

Assurance Framework V4.1

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.
 - 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 Executive Leadership Team will review the framework on a regular 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.
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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 meets regularly and is proactive in planning activities and risk management • The Senior Management team meet monthly to discuss Directorate operational matters such as the risk registers 	<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 Senior Management Team 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 2024/25 – Overseen by CE by July 2024) • Board learning and development plan produced annually based on appraisals and reviewed by the Nominations Committee in 24/25 this should focus on new and incoming Board members needs – Head of HR and Governance by June 2024

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"> • 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 • Annual assessment review of Board effectiveness 	<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 Executive Leadership Team. • Key performance indicators (KPIs) are discussed at Senior Management Team Team 	<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 review of committee effectiveness undertaken and reported to the Board Informal contact between Board members. 	<p>and reported to Board.</p>			
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 Executive Leadership Team Strategic reviews are undertaken when necessary Link between PSA's strategic objectives and individual objectives Strategies for individual areas which link to 	<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 Periodic reporting to the Board of the project dashboard 	<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 Department for Health and Social Care and Department for Education feedback on 	<ul style="list-style-type: none"> Directorates to consider whether the key performance indicators are still appropriate and relevant or if they should be changed - Led by CE by July 2024 Periodic reporting to the Board of the project dashboard (ongoing)

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	<p>PSA's strategic objectives are in place</p> <ul style="list-style-type: none"> Staff and management project groups in place. 		<p>the Business Plan and Fees Consultation.</p>	
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 regulators' performance against 	<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. The Scrutiny Committee considers 	<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"> Directorates to consider whether the key performance indicators are still appropriate and relevant or if they should be changed - Led by CE by July 2024

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<ul style="list-style-type: none"> Board reviews and challenges risk register twice a year Scrutiny Committee provides rigorous oversight of Authority's s29 responsibilities (with periodic involvement of Audit and Risk 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. 	Standards of Good Regulation.	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 2024)

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<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 Executive Leadership Team regularly</p> <ul style="list-style-type: none"> • Executive Leadership Team 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 	<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. 		

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	the audit findings.			
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 	<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 	<p>To review the cyber security training plan in 24/25 to assess if this can be strengthened – DPO and IT Manager by July 24.</p>

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	<p>internally once a year and externally twice a year (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 annually in August to carry out detailed review of draft budget 	<ul style="list-style-type: none"> • Finance report to SMT monthly • Head of Finance meets 	<ul style="list-style-type: none"> • Board approves annual budget • Board receives financial reports at each meeting 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually, this includes input into ARC meetings 	

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<ul style="list-style-type: none"> • Board approves annual budget . • Board receives financial reports at each meeting • 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 	<p>with budget holders monthly</p>	<ul style="list-style-type: none"> • Audit and Risk Committee receive reports from internal audit every second year on 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 	<ul style="list-style-type: none"> • External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings • 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. 	

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<ul style="list-style-type: none"> • Audit and Risk Committee reviews annual report and accounts and advises Board • Board reviews and approves annual report and accounts • Financial controls regularly included in internal audit plan • Scheme of delegation reviewed regularly 		<p>accounts and advises Board</p> <ul style="list-style-type: none"> • Board reviews and approves annual 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 	<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 	<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 twice a year • Nominations Committee oversee HR strategies 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Learning and development plan produced annually for Board based on appraisals and reviewed by the Nominations Committee in 24/25 this should focus on new and incoming Board members needs – Head of HR and Governance by June 2024 • Ensure People Strategy progress is reported quarterly at Senior

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<ul style="list-style-type: none"> • Human Resource areas regularly included in internal audit plan • People strategy in place and updates on the strategy and people matters provided to each Board meeting • Learning and development requirements and implementation is overseen by the Executive Leadership Team 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. 	<ul style="list-style-type: none"> • Changes to the Employee Handbook are reviewed by the Executive Leadership Team when required and staff are consulted on any changes which affect them • The Employee Handbook is reviewed externally once a year by our HR third party advisor • Annual accreditation is from the Disability Confident Scheme sought to ensure best practice • The EDI group meet regularly, and issues are reported to the 	<p>affecting pay and benefits</p> <ul style="list-style-type: none"> • Nominations Committee oversees recruitment to Chief Executive and Director positions • 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. 		<p>Management Team meetings</p>

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	Executive Leadership Team.			
Risk 8: Relationships with stakeholders are sound				
<ul style="list-style-type: none"> • Chair holds bilateral meetings with Chairs of regulators and reports to Board • 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, 	<ul style="list-style-type: none"> • Head of Stakeholder engagement provides monthly updates to the Senior Management Team • Chief Executive and Executive Leadership Team meet regularly with the Department of Health and Social Care • Chief Executive and Standards and Policy team meet regularly with Devolved Administrations. 	<ul style="list-style-type: none"> • Chair and CEO report regularly to the Board on meetings with key stakeholders • 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 reports on their actions. 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually (ad hoc) and feedback at ARC meetings 	<ul style="list-style-type: none"> • Building a SRM system to better record and administer stakeholder activity – Work ongoing Head of Communications to be completed 2024/25

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<p>Department of Education and Privy Council</p> <ul style="list-style-type: none"> • Periodic independent stakeholder perception survey and reports to Board • Stakeholder strategy and plans are in place • 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 	<ul style="list-style-type: none"> • Executive Leadership Team discuss current issues on a weekly basis • SMT meet monthly to review operational matters 	<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 	<ul style="list-style-type: none"> • Internal audit (RSM) • External audit (NAO) 	<ul style="list-style-type: none"> • Directorates to consider whether the performance indicators are still appropriate and relevant or if they should be changed - Led by CE by July 2024

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<p>Risk Committee periodically.</p>	<ul style="list-style-type: none"> Staff insight is sought through staff and manager forums The Business Continuity Plan is tested annually Chief Executive and Executive Leadership Team oversee the publication of appropriate advice and guidance. 	<ul style="list-style-type: none"> 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 Audit and Risk Committee regularly and to the Board annually. 		
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 	<ul style="list-style-type: none"> Executive Leadership Team discuss the action plan monthly Staff insight is sought through updates at the all staff meeting the EDI group and staff and 	<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 2024-25 – EDI manager June 2024 To deliver the action plan for 2024-25 by 31 March 2025

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<ul style="list-style-type: none"> Equality Impact assessments are carried out on all new projects/policies. 	manager forums,			

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

Version	Description of Version	Date Completed
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
3.2	<p>Minor changes recommended by ARC;</p> <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

Version	Description of Version	Date Completed
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