

Audit, Risk, & Remuneration Committee
22 May 2025

Present:	Duncan Vernon (DV) Chair Helen Featherstone (HF) Joanna Dowd (JDowd) James Sandy (JS) Linda Smith (LS)	Apologies:	David Evans Jenny Douglas
	Jessica Lichtenstein (JL) Pav Johal (PJ)		

Item 1 – Welcome, apologies, and declarations of interest

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

Item 2 – Minutes from last meeting

2. The committee noted that the minutes from 20 May 2025 should reference 'sector wide trends' in reference to staff salaries, rather than reference to 'NHS England. Otherwise they confirmed the minutes as an accurate record.

Item 3 – Action points and matters arising

3. Outstanding actions from the last meeting were discussed. All actions are on track, and the point about reserves were acknowledged to be addressed through the discussion about financial risks. JL confirmed that there is a process for reporting drops below the agreed threshold.

Item 4 – Feedback from Financial Strategy day discussion

4. The Board reviewed notes from the recent Financial Strategy day discussion covering revenues, spending, and savings across short, medium, and long-term horizons. It was agreed that there isn't a need for a separate action plan, as the current risk register, strategy and operational plan already incorporates many discussed elements.
5. Board members noted differing interpretations of "short," "medium," and "long-term" timeframes; clarification is needed, and there is still an underlying question that remains unanswered around whether the PSA accreditation has a significant impact on credibility, enough to justify the expense.

6. The Board discussed the possibility of trialling one or two short-term ideas that align with existing plans, particularly those with potential to grow revenue or reduce costs. Some short-term actions, such as fee rises and supporting practitioner schemes, are already underway or planned.
7. UKPHR does not currently have a standalone financial strategy document; financial principles are embedded within the broader organisational strategy. There was some discussion about whether a documented financial strategy, even as a summary or appendix, would be beneficial—especially for audit or external review purposes. There is an existing financial rules document that outlines financial governance and oversight, which is due an update.

Action: JL to draft an updated financial rules document, aligning it with the current strategy and processes, to review at the July ARRC.

Action: JL & PJ to consider medium term outputs from the financial strategy day within the next operational plan for 2026/27.

Item 5 – Detailed Risk Register discussion

8. The Board undertook its annual deep dive review of the risk register, focusing on the appropriateness, structure, and completeness of current risks. The review included consideration of whether any risks could be combined, removed (if sufficiently mitigated), or if any new risks should be added.

9. The Board reaffirmed the current structure, mapping risks to the four strategic themes and categorising them as:
 - a. Inherent risks (common to all professional regulators)
 - b. UK PHR controlled risks (where mitigations are within the organisation's control)
 - c. Public health system-wide risks (outside direct control but with impact)

No further structural changes were proposed at this time.

10. Risk 1 relating to Registrants not meeting standards and causing public harm is recognised as a core, ongoing risk. Mitigations were considered to be appropriate.
11. Risk 2 relations to revalidation/appraisal access. The Board noted improvements in access to appraisal, particularly for consultants. They agreed this risk could be downgraded due to recent positive changes and reduced impact (NB- risk is already green with lowest 'likelihood' score)

Actions: JL to update Risk Register accordingly as per above and below for June Board meeting.

12. Risk 3 relates to significant disruption to organisational functioning, ie COVID-type disruption, which remains a relevant inherent risk with continuity plans in place; the risk will remain on the register as is.

13. Risk 4 relates to our processes failing, causing reputation/public protection risk. There was a discussion of the potential for various failures, including the impact of AI on registration renewals and CPD submissions. The group agreed to ensure AI-related mitigations are included in controls.
14. Risk 5 relates to failure to expand the practitioner register; the Board agreed that this remains a key strategic risk with financial and reputational implications. There was noted overlap with external control risks and financial risk categories.
15. Risk 6 relates to staff; it was agreed to reword this; it's more about supporting staff to do an excellent job. Mitigations also should add detail regarding the very positive recent staff survey.
16. Risk 7 is about the number of SRbPA applications becoming unmanageable/decline in quality of assessment. New assessors have been recruited and trained, but projections of applications for the next few years will make another recruitment round essential. It was noted that there is some inconsistency around the likelihood of risk- if it's becoming more likely, it should be upgraded for inherent risk; this would make the risk 'red'.
17. Risk 8 relates to practitioner scheme capacity. This has significantly improved with the streamlining of processes and local changes. An additional mitigation- development of a national register of verifiers for cross region/nation activity will help and needs to be added to the Register.

Action: JL & AA to check in with scheme coordinators regarding waiting lists.

18. Risk 9 relates to financial risks, which includes lots of points of failure although unlikely. It was agreed that the detail of this risk relates to areas both within and outside of UKPHR control, so risks should be separated. Broadly financial controls in the organisation are good, but external elements should be separated out as they are mitigated in a different way.
19. Risk 10 relates to 'poor performance', but it was agreed that this should be reworded as it's more around QA, governance and oversight ie does UKPHR has the right governance/structure/function as a regulator to achieve its goals. The mitigations are clear, but the risk needs to be re-framed.
20. Risk 11 is around staff well-being. It was agreed that it is similar enough to Risk 6 that they should be combined.
21. Risk 12 is around higher level legislative changes that could impact the existence or status of UKPHR. The previous government had done a consultation around which health professions should be statutorily regulated, but there was no publication or

follow up. It is unlikely that this will be a priority for the current government. JL noted Institute of Regulation membership helps keep up to speed on broader regulatory trends. Mitigations should be updated. It was also noted that there could be better clarification about the role of UK government and Devolved governments regarding regulation, as the status is unclear. The risk should better reflect the four-country impact, and knowledge of how this works is an important mitigation.

22. Risk 13 relates to public health bodies in England, and the risks around significant changes during the past few years- and that will continue with the NHS England/DHSC merger. A close watch is being kept on developments. There was also some concern regarding ICBs covering expanded geographies and being given a prevention mandate; this could result in parallel health systems across the NHS and local authorities. Local authorities are also likely to further reconfigure. The risk needs to be updated.
23. Risk 14 relates to workforce gaps and professional burnout. UKPHR continues to engage closely with the FPH on consultant roles and workforce projections. UKPHR has now been invited to present to the FPH's workforce committee.
24. Risk 15 relates to the apprenticeships and the quality of the graduates joining the Register. There is no evidence that individuals are not meeting the standard, but the variation between programmes makes assurance extremely difficult. UKPHR currently does not have education quality assurance powers; if this becomes an issue this can be considered as part of the next strategy.
25. Generally the ARRC found the discussion useful and agreed that the Charity Commission's [document](#) was helpful.

Item 6- Any other business

26. No other business was raised.

Item 9 - next meeting on 24 July 2025