

Audit, Risk, & Remuneration Committee

26 March 2026

Present:	Duncan Vernon (DV) - Chair Rachel Flowers (RF) Helen Featherstone (HF) Jessica Lichtenstein (JL) Pav Johal (PJ) Chris Emmerson (CE) – Observer	Apologies:	Jenny Douglas Linda Smith James Sandy Joanna Dowd David Evans
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Item 1 – Welcome, apologies, and declarations of interest

1. The Chair welcomed the Committee. There were no apologies. Chris Emmerson attended as an observer ahead of the formal commencement of his Board term; it was noted that the meeting was quorate, with apologies from Jenny Douglas, Linda Smith, James Sandy, David Evans, and Joanna Dowd. No new conflicts of interest were declared. It was noted that Chris Emmerson had previously shared his declaration of interests with the Chief Executive.
2. It was noted that a decision on which committee Chris Emmerson would formally join had not yet been finalised, and that this would be discussed at the forthcoming strategy day. It was also noted that Jenny Douglas would be leaving the Board, and Linda Smith would be taking on the UKPHR Chair role, so would not be continuing on the Committee.

Item 2 – Minutes from the last meeting

3. The minutes of the meeting held on 22 January 2026 were presented and agreed as an accurate record without amendment. Members were reminded that minutes are published on the UKPHR website.

Item 3 – Action points and matters arising

4. Progress against all actions from the previous meeting was reviewed. The majority of actions were confirmed as on track or complete.
5. An update was provided on the action relating to the regulation of NHS managers by the Department of Health and Social Care (DHSC). The PSA has now added the risk to its accredited registers risk register and is taking it forward. It was agreed that, as UKPHR has no specific further actions to take at this point, the action can be considered complete from UKPHR's perspective, with the issue to be reflected in the risk register rather than maintained as a standalone action.

Action: JL to add regulation of NHS managers to risk register

Item 4 – Role regrading proposal

6. The Committee received a paper proposing the regrading of a staff member's role from Band 7 to Band 8, reflecting a significant and sustained expansion in responsibilities since the role was established.

7. The Committee noted the proposal with strong support in principle. Discussion centred on the importance of framing the business case around organisational need as well as individual development, and on ensuring that this decision does not create precedent or expectation of regrading for other staff where the business case does not apply. The Committee was assured that the circumstances of this case are specific and distinct from others in the team.
8. A question was raised about the timing of salary band reviews more generally. It was recalled that, when the banding framework was implemented, a review cycle had been agreed. The Chief Executive agreed to confirm the scheduled review period.
9. The Committee agreed to recommend the regrading to the Board for final approval, subject to the business case being reframed to make clear the organisational rationale. The staff member concerned is currently on maternity leave, and it was noted that this process should proceed without delay on those grounds, consistent with equalities obligations.

Action: JL to revise the regrading paper so that the business case is clearly framed around the organisational need, prior to submission to the Board for final approval.

Action: JL to confirm the agreed review period for the salary banding framework.

Item 5 – Staff salary increase 2025/26

10. This item was taken after the budget discussion (Item 7) to allow the Committee to consider pay recommendations in the context of the wider financial position.
11. The Committee discussed the benchmarking context for the annual pay review. Reference was made to: CPI inflation of 3% (to January 2026); the agreed 3.3% NHS pay uplift; CIPD projections of a median pay increase of 2.5–3% across all sectors; and anticipated local authority settlements likely to be in the region of 2.5%. The retail price index was also noted as a relevant comparator for the Board paper.
12. The Chief Executive confirmed that, prior to seeing the final budget position, a recommendation of 3% had been prepared, although she was keen to explore 2–2.5% in light of the budget pressures that had emerged. Discussion highlighted the importance of balancing financial prudence with staff retention, given the small team and the significant organisational knowledge held by long-serving staff.
13. The Committee agreed to recommend a 3% pay rise for all staff, including the Chief Executive, subject to the Board's approval of the wider budget. The Chief Executive's offer to be considered separately from the rest of the staff in any discussion was noted and commended. The Committee was satisfied that this recommendation is both financially viable within the proposed budget adjustments and consistent with the organisation's responsibilities to its workforce.

Action: JL to include a 3% pay increase for all staff in the budget paper presented to the Board, with contextual benchmarking information including RPI and percentage comparators.

Item 6 – Staff health cash plan

14. The Committee considered a proposal to introduce a health cash plan for staff, estimated at approximately £600 per person per year. This would provide reimbursement for dental, physiotherapy, and similar health expenses, as well as access to an employee assistance programme including a 24-hour mental health helpline.
15. The Committee discussed whether such a benefit could present reputational risk for a public health regulator and satisfied itself that a health cash plan – distinct from private health

insurance – does not present the same conflict of interest concerns. These types of plans are commonly used in smaller and charity organisations, as well as higher education. The Committee noted the value of the employee assistance programme element in particular, which the organisation has not previously had in place.

16. It was agreed to support the inclusion of a health cash plan in principle, subject to the Chief Executive investigating the available options and ensuring that pricing is stable and does not increase significantly in subsequent years. The Committee also suggested that the benefit's value and take-up be reviewed annually.

Action: JL to investigate available health cash plan options, assess pricing stability, and bring a recommendation to the Board as part of the budget paper.

Item 7 – Draft budget 2026/27

17. The Committee received and discussed a draft budget for 2026/27, noting that it had been prepared largely on a cash basis, reflecting what goes in and comes out every month. Figures for cash reserves reflect cash flow projections rather than accrual-based reserves. The Committee was reminded that the two measures may differ, particularly as the end-of-year reconciliation is still in progress with the organisation's accountant.
18. Overall income is projected to increase by approximately £30,000 year-on-year. Expenditure also continues to rise, though the expense budget is not significantly higher than last year due to a number of savings and changes in planned activity. However, the office move and associated dilapidations costs have had a material impact on the cash position, contributing to a lower-than-usual reserve level.
19. Concern was expressed at the low cash reserves projected for later in the financial year, with a view that additional savings of approximately £10,000 may be needed. The Committee supported a number of cost-saving measures and asked that these be reflected in the board paper.

PSA accreditation

20. PSA accreditation was confirmed as an annual statutory requirement. The Committee was satisfied that this cost must be maintained and noted the strategic value of PSA accreditation – including recent developments giving the PSA increased powers and a unified set of standards across statutory and accredited registers. The Chief Executive agreed to set out the case for PSA membership clearly in the board paper, particularly for newer Board members.

Annual conference

21. The Committee discussed options for the 2025/26 annual conference. The option of deferring the conference by approximately five months to bring it into the next financial year was considered the most straightforward way to reduce cost pressure this year. A second option was also noted: a potential joint event under the "Belonging in Public Health" initiative, led by ADPH and the Faculty of Public Health. UKPHR and RSPH have also been asked to be partners, and there is some external funding available. The Chief Executive was asked to pursue both options and report back.
22. The Committee agreed to recommend to the Board that the conference be deferred, recognising that the current period of system change across all four nations provides a legitimate and coherent rationale for doing so.

Professional development and staff training

23. It was noted that the current subscription to a virtual training platform Quarterdeck no longer represents value for money, and that the team's development needs have evolved. The Committee supported cancelling this subscription (a saving of £1,440 per year) while retaining budget for more targeted, bespoke training and for the Chief Executive's coaching, which the Committee viewed as important to maintain, albeit potentially at a reduced frequency.
24. A suggestion was made that the organisation develop an updated staff development plan in due course, reflecting the team's current interests including communications and technical/AI skills.

In-person meetings

25. The Committee discussed the cost of in-person board and strategy meetings. It was agreed to explore whether catering costs for the strategy day could be reduced, for example by using the canteen facility at the new office. Catering for the September board meeting could similarly be simplified. Any decision about converting a full in-person board meeting to a virtual meeting should be made by the full Board.
26. The Committee noted that, if all identified savings are implemented, the budget position improves by approximately £11,000–15,000, depending on final decisions, and asked that this be modelled clearly for the Board.
27. A recommendation was made that the budget paper should present options clearly, labelled as 'Option A/B', with a recommended option indicated. The paper should also show the percentage growth in income versus expenditure at a high level.

Action: JL to revise the budget paper for the Board to: (i) include a clear recommended option alongside alternatives; (ii) show percentage growth in income and expenditure; (iii) model the impact of identified savings including the conference deferral, training subscription cancellation, and catering adjustments; and (iv) include a short case for PSA membership.

Action: JL to consult the conference steering group and explore both the deferral option and the potential "Belonging in Public Health" joint event, and to report back to the Board.

Action: HF to offer support to JL and PJ in reviewing the budget ahead of the Board meeting.

Action: JL to develop an updated staff development plan for consideration at a future meeting.

Item 8 – Reserves policy

28. The Committee received an updated reserves policy. The Chief Executive noted that this is not substantially different from the previous version; the main changes are updated and more precisely researched figures for key financial risks, including the cost of organisation closure, staff compensation, and fitness to practise proceedings. These are less than originally presumed.
29. Figures for cyber attack and fraud risks are not quantifiable but the organisation holds relevant insurance to manage these risks. Judicial review insurance is also in place. The Chief Executive noted that existing insurance policies may additionally cover legal advice through a hotline facility, which would reduce routine legal costs; this will be investigated.
30. The policy sets out two financial thresholds: a minimum operational reserve (approximately £35,000, representing core running costs and a proportion of fitness to practise risks) and a target reserve of £65,000. Clarification was given that the minimum represents an absolute floor and the target a longer-term aspiration. The Committee requested that the policy articulate the distinction between these two levels more clearly.

31. The Committee supported recommending the reserves policy to the Board for approval. It was noted that the current budget projections mean reserves will temporarily fall below the target level, and that the policy should be presented alongside the budget so the Board can see how the measures agreed today respond to this. The Committee noted that the fitness to practise mitigation measures and the new employer responsibilities framework should be reflected in the risk register as mitigating actions.

Action: JL to revise the reserves policy to clarify the distinction between the minimum operational reserve and the target reserve, and to check insurance cover for routine legal advice.

Action: JL to present the reserves policy to the Board alongside the budget, demonstrating how current financial decisions are consistent with the policy.

Action: JL to include the new fitness to practise and employer responsibilities framework as a mitigation in the risk register.

Item 9 – Risk register

32. The Committee noted that the risk register had been reviewed, with only minor changes since the last meeting. A deep-dive review of the risk register is planned for the next Committee meeting in May.
33. Two additional risk areas were identified during the meeting for consideration in the next register update: the financial risk relating to fitness to practise proceedings (discussed under the reserves policy), and the implications of local government reorganisation for the public health workforce in England. The Committee noted that recent announcements suggest the Government may proceed with reorganisation at a smaller population threshold than previously indicated, potentially creating a significant number of Director of Public Health vacancies in an already stretched labour market. The Committee noted that, while this is primarily an English issue, the four-country dimension should be acknowledged given the organisation's UK-wide remit.

Action: JL to consider adding fitness to practise financial risk and local government reorganisation (and its workforce implications) to the risk register, ahead of the next deep-dive review.

Item 10 – Close / date of next meeting

34. The Chair thanked all members for their contributions to a full and substantive agenda. It was confirmed that the next scheduled meeting of the Audit, Risk and Remuneration Committee will take place following the next Board meeting, with a risk register deep-dive on the agenda. The full Board strategy day will take place in April.