigation is progressing.
- 6.3. We are currently recruiting for a Lead Lawyer (maternity leave) on a 12 month fixed term contract.
- 6.4. The S29 case meeting pilot is on-going and a few cases have been considered under this new way of working. Although the pilot has given us more flexibility to carry out case meetings, there remain difficulties in getting enough volunteers to sit as Decision-Makers. We will be considering further changes to the case meeting process through this pilot and explore our findings and recommendations with the Scrutiny Committee in September.
- 6.5. We have completed a first draft of the Section 29 Annual Report, due to be published at the end of July. This is the first time that we have produced such a report. The Scrutiny Committee reviewed a draft of the report in June and provided feedback. We will share this report with the Board later this month, a week before publication.

7. Appointments





- 7.1. Since the last update to the Board, we have provided the Privy Council with advice about two regulator appointments processes. These were the process run by the GCC to find two candidates (one lay and one registrant) to recommend for appointment to its Council. We also scrutinised the GDC's process to identify its new Chair of Council. We were able to provide the Privy Council with our advice that it could have confidence in both processes.
- 7.2. We also imminently expect a notice of recommendation from the GOsC in relation to its re-run process seeking two registrant candidates to recommend for appointment.
- 7.3. We have recently considered the GOC's advanced notice as it seeks a new lay member. We were happy with the GOC's plans and expect this process to conclude in October.

8. Accredited Registers

- 1.1 At the end of May 2025, our performance against KPIs is as follows:

KPI	Met / Not Met	Performance	Direction of Change since February Scrutiny Committee
90% of full reassessments within three years	Met	100% (29/29)	

¹ Including one case at which a decision was made at a statutory deadline meeting in 2024/25

90% of annual checks within one year	Met	100% (29/29)	
95% of conditions are reviewed within two months of due date	Not Met	89% (81/91)	
100% of targeted reviews completed within four months:	Met	100% (3/3)	
90% of decisions on new Standard One applications made within four months	Not Met	80% (4/5)	
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	N/A	N/A	One application received but payment not received so KPI has not started

- 1.2 We have seen improvement or stability across all KPIs since the last update to the Board.
- 1.3 Although the KPI for reviewing conditions within two months of their due date remains unmet, the KPI is at its highest level since we started tracking and the forecast improvement has materialised. We anticipate that the KPI will be met by the Board's next meeting. This is because some old conditions will be removed from the rolling average in June and August and newly issued conditions will be published on the website and be added to the rolling average.
- 1.4 Performance against the KPI for considering Standard One applications within four months has remained stable but also remains unmet. This is mainly due to complex applications that take longer than the KPI, that, while rare, have a significant impact on the KPI percentage because of low numbers of applications. Forecasting when the KPI may be met is challenging because it is not currently possible to accurately forecast when new applications may be received. We are, through the Standards Review and the resulting changes to processes, considering how we may best address complex applications and also applicant forecasting and readiness for assessment.

Accreditation Decisions

- 1.5 The Standard One application for the National Association of Care and Support Workers (NACAS) has been considered by an Accreditation Panel, which determined that

Standard One was provisionally met. We are working on publication in collaboration with the Accredited Register and anticipate the report to be published in July.

- 1.6 Assessment continues for the National Council of Integrative Psychotherapists (NCIP) which is forecast for a decision to be published in September 2025.
- 1.7 Assessment also continues for the International Foundation for Therapeutic and Counselling Choice (IFTCC) and we anticipate a decision will be made in September 2025.
- 1.8 We are expecting at least two more Standard One applications in this financial year. We are awaiting payment on the first full application to be received this year before putting a notice on our website that the assessment process has started.

Policy, Communications and Engagement

9. Policy and research

- 9.1. On 3 July, the Government published *Fit for the future*², its ten-year plan for NHS England. We welcomed³ its focus on the importance of preventative healthcare, which reflects our view that regulation should be targeted on the prevention of harm. We have recommended that the UK Government works closely with us and the regulators we oversee to develop a joined-up strategy for regulation that can fully realise the benefits of the 10 Year Health Plan and the planned reform of professional regulation. This needs to reflect the national health priorities for Northern Ireland, Scotland and Wales.
- 9.2. We held the second meeting of our Regulatory Data and AI Group on 1 July. At this meeting, we heard from an Institute of Regulation member and consulting agency about its framework for ethical AI, to learn more about how wider sectors are approaching cross-cutting issues such as data privacy and organisational readiness. We then discussed where there may be greatest potential for the application of AI to support a preventative approach to regulation, to inform our thinking on potential research we may commission in this area. We will seek to align this work to the 'analogue to digital' shift outlined in the ten-year plan for NHS England where possible, including exploring whether it may be of benefit to the announcement the proposals to AI early warning system being developed to automatically identify safety concerns across the NHS.
- 9.3. By the time the Board meets, we anticipate that the Leng Review will have been published. We will provide a verbal update on this at the meeting.

Regulatory reform

- 9.4. Following the Government's confirmation of its intention to proceed with the reform programme for the professional regulators we have been providing input on the work to develop the new legislation for the General Medical Council relating to the regulation of doctors, and their overall governance and operating framework. Our input continues to focus on maximising the public protection potential of the reforms, in terms of the regulators' own powers, duties, and legislation, along with our own oversight role and how it might need to adapt.

² [Fit for the future: 10 Year Health Plan for England](#)

³ [PSA Chief Executive comments on publication of Government's 10 Year Health Plan | PSA](#)

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- 9.5. We have now also published our guidance on rulemaking and use of accepted outcomes⁴ in fitness to practise to help regulators make best use of the new powers they will gain when their legislation is reformed. Our guidance lays out principles to guide regulators to use their powers transparently, with appropriate consultation and in a way which prioritises public protection and encourages regulators to consider how their use of these powers aligns with the practice of other professional regulators, as appropriate. We will have regard to our guidance when we assess how regulators are using their new powers under our review of their performance. Initially it will only apply to the GMC's regulation of Anaesthesia Associates and Physician Associates.
- 9.6. As we move into implementation of reform, we will be establishing formal project governance to oversee the co-ordination of policy work and our own operational readiness. This will be co-sponsored by the Director of Policy and Communications and Director of Regulation and Accreditation. As previously set out in our business plan and budget for 2025/26 we will shortly be recruiting for a substantive, full-time additional policy role to help the team manage the additional work.

EHRC Code of Practice consultation response

- 9.7. We have responded to the Equality and Human Rights Commissions' (EHRC's) consultation on their revised Code of practice for services, public functions and associations.
- 9.8. The Code has been updated in response to the UK Supreme Court ruling that sex means 'biological sex' for the purposes of the Equality Act. We welcome the fact that the EHRC has produced this guidance but are concerned that in its present form it does not do enough to support regulators and regulated professionals to apply the judgment.
- 9.9. Our response⁵ suggests that further clarity would be helpful on how and when regulators can request information about birth sex and how the judgment intersects with the provisions of the Gender Recognition Act, how health and care professionals can ensure care is delivered in a way that meets the new legal definition and protects dignity and privacy and what the judgement means for the provision of same sex care.

Practice-based risks

Non-surgical cosmetics

- 9.10. We have provided a submission to the call for evidence by the Women and Equalities Committee as part of their Inquiry into the Health impacts of breast implants and other cosmetic procedures.
- 9.11. Our response focuses on highlighting the regulatory gap that we believe exists in relation to non-surgical cosmetic procedures and reiterating our support for a risk-based approach including the introduction of licensing schemes to mitigate the risks and the maintenance of UK-wide consistency as far as possible.
- 9.12. We also highlight our view that further attention could be given to strengthening and supporting existing means of assurance, for example the PSA's Accredited Registers programme and the need for effective public communication to ensure members of the

⁴ [Good practice in rulemaking: guidance for regulators | PSA](#)

⁵ [Response to Equality and Human Rights Commission consultation on updated Services Code of Practice | PSA](#)

public know how to make safe choices when seeking out treatment. This existing mitigation could be strengthened by increasing the coverage of the programme, and we will shortly be writing to registers in the beauty sector that may be eligible to apply for accreditation to highlight the benefits this could bring to them, and their members.

- 9.13. In May, our CEO, Chair, Board Member for NI Geraldine Campbell and policy lead for NI Polly Rossetti met with NI Health Minister Mike Nesbitt to discuss priorities for professional regulation. We highlighted that in our view steps should be taken to protect the public from unsafe cosmetic treatments in NI. We think there is a risk of increased ‘beauty tourism’ in NI if similar steps to those being taken elsewhere in the UK on licensing are not followed. We were pleased the Minister took the time to listen carefully and followed up with further detail in a letter from our Chair. We will continue to liaise closely with the NI health department on progress in this area.

10. Communications

- 10.1. We are planning for significant engagement events in the Autumn to enable stakeholder input to our emerging Strategic Plan for 2026-29, engagement around our September Board meeting, and our revised Standards. Common themes running through these aspects of our work include a greater focus on collaboration, a preventative approach to regulation, and maximising the opportunities from legislative reform. These events will be opportunities to test our thinking with a diverse range of stakeholders, and to enable a co-design approach to identifying the outcomes we want to achieve.
- 10.2. Publication of our report on the Fitness to Teach conduct process of the General Teaching Council (GTC) for Scotland at the end of May garnered media coverage in the Times Educational Supplement magazine and the BBC. Shortly following the report, we published a commissioned blog authored by GTC Scotland on working with us on the review.
- 10.3. In June we issued the latest edition of our parliamentary bulletin. It focused on regulatory reform, highlighting the publication of our guidance as mentioned above, and our welcoming of the protection of the title ‘nurse’ alongside urging the Government to consider the need for additional protections for other roles as part of regulatory reform. We also showcased our section 29 work and recent successful appeals.
- 10.4. Over the past period, our external channels have been used to publish performance reviews on the General Osteopathic Council, the Nursing and Midwifery Council (attracting media coverage in The Independent, as well as specialist nursing publications) and the Health and Care Professions Council. We have also shared our assessments of the six Accredited Registers who are the Scope of Practice and Education (SCoPEd) framework; and our response to the EHRC consultation as above. We have supported Men’s Health Week and Pride. We have highlighted new upcoming dates as we continue our sexual misconduct webinar series and have promoted our recruitment adverts.
- 10.5. We had an exhibition stand at the NHS Confed Expo event in Manchester in June. The stand attracted good traffic and was used to promote the Accredited Registers programme as well as our research on barriers to complaints. There was strong interest in the research, and we were able to use our stand to get views which aligned with our research findings as well as providing additional insights. We are planning to attend equivalent events in NI and Wales later this year.

Intelligence and insight

11. Right-touch regulation

- 11.1. We are currently working on a draft of the new version of Right-touch regulation, taking into account the comments raised with us in response to the published discussion document.

12. Research conference

- 12.1. We have issued widely a call for speaking proposals for the research conference on 18 November, to the theme 'Preventing harm: turning insight into impact'.

13. Sexual misconduct programme

- 13.1. We have scheduled two further webinars in this series. On 22 July Professor Rosalind Searle will speak on Understanding Perpetrators and on 4 September colleagues from the GDC and the University of Manchester will speak on recent research on sexual misconduct in dentistry. Further sessions are close to being scheduled and will be publicised in due course.

Corporate Services

14. IT

- 14.1. We recently procured new laptops and upgraded our Azure virtual desktops to Windows 11, ensuring compliance with the Windows 10 end-of-life deadline and securing ongoing support.
- 14.2. Organised training sessions as part of the Copilot trial, covering topics such as Copilot prompts, security, and live demos of Copilot in popular Microsoft 365 applications like Outlook, Word, Teams, Excel, PowerPoint, SharePoint, and OneDrive. The Copilot licenses are being shared and rotated among all teams.

15. Finance

- 15.1. The 2024/25 Annual Report and Accounts were certified by the NAO on 1 July.
- 15.2. The latest Finance Report is on the agenda.

16. People

- 16.1. Eloise Le Santo started in the last remaining vacant Lawyer post on 1 July 2025.
- 16.2. Sarah Fox has been appointed to the Scrutiny Manager role and will be joining the PSA on 1 September. In the interim Richard West has been appointed to an Acting up Scrutiny Manager position from 2 July 2025.
- 16.3. Leanda White has recently been appointed as our new S29 Administrator and started with us on 18 June 2025.
- 16.4. We are currently in the process of recruiting for the Lead Lawyer role. This will be on a 12-month basis to cover the maternity leave for Rebecca Senior. Interviews are scheduled to take place on 11 July 2025.

17. Governance

- 17.1. The internal audit plan for 2025/26 is now underway.

-
- 17.2. The Audit and Risk Committee recently approved the updates to the Whistleblowing Policy. This was circulated to all staff on 23 June along with a summary of key changes, which aim to make the policy more accessible and easier to use.
 - 17.3. The Governance and Assurance Frameworks will be reviewed as part of this meeting.

18. EDI

- 18.1. The series of staff EDI development sessions has concluded. Seven sessions covering anti-racism, neurodiversity, understanding structural discrimination, microaggressions, modelling good EDI, inclusive leadership and allyship were delivered by ENEI (Employers Network for Equality and Inclusion).
- 18.2. Work has started on our second self-assessment against the EDI Standard of Good Regulation with our findings due to be published by the end of August 2025.

KPIs up to 31 May 2025

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2025/26
Section 29 decisions	Number of cases received [compared with same period last year]	568 [589]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	12 [15]
	Appeals lodged [compared with same period last year]	6 [7]
	100% of relevant decisions considered within statutory deadline	99.6 ⁶ [100]
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	80% (8/10) ⁷
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2025	97% (103/106) ⁸
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	100% (29/29)
	90% of decisions about the annual check within one year of the previous assessment.	100% (29/29)

⁶ Two cases were sent to us by the regulator after our deadline for appeal had already passed.

⁷ The HCPC's KPI was missed by two months as further information came to light after the Panel had made its final decision. The decision was taken that the further information needed to be put before the Panel for consideration, which led to late publication of the report. The NMC's KPI was missed as the decision was taken to await the outcomes of the three independent reviews into the regulator's culture, handling of FtP cases and the whistleblowing concerns so that information can be incorporated into the report. We have now changed our approach and extended the review period. However, the KPI remains unmet.

⁸ In addition to the two concerns acknowledged late in April one concern was responded to a single day late in June. This was an error with no other factors.

	<p>95% of Conditions are reviewed within two months of when they were due.</p> <p>100% of targeted reviews are completed within four months of the date initiated.</p> <p>90% of decisions about new Standard 1 applications are made within four months of receipt.</p> <p>90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.</p>	<p>89% (81/91)⁹</p> <p>100% (3/3)</p> <p>80% (4/5)¹⁰</p> <p>N/A – one application but awaiting payment before KPI is recorded</p>
Finance	Budgeted income / expenditure variance less than 5%	0.33% [886/889]
IT	<p>85% of helpdesk calls to be closed within 1 day</p> <p>System unavailability below 10 hours</p>	<p>100% [64/64]</p> <p>0 hours</p>
Information security	No incidents reported to the Information Commissioner's Office	0
Information requests (FOI / SAR / EIR)	<p>All (100%) Subject Access Requests dealt with within statutory deadlines</p> <p>All (100%) Freedom of Information Act requests dealt with within statutory deadlines</p>	<p>1/1 [100%]</p> <p>9/9 [100%]</p>
Complaints	100% of complaints acknowledged in five days	<p>3/3 [100%]</p> <p>3/3 [100%]</p>

⁹ KPI has improved but remains unmet as conditions from last financial year are removed from the rolling average. KPI forecast to be met for the first time in September 2025.

¹⁰ KPI has remained stable but remains unmet owing to rare but complex applications. KPI is currently not given a forecast to be met owing to the large effect of one complex application in the small pool of applicants.

	Response to all complaints to be completed within 28 days	
Social media ¹¹	Total number of followers across our social media channels (compared with same period last year in brackets)	8079 [7077]
	Number of new followers across our social media channels (compared with same period last year in brackets)	174 [352]
	Number of engagements with our social media posts (compared with same period last year in brackets). <i>Engagements include likes, reactions, comments, replies and shares.</i>	618 [1068]
Website usage	Year-to-date data on website usage from April 2025 to date with same period last year in brackets ¹²	
	• Total page views across the website	95,484 [115,486]
	• Check a Practitioner landing page and practitioner specific pages	28,744 [33,371]
	• Accredited Registers home page and related Accredited Registers pages	14,297 [20,408]

¹¹ On 19 March 2025, we took the decision to step back from actively posting on X (formerly Twitter). Since then, we have seen an expected reduction in engagement. We are focused now on building followers and engagement on our other channels, prioritising LinkedIn.

¹² On 8 January 2025, we launched a new website at the same domain name but with a different webpage structure. The figures provided include those for our previous website up to this date, and those for our new website thereafter.

Annexe A: Project Status Dashboard

Status Date	16/07/2025
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Overall Project Portfolio RAG	Amber
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Overall Status Commentary
<p>Standards review – Consultation and evidence review analysis is complete. The Board has considered recommendations and the timeline at its July Workshop session.</p> <p>Safeguarding – Analysis activities are complete, and a recommendation has been made to the Board as part of the July Workshop session on the Standards Review. Now that the recommendation has been delivered, the project will move towards closure.</p>




Project Portfolio Status Summary

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
Standards Review	Amanda Partington-Todd & Melanie Venables	01/05/24	31/03/26	31/07/26	£0	£22,080	A	<ul style="list-style-type: none"> Revised project brief approved by the Executive Team in June 2025 following reconsideration of scope of project and new joint sponsorship arrangement. Pre-consultation engagement complete (patients, regulators, ARs, other stakeholders and staff) Consultation (13 February-8 May 2025) and analysis complete. Board Workshop planned for July 2025 and Final Board Decisions for January 2026. Project remains Amber until Board approves scope and timetable.
Strengthening safeguarding	Amanda Partington-Todd	01/09/23	31/03/24	31/07/25	£0	£0	G	<ul style="list-style-type: none"> Survey of regulators analysis completed and presented to

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
	& Melanie Venables							<p>regulators at the June 2025 Policy forum</p> <ul style="list-style-type: none"> Standards Review consultation analysis completed and presented to Board in July 2025 workshop S.29 data analysis completed, and insights used to inform overall position presented to Board. While uncertainty remains over the appetite for and timing changes to the law in England and Wales, the recommendation to Board has been designed to account for the uncertainty while still taking action to enhance public protection.

Key Risks	Mitigations
<p>Strengthening safeguarding - If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.</p>	<ul style="list-style-type: none"> Completed - Internal learning workshops to help understand legal implications of potential changes. Completed - Review of regulators' current arrangements included in project plan. Completed - Further consultation and engagement on any changes before implementation.
<p>Standards Review - Project overrunning due to requiring further additional actions such as further consultations</p> <p>Resources need to be redirected to performance review BAU</p>	<ul style="list-style-type: none"> Updated June 2025 – The consultation responses suggest that slightly extending the period of time for further engagement is necessary. The Board is discussing the impact of a timetable extension at its workshop in July 2025. Completed - Consider areas to be deprioritised / timeframe changed across PR and other projects.

<p>An increase in AR assessments (e.g. new Standard One applications) may limit the time available for the project</p> <p>New ways of working by reviewing the Standards jointly may cause confusion when it comes to decision making</p>	<ul style="list-style-type: none"> • Completed: Schedule AR assessments to avoid busy phases of project where possible. • Completed: Regular project team meetings to discuss and resolve emerging issues. • NEW: Completed – Joint sponsorship between Regulation and Accreditation and Policy and Communications, which also integrates resources for the Standards Review and Refocusing Regulation.
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Status Key:  On plan / budget  On / late to plan and / or within 10% of budget but with manageable risk  Late to plan and / or > 10% budget variance. Requiring re-plan or scope change

Finance report

16 July 2025

1. Executive summary as at 31st of May 2025

- 1.1. At this stage of the reporting period, Regulatory Activity is projected to deliver a surplus of £81k, compared to a budget year-end position of break-even. The original budget anticipated that all regulatory expenditure would be met through regulatory fee income, with no refund to regulators for the 2025/26 financial year.
- 1.2. The main variances for the difference are:
 - £125k increase in investment income
 - £78k increase in staffing costs
- 1.3. The Accredited Registers programme is forecast to deliver a smaller surplus of £21k. While still positive, this is below the amount originally budgeted mainly due to increased staffing costs.

2. Sectoral Summary – Regulatory Activity

2.1. Income and Expenditure breakdown

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Income				
Fee Income from regulators	4,869	5,461	5,461	0
Operating Income				
S29 cost recoveries	291	164	164	0
Investment interest	111	25	150	125
Conferences income	6	0	6	6
Total income	5,277	5,650	5,781	131
Staff costs	3,525	3,766	3,844	(78)
Recruitment costs	33	15	26	(11)
Training and Conferences	48	75	75	0
HR and payroll costs	56	24	25	(1)
Staff travel	6	10	10	0
Occupancy costs	334	324	324	0
Audit costs	73	70	74	(4)
IT costs	112	190	173	17
Board appointments	51	0	3	(3)
Board remuneration/expenses	131	149	150	(1)
Depreciation/Capital costs	51	50	50	0
Conferences	17	45	45	0
Commissioned Policy advice and research	74	75	75	0
Comms	48	20	20	0
Other policy costs	161	107	107	0
Direct S29 legal costs and case review	566	657	629	28
Other costs	115	73	70	3
Total admin costs	1,876	1,884	1,856	(50)
Surplus/(deficit)	(124)	0	81	81

- 2.2. £125k difference in investment income due to better investment performance (improved rates and investment management).
- 2.3. £78k overspend in staff costs due to variety of factors including new pension scheme with higher employer contributions.
- 2.4. £11k overspend in recruitment costs due to extension costs of staff recruited via agencies.
- 2.5. £17k underspend in IT costs due to efficiency costs resulted from moving to cloud.
- 2.6. There may be a small potential underspend in S29 direct legal costs; however, it is still early in the financial year, and these costs remain difficult to predict with high degree of accuracy.

3. Sectoral Summary - Accredited Registers

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Registers Income	702	771	771	0
Staff costs	434	447	466	-19
Comms Costs	43	77	77	0
Overheads	174	197	197	0
Others	7	10	10	0
Surplus/(Deficit)	44	40	21	(19)

4. Staff costs

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Salaries	3,104	3,293	3,149	144
Social Security	348	412	429	(17)
Pension	561	508	589	(81)
Temp/Agency	92	0	**143	(143)
Total staff costs	*4,105	4,213	4,310	(97)

*This matches statutory accounts and includes £87k of AR overheads costs that are classed as staff costs in statutory accounts

**Secondment costs

5. Capital

Capital Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	0	0	0	0
IT equipment	30	40	40	0
F&F	0	10	10	0
Total capital costs	30	50	50	0

6. Statement of Financial Position

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	67	67	67	0
Property, plant & equipment	66	66	66	0
Right of use asset – property lease	475	315	315	0
Total	608	448	448	0
Trade and other receivables	590	590	590	0
Cash and cash equivalents	8,660	8,698	8,760	62
Total assets	9,858	9,736	9,798	
Trade and other payables	(6,960)	(6,958)	(6,958)	0
Lease liability	(191)	(191)	(191)	0
Provisions	(51)	(51)	(51)	0
Total	(7,202)	(7,200)	(7,200)	0
Lease liability	(350)	(190)	(190)	0
Net Assets	2,306	2,346	2,408	62
Reserves				
Unrestricted	884	924	905	(19)
Restricted	1,422	1,422	1,503	81
Total Reserves	2,306	2,346	2,408	62

7. Cashflow

Cash and investments as at 01/04/2025	8,660	8,660
Income	Projected (Full year)	Actual (year to date)
Fees Income	*5,461	***24
Accredited Registers	**771	****111
Interest	150	25
S29	164	*****123
Other	6	0
Total Income	6,552	283
Outgoings		
Payroll	4,213	694
Other costs	2,301	322
Total Outgoings	6,514	1,016
	31/03/2026	31/05/2026
Cash and investments	6,598	7,927

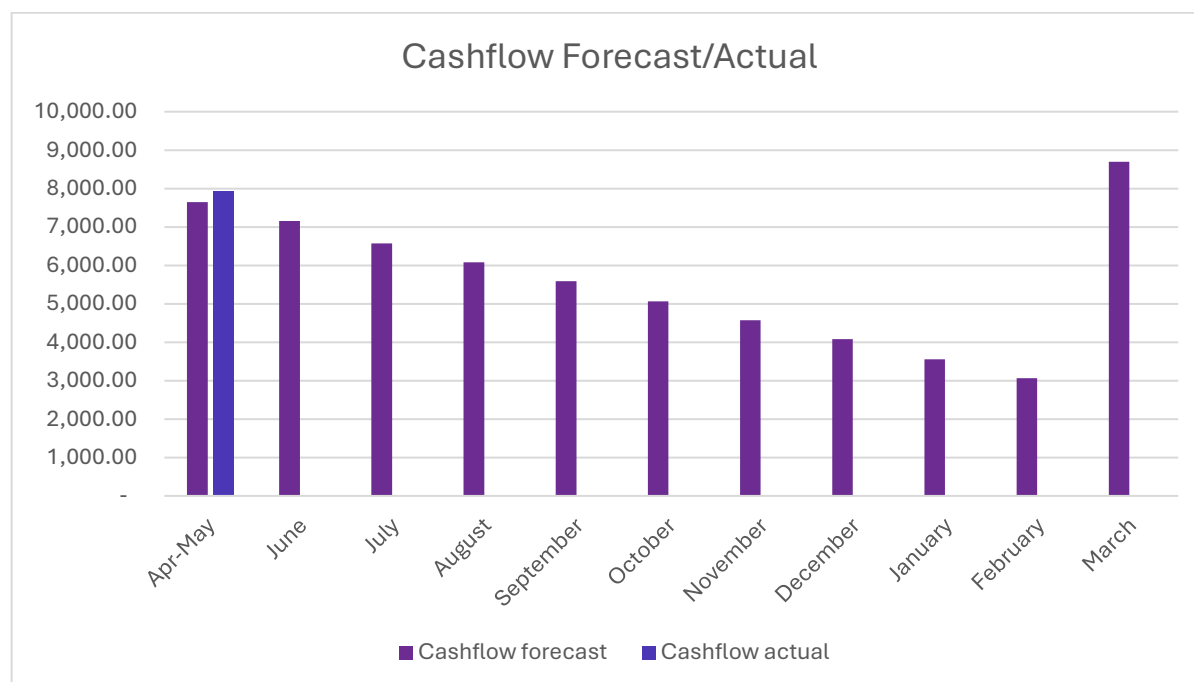
* Assumed same level of fee income as 25/26 received in March 2026

** Assumed the same level of income received in March with small number of regulators paying in 4 quarterly instalments

*** Late fee payment

**** Combination of late fee payment and quarterly payments

***** Income from last year



COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Audit and Risk Committee
Meeting Date:	19 June 2025
Chair:	Nick Simkins

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (alert the Board to any areas of particular importance or urgency)

Issue	Committee Update	Assurance Received	Action	Timescale

ADVISE (advise the Board on any areas of on-going monitoring or any new developments that need to be shared with the Board)				
Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit	RSM provided a progress update. Policy audit was complete.	Policy audit was given Reasonable Assurance.		
Whistleblowing Policy	At its May meeting the Committee reviewed the policy annually. Geraldine had suggested some areas for improvement.	The Committee reviewed the updated policy and commended the work done to revise it to improve clarity and accessibility, encouraging individuals to report concerns confidently.	The Committee approved the updated whistleblowing policy and agreed to note it to the Board at the next meeting.	

Annual Report and Accounts (ARA)	The Committee reviewed the updated “near final” version of the ARA.	The Committee approved the draft ARA, subject to final drafting changes.	<p>The report will be signed by the Accounting Officer under delegated authority from the Committee and reported back to the Board in July</p> <p>The report was signed and certified by C&AG on 1 July and will be published/laid in Parliaments on 10 July</p>	
NAO External Audit	NAO presented their near final audit completion report.	The Committee noted the draft audit completion report and that an Unqualified Opinion was expected.	<p>The Committee requested to be notified if there was any delay in the sign-off date</p> <p>The Committee requested to receive a final version of the Completion Report prior to sign off.</p>	All completed before 1 July.
Information Assurance	<p>The Committee annually reviews Information risk management against HMT standards.</p> <p>No major incidents had occurred within the year.</p>	The Committee noted and approved the annual review of information assurance.		

ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale
ARC Annual Report to Board	The Committee reviewed the annual report from ARC to the Board	<p>The report includes assurances on governance, risk, and internal controls, stating that these are accurate and demonstrable.</p> <p>The Committee approved the annual report and agreed to forward it to the Board at the next meeting.</p>	Attached at Annex A	.

Audit and Risk Committee



Annex A

Audit and Risk Committee annual report to the Board

Purpose: For approval

1. Introduction

- 1.1 The purpose of this report is for the Audit and Risk Committee (ARC) to provide assurance to the Accounting Officer and the Board about the effectiveness of the PSA's system of governance, risk management and internal control for the period 1 April 2024 to 31 March 2025.

2. Overall Conclusion

- 2.1 The committee has reviewed the annual report and accounts and the information available to the committee enables it to confirm that the statements made by the Accounting Officer in the 2024/25 Governance Statement regarding governance, risk and internal control are accurate and demonstrable.

Governance

- 2.2 In 2024 it was agreed that the cycle for the annual review of the Governance and Assurance frameworks would change. It was agreed they would be reviewed by the Committee in May and submitted to the Board for approval in July. The Committee reviewed and approved the changes at its May 2025 meeting and are recommending the changes be approved by the Board in July.

Risk management

- 2.3 The Board completed a thorough review of its risk management policies and practices during 2024/25 taking account of ARC advice. The committee actively considered and challenged the risk register on a regular basis.

Internal Audit Opinion

- 2.4 The Head of Internal Audit in his report for 2024/25 stated that: 'The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective'. This is the second highest assurance level out of four.

External Audit Opinion

- 2.5 The PSA received an unqualified opinion from the Comptroller and Auditor General regarding the Annual Report and Accounts for 2024/25.

3. Supporting evidence

- 3.1 There were no whistleblowing or fraud incidents reported to the Committee in the 2024/25 year.
- 3.2 The Committee continues to regularly review and challenge the risk register prior to it being submitted to the Board for discussion.
- 3.3 The Committee reviewed the revised governance framework prior to it being submitted to the Board for approval.

4. Internal Audit

- 4.1 RSM were our internal auditors for 2024/25.
- 4.2 The internal audit work this year focused on:
Section 29 (s29) decision making process
Accredited Registers
Key financial controls
Stakeholder engagement and communication.

Accredited Registers

- 4.3 This review received Reasonable Assurance. Two medium priority recommendations were made. One was around updating guidance to reflect changes in the Standards, the second was to create a checklist to capture assessment records. All recommendations were implemented by November 2024.

Key Financial Controls

- 4.4 This review received Reasonable Assurance. One High and three Medium priority recommendations were made. The High priority was to implement independent checks for new suppliers. The others were to update instructions, evidence reconciliations and review the schedule of delegations. All recommendations were implemented by March 2025.

S29 decision making process

- 4.5 This review received Reasonable Assurance. One Medium priority recommendation was made to update the process guidelines to include details of PSA's processes to ensure EDI throughout the S29 process.

Stakeholder engagement

- 4.6 The review received Reasonable Assurance. Four Medium and four Low propriety recommendations were made. The four Medium priority recommendations were around providing guidance/training on using the

Stakeholder Records Management system (SRM), reviewing the SRM system functionality, developing an action plan following stakeholder survey analysis, developing a formal reporting process.

5. Risk management and control

- 4.1 The management of risk is integral to the PSA fulfilling its objectives.
- 5.1 The Executive Leadership Team reviews the strategic risk register monthly. The updated register is considered by the Audit and Risk Committee (ARC) and thereafter by the Board. Risks are added, updated or deleted outside of this process when the need arises.
- 5.2 The most significant risks for 2024/25 continue from the previous year and are related to:
 - Fitness to Practise backlogs, in particular that they could compromise regulatory effectiveness and therefore reduce public protection
 - Regulatory reform is not continued or that it is implemented poorly, subsequently reducing the effectiveness of regulation and reducing public protection
 - Inconsistent approaches to accessing criminal record checks, and the risk that it could lead to an individual who poses a risk to patient safety being able to register
 - The findings of the NMC Independent Culture Review suggest there are issues affecting regulators' performance which may give rise to unaddressed public protection risks.
- 4.2 Appropriate steps have been taken to mitigate the respective risks.
- 4.3 The Executive Leadership Team develops and maintains the internal control framework and provides assurance to the Audit and Risk Committee, which in turn provides strategic advice to the Board, where overall responsibility is held that the PSA's arrangements are effective.
- 4.4 The key elements of the system of internal control include:
 - Financial procedures detailing financial controls, the responsibilities of and authorities delegated to the executive Leadership Team
 - Business planning processes setting out the PSA's objectives supported by detailed annual income, expenditure, capital and cash flow budgets
 - Regular reviews of performance along with variance reporting, scenario planning and re-forecasting
 - The assurance framework.

6. Information Security

- 5.1 The committee undertook its annual assessment of information risk management in June 2025 and this fed into the Governance Statement published in the Annual Report and Accounts.

7. Membership

- 6.1 The committee membership is as follows:
- Chair – Nick Simkins
 - Members – Frances Done, Tom Frawley, Geraldine Campbell and Ruth Ajayi, all part year.

8. Meetings

- 7.1 The committee met four times between 01 April 2024 and 31 March 2025.
- 7.2 Attendance was as follows:

Committee member	Number of meetings attended	Possible
Frances Done	2	2
Tom Frawley	2	3
Nick Simkins	4	4
Ruth Ajayi	3	3
Geraldine Campbell	1	1

9. Summary

- 8.1 I am grateful to the Audit and Risk Committee members for their help and support during the year.
- 8.2 In conclusion, I would like to thank the executive for their support to the Committee and myself as Chair.

Nick Simkins
Chair

Audit and Risk Committee

COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Scrutiny Committee
Meeting Date:	12 June 2026
Chair:	Juliet Oliver

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (alert the Board to any areas of particular importance or urgency)

Issue	Committee Update	Assurance Received	Action	Timescale

ADVISE (advise the Board on any areas of on-going monitoring or any new developments that need to be shared with the Board)

Issue	Committee Update	Assurance Received	Action	Timescale
Standards Review update—consultation preliminary analysis	The Committee received an update on the initial quantitative findings from the consultation that closed on 8 May whilst further work was underway to analyse the qualitative responses and integrate with the call for evidence analysis.	The Committee noted the positive signals of support for proposed changes, particularly in areas of culture, leadership and governance.	Completion of consultation analysis and integration with call for evidence into a comprehensive draft consultation response document—to present findings and recommendations at Board workshop 11 July	11 July 2025

Accredited registers deep dive	The Committee received a paper highlighting the need for the AR programme to align with strategic aims and RtR principles	<p>Committee noted the proposals for a more risk-based approach to the assessment schedule and decision-making process</p> <p>The Committee appreciated the early involvement and guidance on the recommendations, with a focus on strategic alignment and impact.</p>	The Scrutiny Committee will receive proposed new KPIs at its meeting in February 2026 (tied to the revised Standards for Accredited Registers)	N/A
Section 29 Annual Report Draft	The Committee received a first draft of the Section 29 Annual Report. The report aims to provide high-level data and information about the PSA's role, targeting regulators, the public, and third parties.	The Committee provided feedback and suggestions on further strengthening the report before it goes to the Board for final review prior to publication. This included consideration of the intended audience and purpose of the report, sharing what further actions PSA may take in response and strengthening some of	Further amendments to be made to the report before sending to the Board in July ahead of publication. (To be circulated via correspondence by end of July)	July 2025

		the analysis to demonstrate impact.		
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ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	Committee Update	Assurance Received	Action	Timescale
NMC Lessons Learned Review Update	The Committee received an update on the intention to pursue the lessons learned exercise once the final Omambala reports were published (expected July/August). Internal resources were being made available for the review, and there was potential to bring in additional external scrutiny if needed.	Update noted and acknowledged.	None	N/A
Accredited Registers, appointments, performance review and section 29 updates	The Committee received its usual updates on each area of the work it oversees. Agreed that future updates could be provided to the Committee in a more concise way, highlighting the areas where Committee input would add most value	The Committee noted the updates on progress on each area of work.	None	N/A

Plans for a Board meeting in Scotland

Date: 16 July 2025

Title: Plans for a Board meeting in Scotland

Author: Daisy Blench

Responsible Director: Alan Clamp

Paper for Approval

[Open paper](#)

How does this work contribute to our Strategic aims: The stakeholder events around the Board meeting will enable us to engage with stakeholders on key areas of our work relevant to Strategic Aim 3 but also to the development of our new organisational Strategy, the Standards Review, refocussing regulation and right-touch regulation.

1. Issue

- 1.1. PSA's remit covers all four countries of the UK. As part of its commitment to working effectively with the respective governments, and to provide opportunities for stakeholder engagement, the PSA holds Board meetings across the four nations of the UK on a revolving basis.
- 1.2. This paper sets out the plans for holding the Board meeting in Scotland in September 2025.

2. Recommendations

- 2.1. The Board is asked to approve the draft plan set out in the paper.

3. Background

- 3.1. As part of its stakeholder engagement activities, the Board agreed to have a Board meeting every other year in Scotland, Wales or Northern Ireland; with an online seminar focused on each of those countries in the intervening year.
- 3.2. In addition to the Board meeting, the visits to the devolved administrations will involve stakeholder engagement activities.

4. Analysis

- 4.1. An indicative timetable for the Board meeting and associated stakeholder engagement in Scotland in September 2025 is set out below.

Date and time	Activities
Wednesday 17 September – am	Board members arrive in Edinburgh. Meeting with Scottish Health Minister (tbc)
Wednesday 17 September – pm	Themed stakeholder roundtables focusing on key strategic priority areas for the PSA with an overall theme of prevention (further detail below) with potential stakeholders including: <ul style="list-style-type: none">• NHS Scotland• NHS Education Scotland• Scottish Government• Patient Safety Commissioner for Scotland• Health and Social Care Alliance Scotland• Healthcare Improvement Scotland
Thursday 18 September:	Board meeting (am); depart after lunch.

- 4.2. The stakeholder roundtables will cover the following broad themes with an overall theme of 'How can professional regulation support a preventative approach to healthcare?':
- The interaction of professional regulation, and employer controls - where are the main gaps, and opportunities for reducing duplication?
 - What do we mean by 'harm' in a health context, and what types of harm should be the priorities for professional regulation?
 - The role of governance and leadership in creating the conditions for prevention - and how should we regulate for this?

5. Finance and resource

- 5.1. Additional financial resources have been built into the 2025/26 budget to cover travel, accommodation and subsistence costs. Options will be explored for cost-effective venue hire.
- 5.2. Some additional staff and Board time will be involved in organising and facilitating the visit.

6. Impact assessment

- 6.1. It is hoped that this activity will help us to advance our thinking and seek active stakeholder buy-in for key areas of work and proposed changes to our approach as an oversight body.

7. EDI implications, including Welsh Language

-
- 7.1. There are no Welsh Language implications as activities are aimed directly at stakeholders in Scotland.
 - 7.2. EDI aspects will be a key consideration in the themes of the stakeholder roundtables we run.

8. Timescale

- 8.1. Further work on planning the proposed meetings and events will take place up until September.

9. Communications

- 9.1. The visit to Scotland will provide opportunities for communications on the stakeholder meetings and public Board meeting.

10. Internal stakeholders

- 10.1. The Policy and Communications team, together with the Chief Executive's assistant and the Board member for Scotland, will be involved in planning and delivering the stakeholder meetings.

11. External stakeholders

- 11.1. Officials in Scotland and the wider stakeholders identified in the paper.

Right-touch regulation 3 update

Date: 16 July 2025

Title: Right touch regulation 3 update

Author: Douglas Bilton

Responsible Director: Douglas Bilton

Paper for Information

[Open paper](#)

How does this work contribute to Strategic objectives?

Contributes to all strategic objectives in that *Right_touch.regulation* underpins PSA's approach to every aspect of its work. Specifically in relation to strategic aim 1, in that it provides a framework for regulation that is highly effective; in relation to strategic aim 2, in that it seeks to create the conditions in which regulation will be fairer and better; and in relation to strategic aim 3, in that it guides regulation that is concerned with its impacts and outcomes, and therefore their contribution to safer care.

1. Issue

1.1. This paper gives an update on work towards a new version of *Right-touch regulation*.

2. Recommendations

- 2.1. The Board is asked to note that work towards a new version of *Right-touch regulation* is progressing.

3. Background

- 3.1. On 2 March we issued to stakeholders a discussion document making proposals and giving ideas for discussion for a new version of *Right-touch regulation*. Stakeholders were invited to comment by 2 May. We received 32 responses.

4. Analysis

- 4.1. Responses varied greatly in focus, level of detail and areas of interest and concern. Comments included the following:
- Generally, support for a new version to be developed.
 - That we need to set out clearly the relationship between *Right-touch regulation* and the new *Standards of good regulation*.
 - Some support for inclusion of ‘collaborative’ as a principle, with a more mixed response that ‘fair’ should be an additional principle. However, some respondents expressed caution about adding principles to the existing well-established and memorable set.
 - That collaboration should nevertheless run throughout, including through the decision-making tree.
 - That we should emphasise throughout the role of patients and service users.
 - That we should promote the value of impact assessment and evaluation.
 - That we should adopt throughout language that is less rooted in the idea of compliance with a minimum standard, and more inclusive of improvement and innovation, for example that regulation is seen as an investment as well as a cost.
 - Support for content on circumstances in which a lighter regulatory touch might be taken, and that this should not be limited only to ‘deregulation’.
 - Encouragement that we should broaden the focus of application beyond just existing, known ‘problems’, for example to risks that have been foreseen through horizon scanning, and how potential harm could be prevented.
 - Qualified support for the idea of stripping out the background explanation of the approach, with some responses pointing out that turnover within the sector means that understanding of how positions were reached in the past can quickly be lost.
 - The need for a clear, underpinning explanation of the purpose of regulation, and that there should be ongoing efforts to communicate it. This to be coupled with recognition of the full spectrum of approaches including ARs, and the distinctive roles of other kinds of organisation contributing to safety, such as professional bodies.
 - The need for practical guidance on specific issues, in particular, AI, and specific explanations of how a proposed new document would relate to other publications, documents, reports and principles.
- 4.2. We propose to reflect these points in the ongoing work , and in particular:
- To produce a document setting out the core ideas and meaning of *Right-touch regulation*, for publication in early October;

- To produce a supporting publication in Q4 2025/26 ('Applying Right-Touch Regulation') setting out the ideas and their application in greater depth, including addressing issues raised in the response to the discussion document.
- To use the supporting publication as the basis for sharing and building a resource of supporting materials for and with stakeholders, for example through a *Right-touch regulation* microsite.
- To maintain existing set of six principles, and additionally to set out 'ways of working' to include collaborative, fair, efficient, and concerned for EDI etc; and to explain how working in these ways comes out of the application of the principles.
- To show how *Right-touch regulation* principles are complementary to, and align with, other sets of principles (such as Smarter Regulation).
- To clarify that the core *Right-touch regulation* document will not provide guidance on specific issues such as AI, but instead as part of our communications around publication to set out how we intend to support regulators, ARs and other stakeholders in this and other specific matters.

5. Finance and resource

- 5.1. Progress is being overseen by a small group comprising the Chief Executive, Director of Policy and Standards, Assistant Director of Intelligence and Insight and Head of Policy. AD (I&I) is leading on analysis of the responses and redrafting.

6. Impact assessment

- 6.1. We had previously determined that a full EIA would not be required, given the difficulty of predicting how a new version of *Right-touch regulation* would be used: in what contexts, in relation to which candidate areas for regulation, or for which new groups. Therefore, it was not felt possible to foresee or assess how any resultant decisions would impact on different groups or different areas where inequalities exist. This position will be revisited by ELT before publication.

7. EDI implications, including Welsh Language

- 7.1. In the initial EIA assessment we undertook to aim to rework *Right-touch regulation* in such a way as to support decision being reached that are informed by EDI considerations, that address known problems, and that are underpinned with relevant data. This remains the intention, and as above, we propose to include concern for EDI as an expected way of working going through all regulatory endeavours.

8. Timescale

- 8.1. At the time of writing we have produced a first draft of the central volume setting out the core ideas, and we are working on the first draft of the accompanying publication setting out more fully some of the ideas and addressing issues raised in the response to the discussion document. The group as above will review and rework the drafts over the Summer and we will invite further comment from the Board in September. It remains the intention to publish in October 2025.

9. Communications

- 9.1. A communications plan will be developed for the launch and supporting ongoing activity.

10. Internal stakeholders

-
- 10.1. The work is being progressed by the group as described above. All PSA staff have previously had the opportunity to contribute.

11. External stakeholders

- 11.1. The discussion document was circulated to a wide range of stakeholders. A plan for engagement with stakeholders will be developed as part of the communications plan for publication in October 2025.

Governance and Assurance Framework review

Date: 16 July 2025

Title: Governance and Assurance Framework review

Author: Suzanne Dodds

Responsible Director: Jane Carey

Paper for Review

[Open paper](#)

How does this work contribute to our Strategic aims: To review and improve our processes (including legislative changes where necessary) to ensure they are effective and efficient.

1. Issue

- 1.1. The Governance and Assurance Frameworks are reviewed annually by the Board.

2. Recommendations

- 2.1. The Board is asked to:
 - Review and agree both frameworks, noting the minor changes listed in the version control on each document and the actions for 2025/26 in the Assurance Framework
 - Approve the Terms of Reference for the Business Plan Review Sub-Committee.

3. Background

- 3.1. The Governance and Assurance Frameworks are reviewed and updated annually by the Audit and Risk Committee (ARC) before being shared with the Board for final approval.
- 3.2. The ARC reviewed and approved the latest versions of the Governance and Assurance Frameworks in their meeting on 8 May 2025 subject to the addition of the Terms of Reference for the Business Plan Review Sub-Committee in the Governance Framework.
- 3.3. The changes made and approved by the ARC to the Governance Framework were;

- Moving the responsibility for recommendations about annual remuneration review for staff and Board Members from the Nominations Committee to the Business Plan Sub-Committee
- Agreeing a change to the Scrutiny Committee, terms of reference that their role is to ‘oversee quality assurance of s29 decisions’ rather than to review all decisions
- Approving the change under annex D to increase the expenditure amount that Directors can approve for s29 litigation.

3.4. The changes made and approved by the ARC to the Assurance Framework were;

- Agreeing that the Assurance Framework should be reviewed quarterly by the Senior Management Team rather than the Executive Leadership Team. This ensures that Heads of Service have more awareness of the Assurance Framework to provide Board with more overall assurance.

4. Finance and resource

4.1. The maintenance, development and use of the Governance and Assurance Frameworks is essential corporate governance and control activity and is funded from existing resources.

5. Impact assessment

5.1. There is no specific EDI aspect to the frameworks. However, it is noted that there are EDI aspects to the papers and processes that provide the assurance. The Assurance Framework includes the need for assurance on the PSA’s commitments to EDI.

6. EDI implications, including Welsh Language

6.1. There are no specific EDI implications to the frameworks. We do not currently publish the frameworks, but our publication scheme sets out that these are available in English or Welsh on request.

7. Timescale

7.1. ARC annually reviews the Governance and Assurance Frameworks in May, and this is brought to the Board in July.

8. Communications

8.1. Obligations and responsibilities under this policy will be communicated to those members of staff and Board identified.

9. Internal stakeholders

9.1. All individuals with responsibilities under the Frameworks.

10. External stakeholders

10.1. All those with an interest in the effective and efficient use of Corporate Governance.

11. Annexes List

Annexe A: Governance Framework

Annexe B: Assurance Framework

Governance Framework v4.1

1. Introduction

About the Professional Standards Authority

- 1.1 The Professional Standards Authority for Health and Social Care (the PSA) was established on 1 December 2012. Its role and duties are set out in the Health and Social Care Act 2012.¹ In brief, the PSA protects the public by raising standards of regulation and registration of people working in health and care. The PSA is an independent UK body.
- 1.2 We have duties and powers in relation to:
 - The oversight of ten statutory bodies that regulate health and social care professionals in the UK
 - The accreditation of the registers held by non-statutory registering bodies of health and care professionals
 - The provision of commissions to, and undertaking investigations for, government
 - The provision of advice to other similar organisations in the UK and overseas.

2. Corporate Governance

The collective responsibility of the Board

- 2.1 The Board is responsible for deciding the PSA's strategic direction, and as such will abide by the following principles:
 - Members will operate on the principles of collective responsibility, support and respect
 - Board members are expected to work in a collegiate and supportive fashion with other Board members
 - Members will be provided with all information necessary to ensure rigorous debate and effective decision-making. Members may request any additional information they deem necessary to ensure that the decision-making process is sufficiently well informed and robust
 - Board members are expected at all times to work to assist the corporate aims and objectives of the PSA. If they are unable to support specific aims and objectives, they must make their position clear to the Board whilst accepting that the majority view will prevail

¹ Available at www.legislation.gov.uk/ukpga/2012/7/contents/enacted

- Decisions of the Board should be reached by consensus and a formal vote should be by exception. All Board decisions will be recorded and, if a vote is necessary, the outcome of that vote will be recorded in the Board minutes
- Board members should act impartially and should not be influenced by social or business relationships. No-one should use their public position to further their private or external interests. Where there is a potential for private interests to be material and relevant to PSA business, the relevant interests should be declared and recorded, and entered into a register which is available to the public. When a conflict of interest is established, the Board member should withdraw from discussions related to that interest
- Board members are expected at all times to acknowledge their role as a member of the PSA's Board in the same corporate and positive style that the Board seeks to promote. They should be mindful when writing or speaking on matters relating to professional health or care regulation that they have an obligation to respect the policy and views of the PSA.

The Board

- 2.2 Schedule 7 of the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and by the Health and Social Care Act 2012, provides directions for the appointment of members to the PSA.
- 2.3 The PSA has a Board comprising seven non-executive members, one associate member and one executive member:
 - The Chair of the Board, the Chair of the Audit and Risk Committee and two non-executive members are appointed by the Privy Council
 - The Devolved Administrations each appoint one non-executive member
 - The Board appoints one executive member, the Chief Executive
 - The Board appoints one associate member.
- 2.4 The Chair of the Board and the Chair of the Audit and Risk Committee roles will be advertised as, and appointed to, a specific job description. However, the appointment process is the same for all Privy Council appointments.
- 2.5 Each of the Devolved Administration appointments must live or work in the country of appointment and be able to demonstrate understanding of issues relating to health, regulation and the regulation of health professionals in the country of appointment.
- 2.6 The process for the appointment of the associate member may be determined by the Nominations Committee.
- 2.7 All Board Members must maintain effective communications with their appointing authority, advising them of the ongoing work of the PSA and report to the PSA on their views.
- 2.8 No non-executive members or associate member of our Board may be or ever have been a member of a profession regulated by any of the ten regulators we

oversee so that we are independent of the health and social care professions and regulators.

- 2.9 Appointments to the Board are made for an initial term of three years, which can be extended for a second term of three years. The total time served should not exceed six years. The associate member is appointed for two years.
- 2.10 The Chair and non-executive members may resign at any point by giving notice in writing to the Privy Council or Devolved Administration who appointed them.
- 2.11 The associate member may resign at any point by giving notice to the Chair.
- 2.12 The Chair may suspend any member on any of the grounds set out in the Professional Standards Authority (Appointment, Procedure etc.) Regulations 2008 but is unable to terminate the appointment, this must be referred to the appointing authority.
- 2.13 The Privy Council or Devolved Administration can take the decision to terminate the appointment with immediate effect for any of the reasons set out in the Regulations.
- 2.14 It is expected that Board members will serve on at least one Board Committee.
- 2.15 The Board is the PSA's highest decision-making forum, where significant strategic and operational matters are discussed, and consequential decisions taken.

Corporate responsibility of the Board

- 2.16 The PSA's Board has corporate responsibility for ensuring that it fulfils its statutory duties and for promoting the efficient and effective use of its resources.
- 2.17 To this end, and in pursuit of its wider corporate responsibilities, the Board:
 - Sets the overall strategic direction of the PSA within statute and the policy and resources framework
 - Ensures that any statutory or administrative requirements for the use of public funds are complied with; that the PSA operates within the limits of its statutory authority, and in accordance with any other conditions relating to the use of public funds
 - Ensures that the PSA receives and reviews regular financial information concerning the management of the PSA; is informed in a timely manner about any concerns about the activities of the PSA; and provides positive assurance that appropriate action has been taken on such concerns
 - Demonstrates high standards of corporate governance at all times, including establishing an Audit and Risk Committee to help the PSA to address the key financial and other risks facing it
 - Appoints the Chief Executive to the PSA and, sets their performance objectives and remuneration terms.
 - Sets the remuneration terms for any new/vacant ELT positions.

Chair of the Board

- 2.18 The Chair has leadership responsibility on the following matters:
- Leading the Board in formulating our strategy
 - Ensuring that the Board, in reaching decisions, takes proper account of any relevant guidance
 - Promoting the efficient, economic, and effective use of resources, including staff
 - Encouraging high standards of propriety
 - Ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions made and, where appropriate, the discussions of the Board
 - Ensuring that the work of the PSA is reported annually to Parliament as required by Statute.
- 2.19 The Chair will ensure that they maintain regular and close contact with the Chief Executive and other senior staff within the PSA.

Deputy Chair

- 2.20 The Board may appoint one of the Board members as Deputy Chair. The role of the Deputy Chair will be to support the Chair in their role and to lead the non-executive directors in their oversight of the Chair. The Deputy Chair will deputise for the Chair if they are unavailable; will lead the non-executive directors in their annual performance evaluation of the Chair and ensure this is shared with HR; and be a focus point for any Board members who have a concern about the Chair.

Chief Executive and Accounting Officer

- 2.21 The Board appoints the Chief Executive as Accounting Officer. The Accounting Officer's role includes responsibility for the propriety and regularity of the public finances for which they are answerable and for the keeping of proper records. Although we are not a Non-Departmental Public Body the Accounting Officer observes the requirements set out in the Non-Departmental Public Bodies' Accounting Officers' Memorandum issued by HM Treasury and published in 'Managing Public Money'.
- 2.22 The Chief Executive is an employee of the PSA. The Chief Executive's principal functions, duties and powers are:
- To ensure the PSA fulfils its statutory duties
 - To prepare and issue standards of good regulation
 - To arrange for the publication of policy advice and guidance
 - To send to Parliament an annual report on the performance of the regulators we oversee

- To keep proper accounts and proper records in relation to the accounts, to prepare a statement of accounts in respect of each financial year, and to send a copy of the annual accounts to the Comptroller and Auditor General and for these to be prepared in accordance with UK generally accepted accounting principles and government accounting
- To operate and manage the PSA in accordance with the strategy set by the Board
- To provide leadership to the PSA's staff, ensuring that an appropriate skill mix is in place and that resources are employed appropriately as well as ensuring that HR policies are in place and applied correctly
- The Chief Executive has responsibility for providing effective leadership on all matters relating to statutory and administrative duties. This includes the implementation of the corporate strategy, leading on all operational matters, promoting the efficient and effective use of staff and other resources, encouraging high standards of propriety and representing the PSA in public.

2.23 Where the Board proposes to take forward initiatives or plans which, in the Accounting Officer's view, conflict with these standards, they should ensure the Chair and the Board are clearly aware of this. In circumstances where, after further consideration, the Chair or Board decides to pursue a course inconsistent or in conflict with the standards described above, then the Accounting Officer should make his or her reservations clear in writing. If the Board still wishes to proceed, the Accounting Officer should then:

- Seek a written direction from the Board to carry out the proposal
- Proceed to implement without delay
- Copy the relevant papers to the Comptroller and Auditor General (C&AG) and the Treasury Office of Accounts (TOA) promptly. The C&AG will normally draw the matter to the attention of the Public Account Committee (PAC), who will attach no blame to the Accounting Officer
- As a matter of courtesy, notify the Privy Council that HM Treasury will be notified
- Arrange for the existence of the direction to be published, no later than in the next annual report and accounts, unless, for sound public interest or commercial reasons, the matter should be kept confidential.

Executive team

2.24 The PSA has an executive team, covering our three key areas of work: Corporate Services; Regulation and Accreditation; and Policy and Communications.

The Secretariat

2.25 The Executive Assistant to the Chief Executive, Chair and Board is responsible for managing all arrangements for Board and Committee meetings; to include

scheduling, coordinating and distributing of all papers and booking venues and catering.

- 2.26 This includes attendance at all Board and Committee meetings and responsibility for confirmation of agendas and minute-taking.
- 2.27 The Executive Assistant will maintain a Register of Interests for Board members.
- 2.28 The Corporate Services team will provide:
 - Impartial information, advice and support on corporate governance including Board procedures such as appointments
 - Facilitate induction, training and professional development for Board members
 - Will provide back up support and effective cover for the Executive Assistant where required.

Executive attendance at Board meetings

- 2.29 Directors will normally be expected to attend Board meetings. Other members of staff may be requested to attend meetings to support the consideration of specific items of business. The Board reserves the right to ask non-Board members to withdraw for certain items of business although this will be by exception.

Committees and Sub – Committees of the Board

- 2.30 The Audit and Risk Committee (ARC) is a statutory committee of the Board and the ARC Chair is appointed by the Privy Council specifically to this role. The Chair of the Audit and Risk Committee is appointed for an initial term of three years, which can be extended for a second term of three years. The total time served should not exceed six years.
- 2.31 The Board may establish other Committees to support its work, either on a permanent basis or for a limited time to undertake a specific piece of work.
- 2.32 Board committees should normally consist of three Board members, one of which will be nominated as the Chair of the Committee. The Chair of the Board will be responsible for identifying Committee members and for nominating the Chair and this will be agreed by the Board.
- 2.33 The terms of reference for a Committee will initially be agreed by the Board, with reviews being undertaken annually by the Committee and approved by the Board. The Board may establish sub committees either permanently or on a time-limited basis, for example to undertake a specific review. Only the Board may wind up a sub-committee.
- 2.34 Any Committee or Sub-Committee established will report back regularly on its work to the Board.
- 2.35 Additionally, each Committee will carry out an annual review of its effectiveness and report this to the Board.

- 2.36 Membership of Sub-Committees must include at least one member of the Board
- 2.37 Appointments to Board Committees will typically be for a period of up to three years. Appointments are renewable where appropriate. The Chair of the Board may change committee membership.
- 2.38 The Board may delegate any of its functions to the Chair, another Board Member, a Committee or Sub-Committee.
- 2.39 If the Chair is not a member of a Committee or Sub-Committee, they have the right of attendance at any meeting of that Committee or Sub-Committee in an observatory capacity. The Chair will not be entitled to vote on any matter before that Committee or Sub-Committee unless they are a member.
- 2.40 Chairs of Board Committees and Sub-Committees may meet as a group to discuss matters of mutual interest. If such a meeting is required a request should be made to the Executive Assistant who will make arrangements. The Chair will also be invited.
- 2.41 The Board must at least once in any three-year period review its committee structure and the scope of each Committee's activities.
- 2.42 The Board has delegated specific duties to Committees which consequently report back to the Board. All Committees are advisory, although in certain circumstances the Board may delegate decisions to them.

Audit and Risk Committee

- 2.43 The Board has an Audit and Risk Committee to support it in its responsibilities for risk control and governance. The Committee reviews the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.
- 2.44 The minutes of the Committee's meetings are reported to Board members. A summary of each meeting is presented to the next available Board meeting including the Committee's opinion on any significant changes to the risk register.
- 2.45 The Committee reviews its work programme annually and reports any changes that it proposes to the Board. Each year, it formally reports to the Board on:
- Its work during the previous financial year
 - The assessment of information governance arrangements
 - The internal audit reports submitted to it
 - The views and opinions of the auditors.
- 2.46 The Committee sets its own work programme for the coming year and this influences the work programme set by the internal auditors.
- 2.47 Typically, the Board delegates final approval of the Annual Report and Accounts to this Committee.

Scrutiny Committee

- 2.48 The Scrutiny Committee receives reports on the operation of our scrutiny and oversight of the 10 health and care professional regulatory bodies and oversees quality assurance of Section 29 decisions and the accredited registers programme and the performance reviews of the regulators.

Nominations Committee

- 2.49 The Nominations Committee ensures that the PSA has appropriate Board membership. Meetings will be held as the need arises.

Business Plan Review Sub-Committee

- 2.50 The Business Plan Review Sub-Committee ensures that the budget aspects of the business plan, including staff and Board remuneration are discussed and recommendations made to the Board. Two meetings will be held annually.

3. Scheme of delegation

Responsibilities retained by the Board

- 3.1 The Board retain strategic accountability and responsibility for the PSA, and in particular:
- Approval of significant policy and other publications
 - Setting the PSA's strategic direction, objectives and business principles and ensuring that these are delivered
 - Approval of the PSA's Stakeholder Engagement and Communications strategies.
 - Matters of strategic importance that require public consultation and decisions arising from that consultation.
 - PSA's strategic oversight approach
 - Approval of the annual budget and any material changes to it
 - Ensuring PSA operates within its statutory framework
 - Setting and monitoring PSA's reserves policy and approving spend from reserves
 - Approval of PSA's financial delegations, as set out in annex D
 - Approval of the annual report and accounts to Parliament, although this will normally be delegated to the Audit and Risk Committee
 - Approval of PSA's response to any significant external consultation of strategic importance
 - Approval of any delegation in accordance with the Governance Framework and the variation or rescinding of any such delegation
 - Appointing and removing the Chief Executive

- Appointing and removing the Accounting Officer
- Matters relating to Board and Committee membership in line with the terms of reference of the Nominations Committee
- Approval of major changes to PSA's structure
- Determining the reward strategy for PSA's staff and Board Members usually delegated to the Business Plan Sub Committee
- Ensuring that PSA has an effective risk management and internal control framework, usually delegated to the Audit and Risk Committee
- Oversee Health and Safety policies
- Oversight of the capability/capacity of PSA to meet its statutory objectives
- Approval of any memorandum of understanding or formal agreements of strategic importance that PSA may enter into with a third party
- Review performance against the corporate strategy, objectives and budget and ensuring any corrective action is taken
- Approval of terms of reference of Board Committees
- Undertaking regular reviews of the performance of the Board and Board Committees
- Approval and review of the Governance Framework other than technical changes which may be signed off by the Chair
- Approval and review of this schedule of matters reserved for Board decision
- Anything that is by law reserved to the Board.

Delegated to the Chief Executive

- 3.2 The Board delegate to the Chief Executive all day to day operations of the PSA, within the agreed budget and business plan for that year, including (but not limited to):
- Approval of all policies setting out the operations of the three directorates, in discussion with the Executive Leadership Team
 - Expenditure authority for matters within the agreed budget
 - Overall budget responsibility
 - Accounting Officer role.

Removal of the Chair

- 3.3 The Board may take the decision to suspend the Chair, subject to a vote, for one of the following reasons:
- The Board has reasonable grounds for suspecting that the Chair no longer lives or works wholly or mainly in the United Kingdom

- The Board has reasonable grounds for suspecting that the Chair is subject to any investigation or proceedings in the United Kingdom relating to a criminal offence, or in any other part of the world relating to an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence and, in the Board's opinion it would not be appropriate for the Chair to continue to participate in proceedings of the Board while the investigation or proceedings is or are ongoing
 - The Board has reasonable grounds for suspecting that the Chair is subject to any investigation or proceedings concerning the Chair's professional conduct by any licensing body and, in the Board's opinion it would not be appropriate for the Chair to continue to participate in proceedings of the Board while the investigation or proceedings is or are ongoing.
- 3.4 The Privy Council may remove the Chair from office if:
- The Chair ceases to live or work wholly or mainly in the United Kingdom
 - The Chair fails to attend any meeting of the Board for a period of three consecutive months without the consent of the Board unless the Privy Council is satisfied that—
 - (i) the absence was due to a reasonable cause
 - (ii) the person in question will be able to attend meetings of the Board within such period as the Privy Council considers reasonable.
 - The Privy Council is satisfied that the Chair is no longer able to perform the duties of the Chair because of adverse physical or mental health; or
 - The Privy Council is satisfied that the Chair's continued membership of the Board would be liable to undermine public confidence in the Board's ability to exercise its functions.

Code of Conduct

- 3.5 Board Members will comply with the Code of Conduct for Members of the Board as set out at Annex B.

Reviewing the Board's performance

- 3.6 The Board will review its own performance and that of its Committees regularly.
- 3.7 The Chair will review the performance of all Board members regularly. The Chair's performance will be reviewed annually by an appropriate process led by the Deputy Chair, including 360-degree feedback.

Review of the Governance Framework

- 3.8 This Governance Framework will be reviewed as and when required by the Board, but at least once every 12 months. All proposed changes and the relevant rationale will be brought to the Board for approval.

Annexe A – Rules of procedure for meetings of the Board

Frequency of meetings

- 3.9 The Board will meet at least four times in each financial year. The period between any two consecutive meetings of the Board shall be no greater than four months.
- 3.10 An emergency meeting of the Board may be called by the Chair or the Chief Executive where in their opinion an urgent matter has arisen or following receipt of a written request to the Executive Assistant, signed by at least two Board members, setting out the reason a special meeting is required.
- 3.11 The Board will hold development and strategy events at least once a year. The purpose of such events will be to provide an opportunity to reflect more thoroughly on strategy and key issues and also to develop its working practices.

Location of Board meetings

- 3.12 Physical Board meetings will usually be held in either London or in one of the Devolved Administrations. Board members will be expected to attend in person except with prior agreement by the Chair.

Notice of meetings

- 3.13 Board meetings will normally be called well in advance and, in any event, with a minimum of five clear working days' notice. A Board meeting may exceptionally be called at less than five clear working days' notice. Notice of a Board meeting will be given to Board members in writing (including by email). Failure to receive notice of a Board meeting will not invalidate that Board meeting or any business transacted at it.
- 3.14 By the end of each calendar year, the Executive Assistant will propose, for the Board's approval, a schedule of meetings of the Board and any Committees currently established for the financial year commencing the following April.

Agenda and papers

- 3.15 The agenda and papers for Board meetings will normally be circulated at least five clear working days in advance of the meeting.
- 3.16 The papers for each meeting will include:
 - An agenda drawn up by the Executive Assistant in consultation with the Chair and Chief Executive which shall indicate the matters to be discussed at the meeting
 - Any other supporting documents and information relevant to the matters to be discussed as the Chair or Chief Executive feel are appropriate.
- 3.17 Non-receipt of papers by individual Board members does not invalidate a Board meeting or any business transacted at that meeting.

- 3.18 Where a meeting of the Board is called at short notice the Executive Assistant will distribute notice of the meeting and the papers relating to the business to be transacted at the earliest practical opportunity. Papers may be distributed by email.
- 3.19 With the permission of the Chair, papers may exceptionally be tabled at a Board meeting or circulated after the agenda.

Executive attendance at meetings

- 3.20 Members of the Executive will normally attend meetings of the Board. On occasion non-board members may be asked to withdraw from the meeting for specific items of business. Other members of staff may be requested to attend meetings of the Board to support the consideration of specific items of business.

Other attendees at meetings

- 3.21 The Board may invite other individuals to attend meetings of the Board, for example the Board may wish to hear a particular Stakeholder's point of view on a matter. The invitation may be for the entire meeting or for a specific item(s); the invitee is not obliged to attend. Any individual attending a Board meeting in this capacity will not be entitled to vote and may be asked to withdraw from the meeting at any point.

Quorum

- 3.22 Any decision made by a properly constituted Board satisfying the requirements of these procedure rules shall be deemed to be a decision made by the Board.
- 3.23 In order to ensure that there has been proper input to, and scrutiny of, decisions it is necessary to have a quorum for meetings of the Board. The quorum for meetings of the Board shall be four Board members.
- 3.24 If a Board member cannot participate in a discussion and/or voting on any matter as a result of a declaration of interest they will not count in the quorum for that item.
- 3.25 If a quorum is not available for the discussion of any matter(s) this will be recorded in the minutes and the decision made will be ratified at the next quorate meeting of the Board.
- 3.26 If a Board meeting becomes inquorate during the course of the meeting any decisions made will be ratified at the next quorate meeting of the Board. If those members present at an inquorate meeting determine that a decision that falls to be taken by that meeting is of such significance that the decision should be taken by a quorum, that decision may be taken under the deferred decision provision.
- 3.27 All or any of the Board members may, participate in a Board meeting by video conference, telephone or any communication technique that allows all persons participating in the meeting to participate effectively. Board members participating in this manner will be deemed to be present at the meeting and shall be entitled to make decisions and to vote and be counted in the quorum.

- 3.28 Written comments on agenda items submitted by a Board member who is absent may be circulated to those Board members that are present and read out at an appropriate point in the meeting. This provision does not apply to members who are not permitted to participate in a matter as a result of the declaration of a conflict of interest.

Chair

- 3.29 If present, the Chair will preside over all Board meetings.
- 3.30 In the absence of the Chair, whether this be temporarily on the grounds of a declared conflict of interest or otherwise, the Board will appoint the Deputy Chair to Chair the meeting.
- 3.31 It is the responsibility of the Chair or member presiding at the meeting to:
- Ensure that adequate views are sought in order to make informed decisions
 - Determine whether a vote is required and how it is carried out
 - Adjourn the meeting, if necessary, for whatever period of time they believe is appropriate.

Conflict of interest

- 3.32 All Board members must comply with the procedure for conflicts of interest set out in the Code of Conduct at Annex B to the Governance Framework.

Order of business

- 3.33 The normal order of business at every meeting of the Board will be:
- To receive any apologies for absence
 - To consider any declarations of interest
 - To receive, modify (if necessary) and approve as a true and accurate record the minutes of the previous Board meeting; once approved the minutes will be signed by the Chair
 - To deal with any matters arising from the minutes of the previous Board meeting in the order in which they appear
 - To receive a report on any urgent decisions taken between meetings
 - To consider such business as is set out on the agenda for the meeting
 - To receive reports and recommendations from any Committee or Sub-Committee of the Board
 - To consider if the public Board papers may be published
 - To consider, at the discretion of the Chair, any items of other business
 - Any matters presented to the Board for information only.
- 3.34 The order of business may be varied by agreement of the Board at the Chair's discretion.

Voting

- 3.35 Decisions of the Board will normally be made by consensus rather than by formal vote. Failing consensus, decisions will be made by a vote when:
- The Chair (or in the Chair's absence the member acting in that capacity) feels that there is a body of opinion amongst Board members at the meeting that disagrees with a proposal or has expressed reservations about it and no clear consensus has emerged
 - A Board member who is present requests that a vote be taken and this is supported by at least one other Board member
 - The Chair feels that a vote is appropriate.
- 3.36 If a vote is taken, the number voting for, against and any abstentions shall be recorded in the minutes. The Chair will cast his/her vote at the same time as the Board. Voting shall normally take place by a show of hands or such other means of assent or dissent as the Chair deems appropriate.
- 3.37 In the event of an equality of votes, the Chair shall have a second and casting vote. The decision will be carried by a simple majority. The Chair's ruling as to the outcome of such a vote shall be final.

Deferral of decision

- 3.38 Any Board member may propose to defer a decision on an agenda item in order that the Board can be provided with additional information to support the taking of that decision, or for any other reason. If this is agreed, the decision to defer the taking of the decision, together with the reason for doing so, will be recorded in the minutes of the meeting together with a proposed timescale for returning the matter to the Board for consideration.
- 3.39 A deferred decision may be taken through postal or email correspondence outside of the Board meeting, where this is agreed in the meeting.
- 3.40 All deferred decisions taken between Board meetings will be reported on and reflected in the minutes of the Board meeting subsequent to the decision being taken.

Urgency

- 3.41 During the course of business, matters may arise between scheduled Board meetings that require urgent Board approval or discussion and cannot be postponed until the next convened Board meeting. Where decisions that would ordinarily be taken at Board meetings have to be made on an urgent basis they may be taken by the Chair, in consultation with the Chief Executive. A decision taken under this provision will be reported at the next Board meeting together with an explanation of the reasons for urgency. The decision will be recorded in the minutes of the Board meeting to which it is reported.
- 3.42 If the Chair and the Chief Executive consider the urgent decision to be of a significant nature they will request the Executive Assistant to arrange for the matter to be decided or discussed via electronic business or at an emergency

Board meeting. The Executive Assistant will be instructed to convene such a meeting.

- 3.43 In the case of a decision made by electronic business, in order for a recommendation to be approved:
- A response must be received from at least four Board members appointed at that time
 - A majority of the responses received must be in favour of the recommendation.

Governance and records

- 3.44 Any point of order alleging a breach of these procedure rules shall be heard immediately. The Chair's ruling on the point of order shall be final.
- 3.45 The Executive Assistant or their representative will be present at meetings of the Board and any meetings of a Committee or Sub-Committee of the Board to record any decisions made. If the Executive Assistant or their representative is not present no decision will be deemed to have been taken. The Chief Executive and/or the Chair will agree any representative of the Executive Assistant. This will normally be a member of the Corporate Services team.
- 3.46 The Executive Assistant shall be responsible for ensuring that the minutes of the meeting, including a record of any resolution passed by the Board and any Committee or Sub-Committee are retained. The Chair (or in the Chair's absence the Board member acting in this capacity) will be asked to agree the minutes before they are presented to the Board for approval at the next Board meeting; once approved the minutes will be signed by the Chair.
- 3.47 Once approved by the Board the open minutes will be published on the website. Open papers will be published on the PSA website before the Board meeting at which they will be considered, and are shared with observers. Board papers will be deleted before the next meeting when the next set are uploaded. The agenda for the private meeting will be scheduled together with the open papers, including an explanation for each item discussed in private.

Reserved matters

- 3.48 Those matters set out at in paragraph 3.1 of the Governance Framework are reserved to the Board for decision. This does not preclude other matters being referred to the Board for decision.
- 3.49 Where it is a matter of judgement as to whether a matter is reserved to the Board or not, the Chair in consultation with the Chief Executive will determine whether the matter is reserved to the Board and should be referred to the Board.

Decisions by correspondence

- 3.50 The Executive Assistant will manage the process for decisions by correspondence set out below:

- Papers will be produced for all items related to decisions by correspondence clearly setting out the recommendations to the Board and options considered together with any supporting analysis necessary
- The Executive Assistant will agree with the report author and the Chair a timeline for a decision to be taken. This will include sufficient time for the Board to read the report, seek clarification on the issues raised and to confirm their decision on the recommendations in the report
- The Executive Assistant will circulate the report to the Board electronically and set out the timeline above. Questions or points of clarification should be directed to the Executive Assistant who will arrange for a response to be drafted and circulated to all Board members in line with the agreed timeline
- Board members should confirm their decision on the recommendations in the report by the deadline indicated in the timeline. Once this deadline has passed the Executive Assistant will confirm to the Board and report the decision of the Board.

3.51 In order for a recommendation to be approved:

- A response must be received from at least four Board Members appointed at that time
- A majority of the responses received must be in favour of the recommendation.

Annexe B - Code of Conduct for Board members

Behaviours when acting as a member of the PSA's Board

- 3.52 When working as members of the Board, members are expected at all times to work to assist the corporate aims and objectives of PSA. If they are unable to support specific aims and objectives, they must make their position clear to the Board whilst accepting that the majority view will prevail.
- 3.53 Board members should act impartially and should not be influenced by social or business relationships. No-one should use their public position to further their public interests. Where there is a potential for private interests to be material and relevant to Authority business, the relevant interests should be declared and recorded, and entered into a register which is available to the public.
- 3.54 Board members must inform the Executive Assistant and Chair of any changes to these commitments. They must ensure that no conflict arises, or could be reasonably perceived to arise, between public duties for PSA and private interests – financial or otherwise. When a conflict of interest is established, the member should withdraw and play no part in the relevant discussion or decision.
- 3.55 Board members are expected to work in a collegiate and supportive fashion with other Board members. If they have concerns about the behaviour or approach of Board members, the Board member should act as follows:

- In the first instance discuss their concerns with the individual concerned and resolve them if possible
 - If this is not possible, they should raise their concern with the Chair who will discuss it with the Deputy Chair.
 - The Chair will then decide what approach to take. Options will include:
 - Meeting with the individuals concerned (separately and/or jointly)
 - The appointment of a fellow Board member to look into the matters raised as a 'neutral' third party
 - Or a more formal inquiry if appropriate.
- 3.56 Should the Chair feel that problems of conduct remain even after these steps have been taken, then he/she should seek the advice of the relevant Privy Council or Devolved Administration representative.
- In the event of concerns from a Board member about the conduct of the Chair of the Board, then the same principles should apply as in this section. In the event that the Board member feels that their concerns cannot be resolved, then they should seek the advice of the Deputy Chair, who will meet with the Board to discuss. If further advice is required this may be sought from the Chief Executive or Privy Council. Where a concern is raised about the Deputy Chair, then the Chair would discuss this with the Audit and Risk Committee Chair.

Relations with staff

- 3.57 Relations with staff require a certain formality. Board members and staff will and need to work together on aspects of PSA's work and need to have confidence in each other.
- 3.58 If a Board member has concerns about the conduct of a member of staff, they should raise the matter with the Chief Executive. If they have concerns about the conduct of the Chief Executive, they should raise the matter with the Chair. Staff and Board members should avoid making critical comments about each other to third parties.

Behaviours when acting in other capacities

- 3.59 These are defined as behaviours relating to PSA but exhibited during the other non-PSA responsibilities/offices held by each Board member.
- 3.60 Board members are expected at all times to acknowledge their role as a member of PSA's Board in the same corporate and positive style that the Board seeks to promote. They should be mindful when writing or speaking on matters relating to professional health or care regulation that they have an obligation to present the policy and views of PSA, but may nevertheless be perceived as doing so, they should make it clear in what capacity they are acting and that any views that they express are not those of PSA.
- 3.61 Should a member of the Board feel that a fellow member of the Board is not acting as outlined above, they should proceed as outlined above.

Gifts and hospitality

- 3.62 Board members should avoid accepting any personal gift in the course of business.
- 3.63 If Board members consider that it is appropriate to accept a corporate gift you should declare this in the gift and hospitality register, which is circulated by PSA's Finance team every quarter.
- 3.64 If Board members are unsure about whether it is appropriate to accept a corporate gift, then they should discuss this with the Chair or Chief Executive.
- 3.65 For the avoidance of doubt, this includes corporate hospitality, i.e. invitations to football, cricket matches, etc. However, reasonable hospitality such as drinks, parties and business lunches would not normally be excluded. Where there is any doubt regarding what is acceptable they should discuss this with the Chair or Chief Executive
- 3.66 It is an offence under the Bribery Act 2010 to request, agree to receive, or accept a bribe; it is also an offence to offer, promise or give a bribe.

The seven principles of public life

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Six principles of good governance

1. **Good governance means focusing on the organisation's purpose and on outcomes for the public**
 - Being clear about the organisation's purpose and its intended outcomes for the public
 - Making sure that stakeholder receive a high-quality service
 - Making sure that PSA provides value for money.
2. **Good governance means performing efficiently in clearly defined functions and roles:**
 - Being clear about the functions of the Board

- Being clear about the responsibilities of non-executives and the Executive, and making sure those responsibilities are carried out
 - Being clear about relationships between Board members and the public.
3. **Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour:**
- Putting organisational values into practice
 - Individual Board members behaving in ways that uphold and exemplify good governance.
4. **Good governance means taking informed, transparent decisions and managing risk:**
- Being rigorous and transparent about how decisions are taken
 - Having and using good-quality information, advice and support
 - Making sure that an effective risk management system is in operation.
5. **Good governance means developing the capacity and capability of the governing body to be effective:**
- Making sure that Board members have the skills, knowledge and experience they need to perform well
 - Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group
 - Striking a balance, in the membership of the Board, between continuity and renewal.
6. **Good governance means engaging stakeholders and making accountability real:**
- Understanding formal and informal accountability relationships
 - Taking an active and planned approach to dialogue with an accountability to the public
 - Taking an active and planned approach to responsibility to staff
 - Engaging effectively with institutional stakeholders.

Annexe C - Committee Terms of Reference

Audit and Risk Committee Terms of Reference

1. Role

The PSA has established an Audit and Risk Committee as a Committee of PSA's Board to support them in their responsibilities of risk control and governance by reviewing the comprehensiveness of assurances in meeting PSA's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.

2. Membership

Membership of the Audit and Risk Committee will consist of three non-executive members of PSA's Board, none of whom may be the Chair of PSA.

The Chair of the Committee is appointed by the Privy Council for a designated term of office.

The Chair of the Board will be responsible for identifying the other Committee members and for what term and this will be agreed by the Board

3. Reporting

The Audit and Risk Committee will formally report in writing to the Board after each meeting through provision of the approved minutes.

Each Board meeting agenda will include an opportunity for the Audit and Risk Committee Chair to raise any necessary matters with the Board

The Committee will also annually review its own effectiveness and report the results of that review to the Board.

The Audit and Risk Committee will provide the Board with an Annual Report, summarising the main areas of work undertaken by the Committee during the previous year, and timed to support finalisation of the accounts and the Governance Statement.

4. Responsibilities

The Audit and Risk Committee will advise the Board and the Accounting Officer on:

- The strategic processes for risk, control and governance and the Governance Statement, including an assessment of the risks identified by the executive team and evaluation of the mitigating action being taken
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit as well as levels of error identified

- The planned activity and results of both internal and external audit
- Adequacy of management response to issues identified by audit activity, including external audit's management letter
- Assurances relating to the corporate governance requirements for the organisation
- Any proposals for tendering for Internal Audit services or for purchase of non-audit services from contractors who provide audit services
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- PSA's Treasury Management Policy
- PSA's Reserves Policy

5. Rights

The Audit and Risk Committee may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience
- Procure specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.

6. Access

The Head of Internal Audit and the representative of External Audit will have free and confidential access to the Chair of the Audit and Risk Committee.

7. Meetings

The Audit and Risk Committee will meet at least three times a year.

Audit and Risk Committee meetings will normally be attended by the Accounting Officer and Director of Corporate Services, together with the Head of Internal Audit (outsourced) and a representative from external audit.

The Audit and Risk Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

The Board or Accounting Officer may ask the Audit and Risk Committee to convene further meetings to discuss particular issues on which they may want the Committee's advice.

The Audit and Risk Committee may ask any or all of those attending, but who are not members of the Committee, to withdraw to facilitate open and frank discussion of particular matters.

The Chair may identify a member of the Committee to act as Vice-Chair as necessary.

8. Quorum

The quorum for any meeting will be two members of the Committee.

9. Information Requirements

For each meeting, the Audit and Risk Committee will be provided with:

- A progress report from the Head of Internal Audit summarising:
 - work performed (and a comparison with work planned)
 - key issues emerging from Internal Audit work
 - management response to audit recommendations
 - changes to the Internal Audit plan
 - any resourcing issues affecting the delivery of Internal Audit objectives,
- A progress report from the External Audit representative summarising work done and emerging findings.

Twice during the year, the Committee will be provided with:

- A report summarising any significant changes to the organisation's Risk Register, including information on the top risks with detailed analysis of each.

As and when appropriate the Committee will also be provided with:

- Proposals for Terms of Reference of Internal Audit
- The Internal Audit strategy
- Internal Audit's Annual Report
- Quality Assurance reports on the Internal Audit function
- The draft accounts of the organisation
- The draft Governance Statement and other required narratives
- A report on any changes to accounting policies
- A report outlining any and all action taken in response to anyone raising serious concerns (whistleblowing)
- A report on any fraud or suspected fraud within PSA
- The External Audit strategy
- External Audit's management letter/s, and any other reports
- A report on any proposals to tender for audit functions
- A report on co-operation between Internal and External Audit.

10. Training

Members of the Audit and Risk Committee will be expected to undergo training to meet their responsibilities, as required.

Nominations Committee Terms of Reference

1. Role

The Nominations Committee ensures that PSA has an appropriate Board membership.

The Executive Assistant acts as Secretary to the Committee.

2. Membership

Membership of the Nominations Committee will consist of three Board members.

The committee will be chaired by PSA's Chair. The Chair of the Audit and Risk Committee and the Chair of the Scrutiny Committee are automatically members of the committee.

Membership of the committee will be reviewed at least annually and proposals for change will be subject to the approval of the Board.

The Deputy Chair (if not already a member of the Committee) will assist the committee in the Chair's annual performance review and (re)appointment process.

3. Reporting

Following each meeting, the Chair of the Committee will report to the Board in private session.

The Committee will also annually review its own effectiveness and report the results of that review to the Board.

4. Responsibilities

The Nominations Committee, supported by the Chief Executive, advises the Board about its appointments, and in particular it will:

- Examine the processes and procedures related to Board appointments and make proposals to the Board for any changes. The Board in this context covers members appointed by the Privy Council, the devolved administrations and any Associate Board members
- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board with regard to any changes

- Give full consideration to succession planning for Board members in the course of its work, taking into account the challenges and opportunities facing PSA, and the skills and expertise needed on the board in the future
- Act as or appoint a recruitment panel, and as such be responsible for identifying and nominating for the approval of the Board candidates to fill Board vacancies as and when they arise, working to PSA's documented recruitment processes and paying regard to PSA's good practice advice to regulators
- Ensure that annual performance reviews are conducted for all Board members
- Review the results of the annual Board effectiveness review that relate to the composition of the Board
- Work and liaise as necessary with all other Board committees
- The Committee shall also make recommendations to the Board concerning:
 - Formulating plans for succession for Board members and in particular for the key roles of Chair and Chief Executive
 - Suitable candidates for the role of whistleblowing champion
 - Membership of other Committees, in consultation with the Chairs of those Committees
 - The re-appointment of any Board member, including the Chair, at the conclusion of their specified term of office having given due regard to their performance and ability to continue to contribute to the Board in the light of knowledge, skills and experience required
 - Any matters relating to the continuation in office of any Board member at any time including the suspension or termination of service subject to the provisions of the law and their service contract.
 - Any matters relating to staff or Board remuneration that sits outside the remit of the Business Plan Review Sub-Committee such as pensions.

5. Meetings

The Nominations Committee will meet as required, with an expectation that it meets at least annually in June following the Board's strategy session in May.

The Nominations Committee may ask any other officers of PSA, to attend meetings to assist it with its discussions on any particular matter.

The Committee may obtain, if necessary, outside legal, comparative or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Nominations Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Quorum

The quorum for any meeting will be two members.

The Chair of the Committee is permitted to co-opt additional members of the Committee when this is necessary to conduct business

Scrutiny Committee Terms of Reference

7. Role

The Scrutiny Committee reviews, monitors and reports on the operation of PSA's work in scrutinising the work of the ten healthcare regulatory bodies, the processes for approving appointments to those bodies, and the Accredited Registers programme overseen by PSA. In particular, this includes work in the following areas:

Work of the regulatory bodies

- Oversees *quality assurance of s29 decisions* in accordance with PSA's powers under Section 29
- The audit of initial fitness to practise decisions and the performance reviews of the regulators
- Consideration of concerns about the regulatory bodies.

Appointments to the regulatory bodies

- Provision of advice to the Privy Council regarding its appointment functions in relation to regulators' councils, pursuant to s227 of the Health and Social Care Act 2012.

Accredited registers programme

- The performance of the Accredited Registers programme, compliance with and the effectiveness of its policies and procedures.

8. Responsibilities

The Scrutiny Committee is required to:

- Assure on behalf of the Board the quality of the work of the Regulation and Accreditation Directorate in scrutinising the regulatory bodies and advising the Privy Council on appointments
- Review process and guidelines documents used by PSA in scrutinising the regulators
- Advise on policy developments and operational priorities in relation to the scrutiny work

- Assure on behalf of the Board the quality of the work of the Accredited Registers team
- Commission research and advice as appropriate.

9. Membership

Membership of the Scrutiny Committee will consist of three Board members. The Committee reserves the right to co-opt a number of external representatives.

The Chair of the Board will be responsible for identifying Committee members and for nominating the Chair and this will be agreed by the Board

Membership of the Committee will be reviewed annually. The Scrutiny Committee is permitted to co-opt additional members to the Committee when this is necessary to conduct business.

10. Meetings

The Scrutiny Committee may ask any or all of those attending, who are not members of the Committee, to withdraw if a private discussion is required.

Meetings will normally be attended by:

- Chief Executive
- Director of Regulation and Accreditation
- Accredited Registers team, Head of Accreditation
- Executive Assistant (note taker)
- Other members of the Regulation and Accreditation or Policy and Communications teams who are responsible for the topics to be discussed.

Other members of the Regulation and Accreditation Team may attend meetings on occasions.

The Scrutiny Committee may ask any other officials of the organisation to attend to assist with its discussions on any particular matter.

The Scrutiny Committee will meet approximately three times a year.

The quorum for meetings will be two Committee members.

11. Reporting

The Scrutiny Committee will formally report in writing to the Board after each meeting through provision of the approved minutes.

The Committee will also annually review its own effectiveness and report the results of that review to the Board.

The Scrutiny Committee will provide the Board with an Annual Report, summarising the main areas of work undertaken by the Committee during the previous year, and timed to support finalisation of the accounts and the Governance Statement.

Business Plan Review Sub-Committee Terms of Reference

1. Role

The Business Plan Review Sub-Committee ensures that the budget aspects of the business plan, including staff and Board remuneration are discussed and recommendations made to the Board.

2. Membership

The Business Plan Review Sub-Committee will consist of three Board members.

The members of the committee will include the Chair of the Board, the Chair of ARC and the Chair of Scrutiny Committee.

The Chief Executive and Director of Corporate Services must also attend any meeting.

3. Reporting

The Business Plan Review Sub-Committee will formally report in writing to the Board after each meeting through provision of the approved minutes.

4. Responsibilities

The Business Plan Sub-Committee holds responsibility to advise the Board on the following areas -

- Budget aspects of the Business Plan
- Staff and Board remuneration

5. Meetings

The Business Plan Review Sub-Committee will meet twice annually usually in July and August.

The CEO and Director of Corporate Services will also attend meetings

The Committee may ask any other officers of PSA, to attend meetings to assist it with its discussions on any particular matter.

The Committee may obtain, if necessary, outside legal, comparative or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Quorum

The quorum for any meeting will be two Board members.

The Chair of the Committee is permitted to co-opt additional members of the Committee when this is necessary to conduct business.

Annex D - Schedule of financial delegations

	Board	CEO	Director Group
Annual budget	All		
Changes to delegations under this schedule	All		
Material changes to budget Note 1 any use of reserves not covered by refund to regulators.	All		
Capital expenditure (unbudgeted)	All		
Non-contractual payments to staff (all should be notified to Board for information)	Over £25k	Up to £25k	
Non s29 litigation Increased and wider thresholds	Over £50k	Between £10k and £50K	Under £10k responsible Director
Section 29 litigation	£	Over £50k	Up to £50k Director Regulation and Accreditation
Unbudgeted expenditure But within agreed limits so no impact on reserves Note 2	Over £100,000		Up to £100k
No board involvement required			
Budgeted capital expenditure Note 3		All All	
Commercial contracts Note 4 PSA purchasing a service		Over £25K	Up to £25K Director Corp Services only
Commissioning Contracts PSA delivering a service		Over £25k	Up to £25k
Employment contracts		Director Corp Services	
Virements between delegated budgets (Note 5)		All	
Virements within directorate budgets		< £10K	

Note 1 – Material – not previously defined –define as any use of reserves not covered by refund to regulators.

Note 2 – Unbudgeted – not previously defined - previous threshold for Board approval was £25K but we have established there was no particular logic to this figure. Suggest threshold is set at having no impact on reserves and linked to 2% materiality – so anything above £100k needs Board approval. Then anything under is for discussion under virements.

Note 3 – Budgeted – included in annual budget agreed by Board at outset. Agree it is good practice to inform Board/ Finance Committee about major capital outgoings

Note 4 – The right to sign contracts on behalf of the PSA that a) commit the PSA to purchasing a service - delegate commercial contracts to Director Corporate Services (DCS) up to £25k.

If CEO identifies a potential conflict of interest for a contract >£25k, he reserves the right to delegate to the Director of Corporate Services.

b) commit the PSA to delivering a service – delegate commissioning contracts to relevant Director up to £25k

Employment contracts – delegated to Director of Corporate Services

Note 5 – Virements – between Policy and Communications, Regulation and Accreditation and Corporate Services and within directorates if > £10K. Underspends identified in year to go into central pot that directors can bid for.

Version	Description of version	Date
1.3	Clarification of 2.18; the role of the Deputy Chair	3 March 2021
1.4	Amendment to 2.18 and 3.58 to reflect the role of the Deputy Chair as proposed by Nominations Committee May 2021	May 2021
1.5	Removal of the need for contracts to be signed by The CE (as this will move to the DoCS) and an update to reflect Board meetings being held across the Devolved Administrations.	14 December 2021
2.0	Addition of Annex D - Schedule of financial delegations as agreed by Finance Committee 3 March 2021	14 December 2021
2.1	Clarification of the Board's role in approving Stakeholder engagement work; explanation of Annex D included in section 3 under Scheme of Delegation; an amendment to reflect that Finance Committee rather than Nominations Committee oversee the staff reward strategy	24 January 2022
2.2	<p>Removal of paragraph 2.16 and 2.2 (of version 2.1) due to repetition.</p> <p>Paragraph 2.2 deleted, this was a formatting error and should not have been numbered. We confirm this for cross referencing purposes.</p> <p>Amendment to paragraph 2.26 (previously 2.29 in version 2.1) to reflect current practice.</p> <p>Update to Nominations Committee ToR to remove the reference to an external person doing the Chair appraisal.</p> <p>Para 31.1 removing the reference to Board remuneration from the Finance Committee ToR as this is done by the Nominations Committee.</p>	1 March 2022
2.2	Annual review by Board	March 2022
2.2	Annual review by ARC	6 October 2022

2.3	<p>Changes to reflect ARC comments (below)</p> <p>Make reference to the Associate Board member in the Governance Framework</p> <p>Add reference to Annual Review of each Committee's effectiveness made to the Board</p> <p>Update the version control and take out the 'no change' references in annex D which related to the last review.</p>	17 October 2022
2.3	Board review due Nov 2022	Reviewed Nov 2022
3.0	Changes to reflect that there will no longer be a Finance Committee from January 2023 and that the Committee's tasks be split between the other Committees, and a sub-section of the Board will meet to review the budget.	December 2022
3.0	Approved by Board	Jan 2023
3.1	Updated to include v1.3 of the Nomination Committee ToR	April 2023
3.2	Updating the language to reflect the change of Authority to PSA and changes to Directorate names. Change to 3.51 from 'electronic business' to 'decisions by correspondence' for clarity.	March 2024
3.3	Removed the need for a member of the Board to attend all s29 case meetings as agreed at the Board Meeting on 20 March 2024	March 2024
3.3	Reviewed by ARC	May 2024
3.4	Updated 3.48 to reflect Board paper and minute publishing process	May 2024
3.5	Update to 3.13 to set out that the Board should attend Board meetings in person except with prior permission of the Chair. Updates to 2.0, 3.28 and 3.30 to amend the length of term from 4 to 3 years and the expected maximum term from 8 to 6 years.	Ratified Sept 2024

4.0	Inclusion of the Business Plan Review Sub-Committee and confirmation that recommendations for staff and Board annual remuneration should sit with them. Update to the Scrutiny Committee ToR to confirm that their role is to ' <i>Oversees quality assurance of s29 decisions</i> '. Under Financial Delegations annex D the amount that Directors can approve for s29 litigation has increased.	April 2025
4.1	Addition of terms of reference for the Business Plan Sub-Committee	May 2025

Assurance Framework V4.2

1. Introduction

Purpose

- 1.1 The Assurance Framework exists to assure the Board that the Professional Standards Authority (PSA) is being operated appropriately.
- 1.2 This document is scrutinised annually by the Audit and Risk Committee and then Board at which point the overall assurance level afforded by the contents of the framework is recommended.

Format

- 1.3 The framework is structured around those areas of good governance that will always require assurance, as opposed to the Board's annual objectives which will continually evolve and these areas form the basis of the risks set out below.
- 1.4 The means of assurance listed are features of PSA's operation via which, through personal experience or through evidence available at Board level, Board members are able to make a judgement about the level of assurance provided.
- 1.5 It is intended as a tool for the Board in ensuring that it carries out its governance responsibilities effectively.
- 1.6 The Senior Management Team (SMT) will review the framework on a quarterly basis in order to ensure that proposed actions are carried out effectively and signed off, actions taken updated in the framework and noted in the version control.
- 1.7 This paper should be reviewed annually in May as part of the Audit and Risk Committee work plan, or more often if required, and the outcome reported to Board.

Assurance Mapping

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
Risk 1: PSA is ineffective in delivering its corporate governance objectives				
<ul style="list-style-type: none"> The Business Plan for 2024/25 has been agreed by the Board The strategic plan for 2023-26 has been agreed and published. Governance Framework and Scheme of Delegation is in place and is reviewed annually PSA produces and publishes its Annual Report and Accounts The Executive Leadership Team (ELT) meets regularly and is proactive in planning activities and risk management The Senior Management team (SMT) meet monthly to discuss Directorate operational 	<ul style="list-style-type: none"> Directorate plans link into the organisational business plan Strategic reviews are undertaken when necessary Link between PSA's strategic objectives and individual objectives Staff and management groups such as the SMT and Staff Engagement Forum are in place 	<ul style="list-style-type: none"> Executive report to the Board six times a year Annual Report and accounts to Audit and Risk Committee and to the Board Business and strategic plans agreed by the Board Strategic Risk register reviewed by the Audit and Risk Committee three times a year and this is reported to the Board. Board reviews the risk register twice each year. Actions are allocated to individuals with 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually, this includes adherence to business principles every second year and Internal audit input into ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings Privy Council review and approve the Fees Consultation based on the Business Plan Parliamentary Select Committees – may identify areas for closer scrutiny on an ad hoc basis Tri – annual external review of the Board Assessment (Board Effectiveness Review 	<ul style="list-style-type: none"> The Board to agree the Business Plan for 2025/26 – Overseen by CE by July 2025) To agree the Strategic Plan for 2026/29 (Strategic Planning Sub Committee) SMT to review the Assurance Framework on a quarterly basis from June 2025

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>matters such as the risk registers</p> <ul style="list-style-type: none"> • The Audit and Risk Committee is actively engaged in monitoring organisational risks • Board meets six times a year • Board committees meet regularly in line with their terms of reference and report regularly to Board • All Board and committee decisions are ratified at quorate meetings • Board and committee meeting minutes are recorded and held in line with PSA's retention schedule • Board members have appropriate training and development • Annual appraisals for Board members including self-evaluation 	<ul style="list-style-type: none"> • Annual staff survey • Directorate operational Risk Registers in place and reviewed monthly. Actions are allocated to individuals with dates for monitoring • Learning and development plan produced annually based on appraisals and reviewed by the ELT • Key performance indicators (KPIs) are discussed at SMT and reported to Board. 	<p>dates for monitoring</p> <ul style="list-style-type: none"> • Board receives update against KPIs at each meeting and annually • Board reviews the Governance Framework and Scheme of Delegation annually • Nominations Committee review themes arising in Board appraisals and report to Board. • Board carry out an annual assessment of their effectiveness. 	<p>last completed in 2023/4 and next due in 2026/7).</p>	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Annual assessment review of Board effectiveness Annual review of committee effectiveness undertaken and reported to the Board Informal contact between Board members. 				
Risk 2: PSA fails to fulfil its strategic objectives				
<ul style="list-style-type: none"> Board sets strategic direction and strategic objectives annually Board approves Business Plan and Fees Consultation Board monitors implementation of Business Plan on a regular basis. 	<ul style="list-style-type: none"> Directorate plans link into the Business Plan and are reviewed periodically by the ELT Strategic reviews are undertaken when necessary Link between PSA's strategic objectives and individual objectives 	<ul style="list-style-type: none"> Directorate business plans are shared with the Board at the annual Board business planning sessions Business Plan, Strategic Plan and Fees Consultation are agreed by the Board Performance against the Business Plan is reviewed by the Board regularly 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually, this includes adherence to business principles every second year. Internal audit input into ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings Privy Council oversight and approval of the Business Plan and Fees Consultation Regulator feedback on the Business Plan and Fees Consultation 	<ul style="list-style-type: none"> Periodic reporting to the Board of the project dashboard (ongoing)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	<ul style="list-style-type: none"> Strategies for individual areas which link to PSA's strategic objectives are in place Staff and management project groups in place. 	<ul style="list-style-type: none"> Periodic reporting to the Board of the project dashboard 	<ul style="list-style-type: none"> Department for Health and Social Care and Department for Education feedback on the Business Plan and Fees Consultation. 	
Risk 3: Risk management arrangements are not effective				
<ul style="list-style-type: none"> Board approves risk management policy on an annual basis Directors review risk within their teams regularly and collectively review / update risk register monthly and reports to the Audit and Risk Committee Audit and Risk Committee reviews and challenges risk register three times a year and provides a report to Board 	<ul style="list-style-type: none"> Directors review risk within their team on a regular basis Directors meet on a quarterly basis to collectively review and update the risk register. Escalation considered at meetings to assess 	<ul style="list-style-type: none"> Audit and Risk Committee review the risk register three times a year and reports to the Board Board reviews and challenges the risk register twice a year Scrutiny Committee provides oversight of PSA's s29 procedures and reports regularly to the Board. 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually (ad hoc) and feedback at ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings 	<ul style="list-style-type: none"> The s29 case meeting process has been updated and is currently being trialled until the end of October 2025 with Scrutiny Committee being kept up to date with the project.

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Board reviews and challenges risk register twice a year Scrutiny Committee provides rigorous oversight of the PSA's s29 responsibilities (with periodic involvement of Scrutiny Committee members in case meetings), annual reviews and the Accredited Registers programme. Concerns about repeated poor performance by the regulators will be escalated to the Secretary of State, the Chair of the Select Committee and the devolved administrations. 	<p>regulators' performance against Standards of Good Regulation</p> <ul style="list-style-type: none"> S29 case meetings will have either two or three trained and experienced panels members. The case procedures set out how the panel should be made up in each case. 	<ul style="list-style-type: none"> The Scrutiny Committee considers recommendations to escalate concerns about the performance of a regulator to the Board in accordance with the Escalation Process. The Board makes final decisions to escalate. 		
Risk 4: Internal control arrangements are not effective				
<ul style="list-style-type: none"> Audit and Risk Committee contributes to and approves an annual internal audit plan Audit and Risk Committee receives and 	<ul style="list-style-type: none"> Director of Corporate Services manages the internal audit relationship on a day to day 	<ul style="list-style-type: none"> Audit and Risk Committee oversees the internal audit process including 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually. Internal audit input into ARC meetings 	<ul style="list-style-type: none"> Audit and Risk Committee annually reviews effectiveness of internal audit (May 2025)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>challenges internal audit reports</p> <ul style="list-style-type: none"> • Tracker held for the management of internal audit recommendations and reports on progress to the Audit and Risk Committee • Audit and Risk Committee receives annual report from Head of Internal Audit • Head of Internal Audit or a representative attends all meetings of Audit and Risk Committee • Audit and Risk Committee members meet privately with Head of Internal Audit annually • Head of Internal Audit has access to Chair of Audit and Risk Committee • Audit and Risk Committee reviews effectiveness of internal audit annually. 	<p>basis and updates ELT regularly</p> <ul style="list-style-type: none"> • ELT are invited to contribute and suggest areas for audit based on corporate requirements • The internal audit tracker is reviewed by Corporate Services on a monthly basis and actions shared with other Directorates via the Governance report • The Director responsible for the area being audited reviews and is invited to comment on the audit findings. 	<p>approving the annual audit plan</p> <ul style="list-style-type: none"> • Internal audit attends every meeting of the Audit and Risk Committee and has direct access to the Chair of the Audit and Risk Committee • Internal audit meets privately with Audit and Risk Committee members on an annual basis • Internal Audit reviews the progress of recommendations and reports to Audit and Risk Committee • Audit and Risk Committee reviews effectiveness of internal audit annually and reports to the Board. 		

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
Risk 5: Information management arrangements are not effective				
<ul style="list-style-type: none"> • Audit and Risk Committee receives and challenges Annual Assessment of Information Risk Management • Information Communications Technology and Information Security regularly included in internal audit plan and tested independently 	<ul style="list-style-type: none"> • The Data Protection Officer (DPO) undertakes the Annual Assessment of Information Risk Management • Each of the Information Asset Owners' (IAO) produce statements to be included in the report which is signed by the Senior Information Risk Officer(SIRO) • ICT and information security testing is conducted internally once a year and externally twice a year 	<ul style="list-style-type: none"> • The Audit and Risk Committee signs off the Assessment of Information Risk Management on an annual basis • Board is informed of the completion of the Annual Assessment and the outcomes of testing 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually and feedback at ARC meetings. • The Information Commissioners Office through the Annual Data Controller registration, self-reporting and reports from the public. The ICO have the right to perform spot audits at any time. • Cyber Essentials plus accreditation body 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	<p>(penetration testing and Cyber Essentials Plus) and reported in the annual assessment</p> <ul style="list-style-type: none"> All staff and Board members receive training on an annual basis Regular IT updates reported through the Executive Report. 			
Risk 6: Financial management arrangements are not effective				
<ul style="list-style-type: none"> Board sub committee meets twice a year in August/September to carry out detailed review of draft budget Board approves annual budget. Board receives financial reports at each meeting 	<ul style="list-style-type: none"> Finance report to SMT monthly Head of Finance meets with budget holders monthly 	<ul style="list-style-type: none"> Board approves annual budget Board receives financial reports at each meeting Audit and Risk Committee receive reports from internal audit every 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually, this includes input into ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> • Audit and Risk Committee review annually the Treasury Management Policy and the Reserves Policy • Internal Audit review bi-annually PSA's adherence to the business principles and reserves policy • Audit and Risk Committee receives and challenges external auditors (National Audit Office) plans and reports • Audit and Risk Committee receives report from National Audit Office in relation to annual accounts • Audit and Risk Committee members meet privately with National Audit Office annually • Audit and Risk Committee reviews annual report and accounts and advises Board 		<p>second year on PSA's adherence to the business principles and reserves policy</p> <ul style="list-style-type: none"> • Audit and Risk Committee receives and challenges external auditors (National Audit Office) plans and reports • Audit and Risk Committee receives report from National Audit Office in relation to annual accounts • Audit and Risk Committee members meet privately with National Audit Office annually • Audit and Risk Committee reviews annual report and accounts and advises Board • Board reviews and approves annual 	<ul style="list-style-type: none"> • Privy Council oversight through the Business Plan and Fee consultation • Regulator's scrutiny through the Business Plan and Fee consultation • Department of Health and Social Care and Department for Education Scrutiny through the Business Plan and Fee consultation. 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Board reviews and approves annual report and accounts Financial controls regularly included in internal audit plan Scheme of delegation reviewed regularly 		report and accounts.		
Risk 7: PSA fails to recruit and retain high quality staff				
<ul style="list-style-type: none"> Annual staff survey undertaken and reported to the Board Nominations Committee provides oversight of Human Resources strategies affecting staff pay and benefits Nominations Committee to oversee Board, Chief Executive and director recruitment Human Resource areas regularly included in internal audit plan People strategy in place and updates on the 	<ul style="list-style-type: none"> The staff forum meets bi-monthly to review the progress of the staff survey action plan HR policies are reviewed on a two year cycle to maintain best practice Changes to the Employee Handbook are reviewed by the ELTm when required and staff are 	<ul style="list-style-type: none"> Board review the People report including the staff survey outcomes and progress against actions and progress against the People Strategy once a year Business Plan Review Sub Committee oversee HR strategies affecting pay and benefits Nominations Committee oversees recruitment to Chief 		<ul style="list-style-type: none"> Report on People Strategy progress to the Board annually through the People Report (Head of HR and Governance – May 2025) Develop People Strategy 2026 – 2029 (Head of HR and Governance – March 2026)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>strategy and people matters provided to each Board meeting</p> <ul style="list-style-type: none"> Learning and development requirements and implementation is overseen by the ELT and reported to Board twice a year. Equality, Diversity and Inclusion (EDI) issues are considered by the EDI manager and project group which includes a cross section of staff, senior management and Board members. 	<p>consulted on any changes which affect them</p> <ul style="list-style-type: none"> The Employee Handbook is reviewed externally once a year by our HR third party advisor Annual accreditation from the Disability Confident Scheme is sought to ensure best practice The EDI group meet regularly, and issues are reported to the SMT 	<p>Executive and Director positions</p> <ul style="list-style-type: none"> Chair sets performance objectives (agreed with the Board) for the Chief Executive based on PSA's strategic aims The EDI group invites Board member attendance and matters are reported at every Board meeting. 		
Risk 8: Relationships with stakeholders are sound				
<ul style="list-style-type: none"> Chair holds bilateral meetings with Chairs of 	<ul style="list-style-type: none"> Head of Stakeholder engagement 	<ul style="list-style-type: none"> Chair and CEO report regularly to the Board on 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>regulators and reports to Board</p> <ul style="list-style-type: none"> Chief Executive has meetings with regulators and other key stakeholders and reports to Board Chair holds bilateral meetings with key stakeholders in devolved administrations and reports to Board Wales / Scotland / Northern Ireland Board member relationships with key stakeholders in devolved administrations Chair and Chief Executive relationship with Department of Health and Social Care, Department of Education and Privy Council Periodic independent stakeholder perception survey and reports to Board Stakeholder strategy and plans are in place 	<p>provides monthly updates to the SMT</p> <ul style="list-style-type: none"> Chief Executive and Executive Leadership Team meet regularly with the Department of Health and Social Care Chief Executive and Policy and Comms team meet regularly with Devolved Administrations. 	<p>meetings with key stakeholders</p> <ul style="list-style-type: none"> Progress of Stakeholder Engagement Strategy regularly reported to the Board Board meetings are held once a year on a rotational basis in the Devolved Administrations The Non-Executive Directors from each Devolved administration report on their actions. 	<p>ARC annually (ad hoc) and feedback at ARC meetings</p>	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Stakeholder engagement regularly in internal audit plan. 				
Risk 9: Operational delivery is not effective				
<ul style="list-style-type: none"> Routine Chief Executive notifications to Board on current issues Reporting to Board against the Business Plan and KPIs Media coverage and reports on 'near misses' Business Continuity Plan and associated tests are reported to the Audit and Risk Committee periodically. 	<ul style="list-style-type: none"> ELT discuss current issues on a weekly basis SMT meet monthly to review operational matters Staff insight is sought through staff and manager forums The Business Continuity Plan is reviewed annually Chief Executive and ELT oversee the 	<ul style="list-style-type: none"> The Chief Executive meets weekly with the Chair to report on any issues An Executive report outlining progress and issues is reported to the Board at every meeting Progress report against the Business plan and KPIs are reported to the Board at every meeting Issues related to the Business Continuity Plan and associated tests are reported to the 	<ul style="list-style-type: none"> Internal audit (RSM) External audit (NAO) 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	publication of appropriate advice and guidance.	Audit and Risk Committee regularly		
Risk 10 – PSA fails to deliver on Equality, Diversity and Inclusion (EDI)				
<ul style="list-style-type: none"> • EDI issues are considered by the EDI manager and the staff group which includes a cross section of staff and a member of the Board and ELT are invited to join each meeting • An EDI action plan is in place for 2024/25 • Equality Impact assessments are carried out on all new projects/policies. 	<ul style="list-style-type: none"> • ELT discuss the action plan monthly • Staff insight is sought through updates at the all staff meeting the EDI group and staff and manager forums, 	<ul style="list-style-type: none"> • Progress report against the action plan is reported to the Board at regular intervals Board committees oversee actions relevant to that committee at their meetings. 	<ul style="list-style-type: none"> • Internal audit (RSM) 	<ul style="list-style-type: none"> • To develop an EDI action plan for 2025-26 – EDI manager June 2025 • To deliver the action plan for 2025-26 by 31 March 2026

Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	Implementation of a new approach to take into account assurance mapping and audit recommendations Agreed by Board	March 2021
2.0	Amended to reflect the areas external bodies oversee more accurately and update dates for Recommendations agreed by ARC May 2021	May 2021
2.1	Action plan updates for ARC meeting 07 October 2021 reviewed and agreed.	7 October 2021
2.1	Board mid-year review due 19 January 2022	19 January 2022
2.2	DG annual review of Framework	April 2022
3.0	<p>ARC review of Framework and associated changes.</p> <p>Removal of parliamentary review of the annual report as a form of assurance.</p> <p>Addition of Directorate level risk registers for Standards and Policy and Scrutiny and Quality as a form of assurance.</p> <p>Changes to the Mitigating Controls:</p> <ul style="list-style-type: none"> • Page 3, Annual Assessment Review, add the tri-annual external review. • Add the project management arrangements to the framework. Under Governance and in the action plan, add 'Periodic reporting to the Board'. • Page 8, remove finance and technology strategies coming to the Board annually. • Page 13, add the Board and stakeholder meetings planned in the Devolved Administrations. <p>Inclusion of EDI as a separate risk (risk 10)</p>	May 2022
3.1	Mid-year review by ARC	6 October 2022

Version	Description of Version	Date Completed
3.2	Minor changes recommended by ARC; <ul style="list-style-type: none"> Added the external Board evaluation to the action plan Added 'Audit and Risk Committee reviews effectiveness of internal audit annually' to the action plan column for March 2023 	17 October 2022
3.2	Board annual review	
3.3	Amendment to reflect the escalation of performance review matters	9 December 2022
4.0	Reallocation of matters previously delegated to Finance Committee	9 December 2022
4.0	Approved by Board	January 2023
4.1	Update to reflect new titles and actions for 24/25	April 2024
4.1	Approved by Board	September 2024
4.2	Changes to reflect change of oversight from ELT to SMT and also the trial of the new s29 review process	April 2025

Board work programme 2025

Date	Work programme
January 2025	<ul style="list-style-type: none"> • Staff Survey 2024 • Accredited Registers final 2025/26 budget approved (including sign off of any surplus generated being ringfenced for AR) • Scrutiny and Nominations Committee update reports • Devolved Administration Board member reports (Scotland and Northern Ireland)
March 2025 Sheffield	<ul style="list-style-type: none"> • Annual report from Nominations, Scrutiny and Audit and Risk Committees including review of terms of reference • Devolved Administration Board member report (Wales)
May 2025 Belfast	<ul style="list-style-type: none"> • Annual People Report • Strategic Plan 2026-29 (including Comms Strategy) • Business Planning for 2026/27 • Risk Register Review by the Board • Delegate authority to ARC to approve the Annual Report and Accounts • ARC, Scrutiny and Nominations Committee update reports • Annual Board evaluation (March/April 26 external evaluation due)
July 2025	<ul style="list-style-type: none"> • Business Plan 2026/27 (including value for money) • Strategic Plan 2026-2029 • Standards review consultation analysis • ARC, Scrutiny and Nominations Committee update reports • S29 Annual Report • Annual review of Governance and Assurance Frameworks
July/August 2025	<ul style="list-style-type: none"> • Subset of Board (Business Plan Review Committee) to consider 2026/27 Regulated Activity and Accredited Registers budgets.
September 2025 Scotland	<ul style="list-style-type: none"> • Business Plan 2026/27 and Fees Consultation approval • Risk Register review by the Board • ARC, Scrutiny and Nominations Committee update reports • Revised Standards for approval
November 2025	<ul style="list-style-type: none"> • Mid-year review of 2025/26 Business Plan • Risk appetite discussion in relation to the draft Strategic Plan 2026-29

Board meetings

Wednesday 14 January	10:30 – 13:30	PSA office
Wednesday 18 March	10:30 – 13:30	PSA office
Board Meeting and DA Stakeholder Sessions: Wednesday 20 and Thursday 21 May	11:00 – 17:00 10:00 – 13:30	Wales
Wednesday 15 July	10:30 – 13:30	PSA office
Wednesday 16 September	10:30 – 13:30	PSA office
Wednesday 18 November	10:30 – 13:30	PSA office

Audit and Risk Committee

Tuesday 3 February	13:30 – 16:00	Teams
Thursday 7 May	13:30 – 16:00	PSA office
Thursday 18 June	13:30 – 16:00	Teams
Thursday 8 October	13:30 – 16:00	PSA office

Scrutiny Committee

Thursday 26 February	10:00 – 12:00	Teams
Thursday 11 June	10:00 – 12:00	Teams
Thursday 3 September	10:00 – 12:00	Teams
Thursday 12 November	10:00 – 12:00	Teams

Nominations Committee

Tuesday 3 March	10:30 – 12:30	Teams
Tuesday 8 September	10:30 – 12:30	Teams

Business Plan Review Committee

W/c 27 July	Teams
W/c 31 August	Teams