

Professional Standards Authority for Health and Social Care

Annual Report and Accounts 2023/2024

ISBN: 978-1-5826-4919-3
E03130204



Professional Standards Authority for Health and Social Care

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HC40
SG/2024/108

Professional Standards Authority for Health and Social Care

Annual Report and Accounts 2023/2024

Presented to Parliament pursuant to Schedule 7, Paragraph 16 (2) of the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and the Health and Social Care Act 2012.

Laid before the Scottish Parliament by the Scottish ministers under the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and the Health and Social Care Act 2012.

Laid before the Northern Ireland Assembly in accordance with the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and the Health and Social Care Act 2012.

Laid before the Welsh Parliament in accordance with the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and the Health and Social Care Act 2012.

Ordered by the House of Commons to be printed 25 July 2024.

HC40
SG/2024/108





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ISBN 978-1-5286-4919-3

E03130204 07/24

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the HH Global on behalf of the Controller of His Majesty's Stationery Office

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Foreword from the Chair and Chief Executive

We are pleased to introduce this annual report for 2023/24. This year we have continued our work to protect patients, service users and the public by improving the regulation and registration of health and social care professionals. We support high standards in regulation and registration through our performance review, assessments of fitness to practise cases (section 29), the Accredited Registers programme, policy and communications functions. We have maintained our commitment to promoting equality, diversity and inclusion (EDI) and to supporting the reform of professional regulation. We also delivered a number of commitments arising from our *Safer care for all* report published in September 2022.

We oversee the work of 10 statutory bodies that regulate health and social care professionals in the UK. In undertaking our oversight role, we strive to strike a proper balance between scrutiny on the one hand, and advice and support on the other. During 2023/24 we embedded the changes made to our performance review processes in 2022/23 to ensure they continue to be proportionate and that they contribute to improvements in professional regulation. All reports were published within three months of the end of the performance review period. Towards the end of 2023/24 we introduced new requirements for the regulators for our EDI Standard. We have increased our expectations of what regulators should be doing to promote EDI and will be looking carefully at performance against this Standard in 2024/25.

In our scrutiny reviews of regulators' performance over the year, we have found that they have generally performed well against the standards we set. Across all the regulators an average of 94% of the standards were met and four of the regulators met all the standards. Six of the regulators did not meet Standard 15 of the Standards of Good Regulation. This is a fitness to practise standard and the primary reason for it not being met is that it is taking too long to

complete cases. This is not good for regulators, registrants, and patients and service users. We will be monitoring this situation very closely in 2024/25.

In reviewing regulators' decisions about whether individuals on their registers are fit to practise, we find that the bulk of cases are managed to a high standard, with findings and sanctions that protect the public appropriately. However, every decision counts and there is room for further improvement. During 2023/24, 24 appeals under our section 29 powers were completed. All but one of these appeals were either upheld or settled. One appeal was dismissed – the judge did not agree with our view that the decision by the regulator was insufficient to protect the public.

The Accredited Registers programme has an important part to play now and in future, providing assurance for the public in relation to unregulated health and social care sectors. The programme now covers approximately 130,000 practitioners across 28 registers. In February 2024 we held a seminar for the Accredited Registers, which included sessions on complaints resolution, fitness to practise research, mental health support and advertising of healthcare services. We will be introducing an EDI standard for the registers in early 2024/25 and reviewing the position on safeguarding checks in the light of the government review of the disclosure and barring regime.

Our *Safer care for all* report, published in September 2022, highlighted the key challenges for patient safety in the UK and the role of professional regulation in addressing these challenges. In 2023/24 we worked with regulators, Accredited Registers, stakeholders in health and social care, patients, service users and governments to take forward the recommendations in the report to improve the safety and quality of care for all. This work included a symposium on collaboration, a joint seminar with the Parliamentary and Health Service Ombudsman on tackling barriers to

complaints, and a research conference on the *Safer care for all* themes in November 2023.

Our remit covers all four countries of the UK. As part of our commitment to working effectively with the respective governments, and to provide opportunities for stakeholder engagement, we hold Board meetings and seminars across the four nations of the UK on a revolving basis. Board meetings and stakeholder events were held in May and September 2023 in Northern Ireland and Scotland respectively. We also held a joint seminar with the Welsh Government in March 2024 and plan to hold our Board meeting in July 2024 in Cymru/Wales.

To conclude, it has been a successful and productive year for the Professional Standards Authority. As we look forward to 2024/25 and beyond, we remain as committed as ever to improving regulation and registration to protect the public.

Caroline Corby (Chair)

Alan Clamp (Chief Executive)

**Annual
Report and
Accounts
2023/2024**

1. Performance report

Performance overview

- 1.1 This report sets out the work of the Professional Standards Authority over the last year.

About the Professional Standards Authority

- 1.2 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 2012¹. In brief, the PSA protects the public by raising standards of regulation and registration of people working in health and care.
- 1.3 The PSA has a board comprising seven non-executive members and one executive member who is appointed by the Board.
- 1.4 The non-executive members are appointed by the Privy Council, Scottish and Welsh ministers, and the Department of Health in Northern Ireland.
- 1.5 The PSA is primarily funded by the fees paid by the regulators we oversee. Under the Acts of Parliament that govern what we do, we have the powers to carry out a range of activities to promote the health and wellbeing of patients, and the wider public in relation to the regulation of health and social care professionals.
- 1.6 We have duties and powers in relation to:
- The oversight of 10 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.
- 1.7 We report to the UK Parliament and work closely with the devolved administrations in Northern Ireland, Scotland and Wales, and with the Department of Health and Social Care (DHSC) and the Department for Education in England, to deliver our statutory obligations and the key objectives of our business plan. This includes identifying and responding appropriately to both internal and external risks.
- 1.8 The PSA is an entity classified to central government and part of the Department of Health and Social Care's accounting boundary. Therefore, our accounts are consolidated into DHSC's accounts.

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

Performance analysis

What we do

Regulatory and standards setting work

- 1.9 We have powers to:
- Investigate, compare and report on the performance of each regulator. We are specifically required to report to Parliament on how far each regulator has complied with any duty imposed on it to promote the health, safety and wellbeing of patients, and the wider public
 - Audit the initial stages of fitness to practise cases and report on our findings in relation to each regulator
 - Review the outcome of final fitness to practise cases and refer them to Court if we consider that the outcome is insufficient to protect the public²
 - Give directions requiring a regulator to make rules under any power the body has to do so.
- 1.10 We promote the health and wellbeing of patients and the wider public in the regulation of health and social care professionals. To do this, we listen to people's views and concerns and consider them when developing our work.
- 1.11 We assist the Privy Council in the exercise of their appointment powers in respect of the regulators and support the quality of appointments to regulators' councils³. In consultation with the regulators, we have produced standards for the Privy Council relating to recruitment and appointments to the regulators' councils.
- 1.12 We scrutinise and oversee the work of the 10 regulators that set standards for the training and conduct of health and social care professionals.
- 1.13 We promote good practice and right-touch regulation. We work with the regulators to improve quality and share good practice. For example, we share learning points arising from the scrutiny of fitness to practise cases and organise seminars to explore regulation issues.
- 1.14 We share good practice and knowledge with the regulators, conduct research and introduce new ideas about regulation to the sector. We work closely with, and advise, the four UK government health departments and the Department for Education in England (in respect of Social Work England) on issues relating to the regulation of health and care professionals.
- 1.15 The regulators are the:
- General Chiropractic Council (GCC) which regulates chiropractors in the UK
 - General Dental Council (GDC) which regulates dentists, dental nurses, dental technicians, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists in the UK

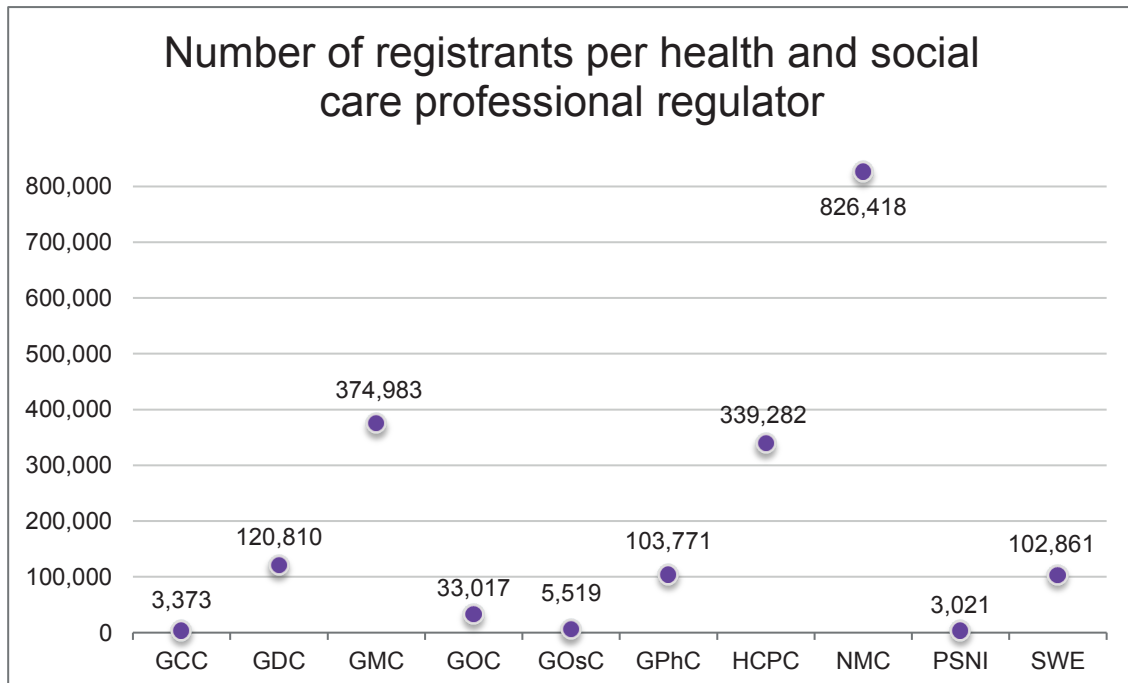
² As of 31 December 2015 the phrase 'insufficient to protect the public' replaced the phrase 'unduly lenient'.

³ This does not apply to SWE or PSNI

- General Medical Council (GMC) which regulates doctors in the UK
- General Optical Council (GOC) which regulates optometrists, dispensing opticians, student opticians and optical businesses in the UK
- General Osteopathic Council (GOsC) which regulates osteopaths in the UK
- General Pharmaceutical Council (GPhC) which regulates pharmacists, pharmacy technicians and pharmacy premises in England, Wales and Scotland
- Health and Care Professions Council (HCPC) which regulates arts therapists, biomedical scientists, chiropractors/podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists and orthotists, radiographers and speech and language therapists in the UK
- Nursing and Midwifery Council (NMC) which regulates nurses and midwives in the UK and nursing associates in England
- Pharmaceutical Society of Northern Ireland (PSNI) which regulates pharmacists and pharmacy premises in Northern Ireland
- Social Work England (SWE) which regulates social workers in England.

1.16 Details of the number of registrants in each health and social care professional regulator we oversee (as at 31 March 2024) are shown below.

Table 1 Number of registrants per health and social care professional regulator



Accredited Registers

- 1.17 We have a statutory role in strengthening quality and patient safety by setting standards and accrediting registers of people working in occupations not regulated by law. As at 31 March 2024, there were 29 Accredited Registers.
- 1.18 The purpose of accreditation is to improve the quality of registration carried out by the organisations holding these registers and to promote good standards of behaviour, technical competence and, where relevant, business practice by their registrants. It is intended to enhance public protection and support choice by members of the public when seeking services from practitioners in occupations not regulated by law. It is a proportionate means of managing risks.

Commissions from Government(s)

- 1.19 We support the work of the Secretary of State for Health and Social Care, the Secretary of State for Education, the Welsh Parliament, Scottish ministers and the Department of Health Northern Ireland by providing advice about the regulation and standards of health and social care professionals. We also provide advice on other matters when asked to do so.
- 1.20 The Secretaries of State and Health Ministers in Scotland, Wales and Northern Ireland may also ask us to investigate matters of concern. As set out in the Health and Social Care Act 2012, the Department of Health and Social Care and devolved administrations pay a fee, determined by the Authority, for this work. There were no commissions in 2023/24.
- 1.21 We consult with the UK government and the governments in Wales, Scotland and Northern Ireland on the development of guidelines for the sector and respond to their consultations. In addition, we keep abreast of international developments that may affect health and social care regulation in the UK. We work with colleagues in the UK and internationally, ensuring that we are aware of these developments and that we strengthen our relationships with these partners.

Advice to other organisations

- 1.22 Our legislation permits us to provide advice or auditing services to regulators and to others that have similar functions to those of a regulator, whether or not these functions relate to health or social care. This work is paid for by the organisation requesting the advice.

Our values

- 1.23 Our values describe how we work with colleagues and external stakeholders. We strive to promote, develop and demonstrate these values in everything we do. A positive culture leads to better performance and better outcomes for patients and the public.
- 1.24 Our values are:
- Integrity – we will be open, honest and trust each other
 - Transparency – we will be clear about our performance and the reasons for our decisions with all stakeholders

- Respect – we will treat each other, and those we work with outside the organisation, with respect at all times
 - Fairness – we will strive to be fair in all our decision-making
 - Teamwork – we will work in partnership to deliver better outcomes for patients and the public.
- 1.25 Our values are explicit in the way we work, how we approach our oversight of the registration and regulation of those who work in health and social care, how we develop policy advice and how we engage with all our partners. We strive to be consistent in the way we apply our values.
- 1.26 We are independent but hold ourselves accountable to the public and to the parliaments and assembly of the UK for what we do and how we do it.
- 1.27 We listen to the views of people who receive care. We seek to ensure that their views are considered in the registration and regulation of people who work in health and social care.
- 1.28 We develop and promote right-touch regulation.⁴ This is regulation that is proportionate to the risk of harm to the public and provides a framework in which professionalism can flourish and organisational excellence can be achieved.⁵ We apply the principles of right-touch regulation to our own work.

Our aim

- 1.29 We work to protect the public, set standards and encourage improvement in the registration and regulation of people who work in health and social care. The safety of the public is at the heart of everything we do.

Strategic objectives for 2023-26

- 1.30 We published our 2023-26 Strategic Plan in May 2023. Our strategic objectives are set out below.

Strategic aim 1

- 1.31 To protect the public by delivering highly effective oversight of regulation and registration.
- To deliver our statutory duties, targeting our resources where there is greatest risk to the public.
 - To support high standards in health and social care regulation and registration through our performance review, section 29, Accredited Registers, policy and communications functions.
 - To review and improve our processes (including legislative changes where necessary) to ensure they are effective and efficient.

⁴ Professional Standards Authority (2010). *Right-touch regulation*. Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

⁵ Organisational excellence is defined as the consistent performance of good practice combined with continuous improvement.

1.32 In 2023/24 we:

- Delivered robust and fair performance reviews of the statutory regulators; used our section 29 powers to review the outcomes of fitness to practise panels; managed the Accredited Registers programme; and reported our findings to Parliament.
- Evaluated the changes to our performance reviews and accreditation processes that were introduced in 2021/22 to identify opportunities for further improvements.
- Sought ways to increase the awareness and use of Accredited Registers by employers, patients and service users.
- Reviewed the impact of regulatory reform on our processes, together with legislative amendments for the Authority, in order to plan changes to how we work to protect the public.
- Provided feedback on reform legislation and plans for implementation of reform to ensure that changes are focused on public protection

Strategic aim 2

1.33 To make regulation and registration better and fairer

- To lead the development of more effective regulation through reviewing our standards, and undertaking other activities including research, policy advice and quality improvement initiatives, such as sharing good practice.
- To promote, influence and support regulatory reform.
- To promote and monitor equality, diversity and inclusion in our work and in those we oversee.

1.34 In 2023/24 we:

- Delivered many of our equality, diversity and inclusion (EDI) commitments in the *Safer care for all* report, including reviewing our own processes and introducing new approaches to assessing EDI for the regulators and Accredited Registers.
- Considered how safeguarding checks are used across regulators and Accredited Registers to ensure appropriate protection for patients and service users.
- Reviewed how we report our findings about the performance of regulators and Accredited Registers so it is clear what is done well and also providing challenge where improvements are needed.
- Undertook research, held a research conference, provided policy advice and shared good practice to improve regulation and registration.
- Promoted continued regulatory reform that is focused on public protection and supported the implementation of that reform.

Strategic aim 3

1.35 To promote and support safer care for all

- To work with others to establish the full range of functions recommended in *Safer care for all* for Health and Social Care Safety Commissioners in each of the four countries of the UK.
- To work with UK governments to develop regulatory strategies to support the workforce strategies.
- To work with regulators, Accredited Registers and other stakeholders to: promote positive workplace cultures; resolve any conflicts between business priorities and patient safety, and between safe spaces, accountability and the duty of candour.

1.36 In 2023/24 we:

- Reviewed the remit of the Patient Safety Commissioner for England and the introduction of a similar role in Scotland, and made recommendations in relation to the scope and delivery of these roles.
- Explored the case for Health and Social Care Safety Commissioners (or equivalent functions) for Wales and Northern Ireland.
- Engaged with UK governments to review how regulatory strategies might be developed that will help to support national workforce strategies.
- Convened policy discussions to review how safe spaces, individual accountability and the duty of candour can work together in the interests of positive workplace cultures and patient and service user safety.

Business principles

1.37 We started operating with four work streams in 2012 and have, in the intervening period, increased the rigour of separation between them. We nevertheless recognise that our stakeholders will be looking for transparency with regards to how we operate.

1.38 We set out below the principles that we work to:

- **Regulatory and standards setting work:** All fees from the regulators are applied solely to our statutory functions of regulatory oversight and improvement as set out in our legislation. Any surplus or deficit generated against our budget as approved by the Privy Council will be used in the calculation of the following year's fee
- **Accredited Registers:** All fees for accreditation or renewal from registers are applied solely to provide and develop the Accredited Registers programme. Any surplus generated will be retained for the benefit of the programme
- **Commissions from Government(s):** The pricing of commissions and consultancy contracts will cover all costs associated with the work. Any surplus arising will be deployed at the Board's discretion to support our organisational objectives in the public interest
- **Advice to other organisations:** The pricing of commissions and consultancy contracts will cover all costs associated with the work. Any surplus arising will be deployed at the Board's discretion to support our organisational objectives in the public interest.

-
- 1.39 Surpluses will be applied according to these principles after the requirements of our reserves policy have been met.
- 1.40 To ensure transparency we will:
- Publish our annual accounts and fully disclose our audited financial statements (Pages 69 to 72)
 - Show clearly our income and expenditure in relation to each of our four functions
- 1.41 In conjunction with these principles our Board has established a reserves policy.
- 1.42 The Authority has agreed to hold minimum reserves of three months' budget operating costs of circa £1.2 million for 2023/24, within which it draws a distinction between:
- A restricted element associated with regulatory and standards work
 - An unrestricted element associated with all the Authority's work.
- 1.43 The level and make-up of our reserves is reported later in our financial accounts (p87)
- 1.44 Any money taken from reserves during the year which reduces them below the minimum level agreed will need to be replaced in the following year(s).



Alan Clamp,
Accounting Officer
11 July 2024

2. Key performance indicators

- 2.1 This section explains how we measure performance. In our annual business plan, we set out various key performance indicators (KPIs) for our work. We review them as part of the work programme of the Senior Management Team and report them to the Board. We discuss them with officials in the Department of Health and Social Care and the administrations in Scotland, Wales and Northern Ireland at our periodic information-sharing meetings.
- 2.2 Our performance against those KPIs that are most likely to be of public interest during 2023/24 is set out below:

Area of work	Key performance indicators	Performance in 2023/24
Finance	To pay undisputed invoices: 100% in 10 days	97% [811/833] ⁶
	Budgeted expenditure variance less than 5% (excluding Section 29 that is outside our control)	2% [4,564/4,473]
	Payment error rate less than 3%	0% [0/833]
	Late purchase order (PO) rate less than 10%	8% [31/371]
HR	Staff sickness no more than 2%	2.3% [255.5/11,018] ⁸
	Staff turnover to be less than 15%	11.1% [5/45]
	Average recruitment process less than 12 weeks	9.5 weeks
	Vacancy rate no more than 5% ⁷	4.5%
ICT	85% of helpdesk calls to be closed within 1 day	100% [280/280]
	System unavailability below 10 hours	0
Information security	Zero Incidents reported to the Information Commissioner's Office	0
Information requests	All (100%) Subject Access Requests dealt with within statutory deadlines	100% [2/2]

⁶ 3% of invoices were paid beyond the target date due to staffing capacity issues during the year.

⁷ Vacancy is defined as a vacant existing role where a staff member is no longer in place. This figure will not include new positions or temporary positions.

⁸ This is working days and includes 2 periods of long term sickness.

(FOI / SAR / EIR)	All (100%) Freedom of Information Act requests dealt with within statutory deadlines	100% [23/23]
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days	100% [3/3] 100% [3/3]
Health and safety	No reported incidents causing harm	0
Section 29 decisions	Number of cases received [compared with last year] – Number of cases considered at case and statutory deadline meetings [compared with last year] – Appeals lodged [compared with last year] – 100% of relevant decisions considered within statutory deadline	2385 [2335] 46 [26] 30 ⁹ [18] 99.9% (2204/2207 ¹⁰)
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2023	99% (354/358) ¹¹
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment. 90% of decisions about the annual check within one year of the previous assessment.	97% (28/29) 93% (27/29) 88% ¹² (67/76)

⁹ Including joining one GMC appeal under s.40B of the Medical Act.

¹⁰ Including two cases that were sent to us by regulators after our appeal deadline had passed, and one case that was closed after its deadline following a detailed case review where no further action was recommended. .

¹¹ Four concerns missed the KPI by one, two, five and 13 days respectively. These related to administrative errors in missing correspondence in mailboxes.

¹² There has been a significant increase in the number of open Conditions over the past twelve months, driven by ARs having their first assessments against the minimum requirements. This,

	<p>95% of Conditions are reviewed within two months of when they were due.</p> <p>95% of targeted reviews are completed within three months of the date initiated</p> <p>90% of decisions are made on new applications for accreditation within two months of all information received.</p>	<p>75%¹³ (3/4)</p> <p>100% (6/6)</p>
Website usage	<p>Website usage from April 2023-March 2024</p> <ul style="list-style-type: none"> • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages 	<p>623,572</p> <p>191,281</p> <p>107,867</p>

Performance analysis

- 2.3 As this report shows, we have continued to focus on public protection, the improvement of professional regulation and registration and the effective delivery of all our statutory functions. We have worked hard to ensure that we have maintained the quality of our performance.
- 2.4 The volume of work carried out by staff has remained high. We are appreciative of the support and collaboration that we have received from the regulators, particularly their cooperation with the business planning cycle and fee consultation.

combined with delays in submissions from some Registers has caused us to miss the target. Performance against this KPI is continuing to gradually improve each month and is expected to be restored in full by July 2024.

¹³ Targeted review of the British Association of Counselling and Psychotherapy (BACP) delayed by approximately one month due to the need to gather additional information from the BACP and other stakeholders. Report published in March 2024.

3. Regulatory and Accreditation work

Section 29

- 3.1 Under Section 29 of the National Health Service Reform and Health Care Professions Act 2002, we can refer final fitness to practise (FTP) decisions made by the panels of the 10 regulators to Court (a referral by us is treated as an appeal by the Court) if we consider that the decision is not sufficient to protect the public.
- 3.2 This year we have seen a slight increase in the number of FTP decisions notified to us by the regulators, from 2,335 in 2022/23 to 2,385 in 2023/24 (see table 2).
- 3.3 The largest proportion of the decisions that we reviewed (44%) were NMC FTP decisions.
- 3.4 Of the 2,385 FTP decisions we received in 2023/24, 548 had resulted in the regulator removing the registrant's name from its register, not restoring them to the register, or suspending them indefinitely, therefore raising no concerns about public protection and requiring no PSA intervention. We also do not look at cases where a review panel has adjourned and imposed an interim restrictive sanction, or imposed a further suspension, a suspension following a period of conditional registration, or where a suspension has been imposed for the maximum period in a case involving the registrant's health, performance, language impairment, or non-compliance with the regulatory process. Under this approach, 324 cases were closed. A further 72 NMC cases were closed following a finding of impairment but where the registrant's registration had lapsed during the FTP process. In these cases, should the registrant apply for restoration, the previous FTP concerns would be referred back through the FTP process.
- 3.5 Of the FTP decisions received during 2023/24, we requested further information and undertook detailed case reviews in 85 cases (3.6%), compared to 80 (3.4%) in 2022/23.
- 3.6 During 2023/24, we considered 32 FTP decisions at statutory deadline meetings and 17 FTP decisions at Section 29 case meetings (four of which were case meetings that confirmed an appeal following a statutory deadline decision). There was also one meeting held to consider whether or not to become a party to a GMC appeal. By way of comparison, in 2022/23, 20 Section 29 case meetings were held, and there were six statutory deadline decision meetings.
- 3.7 We referred 29 cases to Court under our Section 29 jurisdiction (11 more referrals than in 2022/23) and became a party to one GMC appeal under Section 40B. Our statutory deadline decision making process was used in 21 of these appeals.
- 3.8 Our appeals in 10 cases referred within this financial year were upheld or settled by consent, and one was dismissed. The remaining 18 cases plus the one Section 40B appeal are being listed for hearing in the 2024/25 financial year, the outcomes of which will be reported in next year's annual report.

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- 3.9 In 13 of the cases that we considered at Section 29 case meetings (or under the statutory deadline decision making process) but which we decided not to refer to Court, we identified learning points to feed back to the regulators. In the remaining three cases that we did not refer, we did not identify learning points that required feeding back.
 - 3.10 This year we have seen an increase in the percentage of cases referred to Court (up to 1.3% from 0.77%) when compared to the previous year (see table 3).
 - 3.11 Of the 29 referrals to Court under the Section 29 jurisdiction that we made in 2023/24, 17 related to NMC panel decisions, five related to GPhC panel decisions, four related to HCPC panel decisions, two related to decisions made by the Medical Practitioners Tribunal Service and one to a Social Work England panel decision. We also became a party to one GMC appeal under Section 40B relating to a decision made by the Medical Practitioners Tribunal service.
 - 3.12 Of the 15 referrals to Court made in 2022/23 that were unresolved in that financial year, 13 have been resolved. All 13 were upheld after hearing or being settled by consent. One remaining appeal from 2021/22 was also resolved and settled by consent. The remaining two appeals from 2022/23 will be reported in next year's annual report.

Table 2 Number of fitness to practise cases received annually

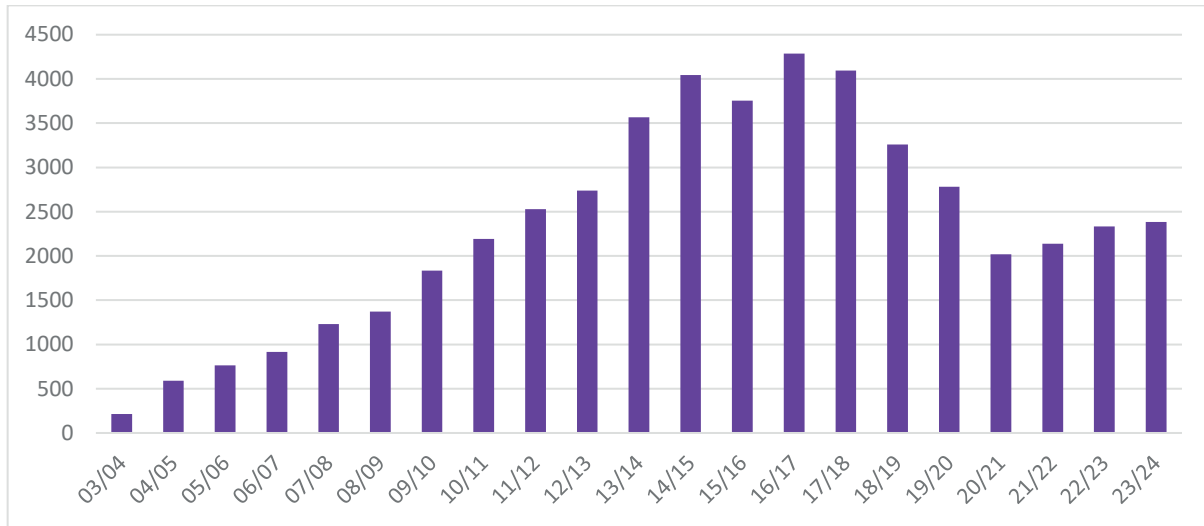


Table 3 – Number of cases referred to Court annually

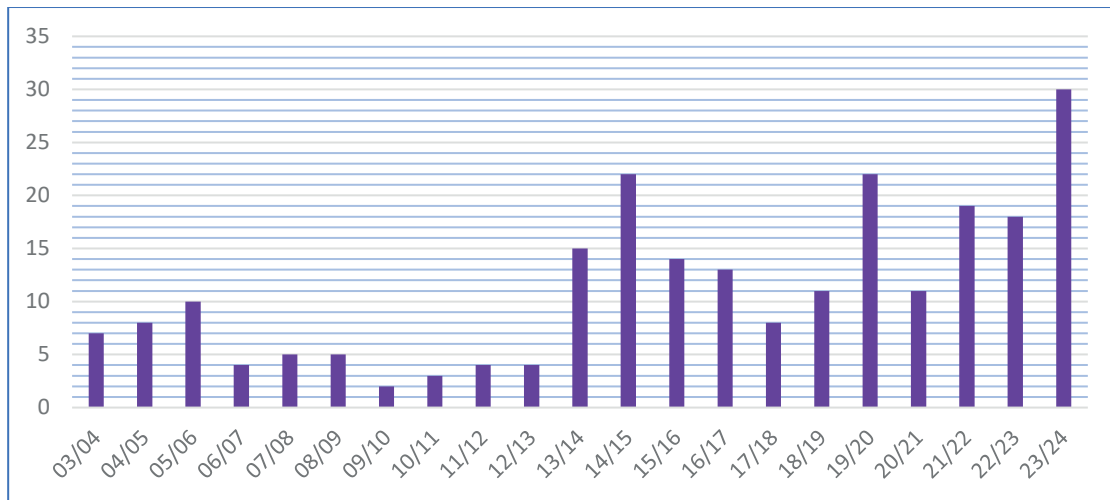


Table 4 – Progress of cases referred to Court

Regulator	No of determinations referred to Court under Section 29 of the 2002 act	Outcome
NMC	17	<p>One appeal was upheld following a hearing. The Court quashed the decision and the case has been remitted to the NMC for redetermination of sanction.</p> <p>Four appeals were settled by Consent Order. In each of these appeals, the Court approved the Consent Orders upholding the appeal and quashing the decisions. These cases have been remitted to the NMC for rehearing.</p> <p>We expect the remaining 12 appeals to be concluded in 2024/25.</p>
GPhC	Five	<p>One appeal was dismissed after hearing.</p> <p>Three appeals were settled by Consent Order. In all cases the Court approved the Consent Orders upholding the appeals and quashing the decisions. Two cases have been remitted to the GPhC for rehearing of amended cases before a fresh panel. In the third case, suspension with review substituted for a shorter period of suspension.</p> <p>We expect the remaining appeal to be concluded during 2024/25.</p>
HCPC	Four	<p>One appeal was settled by Consent Order. The Court approved the Consent Order upholding the appeal and quashing the decision. The case has been remitted to the HCPC for rehearing of an amended case before a fresh panel.</p> <p>We expect the remaining three appeals to be concluded during 2024/25.</p>
GMC	Two	<p>We expect both appeals will be concluded in 2024/25.</p>

SWE	One	The appeal was settled by Consent Order. The Court approved the Consent Order upholding the appeal, quashing the decision and substituting removal.
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Performance review

- 3.13 We have a statutory duty to report annually on the performance of each of the regulators in fulfilling their duty to protect the public. We do this by assessing their performance against our Standards of Good Regulation. We review and report on each regulator’s performance each year. In undertaking our oversight role, we strive to strike a proper balance between scrutiny on the one hand, and advice and support on the other.
- 3.14 In our scrutiny reviews of regulators’ performance over the year, we have found that they have generally performed well against the standards we set. Across all the regulators a total of 94% of the standards were met and four of the regulators met all the standards. Six of the regulators did not meet Standard 15 of the Standards of Good Regulation due to the time it is taking them to complete fitness to practise cases. This continues to be a major concern for us, and we recognise the impact that prolonged fitness to practise cases have on all parties involved. We will be continuing to monitor this situation closely in 2024/25.
- 3.15 The Standards met by each regulator for the full review cycle covered by this financial year are included in the table below. We have included the review period for each regulator in the table to demonstrate that, while we have published the reports this year, the period for which we assess the regulator’s performance may be prior to this.

Table 5: Standards met by each regulator for reports published in 2023/24

Regulator	Standards met out of 18
General Chiropractic Council	18
General Dental Council	16
General Medical Council	18
General Optical Council	18
General Osteopathic Council	18
General Pharmaceutical Council	17
Health and Care Professions Council	16
Nursing and Midwifery Council	17
Pharmaceutical Society of Northern Ireland	15
Social Work England	17

Introducing a new approach to our performance reviews

- 3.16 During 2023/24, we came to the end of the first cycle of the new performance review approach that we introduced in early 2022. We evaluated the first year of the new approach and published this in October 2023¹⁴. Overall, we consider the first year of the new process to be successful and that we had achieved or partly achieved nearly all the key benefits sought from the new approach. We have begun addressing the additional work identified in the evaluation report and will complete this in 2024/25.
- 3.17 We set ourselves the target of publishing each report within three months of the end of a regulator’s review period and we met the KPI for all 10 regulators this year.

HCPC

- 3.18 In previous years we have reported on the performance of the HCPC and the steps it has taken to address the concerns we first identified in 2016/17.
- 3.19 We have continued to work with HCPC this year to monitor its progress against its fitness to practise improvement plan introduced in November 2020. We have seen improvements made by the HCPC this year and will publish

¹⁴ <https://www.professionalstandards.org.uk/publications/performance-review-detail/performance-review-evaluation-of-year-one-of-the-new-approach>

our report on the HCPC’s performance for the period covering April 2023 to March 2024 in summer 2024.

NMC

- 3.20 In accordance with our escalation policy, we have continued to update the Secretary of State about the NMC’s fitness to practise backlog.
- 3.21 We have also been engaging with NMC and stakeholders about whistleblowing concerns raised during the year. We are aware that the NMC has commissioned independent external investigations into the matters raised by the whistleblower. The outcomes of these investigations and how the NMC responds to them will inform any additional work we may undertake in the coming year.

Equality, Diversity and Inclusion

- 3.22 This year, we have introduced a new approach to how we assess Standard 3 (our EDI Standard), increasing our expectations of the regulators’ performance to drive improvement and strengthen the regulators’ approach in this area. The HCPC and GOsC are the first regulators to be assessed under the new approach. We will be sharing those findings in reports due to be published by the end of June 2024.

Data

- 3.23 As part of our evidence gathering for the performance review process, we collect a consistent set of data from the regulators quarterly, which allows us to identify trends over time and gives information to inform further work. We also collect an annual dataset from the regulators. The table below sets out some of the key statistics for the period 1 April 2023 to 31 March 2024. This information is rounded to one decimal place and has not been audited by us.

Data for 1 April 2023 to 31 March 2024	GCC	GDC	GMC	GOC	GosC	GPhC	HCPC	NMC	PSNI	SWE
Number of registrants	3,373	120,810	374,983	24,259 students 5,910 bodies 2,848 corporate	5519	64,393 pharmacists 26,067 pharmacy technicians 13,311 pharmacy premises	339,282	826,418	3,021	102,861
Number of new initial registration applications received	323	11,583	26,987	1,129	264	4,554	32,189	59,991	133	6497
Number of registration appeals concluded where no new information was	0	0	0	0	0	0	0	31	0	1

Data for 1 April 2023 to 31 March 2024	GCC	GDC	GMC	GOC	GosC	GPhC	HCPC	NMC	PSNI	SWE
presented, and that were upheld.										
Median time (in days) taken to process initial registration applications for:										
UK graduates	7	21	1	4.5	1	Pharmacist = 0 Pharmacy Technician = 0	3	0	17	0.4
International	7	63	17	4	1	Pharmacist = 0 Pharmacy Technician = 0	40	0	23	0
Annual retention fee	£800	Dentist £621 DCP £96	£433	£380 for registrant and businesses £30 for students	£320 year 1 £430 year 2 £570 year 3 Reduced rates for years 2 and 3 if practising overseas or if non-practising	£276 (Pharmacist) £130 (Pharmacy Technicians) £392 (Premises)	£116.36 (£58.18 for UK graduates for 2 years)	£120	£398 for registrants £155 for premises	£90
The time taken (in weeks) from receipt of initial complaint to the final investigating committee decision:										
Median time taken to conclude	54	102	32.6	41	33	104	61.7	93	98	90.1
The time taken (in weeks) from receipt of initial complaint to final fitness to practise hearing determination:										
Median time taken to conclude	123	137	119.1	72	79	149	162	155	116	138.9
The median time taken (in weeks) from initial receipt of complaint to interim order decision, and from receipt of information indicating the need for an interim order to an interim order decision:										
Receipt of complaint	36	12	9.9	13	11	10.2	19.9	4	11.5	44
Receipt of information	3	3	2.9	5	5	2.4	3.5	N/A	7.5	3.9
Number of registrant/ Authority appeals against final fitness to practise decisions:										
Registrant appeals	0	2	17	2	0	3	2	11	0	2
Number of judicial review applications where leave has been given	0	0	1	0	0	0	0	1	0	1

3.24 Variations in the statistical performance data for the different regulators reflect the size of their registers, their legislative constraints and the different environments in which they work. We recognise that regulators with smaller caseloads may well find their overall performance skewed by a small number of unavoidably lengthy cases or even very short ones.

Appointments

- 3.25 Appointments to eight of the regulators' councils are made by the Privy Council (the exceptions being the PSNI and Social Work England). The PSA scrutinises the process used by regulators to select candidates to recommend to the Privy Council for appointment. When we have completed our scrutiny, we advise the Privy Council if it can have confidence in the regulator's process.
- 3.26 We have set out for regulators the required standard for their appointments processes. We work closely with regulators, offering advice about how to meet the required standard and by promoting best recruitment and selection practice. For those appointments made through an open competition, we have an advance notice stage that allows us to scrutinise the regulator's plans and offer advice before they invite applications.
- 3.27 In 2023/24, we provided advice to the Privy Council in relation to 13 processes. Each of the eight regulators whose appointments we scrutinise ran at least one process. Six of these processes related to recommendations for appointment made following open competition covering a total of 12 vacancies, two for Council Chairs and 10 for Council members. The other seven processes related to council members seeking reappointment, with 13 council members recommended. We advised the Privy Council that it could have confidence in all of the processes we scrutinised.
- 3.28 We held our annual appointments seminar in January and we were again pleased with the good attendance and participation from all of the regulators whose appointments we oversee. We were also pleased to be joined once more by the Privy Council. The seminar focussed on good practice in undertaking Equality Impact Assessments, as well as discussing the role of independent panel members.

Concerns

- 3.29 While the PSA cannot investigate complaints about the regulators, we are contacted on most days by members of the public and by health and care professionals who want to share their experience of the regulators with us. We try our best to provide useful information in response to those concerns and will, on occasion, contact a regulator about a concern we receive.
- 3.30 All feedback we receive is carefully considered through our performance reviews process, with any issues requiring exploration through the review process identified.
- 3.31 During 2023/24 we received 388 concerns about regulators, a small increase on the previous year. The largest number of concerns we received (87) focused on decisions regulators made at the early stages of their fitness to practise processes not to take cases forward for further investigation or to a hearing. We also received 81 concerns about ongoing fitness to practise cases of the regulators. Many of these continue to concern delays in the progress of the regulators cases which we have noted in our assessments against the relevant Standards of Good Regulation.
- 3.32 We were contacted by 15 individuals wishing to raise their concerns about the final outcome of a fitness to practise hearing. We took these concerns into

account during our Section 29 reviews and, when our review was completed, explained the reasons for our decision whether or not to take action.

- 3.33 Following an increase last year, we continued to receive an increased number of concerns about the registration processes of the regulators (65). The driving force for the registration concerns we receive remains delays in the processing increased numbers of international applicants for certain professions.

Policy

- 3.34 We carry out a variety of work to help ensure that regulation protects the public effectively. This includes conducting research and publishing policy advice and looking forward to anticipate change and ensure regulation remains agile. Our objective is to ensure that regulation and registration are based on evidence of what works so that regulators and the Accredited Registers are effective at protecting the public. Our focus this year has been on regulatory reform and implementation of the recommendations we made in our *Safer care for all* publication (2022).

Legislative reform

- 3.35 In March 2024, the legislation to bring Anaesthesia Associates and Physician Associates into statutory regulation by the General Medical Council passed into law. The Anaesthesia Associates and Physician Associates Order introduces a new model of regulation, which will form the blueprint for reform for regulation of doctors, and all the other regulators we oversee in due course.¹⁵ The new model will grant the GMC and other regulators more independence to determine how they regulate. It will also give them new powers to dispose of fitness to practise cases without a hearing.
- 3.36 We support the aims of these reforms because they will give regulators the flexibility they need to adapt and improve. Building on our response to the consultation on the draft legislation, we have continued to support Government Officials drafting of the legislation with recommendations for improving the draft for the purposes of public protection. This work also aimed to ensure coherence with our own powers and legislation, enabling us to continue to oversee reformed regulators effectively within the scope of the Government's preferred approach.
- 3.37 A number of our recommendations were incorporated into the draft, however, there are still some outstanding policy and drafting areas where we believe further work is needed to improve the public protection effectiveness of the new model.
- 3.38 Alongside this, we have been developing guidance to support reformed regulators in their use of their new powers, specifically in relation to rule-making and dealing with fitness to practice cases without referral to a hearing. The bulk of this work to develop and consult on the guidance took place in the year 2023/24, and the guidance will be finalised in the first part of 2024/25.

¹⁵ With the exception of Social Work England.

Policy and research

- 3.39 In 2022, we published *Safer care for all – solutions from professional regulation and beyond*.¹⁶ Our report considered what more regulation can do to help tackle some of the major challenges facing the sector including tackling inequalities, regulating for new risks arising from changing models of care, facing up to the workforce crisis and balancing accountability, fear and public safety. Recognising the complexity of solving these problems we developed an initial two-year action plan. This year we held several events in support of our recommendations and began work on a regulatory strategy. We continue to advocate for improvements to the way inquiries are conducted; and for better coordination and oversight of the safety system by adoption of our recommendation for a Patient Safety Commissioner or similar function in each country in the UK.
- 3.40 We commissioned qualitative research to explore the perspective of the public, users of health and care services, and health and care professionals on the potential value, benefits and risks of a common code of conduct across all professionally regulated roles in health and social care. The research also sought views on the possibility of extending such a code to practitioners on Accredited Registers and non-clinical senior managers.
- 3.41 We reviewed 39 consultations and calls for views by other bodies against our criteria and responded to 28. This included the Times Health Commission, the Government's consultation on its approach to the regulation of Artificial Intelligence and DHSC's consultation on the disclosure of industry payments to the healthcare sector.

Stakeholder Engagement

- 3.42 We developed a new stakeholder engagement and communications strategy to underpin the 2023-26 Strategic Plan. We carried out a range of stakeholder engagement activities to support our strategic objectives and organisational priorities. Key areas of focus for engagement were regulatory reform and issues identified in our *Safer care for all* report including barriers to complaints, the role of health and care professionals in tackling health inequalities, and accountability, learning and public safety.
- 3.43 In January 2024, we launched a public consultation on draft guidance developed to help reformed regulators effectively utilise their new powers once they are in place. The guidance relates to planned changes to rulemaking and the fitness to practise process. As part of this consultation, we carried out targeted engagement with professional and patient/service-user bodies by running roundtables to gather their views on the draft guidance.
- 3.44 In March we held our seventh annual 'Regulatory developments and the Welsh context' seminar, which we host jointly with the Welsh Government. This year's event examined the role of professional regulation in retaining and building the health and care workforce.
- 3.45 We also engaged stakeholders in support of our Accredited Registers programme. This year, we have continued to develop our relationships with

¹⁶ <https://www.professionalstandards.org.uk/safer-care-for-all>

key bodies within the health and care system with the aim of raising awareness and recognition of the programme. Our stakeholder engagement has increased during this year and we have created valuable relationships with organisations in the healthcare sector which will support our communications work in the coming year.

- 3.46 On 28 February 2024, we held our annual seminar for Accredited Registers. The theme of the event was ‘Dealing with complaints and concerns’. We welcomed a range of speakers who presented on relevant topics including restorative justice, supporting witnesses, suicide prevention, and fairness.
- 3.47 We have continued to maintain regular engagement with stakeholders across the sector to support delivery of our statutory functions including through regular meetings, as well as speaking and attending external events such as the NHS Confed Expo and the Patient Safety Congress. We held stakeholder events in Northern Ireland and Scotland organised alongside our Board meetings held in these countries in May and September 2023.
- 3.48 In December 2023 the new Welsh Language standards came into effect. We engaged extensively with the Welsh Language Commissioner’s office and the health professional regulators in determining our approach to implementing the standards.

Accredited Registers

- 3.49 The PSA’s Accredited Registers programme covers approximately 130,000 practitioners over a range of more than 60 roles in health and social care. The number of practitioners increased by approximately 25% between January 2023 and January 2024.
- 3.50 Being accredited means that an organisation has satisfied us that it meets all our Standards for Accredited Registers¹⁷ (‘the Standards’) or can meet them with Conditions. Once accredited, the Register and its registrants are entitled to use the Authority’s accreditation Quality Mark (shown below). This allows the public, employers, and commissioners to choose a practitioner with confidence in their commitment to high standards.



- 3.51 Every Register we have accredited has been required to improve its practice in one or more areas to meet the Standards for Accredited Registers before gaining accreditation. Conditions (changes that must be made within a specified timeframe to maintain or achieve accreditation) and Recommendations (actions that would promote best practice but do not have to be completed to maintain accreditation) may be issued by our Accreditation

¹⁷ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/standards-for-accredited-registers.pdf?sfvrsn=cc2c7f20_6

Panels at initial accreditation and at renewal assessments to improve practice against the Standards.

- 3.52 In July 2021, we introduced changes to the programme following a strategic review. These included a new fees model that better reflected the size of Registers; changes to the assessment cycle that mean each Register now has a full assessment once every three years instead of annually, with an annual check in the intervening years; and the introduction of a new ‘public interest test’ (Standard 1b), to better assess the impact of accreditation.
- 3.53 2023/24 was the second full year of implementation of these new processes. Renewal fees were subject to a 4% inflation-linked increase on the previous year and consisted of a base fee of £10,920 and a per-registrant component of £5.93, with a total cap of £62,400. Fees for new applications remained at £14,350.
- 3.54 Registers can also apply for an initial, provisional decision against the new ‘public interest test’ before submitting a full application. The fee for this is 2023/24 was £1,352, which is refundable against the full cost of an application. This is proving a popular route for new Registers, with several Standard One applications received during 2023/24 as detailed below.

Accreditation decisions in 2023/24

- 3.55 Reports of accreditation decisions can be found on our *Accreditation Decisions* webpage.¹⁸

New applications and changes to organisations accredited

- 3.56 In July 2023, we accredited the Cognitive Behavioural Therapy Register UK (CBT Register UK). The CBT Register UK is run by the British Association for Behavioural & Cognitive Psychotherapies (BABCP) and the Association for Rational Emotive Behaviour Therapy (AREBT). It registers roles helping to provide access to evidence-based psychological therapies including Wellbeing Practitioners (Psychological Wellbeing Practitioners (PWP), Children Wellbeing Practitioners (CWP) and Education Mental Health Practitioners (EMHP)). People working in these roles in the NHS in England must be on the CBT Register UK or registered with the British Psychological Society (on their Wider Psychological Workforce register which is also accredited by the PSA) as a condition of their employment.
- 3.57 In December 2023, we accredited the British Occupational Hygiene Society (BOHS) register for occupational hygienists. Occupational hygiene describes the prevention of ill-health in the workplace by managing health risks, for example by controlling worker exposure to harmful substances.
- 3.58 In December 2023, we accredited the Institute of Trichologists (IoT). Trichologists seek to help clients with a range of hair and scalp conditions, including hair loss.
- 3.59 In January 2024, we accredited Athena Herd Foundation CIC (Athena Herd). Athena Herd registers people working within equine facilitated learning.

¹⁸ <https://www.professionalstandards.org.uk/what-we-do/accredited-registers/read-our-assessments/panel-decisions>

Equine facilitation is the term for a range of roles that involve working with horses to develop self-awareness. It is often combined with other therapeutic approaches, such as counselling, to provide an 'experiential learning' process.

- 3.60 Both the IoT and Athena Herd were accredited after the Accreditation Panel had initially adjourned and required the Registers to address further actions needed to meet the Standards. Both Registers were given a period of six months to address the actions. We extended this period to twelve months for the IoT to allow for significant changes to its governance arrangements as part of meeting our requirements.
- 3.61 During 2023/24 we continued to work on the new Standard One application received from for the Society for Clinical Perfusion Scientists in February 2023. Clinical Perfusion Scientists work as part of cardio-thoracic surgical teams and manage the heart-lung (cardiopulmonary bypass) machine during cardiopulmonary bypass procedures. This was a complex assessment, and we made a final decision in January 2024. We expect to publish our report in May 2024.
- 3.62 In February 2024, we received a new Standard One application from the Association of Traditional Chinese Medicine (ATCM). We expect to make a decision on this application in May 2024.
- 3.63 In March 2024, we received a new Standard One application from the Interpersonal Psychotherapy UK Network. We expect to make a decision on this application in June 2024.
- 3.64 On 31 March 2024, the Alliance of Private Sector Practitioners withdrew from the Accredited Registers programme.

Renewal assessments

- 3.65 We carried out 15 annual checks in 2023/24. Three of these resulted in Targeted Reviews. A Targeted Review is an in-depth review into one or more Standards, which can be triggered by significant changes or concerns being identified at an annual check, or through our Share Your Experience (SYE) process.
- 3.66 We carried out a Targeted Review into the Christians in Counselling and Linked Professions (ACC). We did not identify any key changes or concerns affecting the ACC's accreditation, and so no Conditions were issued. We carried out a Targeted Review of the British Association of Counselling and Psychotherapy (BACP), which resulted in three Conditions being issued in March 2024. We completed our targeted review of the Academy for Healthcare Science (ACHS), which was initiated as part of its 2022/23 annual check. This resulted in one Condition. In April 2024 we also completed our Targeted Review of Play Therapy UK (PTUK), which resulted in four Conditions.
- 3.67 We completed full renewal assessments for the Alliance of Private Sector Practitioners, the Complementary and Natural Healthcare Council, the UK Council for Psychotherapy, the ACHS, the British Association of Play Therapists, the British Association of Sport Rehabilitators and Trainers, Save Face, the Register of Clinical Technologists, the UK Public Health Register, and the UK Board of Healthcare Chaplaincy.

3.68 The table below shows the full list of Accredited Registers, and the number of conditions and recommendations, that were in place on 31 March 2024.¹⁹

Accredited Register	Last assessment	Assessment type	Conditions ²⁰	Recommendations ²¹
Academy for Healthcare Science	March 2024	Full assessment	TBC	TBC
Alliance of Private Sector Practitioners	March 2024	Full assessment ²²	TBC	TBC
Association of Child Psychotherapists	July 2023	Annual check	0	0
Association of Christian Counsellors	June 2023	Annual check	0	1
Athena Herd	January 2024	Initial accreditation	7	4
British Acupuncture Council	April 2023	Annual check	0	4
British Association for Counselling & Psychotherapy	March 2024	Annual check (led to targeted review)	3	1
British Association of Play Therapists	February 2024	Full assessment	0	0
British Association of Sports Rehabilitators and Trainers	December 2023	Full assessment	5	8
British Occupational Hygiene Society	December 2023	Initial accreditation	1	6
British Psychoanalytical Council	April 2023	Annual check	1	0

¹⁹ This includes only Conditions that have been included in published reports. The full renewal assessments for the ACHS, the British Association of Play Therapists, the British Association of Sport Rehabilitators and Trainers, Save Face, the Register of Clinical Technologists, the UK Public Health Register were being finalised at the time this report was being prepared.

²⁰ Conditions are changes that must be made within a specified timeframe to maintain accreditation.

²¹ Recommendations are actions that would promote good practice but do not have to be completed to maintain accreditation.

²² As noted in the main report, the Alliance withdrew from the AR programme on 31 March 2024. However, the report of its full assessment for 2023/24 will be published in due course.

British Psychological Society's Wider Psychological Wellbeing Register	August 2023	Annual check	0	0
The CBT Register UK	July 2023	Initial accreditation	1	10
Complementary and Natural Healthcare Council	December 2023	Full assessment	1	4
Counselling & Psychotherapy in Scotland (COSCA)	June 2023	Annual check	0	0
Human Givens Institute	September 2023	Full assessment	5	1
The Institute of Trichologists	December 2023	Initial accreditation	8	19
International Federation of Aromatherapists	January 2024	Annual check	0	0
Joint Council for Cosmetic Practitioners	March 2024	Annual check	0	0
National Counselling and Psychotherapy Society	October 2023	Annual check	0	0
Play Therapy UK	September 2023	Annual check	0	2
Register of Clinical Technologists	January 2024	Full assessment	TBC	TBC
Rehabilitation Workers Professional Network	March 2024	Annual check	0	0
Save Face	February 2024	Full assessment	TBC	TBC
UK Association for Humanistic Psychology Practitioners	June 2023	Full assessment	13	11
UK Board of Healthcare Chaplaincy	November 2023	Full assessment	12	11

UK Council for Psychotherapy	January 2024	Full assessment	4	2
UK Public Health Register	March 2024	Full assessment	TBC	TBC
UK-Society for Behaviour Analysis	January 2024	Annual check	0	6

Equality, Diversity and Inclusion assessments

- 3.69 In 2023/24, we introduced our new Equality, Diversity and Inclusion (EDI) Standard (Standard Nine). We gathered evidence from ARs and began to make assessments. We had initially planned to complete this work by the end of the year, but due to staffing changes in the team, have delayed this until the end of July 2024.

Safeguarding and criminal records checks

- 3.70 In 2023/24, we continued our work on Registers and criminal records checks, and widened this work to consider the arrangements in place by the statutory regulators.
- 3.71 Prior to this, in June 2022, we completed a pilot scheme²³ aimed at addressing the current gap in checks of self-employed Accredited Register practitioners. From November 2022 to February 2023, we ran a public consultation to seek views on whether to widen these checks in future by introducing new requirements for Registers within our Standards. The Government's Independent Review of the Disclosure and Barring Regime (the Bailey Review), which looked at arrangements for self-employed workers more broadly, was announced in February 2022 and published its findings in April 2023.
- 3.72 In July 2023, our Board considered the findings of our public consultation on introducing requirements for Accredited Registers to access criminal records checks. It found the findings of the consultation and those of the Bailey Review both raise issues which are relevant to the registration of all healthcare professionals. We published the findings of the consultation in August 2023.²⁴
- 3.73 From September 2023, we widened the focus of our work on safeguarding to consider the wider regulatory landscape to gain a better understanding of the inherent risks, with a focus on arrangements for self-employed registrants.
- 3.74 As at end March 2024, we are focusing this work on better understanding the potential risks arising from the current arrangements. We await the Government's response to the Bailey Review recommendations and continue to liaise with the Home Office and Ministry of Justice.

²³ <https://www.professionalstandards.org.uk/what-we-do/accredited-registers/accredited-registers-safeguarding-pilot>

²⁴ [PSA | Report on findings from Safeguarding consultation \(professionalstandards.org.uk\)](#)

Raising awareness and recognition

- 3.75 In line with government policy, we promote the message that when choosing practitioners working in unregulated roles, the public, employers and others should choose practitioners on Accredited Registers, wherever possible, for them to benefit from the increased protection it offers.
- 3.76 We continue to work to raise awareness of the programme, the benefits and why it is important to use practitioners registered under the umbrella of the Accredited Registers programme.
- 3.77 We promote the Quality Mark – a clear sign that someone is accredited and has met our standards. In 2023/24, our work to raise awareness and use of the Quality Mark continued. This year, we launched our first research projects to inform this work – a survey targeting Accredited Register practitioners, and a consumer survey targeting patients and service users. Both surveys will provide us with insights to help develop our approach in 2024/25.
- 3.78 The www.checkapractitioner.com (CAP) facility on our website allows all stakeholders to search for a register, or a practitioner working in a specific role. Use of the CAP search tool continues to rise month on month, indicating it is a valuable resource.
- 3.79 This year, we promoted the CAP tool via a digital marketing campaign on social media platforms. The campaign generated positive results leading to increased usage of the CAP tool.
- 3.80 We use our blog and social media channels to promote the programme and highlight work undertaken by colleagues.

Equality, Diversity and Inclusion

- 3.81 In 2023/24 we agreed two equality objectives to progress our continued commitment to drive forward EDI (equality, diversity and inclusion). We felt it was important that our equality objectives brought together and integrated our EDI work whilst supporting the delivery of our statutory duties and our role as an employer. To do this, it was agreed that our equality objectives will cover the period 2023-2026, helping to underpin and connect with our three strategic aims set out in the Strategic Plan (2023-26).
- 3.82 Our first equality objective is to develop our EDI leadership. As an independent body overseeing regulation and registration and setting standards for organisations, we recognise we have an important role in championing EDI practice and outcomes.
- 3.83 Our second equality objective is to build an inclusive workplace. We recognise that creating and sustaining inclusive workplace practices requires continuous commitment and action. This is why our second agreed equality objective focusses on driving forward EDI within the workplace and more specifically building and improving upon our existing inclusive practices.

3.84 To support delivery against our three year equality objectives, we developed an EDI Action Plan for 2023/2024 containing seven key actions.

- Deliver the EDI commitments in the *Safer Care for All* report for 2023/24.
- Continue to evaluate EDI performance of regulators and registers against new EDI standards.
- Review our own processes for assessing and understanding EDI issues across our functions.
- Develop an annual programme of key EDI events to promote EDI issues.
- Deliver the four EDI focussed actions set out in the PSA People Strategy 2023-26 for 2023/24.
- Build a clear staff-led vision of what inclusion in the workplace and inclusive workplace practices are for PSA.
- Develop an annual EDI learning and awareness development programme to build understanding of specific, 'new' and/or long-lasting EDI issues.

3.85 Key outcomes achieved from the delivery of the action plan include:

3.86 Completing the first assessments of regulators against the revised, more robust Performance Review Standard 3 for EDI.

3.87 Demonstrating EDI leadership by completing a self-assessment of PSA against Performance Review Standard 3.

3.88 Supporting and encouraging EDI collaboration within the sector through delivery of 'The Role of Health Professionals in Tackling Health Inequalities' seminar.

3.89 Disseminating findings from the EDI consumer research report on the public perceptions of discriminatory behaviours in health and care at the PSA Research Conference.

3.90 Delivery of an inclusion programme celebrating and marking key national EDI events throughout the year.

IT

3.91 In 2023/24 we successfully completed comprehensive IT security audit actions, including policy reviews, rigorous penetration testing, and business continuity planning. These actions were a direct result of the successful cloud transformation project undertaken in the previous year. By migrating critical infrastructure to cloud-based environments, we paved the way for improved scalability, agility and cost efficiency. Additionally, our new office benefits from enhanced communication capabilities with a high-capacity leased line and dedicated Teams room video conferencing systems in the meeting rooms, ensuring efficient virtual meetings and improved productivity for our teams.

Financial summary

- 3.92 Our operating income for 2023/24 comprised of £4.637 million in fees paid by the regulators and £1.006 million non-fee income. In 2022/23 our funding was £4.559 million fees raised from the regulators and £0.680m non-fee funding.
- 3.93 At 31 March 2024, we carried forward total reserves of £2.355 million, of which £0.807 million were unrestricted and £1.548 million restricted (2022/23: £2.402 million in total, £0.721 million unrestricted and £1.681 million restricted), after a deficit of £0.047 million (2022/23: net operating deficit of £0.166 million). We returned £0.290 million to the regulators in the 2024/25 business planning exercise (£0.100 million in 2023/24). Net operating expenditure for 2023/24 is calculated net of fees received from the regulators, which is recorded as income in accordance with IFRS 15.
- 3.94 A description of accounting policies is shown in note 1 to the accounts.

Transparency

- 3.95 We are committed to the provision of information to the public.
- 3.96 Our creditor payment policy is maintained in accordance with the government's Better Payment Policy, which currently provides for payment of suppliers within five working days of receipt of invoice, except where there may be a query or dispute regarding an invoice.
- 3.97 This target is challenging, especially for a small organisation like ours, and could only be achieved if we employed more staff. Accordingly, we aim to pay 60% of undisputed invoices within five days and 100% within 10 days.
- 3.98 During the 2023/24 financial year, 97% of invoices were paid in 10 days and 58% (by number of invoices) and 50% (by total invoice value) within five days. Details of our payment record can be found on our website.
- 3.99 No interest was paid under the Late Payment of Commercial Debts (Interest) Act 1998.
- 3.100 The balance owed to trade payables as at 31 March 2024 was £26,503. There was also a credit note of £7,785 to NHSBSA resulting in a net balance owed to trade and other payables of £18,718 at 31 March 2024 (2022/23: £40,669). As a proportion of the total amount invoiced by suppliers in the year, this is equivalent to 6.04 days (2022/23: 8.49 days).
- 3.101 Other information that can be found in the government disclosure and transparency sections of our website include:
- Expenditure over £25,000
 - Board member expenses
 - Executive team expenses
 - Hospitality.

Sustainability

3.102 Defra has granted us an exemption from reporting sustainability information under the Greening Government Commitments, under the de minimis criteria. PSA employ less than 50 Full Time Equivalent (FTE) staff and occupy office floor space of 3123 sq ft. Consequently, we have not included sustainability reporting in this annual report.

3.103 Nevertheless, we seek to minimise the impact of our activities on the environment.

	2023/24	2022/23
Gas	²⁵ N/A	3,724kWh
Electricity	²⁶ 13,215 kWh	51,703kWh
Water	²⁷ 274.54m ³	67.54 m ³

3.104 Our building has an Energy Performance Certificate rated B, in accordance with the Minimum Energy Efficiency Standards (MEES). The property is considered compliant with MEES.

3.105 Our office cleaning and recycling is carried out by Greenzest. Greenzest have been carbon neutral since 2021. They use sustainable methods of delivering cleaning products and consumable items and are introducing electrical delivery vehicles. They have partnered with BioHygiene who produce plant-based cleaning agents which are both effective and environmentally friendly.

3.106 We have implemented facilities to separate waste for recycling, and to encourage staff to do this, no waste is collected from bins at desks. Waste is separated into recyclable, non-recyclable and food waste. Our contractor, Greenzest, separates the mixed recyclables. No waste goes to landfill. Waste that cannot be recycled is incinerated.

3.107 In 2023/24, 75% of all waste was recycled, 25% was recovered (waste to energy) and 0% went to landfill.

3.108 We seek to minimise the impact of our own activities on the environment. When equipment is purchased, consideration is given to energy consumption. We use recycled materials where such alternatives are available and provide value for money.

3.109 We continue to seek to reduce the use of paper by maximising the use of our intranet and website for the dissemination of information. We are also using electronic versions of meeting papers where technically practical. Where

²⁵ No gas in new office building

²⁶ Our landlord only started taking meter readings in June 2023 and therefore the 12 month data has been calculated based on the average monthly usage from 1 June 2023 to 31 March 2024. There is a significant difference between the figures for this year and the previous year, this reflects the fact that we have downsized our office and moved to more sustainable models of IT such as cloud-based servers and laptops as opposed to desktop computers.

²⁷ Our previous office building was much bigger and had the managed service facilities to collect and reuse rainwater to support a lower water usage which unfortunately our new accommodation does not provide.

paper is used, we look to reduce its consumption through the active management of printers requiring double-sided printing.

Human rights

- 3.110 We are committed to respecting human rights as embodied in the Universal Declaration of Human Rights and its two corresponding covenants, The International Covenant on Civil and Political Rights and The International Covenant on Economic, Social, and Cultural Rights.
- 3.111 We endeavour to ensure that we do not infringe on human rights, avoid complicity in the human rights abuses of others, and comply with the laws of the countries in which we work.

Anti-corruption and anti-bribery

- 3.112 We are committed to conducting our work in an honest and ethical manner. In accordance with the Bribery Act 2010 we operate governance by implementing and enforcing robust policies and procedures to guard against any illegal behaviour.
- 3.113 Our whistleblowing policy is reviewed annually by our Audit and Risk Committee and our message to our staff is that any issues raised will be treated with the utmost importance.
- 3.114 Our Anti-Fraud, Anti-Bribery and Corruption policy is reviewed annually by our Audit and Risk Committee and includes consideration of the high-risk business areas including areas such as procurement.

Risk

- 3.115 Details of this can be found in paragraphs 4.23 to 4.26.

4. Accountability report

Corporate governance report

4.1 Our governance arrangements are set out in a formal Governance Framework that details the various roles and responsibilities within the PSA.

Directors' report

4.2 We have an executive team as shown below, covering our three areas of work: Corporate Services; Regulation and Accreditation; and Standards and Policy.

4.3 A register of Executive²⁸ and Non-Executive²⁹ interests is available on our website.

4.4 Directors are members of staff and are paid in accordance with staff policies.

Alan Clamp	Chief Executive
Jane Carey	Director of Corporate Services
Graham Mockler	Director of Regulation and Accreditation
Christine Braithwaite	Director of Standards and Policy

The Board

4.5 The Board comprises seven non-executive members and one executive member. No non-executive members of our Board may be or ever have been a member of a profession regulated by any of the 10 regulators we oversee so that we are independent of the health and social care professions and regulators. In May 2022, for the first time, we appointed an Associate Board member on a two-year term.

4.6 The Board is our highest decision-making forum, where significant strategic and operational matters are discussed, and consequential decisions taken.

4.7 The Board has corporate responsibility for ensuring that it fulfils its statutory duties and for promoting the efficient and effective use of its resources.

4.8 To this end, and in pursuit of its wider corporate responsibilities, the Board:

- Sets the PSA's overall strategic direction 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 we operates within the limits of our statutory authority, and in accordance with any other conditions relating to the use of public funds
- Ensures that we receive and review regular financial information concerning the management of the organisation; is informed in a timely

²⁸ [management-team-register-of-interests-2016.pdf \(professionalstandards.org.uk\)](#)

²⁹ [board-register-of-interests.pdf \(professionalstandards.org.uk\)](#)

manner about any concerns about the organisation's activities; 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 committee to help it to address the key financial and other risks facing it
- Appoints the Chief Executive. Sets performance objectives and remuneration terms linked to these objectives for the Chief Executive, which give due weight to the proper management and use of public monies.

4.9 Appointments to the Board are made for an initial term of four years, which can be extended for a second term. The total time served should not exceed eight years.

4.10 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.

4.11 Caroline Corby was appointed by the Privy Council as Chair on 1 February 2021.

4.12 Details of all Board appointments and who makes them are shown in the table below.

4.13 Details of the directorships and significant interests held by the Board are contained within the register of interests held on our website.³⁰

³⁰ www.professionalstandards.org.uk/docs/default-source/board/board-register-of-interests.pdf

Board members

Board member	Appointed by	Term
Caroline Corby (Chair)	Privy Council	1 March 2021 to 28 February 2025
Frances Done CBE	Privy Council (reappointed 2021)	1 January 2017 to 31 December 2024
Thomas Frawley CBE	Department of Health Northern Ireland (reappointed 2021)	1 January 2017 to 31 December 2024
Moiram Ali	Scottish Ministers (reappointed 2021)	1 January 2017 to 31 December 2024
Marcus Longley	Welsh Ministers (reappointed 2021)	1 May 2017 to 30 April 2025
Alan Clamp	Authority's Board (2018)	N/A Executive member
Amrat Khorana (Associate)	Authority's Board	2 May 2022 to 1 May 2024
Juliet Oliver	Privy Council	1 January 2023 to 31 December 2026
Nick Simkins	Privy Council	1 March 2023 to 28 February 2027

- 4.14 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 ISA, FReM and government accounting
 - To operate and manage the PSA in accordance with the strategy set by the Board.
- 4.15 The Chief Executive has responsibility for providing effective leadership on all matters relating to statutory and administrative duties. This includes the implementation of the 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.

Statement of Accounting Officer's Responsibilities

- 4.16 The Privy Council has appointed the Chief Executive as Accounting Officer. His relevant responsibilities as the Accounting Officer include his responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper records. As PSA is an entity classified to central government and part of the Department of Health's accounting boundary he complies with the principles set out in the Non-Departmental Public Bodies' Accounting Officers' Memorandum issued by HM Treasury and published in 'Managing Public Money'.
- 4.17 Under Schedule 7, Paragraph 15 of the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and the Health and Social Care Act 2012 the Privy Council has directed the PSA to prepare for each financial year a statement of accounts in the form and on the basis of the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the PSA and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.
- 4.18 In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:
- Observe the Accounts Direction issued by the Privy Council, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
 - Make judgements and estimates on a reasonable basis
 - Prepare the accounts on a going concern basis
 - State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
 - Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take responsibility for the Annual report and Accounts and the judgements required for determining that it is fair, balanced and understandable.
- 4.19 As the Accounting Officer, I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that the Professional Standards Authority auditors are aware of that information. So far as I am aware there is no relevant audit information of which the auditors are unaware.



Alan Clamp
Accounting Officer
11 July 2024

Governance statement

Scope of responsibility

- 4.20 As Accounting Officer to the PSA, I have responsibility for maintaining a sound system of internal control that supports the achievement of our policies, aims and objectives, while safeguarding the funds and organisational assets for which I am personally responsible. I pay close attention to the guidance set out in Managing Public Money.
- 4.21 We report to the UK Parliament and work closely with the devolved administrations in Northern Ireland, Scotland and Wales, the Department of Health and Social Care in England, and the Department for Education to deliver our statutory obligations and the key objectives of our business plan. This includes identifying and responding appropriately to both internal and external risks.

Compliance with HM Treasury's corporate governance code

- 4.22 We have complied with HM Treasury's Corporate Governance Code in so far as it is applicable to us.

Risk management approach and Risk register

- 4.23 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.
- 4.24 The most significant risks for 2023/24 related to
- Fitness to Practise backlogs, in particular that they could compromise regulatory effectiveness and therefore reduce public protection
 - Regulatory reform and in particular the risk that it is implemented poorly, subsequently reducing the effectiveness of regulation.
 - 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.
- 4.25 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 Authority's arrangements are effective.
- 4.26 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 objectives of the PSA 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.

Assurance framework

- 4.27 The assurance framework is the means of assuring the Board members about how we operate.
- 4.28 The Framework is set out in terms of the three lines of defence model. 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.
- 4.29 The means of assurance listed are inputs from which the Board makes a judgement about their level of assurance. The framework does not aim to be an exhaustive list or tool for the executive to undertake operations.

Chair of the Board

- 4.30 The Chair has a 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.

Attendance at Board meetings held in public

4.31 There were six Board meetings held in public between 1 April 2023 and 31 March 2024.

4.32 Members' attendance at Board meetings during 2023/24 was as follows:

Board member	Number of meetings attended	Possible
Caroline Corby (Chair)	6	6
Frances Done CBE	4	6
Thomas Frawley CBE	6	6
Moiram Ali	6	6
Marcus Longley	6	6
Alan Clamp	6	6
Amrat Khorana	6	6
Juliet Oliver	6	6
Nick Simkins	6	6

4.33 During the year under review, the Board was active in ensuring that our statutory functions were maintained and that the risks we were encountering were being addressed. It achieved this by effective use and monitoring of the risk register and assurance framework and by remaining vigilant about the quality of our outputs.

4.34 The Board is confident that it continues to receive appropriate, complete and relevant reports from the executive to ensure that it can fulfil its strategic role and can hold the executive to account. Quality assurance is provided by the Scrutiny Committee and the Audit and Risk Committee which report to the Board. The Board also reviews all key policy papers and reports before publication to ensure they meet the high standards it expects. The Board receives finance reports at every meeting and reviews the risk register twice a year.

4.35 The Board pays particular attention to the conduct of our investigations and special reviews and carefully assures itself of the quality of the final reports.

4.36 The Board plays an important role in establishing the strategic direction for the PSA and considers this and related issues at its annual planning event.

4.37 The Board also reviews its own performance as part of its strategic planning. In the last quarter of 2022/23, an external review of the Board's effectiveness was commissioned. The findings were very positive. The review found that the Board and its committees were operating effectively and made a number of recommendations for further improvements and action plan was developed based on this for 2023/24 and all actions were completed.

4.38 Maintaining the quality of our work is an important consideration for the Board. It contributes to publications and reports prior to publication and takes a close interest in research and policy development.

- 4.39 The Board also reviews information it receives about our performance from external parties including the statutory regulators, the Accredited Registers, the Departments of Health in England, Scotland, Wales and Northern Ireland and the Department for Education in England.
- 4.40 All members of the Board are appraised annually by the Chair and are able to comment on the performance of both the Chair and the Chief Executive. The Chair is appraised by the Deputy Chair, making use of feedback from Board members, senior members of staff and external stakeholders.
- 4.41 The detail of quality assurance is delegated to the Scrutiny Committee and to the Audit and Risk Committee. We report on their activities separately. The Terms of Reference for the two committees are reviewed annually.

Committees and working groups of the Board

Audit and Risk Committee

- 4.42 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's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.
- 4.43 Four Audit and Risk Committee meetings were held between 1 April 2023 and 31 March 2024.
- 4.44 Members' attendance at committee meetings during 2023/2024 was as follows:

Committee member	Number of meetings attended	Possible
Frances Done CBE	4	4
Tom Frawley	4	4
Amrat Khorana ³¹	2	2
Nick Simkins	4	4

- 4.45 The minutes of the Committee's meetings are formally reported to the Board, as is the Committee's opinion on the risk register and the changes made to it.
- 4.46 The Committee reviews its Terms of Reference and 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.
- 4.47 The Committee sets its own work programme for the coming year and this influences the work programme set by the internal auditors.

³¹ Amrat moved from Audit and Risk to Scrutiny Committee in the year

4.48 Typically, the Board delegates final approval of the Annual Report and Accounts to this Committee.

Internal audit

4.49 RSM were our internal auditors for 2023/2024.

4.50 The internal audit work this year focused on:

- Risk Management
- Project Management
- Appointment of Council Members
- Business Principles

Risk Management

4.51 This review received Reasonable Assurance. Three medium priority recommendations were made. One was around training, one was around documenting owners of mitigating actions in the risk register and the third was for the Board to update their risk appetite following the addition of new members. All recommendations will have been implemented by 30 June 2024.

Project Management

4.52 This review received Reasonable Assurance. One Medium and two Low priority recommendations were made around improving the project methodology documentation to better capture milestone monitoring and how to maintain visibility over outsourced projects. These recommendations have already been implemented.

Appointment of Council Members

4.53 This review received Reasonable Assurance. One Medium priority recommendation was made in relation to producing a procedural document to clearly outline the processes to be followed. This has been completed.

Business Principles

4.54 The review received Substantial Assurance and no recommendations were made.

Scrutiny Committee

4.55 The Scrutiny Committee receives reports on the operation of our scrutiny and oversight of the 10 health and social care professional regulators and provides quality assurance of Section 29 decisions and the Accredited Registers programme and the performance reviews of the regulators.

4.56 Four Scrutiny Committee meetings were held between 1 April 2023 and 31 March 2024.

4.57 Members' attendance at committee meetings during 2023/24 was as follows:

Committee member	Number of meetings attended	Possible
Marcus Longley	4	4
Moiram Ali	4	4
Juliet Oliver	4	4
Amrat Khorana	2	2

Appointments to regulators' councils

4.58 At all four meetings, the Scrutiny Committee considered reports on recent activity and developments. The Committee also received a report on the annual appointments seminar, held in January 2024. During the year, the Committee reviewed the work undertaken in appointments processes in relation to equality, diversity and inclusion and noted that the seminar had a focus on the work regulators are doing in this area, including equality impact assessments.

Review of final fitness to practise decisions (the Authority's Section 29 jurisdiction)

4.59 At each meeting, the Scrutiny Committee received an update on the progress of appeals and the current caseload of the team. The Committee considered and approved a new quality assurance framework and held discussions on what success should look like in Section 29. These considerations have fed into the review of Section 29 processes being undertaken from late 2023. This work is currently underway and will report later in 2024. The Committee also scrutinised the cost management approach taken in Section 29 to ensure value for money is being provided.

Annual performance review of regulators

4.60 The Scrutiny Committee received regular reports on the progress of Performance Reviews. The Committee continued its oversight of our performance review work in relation to the timeliness of fitness to practise processes of the regulators, which continues to be a serious concern.

4.61 The Committee had oversight of the development of our new approach to assessing Standard 3 of the Standards of Good Regulation on equality, diversity and inclusion, which was introduced in May 2023.

4.62 Following the completion of the first year of assessing all regulators under a new approach to performance reviews, the Committee reviewed an evaluation of the success of the new approach to date. This evaluation was published in October 2023.

4.63 The Committee also considered the appointments and concerns processes, and how these interact with performance review.

Accredited Registers

- 4.64 The Scrutiny Committee carried out its scrutiny of the Accredited Registers programme. It received progress updates on applications going through initial assessment and annual reviews of accreditation. The Committee reviewed samples of accreditation decisions as part of its oversight.
- 4.65 The Committee reviewed the communications and horizon scanning work of the programme at its meetings. The Committee also reviewed updates to operational documents, including the evidence framework and publications policy for the programme.

Pension scheme regulations

- 4.66 As an employer our staff are entitled to membership of either the NHS Pension Scheme or NEST. Control measures are in place to ensure all employer obligations contained within both schemes regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments to the schemes are in accordance with the rules and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Data handling

- 4.67 Our system of internal control is based on the HMG Security Policy Framework and we continue to monitor and review our compliance with it.
- 4.68 We hold little personal information. The main type of personal data we hold relates to our own staff. Staff are required to work through remote access to our server and multi factor authentications are in place to provide another layer of security.
- 4.69 Staff continue to undertake a combination of the government's 'Protecting Information' online training and the Authority's internal information security training. The 'Protecting Information' training is assessment-based.
- 4.70 All staff are required to complete the level appropriate to their level of responsibility for data-handling. All staff completed the training in 2023/24.
- 4.71 The Audit and Risk Committee Chair has provided a statement that she was satisfied that we have appropriate policies for staff to adhere to, as far as they apply to the Authority, and that suitable processes are in place to mitigate risks to our information.
- 4.72 This statement has been prepared following consideration of the Authority's Annual Assessment of Information Risk Management for 2023/24 and the assurance provided by it.
- 4.73 No personal data incidents met the threshold to be reported to the Information Commissioners Office (ICO) in 2023/24.
Government Functional Standards
- 4.74 Functional standards set out what needs to be done, and why, for different types of functional work. They have been mandated for use in departments

and their arms' length bodies since March 2022. PSA complies with all elements of the standard that are applicable to it.

The purpose of the system of internal control

- 4.75 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore provide reasonable but not absolute assurance of effectiveness.
- 4.76 The system of internal control is designed to identify and prioritise the risks to the achievement of organisational policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- 4.77 Our system of internal control has been in place for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts and accords with HM Treasury guidance. The key elements of the system of internal control include:
- Financial procedures detailing financial controls for responsibilities of, and authorities delegated to, the management team
 - Business planning processes setting out the objectives of the Authority supported by details of annual income, expenditure, capital and cash flow budgets
 - Regular reviews of performance along with variance reporting, scenario planning and reforecasting.

Review of effectiveness

- 4.78 As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, the Executive Leadership Team, which has responsibility for the maintenance of the internal controls, and comments made by the external auditors in their management letter and other reports. The Audit and Risk Committee and Board have advised me on the implications of the result of my review on the system of internal control.
- 4.79 The effectiveness of the system of internal control was maintained and reviewed through:
- The Board of the PSA, which met six times
 - The Audit and Risk Committee, which consists of three members of the Board. I also attend the Audit and Risk Committee meetings together with the Director of Corporate Services, the Head of Finance and the Head of HR and Governance. Representatives of the National Audit Office and our internal auditors are also present
 - Risk management arrangements identify which key risks could affect the achievement of our objectives and those risks have been managed actively, with progress being reported to the Audit and Risk Committee and, through it, to the Board of the PSA

- Our annual assessment of information risk management undertaken in accordance with the Cabinet Office's guidance
 - Regular reports from the internal auditors, RSM, complying with the government's Internal Audit Standards
 - Comments made by external auditors, the NAO, in their management letter and other reports.
- 4.80 RSM have been our internal auditors for the year under review. The Head of Internal Audit in his report for 2023/2024 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'.
- 4.81 I do not consider that we have significant weaknesses in our system of internal controls. A programme of regular monitoring exists, in consultation with the Audit and Risk Committee, internal auditors and external auditors, to ensure that we meet best practice standards in all areas of our operations.
- 4.82 Our assurance framework is monitored along with the risk register by the Executive Leadership Team, the Audit and Risk Committee and the Board. External and internal influences are considered, and any potentially significant risks are discussed with key stakeholders as soon as they become apparent. The Audit and Risk Committee has reviewed our assurance framework during the year to ensure it provides an appropriate level of assurance to the Committee and the Board.
- 4.83 I am satisfied that the annual assessment of information risk management adequately reflects the information risks we have managed and that we have considered future risks. I consider that we have taken the actions necessary to manage information risks effectively. I am confident that staff are aware of their responsibility to store, share and destroy information securely.



Alan Clamp
Accounting Officer
11 July 2024

Remuneration and staff report

Remuneration policy

- 4.84 The Nominations Committee deals with Board and staff remuneration issues.
- 4.85 Employment contracts are generally offered on a permanent basis. If they are offered on a fixed-term basis, this is to reflect the nature and context of the work involved. The notice period required is determined by the position of the post holder.

Nominations Committee

- 4.86 The Nominations Committee ensures that the PSA has an appropriate Board membership by overseeing Board performance and recruitment.
- 4.87 Five Nominations Committee meetings were held between 1 April 2023 and 31 March 2024. Members' attendance is shown below.

4.88

Board member	Number of meetings attended	Possible
Caroline Corby	5	5
Frances Done CBE	5	5
Marcus Longley	5	5

Senior managers' contracts³²

Name	Title	Date of contract	Unexpired term	Notice period
Alan Clamp	Chief Executive	1 November 2018	Permanent contract	6 months
Jane Carey	Director of Corporate Services	11 January 2021	Permanent contract	3 months
Christine Braithwaite	Director of Standards and Policy	17 May 2010	Permanent contract	3 months
Graham Mockler	Director of Regulation and Accreditation	1 April 2023	Permanent contract	3 months

³² Senior Civil Service Staff equivalent

Senior managers' salaries³³

Name	Salary 2023/24 £'000	Expenses payments (taxable) Total £000	Performance pay and bonuses £' 000	Long-term performance pay & bonuses £' 000	All pension-related benefits £' 000	TOTAL 2023/24 £'000
Alan Clamp	185-190	0	0	0	49	235 -240
Jane Carey	110-115	0	0	0	28	135 -140
Graham Mockler *	115-120	0	0	0	31	145-150
Christine Braithwaite	125-130	0	0	0	0**	125-130

* Starter from 01/04/2023 (Full year equivalent 115-120)

** Employee retired on 16 July 2024 to access NHS Pension benefits and returned to post 18 July 2024 following the required 24 hours break in service. The full-year equivalent salary post on return is £115-120.

Name	Salary 2022/23 £'000	Expenses payments (taxable) Total £' 000	Performance pay and bonuses £' 000	Long-term performance pay & bonuses £' 000	All pension-related benefits £' 000	TOTAL 2022/23 £'000
Alan Clamp	180-185	0	0	0	45	225-230
Jane Carey	100-105	0	0	0	25	125-130
Mark Stobbs*	125-130	0	0	0	33	160-165
Christine Braithwaite	125-130	0	0	0	30	155-160

* Retired from 31/03/2023 (Full year equivalent 125-130)

The tables above have been audited by the Comptroller and Auditor General.

- 4.89 All senior managers in the year were members of the NHS Pension Scheme.
- 4.90 Total remuneration includes salary and all pension-related benefits calculated in accordance with the NHS Pensions guidance, which seeks to quantify the increase in pension benefits in the year by comparing the overall pension benefits at the beginning of the year with those at the end of the year. There were no non-consolidated performance-related pay or benefits-in-kind in 2023/24.

³³ Senior Civil Service Staff equivalent

Pensions

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 as at 31 March 2024 (bands of £5,000)	Lump sum at age 60 related to accrued pension as at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value as at 1 April 2023 (to the nearest £1,000)	Cash Equivalent Transfer Value as at 31 March 2024 (to the nearest £1,000)	Real increase in the Cash Equivalent Transfer Value during the reporting year (to the nearest £1,000)
Alan Clamp	Chief Executive	2.5-5	N/A*	20-25	N/A*	222	334	64
Jane Carey	Director of Corporate Services	0-2.5	N/A*	5-10	N/A*	78	132	30
Graham Mockler ****	Director of Regulation and Accreditation	0-2.5	N/A*	15-20	N/A*	132	175	13
Christine Braithwaite ***	Director of Standards and Policy	0 - (2.5)	(7.5)-(10)	35-40	95-100	42**	107	45

* Not applicable in the 2008 and 2015 scheme.

** Transition to new scheme 1/04/2022

*** Employee accessed NHS Pension Scheme benefits on 16 July 2024. This is the reason for the large increase in CETV from 31 March 2023 to 31 March 2024

**** Starter from 1 April 2023

This table has been audited by the Comptroller and Auditor General.

Cash Equivalent Transfer Value

- 4.91 A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in the former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

4.92 The CETV figure and from 2005/06, the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. A CETV is calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase/(decrease) in CETV

4.93 This reflects the increase/(decrease) in CETV. It takes account of the increase in accrued pension due to inflation, contributions paid by the employer and employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

4.94 No compensation has been paid to former senior managers or payments made to third parties for the services of a senior manager.

4.95 This information has been audited by the Comptroller and Auditor General.

4.96 No senior manager had expenses subject to UK tax.

Authority Board members' remuneration

4.97 The Chair receives remuneration of £36,269 pa (2022/23: £34,874 pa); Devolved Administration members receive annual remuneration of £10,504 (2022/23: £10,100), the Audit and Risk Committee Chair receives annual remuneration of £14,114 (2022/23: £13,600), the Scrutiny Committee Chair receives annual remuneration of £14,114 (2022/23: £13,600). Other members receive annual remuneration of £8,485 (2022/23: £8,159). Members' remuneration during the year amounted to £118,667 (2022/23: £117,852) including social security costs.

4.98 Members' remuneration is subject to tax and national insurance through PAYE.

4.99 In addition, expenses amounting to £6,807 (2022/23: £9,009) were reimbursed to Board members. Travel expenses related to travel to the Authority's offices are subject to tax, which is paid by the Authority on their behalf, by agreement with HMRC.

4.100 Members' remuneration has been audited by the Comptroller and Auditor General.

4.101 Payments to individual members are disclosed below.

4.102 No Board members were members of the NHS or NEST pension schemes in 2023/2024.

(4.103) Payments made to Board members during 2023/24

	2023/24 Salary (bands of £5,000)	2023/24 Travel expenses (bands of £5,000)	2022/23 Salary (bands of £5,000)	2022/23 Travel expenses (bands of £5,000)
Chair				
Caroline Corby	35-40	0-5	30-35	0-5
Members				
Frances Done CBE (Audit and Risk Chair)	10-15	0-5	10-15	0-5
Thomas Frawley CBE	10-15	0-5	10-15	0-5
Moiram Ali	10-15	0-5	10-15	5-10
Marcus Longley	10-15	0-5	10-15	0-5
Amrat Khorana	5-10	0-5	5-10	0-5
Juliet Oliver	5-10	0-5	0-5	0-5
Nick Simkins	5-10	0-5	0-5	0-5

Staff report

- 4.104 We are committed to enabling all employees to achieve their full potential in an environment characterised by dignity and mutual respect. Our employment policies seek to create a workplace in which all employees can give their best and can contribute to our and their own success. These are reviewed and updated with external specialists in order to ensure compliance with legislation.
- 4.105 We retain the services of Right Corecare, we have been recognised externally as a mindful employer and all our staff have access to assistance and counselling if required and a quiet room for reflective space.
- 4.106 We have achieved a London Healthy Workforce Award reflecting our commitment to the wellbeing of our staff and received Disability Confident Level 2 Accreditation.
- 4.107 We recognise the business benefits of having a diverse workforce and are committed to maintaining a culture in which diversity and equality are actively promoted and where discrimination is not tolerated. We operate a fair and open selection policy relating to applications for employment and internal promotion.
- 4.108 At the end of 2023/24, two members of the Executive Leadership Team were female (40%) (2022/23, 40%) while overall, 36 employees were female (71%) (2022/23, 73%).

- 4.109 Further information about the executive team can be found in the Remuneration section of this report.
- 4.110 Our staff turnover this year was within our key performance indicator of 15% (11.1% [5/45])

Fair pay disclosures

- 4.111 We are required to disclose the relationship between the remuneration of the highest paid director (in our case, the Chief Executive) and the employees on the 25th, 50th and 75th percentile of remuneration of the entity's employees for the financial year.
- 4.112 We are also required to disclose
- The percentage change from the previous financial year in respect of the highest paid director (in our case, the Chief Executive)
 - The average percentage change from the previous financial year in respect of the employees of the entity taken as a whole (excluding Chief Executive).
- 4.113 The remuneration of the Chief Executive in the financial year 2023/24 was £187,500 (calculated as middle of the band) and £182,500 in the financial year 2022/23 therefore there has been 2.7% increase in remuneration of Chief Executive
- 4.114 The average percentage decrease from the previous year in respect of the employees of the entity taken as a whole was 2.4% which is attributable to the restructure in a number of directorates.
- 4.115 Pay ratio information in the year 2023/24 (and 2022/23) was as following:

Year	25 th percentile pay ratio	Median pay ratio	75 th percentile pay ratio
2023/24	3.98:1	3.57:1	2.60:1
2022/23	3.80:1	3.42:1	2.63:1

- 4.116 No PSA staff received performance pay or bonuses in 2023/24 (none in 2022/23), therefore total staff pay and benefits (excluding pensions) are equal to the salary component of pay and benefits.
- 4.117 The salary component and remuneration of the workforce on the 25th percentile was £47,131 (£47,984 in 2022/23) and £52,534 (£53,315 in 2022/23) on the median and 75th percentile respectively. Both the salary only component and the total remuneration are the same for 2023/24 (Were the same in 2022/23).
- 4.118 Salaries for the 25th and 50th percentile have decreased because we have more new starters who joined at the bottom of the scales.
- 4.119 The remuneration of the Chief Executive in the financial year 2023/24 was £187,500 (calculated as middle of the band) (£182,500 in 2022/23). This was 3.57 (3.42 in 2022/23) times the median remuneration of the workforce, which was £52,534 (£53,315 in 2022/23).

4.120 No employee received remuneration in excess of the Chief Executive in 2023/24 or 2022/23. Remuneration ranged from £33,269 to £187,500 (2022/23: £31,989 to £182,500).

4.121 Information on fair pay disclosures has been audited by the Comptroller and Auditor General.

Sickness absence

4.122 A total of 255.5 days (2022/23, 181 days) were lost due to sickness absence in the year. This equates to 5.6 days (2022/23, 4.11 days) per person.

Policies relating to disability

4.123 We are committed to applying our equal opportunities policy at all stages of recruitment and selection.

4.124 We have attained Disability Confident level 2 accreditation and are signed up to the Mindful Employer Charter.

4.125 We work to ensure that:

- The most suitable applicant is appointed to each post, having regard to the real needs of the job
- That the process is open, fair and honest
- We make reasonable adjustments to overcome barriers during the course of interviews and employment
- Equal opportunities are provided for all applicants
- Both internal and external candidates are assessed based on the same selection criteria
- Discrimination and bias are eliminated from the process, in as far as it is possible to do so
- Legal objectives are met, and good employment practices followed
- Our application form provides a section for potential candidates to confirm whether or not they consider themselves to have a disability and if so whether they require reasonable adjustments to be made.

4.126 If identified on the application form all candidates who meet the minimum selection criteria of a vacancy will be interviewed under the Disability Confident Scheme.

4.127 Whilst we are committed to the Disability Confident Scheme, this requirement does not extend to the appointment decision, whereby the best person for the job will be appointed in line with equality legislation.

Staff Survey 2023 highlights

- The 2023 response rate was 84%, (81% for 2022).
- The overall satisfaction rate was 91% (85% for 2022).
- In 2022 we added four statements about EDI. The average rating for these statements in 2023 was 89% (82% in 2022).

- This year we added in statements about the work of the EDI group and the Staff Engagement Forum. The satisfaction rating for these statements was 96%.

Health and safety at work

- 4.128 The PSA has a health and safety at work policy and all staff have received an induction and training on this.
- 4.129 There were no health and safety incidents to report.

Trade union relationships

- 4.130 The PSA is not affiliated with any trade union and therefore has nothing to report.

People

- 4.131 In 2023/24 we launched our 2023-26 People Strategy. The key achievements in year one were:
- Launching our first work experience programme aimed at promoting opportunities for people of a diverse background to gain experience and an understanding of the sector.
 - Reviewing the success and impact of the Associate Board Member role and launching a recruitment campaign building on this to offer another individual the opportunity when the current term ends.
 - Providing training on how to get the best out of 121s and appraisals, including the importance of regular communication, with a particular focus on wellbeing and learning and development. We also encouraged those who manage people to have regular conversations regarding their own development as a line manager.
 - Refreshing our new starter induction pack to include more details on wellbeing information including promoting an understanding of the Employee Assistance Programme (EAP) and ensuring staff are clear from day one how they can access support.
 - Creating a Mental Health First Aider group where the Mental Health First Aiders could support each other, discuss ideas and promote mental health.
 - Conducting a learning and development review to identify business requirements and any gaps in essential learning using a combination of feedback from appraisals and the Staff Engagement Forum.
 - Providing development opportunities for those who wish to gain line management experience, this may be through recruitment training, panel involvement, the work experience scheme, lunchtime learning or shadowing opportunities.
- 4.132 We have an employee assistance scheme in place and staff are regularly reminded of the details.
- 4.133 Twelve staff members are trained as Mental Health First Aiders.

4.134 A range of all-staff training sessions were carried out including cyber security, equality, diversity and recruitment. Staff were encouraged to discuss and attend appropriate individual development training.

4.135 In 2023/24 all staff operated under our hybrid policy with a combination of home and office-based working.

Staff numbers and related costs

Average number of persons employed

4.136 The average number of full-time and part-time staff employed (including temporary staff) during the year is as follows:

	Permanently employed	Other	Total 2023/24	Permanently employed	Other	Total 2022/23
Total	45.54	0.15	45.69	41.59	0.59	42.18

4.137 There were no staff engaged on capital projects in the period to 31 March 2024.

Costs of persons employed

	Permanently employed	Other	Total 2023/24	Permanently employed	Other	Total 2022/23
	£'000	£'000	£'000	£'000	£'000	£'000
Salaries	2,956		2,956	2,725	-	2,725
Social security costs	333		333	333	-	333
Superannuation costs	505		505	509	-	509
Agency/ temporary staff		10*	10	-	48	48
Total	3,794	10	3,804	3,567	48	3,615

*Temporary staff. There were no consultancy costs in 2023/24.

4.138 There were no exit packages paid in 2023/24 (none in 2022/23).

4.139 No redundancy costs were incurred in the financial year 2023/24 (none in 2022/23).

4.140 No persons were employed off payroll or on a consultancy basis during the year (none in 2022/23).

4.141 This information has been audited by the Comptroller and Auditor General.

Parliamentary accountability and audit report

Clarifications

Losses and special payments

- 4.142 Losses and special payments were individually and in total below the reporting threshold of £300k. This information has been audited by the Comptroller and Auditor General.

Regularity of expenditure

- 4.143 The PSA operates with four distinct work streams which are reflected in the segmentation of our accounts:
- 4.144 Regulatory and standards setting work – paid for through fees raised from the Regulators
- 4.145 Accredited Registers – paid as fees by the Accredited Registers
- 4.146 Commissions from Government(s) – paid for by the commissioning body
- 4.147 Advice to other organisations – earned through fees.
- 4.148 The income and expenditure for each segment are accounted for separately and we work to ensure that there is no cross-subsidy.
- 4.149 This information has been audited by the Comptroller and Auditor General.

Fees and charges

- 4.150 The Health and Social Care Act 2012 provided for the PSA to be funded by the regulators that it oversees.
- 4.151 The functions within the scope of the Fees Regulations are those within our first work stream; that is the regulatory oversight and improvement work undertaken in relation to the statutory regulated health professional bodies.
- 4.152 The financial year 2023/24 was the eighth full year that we have been funded primarily through fees. The fee period for 2024/25 will be from April 2024 to March 2025 covering the same period as our financial year.
- 4.153 Details of the related operating costs for our regulatory and standards setting function are shown below.

31 March 2024	Regulatory and standards setting work
	£'000
Operating costs	5,102
Operating income	(4,969)
Net operating (income)/expenditure	133

- 4.154 This information has been audited by the Comptroller and Auditor General.

Changes to our legislation

- 4.155 There is the prospect that changes to legislation directly or indirectly may impact on our work. The introduction of proposed changes to legislation either for us or for the regulators would require analysis and consideration. There are proposals for changes to the regulation of health and social care professionals, but these are not yet developed to a state that would enable the Authority to consider the impact on our work or expenditure.
- 4.156 Assuming that our workload remains consistent with the current year we would not anticipate significant changes to our expenditure.
- 4.157 At the time of writing, I am very confident about the ability of the organisation to continue as a going concern and I anticipate the continuation of the provision of our service for the foreseeable future. All fees from the 10 statutory regulators for 2024/25 have been paid, representing around 90% of the expected income for the year. The Accredited Registers programme accounts for only 10% of Authority income. The Authority currently holds unrestricted reserves of approximately £807,000.
- 4.158 The PSA continues to carry out its statutory functions. The most significant change during 2024/25 will be fluctuations in the volume of fitness to practise cases coming from the regulators. There may be changes to the timing and scope of performance reviews for some regulators during the year. At this point in time, however, I anticipate we will complete all the planned reviews within the business year.
- 4.159 Our Hybrid Working Policy is working effectively.
- 4.160 Finally, I am not expecting any significant policy changes or legislation that will affect the ability of the Authority to continue as a going concern over the next 12 months.



Alan Clamp,
Accounting Officer
11 July 2024

5. THE CERTIFICATE OF THE COMPTROLLER AND AUDITOR GENERAL TO THE HOUSES OF PARLIAMENT, THE SCOTTISH PARLIAMENT, THE NORTHERN IRELAND ASSEMBLY AND SENED CYMRU

Opinion on financial statements

I certify that I have audited the financial statements of the Professional Standards Authority for Health and Social Care for the year ended 31 March 2024 under the National Health Service Reform and Health Care Professions Act 2002.

The financial statements comprise the Professional Standards Authority for Health and Social Care's:

- Statement of Financial Position as at 31 March 2024;
- Statement of Comprehensive Net Expenditure, Statement of Cash Flows and Statement of Changes in Taxpayers' Equity for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and UK adopted International Accounting Standards.

In my opinion, the financial statements:

- give a true and fair view of the state of the Professional Standards Authority for Health and Social Care's affairs as at 31 March 2024 and the net operating cost for the year then ended; and
- have been properly prepared in accordance with the National Health Service Reform and Health Care Professions Act 2002 and Privy Council's directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs UK), applicable law and Practice Note 10 *Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2022)*. My responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's *Revised Ethical Standard 2019*. I am independent of the Professional Standards Authority for Health and Social Care's in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the Professional Standards Authority for Health and Social Care's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Professional Standards Authority for Health and Social Care's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the Professional Standards Authority for Health and Social Care is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which requires entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises information included in the Annual Report, but does not include the financial statements and my auditor's certificate thereon. The Accounting Officer is responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my certificate, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with Privy Council directions issued under the National Health Service Reform and Health Care Professions Act 2002.

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with Privy Council directions made under the National Health Service Reform and Health Care Professions Act 2002; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Professional Standards Authority for Health and Social Care and its environment obtained in the course of the audit, I have not identified material misstatements in the Annual Report.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept by the Professional Standards Authority for Health and Social Care or returns adequate for my audit have not been received from branches not visited by my staff; or
- I have not received all of the information and explanations I require for my audit; or
- the financial statements and the parts of the Accountability Report subject to audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual have not been made or parts of the Remuneration and Staff Report to be audited is not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for:

- maintaining proper accounting records;
- providing the C&AG with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- providing the C&AG with additional information and explanations needed for his audit;
- providing the C&AG with unrestricted access to persons within the Professional Standards Authority for Health and Social Care from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- preparing financial statements which give a true and fair view in accordance with Privy Council directions issued under the National Health Service Reform and Health Care Professions Act 2002;
- preparing the annual report, which includes the Remuneration and Staff Report, in accordance with Privy Council directions issued under the National Health Service Reform and Health Care Professions Act 2002; and
- assessing the Professional Standards Authority for Health and Social Care's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Professional Standards Authority for Health and Social Care will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service Reform and Health Care Professions Act 2002.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the Professional Standards Authority for Health and Social Care's accounting policies.
- inquired of management, the Professional Standards Authority for Health and Social Care's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Professional Standards Authority for Health and Social Care's policies and procedures on:
 - identifying, evaluating and complying with laws and regulations;
 - detecting and responding to the risks of fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Professional Standards Authority for Health and Social Care's controls relating to the Professional Standards Authority for Health and Social Care's compliance with the National Health Service Reform and Health Care Professions Act 2002, Managing Public Money, and the Professional Standards Authority for Health and Social Care (Fees) Regulations 2015.
- inquired of management, Professional Standards Authority for Health and Social Care's head of internal audit and those charged with governance whether:
 - they were aware of any instances of non-compliance with laws and regulations;
 - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team, regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the Professional Standards Authority for Health and Social Care for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, complex

transactions, bias in management estimates. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override.

I obtained an understanding of the Professional Standards Authority for Health and Social Care's framework of authority and other legal and regulatory frameworks in which the Professional Standards Authority for Health and Social Care operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a fundamental effect on the operations of the Professional Standards Authority for Health and Social Care. The key laws and regulations I considered in this context included National Health Service Reform and Health Care Professions Act 2002, Managing Public Money, the Professional Standards Authority for Health and Social Care (Fees) Regulations 2015, employment law and or pensions legislation and tax Legislation.

I considered whether Professional Standards Authority for Health and Social Care has appropriately reported its expenditure between its work on regulatory and standards work (for which it receives fees from the ten regulatory bodies) and its other areas of activity.

Audit response to identified risk

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management, the Audit and Risk Committee concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the Board and internal audit reports;
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessed whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
 - I tested whether expenditure had been correctly recorded as restricted spend associated with regulatory and standards work or unrestricted spend associated with other areas of activity.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

Other auditor's responsibilities

I am required to obtain sufficient appropriate audit evidence to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control I identify during my audit.

Report

I have no observations to make on these financial statements.

Gareth Davies
Comptroller and Auditor General

Date 12 July 2024

National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP

Financial Statements

6. Statement of comprehensive net expenditure for the period ended 31 March 2024

	Note	2023/24 £'000	2022/23 £'000 restated
<i>Expenditure</i>			
Staff costs	3	3,804	3,615
Other administrative costs	5	1,858	1,787
<i>Income</i>			
Fees Income	6	(4,637)	(4,559)
Operating income	7	(956)	(667)
Net operating cost / (income)		69	176
Finance cost	15	28	0
Finance income		(50)	(10)
Net cost/(income)		47	166

- 6.1 Interest received from investment activities in 2022/23 (£10k) has been reclassified Operating income to Finance Income due to the nature of transaction.

Other comprehensive net expenditure

- 6.2 There was no other comprehensive net expenditure in the period ended 31 March 2024 (none in the year ended 31 March 2023).

The notes on pages 73 to 90 form part of these accounts

7. **Financial Statements - statement of financial position as at 31 March 2024**

	Note	31 March 2024		31 March 2023	
		£'000	£'000	£'000	£'000
Non-current assets					
Intangible assets	8	92		144	
Property, plant and equipment	9	68		53	
Right of use asset	19	635		795	
Total non-current assets			795		992
Current assets					
Trade and other receivables	10	374		403	
Investments	11	750		750	
Cash and cash equivalents	12	7,157		6,758	
Total current assets			8,281		7,911
Total Assets			9,076		8,903
Current liabilities					
Trade and other payables	13	(5,981)		(5,686)	
Lease liability	15	(183)		(62)	
Provisions	14	(23)		(13)	
Total current liabilities			(6,187)		(5,761)
Non-Current liabilities					
Lease liability	15	(534)		(740)	
Total liabilities			(6,721)		(6,501)
Assets less liabilities			2,355		2,402
Reserves					
General reserves			2,355		2,402

The notes on pages 73 to 90 form part of these accounts



Alan Clamp
Accounting Officer 11 July 2024

8. Financial statements – statement of cash flows for the period ended 31 March 2024

	Note	2023/24	2022/23 restated
		£'000	£'000
Cash flows from operating activities			
Net operating (costs)/income for the year		(69)	(176)
Adjustment for non-cash transactions	5	240	120
Decrease in trade and other receivables	10	29	(156)
Increase in trade and other payables	13	295	297
Increase in provisions	14	10	3
Net cash inflow/(outflow) from operating activities		505	88
Cash flows from investment activities			
Purchase of property, plant, equipment and intangibles	8,9	(43)	(150)
Investment income	11	6	0
Interest income		44	10
Net cash inflow/(outflow) from investment activities		7	(140)
Cash flows from financing activities			
Principal payment of lease liability	15	(113)	0
Net cash flow from financing activities		(113)	0
Net increase/(decrease) in cash and cash equivalents	12	399	(52)
Cash and cash equivalents at the beginning of the financial year	12	6,758	6,810
Cash and cash equivalents at the end of the financial period	12	7,157	6,758

- 8.1 Interest received from investment activities in 2022/23 (£10k) has been reclassified from Operating income to Finance Income due to the nature of transaction.

The notes on pages 73 to 90 form part of these accounts

9. **Financial statements – statement of changes in taxpayer’s equity for the period ended 31 March 2024**

	Note	General reserve
		£'000
Balance as at 1 April 2022		2,568
Changes in reserves in the year ended 31 March 2023		
Net (costs)/income		(166)
DHSC funding		-
Balance as at 31 March 2023		2,402
Changes in reserves in the year to 31 March 2024		
Net (costs)/income		(47)
Balance as at 31 March 2024	16	2,355

The notes on pages 73 to 90 form part of these accounts

10. Notes to the accounts

1. Accounting policies

Basis of preparation

- 10.1 These financial statements have been prepared in accordance with the 2023/24 Government Financial Reporting Manual (FReM) issued by HM Treasury and pursuant to NHS Reform and Health Care Professions Act 2002.
- 10.2 The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the UK public sector context.
- 10.3 Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Authority for the purpose of giving a true and fair view has been selected.
- 10.4 The particular policies adopted for the reportable period are described below. They have been applied consistently in dealing with items that are considered material to the accounts.

Critical accounting judgements and key sources of estimation uncertainty

- 10.5 In the application of our accounting policies, management is required to make judgements, estimates and assumptions about carrying amounts of assets and liabilities that are not readily apparent from other sources.
- 10.6 The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant.
- 10.7 Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed.
- 10.8 Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Intangible assets

Internally generated and other intangible assets

- 10.9 Any internally generated and other intangible assets arising from our activities and expenditure are recognised where all of the following conditions are met:
- An asset is created that can be identified (such as bespoke software)
 - It is probable that the asset created will generate future economic benefits, i.e. the PSA has control over the asset. The cost (including development cost) of the asset can be measured reliably.

- 10.10 Intangible fixed assets are initially measured at cost and subsequently valued using depreciated replacement cost that is deemed a suitable proxy for fair value. For intangible assets with finite useful lives, amortisation is calculated so as to write off the cost of an asset, less its estimated residual value, over its useful economic life.
- 10.11 The amortisation period and amortisation method of an intangible asset is reviewed at each financial year end. If the expected useful life of the asset is different from previous estimates, the amortisation period and method will be changed to reflect the charged pattern.

Non-current assets

Property, plant and equipment

- 10.12 Non-current assets other than computer software are capitalised as property, plant and equipment as follows:
- Equipment with an individual value of £1,000 or more
 - Grouped assets of a similar nature with a combined value of £1,000 or more
 - Refurbishment costs valued at £1,000 or more.
- 10.13 We adopted IFRS 13 and in accordance with the FReM have deemed that depreciated historical cost is a suitable proxy to current value in existing use or fair value where the asset has a short useful economic life or is of low value. Indexation has not been applied since 31 March 2008 as this would not be material. Asset valuations are reviewed on an annual basis, at each statement of financial position date, to ensure that the carrying value fairly reflects current cost.
- 10.14 Depreciation is provided on a straight-line basis, calculated on the revalued amount to write off assets, less any estimated residual balance, over their remaining estimated useful life.
- The useful lives of non-current assets have been estimated as follows:
 - Furniture and fittings over the remaining accommodation lease term
 - Computer equipment – three years.
- 10.15 These provide a realistic reflection of the lives of the assets.
- 10.16 Depreciation is charged from the month in which the asset is acquired.

Investments

- 10.17 These are short-term deposits held with financial institutions with maturity date of over three months and no longer than nine months.

Cash at bank and cash equivalents

- 10.18 Cash is cash in hand and deposits with any financial institution with maturity date of less than three months.

Reserves policy

- 10.19 The timing of the determination of the fees is not fully within our control and should there be a delay in the receipt of the fee income we will face cash-flow problems and could have difficulty in meeting its expenditure requirements and statutory duties.
- 10.20 The cash-flow issues are linked to the receipt of the fee income. If the consultation process is not concluded by the Privy Council in time for the determination to be made by the beginning of March, then we face the prospect of having no cash at the start of the financial year.
- 10.21 We may also have to address financial shortfalls arising during the fiscal year. The budget for any given year has to be estimated prior to the commencement of the consultation exercise, which being lengthy has to commence early in the preceding year, thus there could be occasions when we have to address unexpected expenditure during the year after the fee has been determined – for example costs arising from an increase in its workload, the need to undertake an investigation or changes to legislation.
- 10.22 While we have the power to consult on an additional fee during the year, the time that this would take makes it an impractical means of addressing such issues. Seeking additional fees also means that the regulators would be asked to provide funding that they had not budgeted for, resulting in pressure on their own budgets.
- 10.23 To accommodate unexpected expenditure peaks and cash-flow deficiencies, and to reduce the prospect of needing to seek additional fees, the Board agreed that we should keep an agreed level of financial reserves, sufficient to ensure that our statutory functions can continue to operate.
- 10.24 Having reserves that can be called upon will also eliminate the need to pay arrangement fees and interest on any monies borrowed.
- 10.25 We have agreed to hold reserves of three months' budget operating costs of circa £1.2 million, within which we draw a distinction between:
- A restricted element associated with regulatory and standards work
 - An unrestricted element associated with all the PSA's work.
- 10.26 The intention is that over time the restricted element will amount to two months' total operating costs.
- 10.27 The level and make-up of our reserves is reported through our Annual Report.
- 10.28 Any money taken from reserves during the year which reduces it below the minimum required will need to be replaced in the following year(s).
- 10.29 Should there be a need to draw upon the restricted element of the reserves we will report this to the regulators at an appropriate point.

Fees income

- 10.30 The FReM extends the definition of a contract within IFRS 15 Revenue from contracts with customers to include legislation (Fees Regulations 2015) that enables us to receive cash or other financial assets. Fees received from the 10 statutory bodies are recognised monthly, on a straight line basis, over the

financial year specified in the annual fee determination. These fees, typically received prior to the commencement of the financial period they relate to, are recognised as deferred income (contract liability) until the over time performance obligation as specified in annual fee determination is achieved. Any surplus arising will be taken into account when calculating future fee rates to the extent that this is not required to maintain an appropriate level of reserves in accordance with our reserves policy.

Operating income

- 10.31 Operating income includes: Section 29 case cost recoveries; interest received from investments; fees received from conferences hosting; fees received from the provision of services to other members of the health regulation community; and accreditation fees received from register applicants wishing to be accredited.
- 10.32 Income from fees received from the contracts for commissions to government and advice to other organisations is recognised in accordance with five step process within IFRS 15 when the performance obligations of each separate contract have been met. Income from these contracts is either recognised in full at the point of time e.g. presentation of the final report or over time as the costs are incurred where the contract specifies that the customer will be liable for all costs until termination date. Income recognition over time is based on agreed staff costs and direct expenditure incurred and recognised in the accounts. These are the costs of performing the work. Payments are typically received before performance obligations are met in which case these are recognised as deferred income and as income once performance obligations have been met.
- 10.33 Accredited Registers' revenue consists of non-refundable fixed accreditation fees for new registers, payable when application documents have been submitted, and renewal fees, payable prior to the anniversary of accreditation. Income from initial application fees was recognised in the operating cost statement at the point of time of our accreditation decision in accordance with IFRS 15 and income from renewal fees was recognised at the point of renewal accreditation decision.
- 10.34 The new fee model was implemented on 1 July 2021 as part of wider changes to the Accredited Registers function; and includes a new three-year risk based assessment and accreditation process. Income from renewal fees is now recognised in the operating cost statement monthly, on a straight line basis, over the financial year, as the performance obligation is now being delivered over time in accordance with IFRS 15. These fees, typically received prior to the commencement of the financial period they relate to, are recognised as deferred income (contract liability) until the over time performance, as specified in fee invoices, obligation is achieved.

Section 29 costs and recoveries

- 10.35 Under our Section 29 powers, we can appeal to the High Court against a regulator's disciplinary decisions. Costs incurred by us in bringing Section 29 appeals are charged to the comprehensive net expenditure statement on an accruals basis.

- 10.36 As a result of judgments made by the Courts, we may be awarded costs if the case is successful or costs may be awarded against us if the case is lost. Where costs are awarded to, or against, us these may be subsequently revoked or reduced as a result of a successful appeal either by the defendant or by us. Therefore, in bringing either income or expenditure to account, we consider the likely outcome of each case on a case-by-case basis.
- 10.37 In the case of costs awarded to PSA, the income is not brought to account unless there is a final uncontested judgment in our favour or an agreement between parties of the proportion of costs that will be paid and submitted to the Courts and settlement amount had been agreed by both parties. When a case has been won but the final outcome is still subject to appeal, and it is virtually certain that the case will be won on appeal and costs will be awarded to us, a contingent asset is disclosed.
- 10.38 In the case of costs awarded against PSA, expenditure is recognised in income and expenditure where there is a final uncontested judgment against us. In addition, where a case has been lost, but the final outcome is still subject to appeal, and it is probable that costs will be awarded against us, a provision is recognised in the accounts. Where it is possible but not probable that the case will be lost on appeal and that costs may be incurred by us, a contingent liability is disclosed.

Section 29 bad debt write off

- 10.39 In rare circumstances where the PSA deems a Section 29 asset to be irrecoverable (this could be due to the financial and administrative cost of recovery or ethical reasons) a debt will be written off directly to the income statement in the period that the decision not to pursue recovery has been taken by us.

Value added tax

- 10.40 Value added tax (VAT) on purchases is not recoverable, hence is charged to the statement of comprehensive net expenditure and included under the heading relevant to the type of expenditure, or capitalised if it relates to an asset.

Retirement benefit costs

- 10.41 Past and present employees are covered by the provisions of the NHS and NEST pension schemes.
- 10.42 Employees who joined PSA before 1st of April 2023 or have been members of the NHS pension scheme before are covered by the NHS Pensions scheme.
- 10.43 The NHS pension scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.
- 10.44 Therefore, the scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

- 10.45 For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive net expenditure at the time PSA commits itself to the retirement, regardless of the method of payment.
- 10.46 NEST pension scheme is available to the employees that joined the PSA after 1st of April 2023.
- 10.47 NEST pension scheme is a defined contribution scheme that is accounted for as such.
- 10.48 Expected contributions to NHS pension scheme in the next reporting period are expected to be £544k.
- 10.49 Expected contributions to NEST pension scheme in the next reporting period are expected to be £16k.

Leases

- 10.50 PSA has adopted IFRS 16, as interpreted and adapted in FreM, with effect from 1 April 2022.
- 10.51 Where a lease has been identified, we recognise the right of use asset and a corresponding lease liability, except for leases (including remaining leases) shorter than 12 months or/and of value less than £5,000. Short term and low value leases are treated as operating leasing with lease payments recognised in the Statement of Comprehensive Net Expenditure.
- 10.52 Previous operating lease expenses have been replaced with depreciation charge and interest expense on lease liability.
- 10.53 Our incremental borrowing rate defined by HM Treasury currently is 3.51%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments.
- 10.54 Our current finance lease arrangements in respect of the property at 16-18 New Bridge Street are due to expire on 14 of March 2033 with a break clause at 14 March 2028. There were no other confirmed lease arrangements in place as at 31 March 2024.
- 10.55 We do not apply IFRS 16 to leases of intangible assets and recognise these in accordance with IAS 38.

Right of use assets

- 10.56 Right of use assets are depreciated on a straight line basis over the minimum non-cancellable lease term.
- 10.57 As permitted by the FreM, right of use (ROU) assets are subsequently measured using the cost model as a proxy for measurement of the cost value in use, as useful life and values of ROU assets is shorter than their respective underlying asset.
- 10.58 Right of use assets relates to the lease assets in respect of property at 16-18 New Bridge Street, London.
- 10.59 In accordance with the FReM we have not recognised any assets or liabilities for leases where the underlying asset is of low value and have made no

adjustment for such leases. Similarly, we have not recognised any asset or liabilities with a remaining term of 12 months or less and have made no adjustments for these.

International Financial Reporting Standards (IFRSs), amendments and interpretations in issue but not yet effective or adopted

10.60 International Accounting Standard (IAS8), accounting policies, changes in accounting estimates and errors require disclosures in respect of new IFRSs, amendments and interpretations that are, or will be, applicable after the accounting period. There are a number of IFRS, amendments and interpretations issued by the International Accounting Standards Board that are effective for financial statements after this accounting period. The following have not been adopted early by PSA:

- Amendments to IAS 1 – Classification of Liabilities as Current or Non-Current
- Amendments to IAS 16 – Leases on sale and leaseback
- Amendments to IAS 1 – Non current liabilities with covenants
- IFRS 17 - Insurance contracts

10.61 The impact of these changes is not expected to be material to PSA accounts.

Accounting standards issued that have been adopted early

10.62 The PSA has not adopted any IFRSs, amendments or interpretations early.

2. Analysis of net operating costs/(income) by segment

Segmental analysis

10.63 Net operating costs/(income) were incurred by the PSA's four main expenditure streams as follows. PSA does not maintain separate statements of financial position for these streams. There were no inter-segment transactions in the year.

2023/24	Regulatory and Standards setting work	Accredited Registers	Commissions from Government(s)	Advice to other organisations	Total
	£'000	£'000	£'000	£'000	£'000
Operating costs	5,074	588	0	0	5,662
Operating income	(4,919)	(674)	0	0	(5,593)
Net operating costs/(income)	155	(86)	0	0	69
2022/23	Regulatory and Standards setting work	Accredited Registers	Commissions from Government(s)	Advice to other organisations	Total
	£'000	£'000	£'000	£'000	£'000
Operating costs	4,883	519	0	0	5,402
Operating income	(4,648)	(578)	0	0	(5,226)
Net operating costs/(income)	235*	(59)	0	0	176

*Planned deficit due to two major in year projects: IT and Office move

10.64 The work of these operating segments is described in the performance report.

3. Staff numbers and related costs

10.65 Costs of persons employed

	Permanently employed	Other	Total 2023/24	Permanently employed	Other	Total 2022/23
	£'000	£'000	£'000	£'000	£'000	£'000
Salaries	2,956		2,956	2,725	-	2,725
Social security costs	333		333	333	-	333
Superannuation costs	505		505	509	-	509
Agency/ temporary costs		*10	10	-	48	48
Total	3,794	10	3,804	3,567	48	3,615

*Temporary staff

10.66 There were no consultancy costs in 2023/24.

10.67 There were no exit packages paid in 2023/24. (none in 2022/23).

10.68 No redundancy costs were incurred in the financial year 2023/24 (none in 2022/23).

10.69 No persons were employed off payroll or on a consultancy basis during the year (none in 2022/23).

4. Average number of persons employed

10.70 The average number of full-time and part-time staff employed (including temporary staff) during the year is as follows:

	Permanently employed	Other	Total 2023/24	Permanently employed	Other	Total 2022/23
Total	45.54	0.15	45.69	41.59	0.59	42.18

5. Other administrative costs

	Notes	2023/24	2022/23
		£'000	£'000
Members' remuneration		119	117
Legal and professional fees		774	566
Premises and fixed plant		324	623
Training and recruitment		102	126
PR, communications and conferences		118	60
Establishment expenses		57	62
External audit fee		30	29
Other costs		94	84
Total		1,618	1,667
Non-cash expenditure			
Amortisation	8	52	76
Depreciation	9	28	37
Right of use asset depreciation		160	7
Total non cash expenditure		240	120
Total administrative costs		1,858	1,787

*PSA made payments of £3,526.84 (£325,062.57 in 2022/23) to the National Audit Office for non-audit work in respect of building service charge costs.

6. Fee Income

	2023/24	2022/23
	£'000	£'000
Fee Income from Regulators	4,637*	4,559*
Total	4,637	4,559

*Fee income relating to statutory 2023/24 fees.

Income from GMC (£0.902m), NMC (£2,026m) and HCPC (£0,813m) amounted to 16%, 36% and 14% of the total income respectively.

7. Operating Income

	2023/24	2022/23
	£'000	£'000
Section 29 cost recoveries	276	89
Accredited Registers' income	674	578
Advice to other organisations	0	0
Subtenancy income	0	0
Other operating income	6	10
Commissions from Government	0	0
Total operating Income	956	677

8. Intangibles

	Section 29 database & Other intangible assets
	£'000
Valuation	
At 1 April 2023	259
Additions	0
Disposals	0
At 31 March 2024	259
Amortisation	
At 1 April 2023	115
Charge for the year	52
Disposals	0
At 31 March 2024	167
Net book value	
At 31 March 2024	92
At 31 March 2023	144
	Section 29 database & Other intangible assets
	£'000
Valuation	
At 1 April 2022	220
Additions	109
Disposals	(70)
At 31 March 2023	259
Amortisation	
At 1 April 2022	109
Charge for the year	76
Disposals	(70)
At 31 March 2023	115
Net book value	
At 31 March 2023	144
At 31 March 2022	111

9. Property, Plant and Equipment

Property, Plant and Equipment

	Furniture, fixtures and fittings	IT equipment	Total
	£'000	£'000	£'000
Valuation			
At 1 March 2023	9	104	113
Additions	19	24	43
Disposals	0	0	0
At 31 March 2024	28	128	156
Depreciation			
At 1 March 2023	4	56	60
Charge in period	5	23	28
Disposals	0	0	0
At 31 March 2024	9	79	88
Net book value			
At 31 March 2024	19	49	68
At 31 March 2023	5	48	53
Valuation			
At 1 April 2022	154	470	624
Additions	5	36	41
Disposals	(150)	(402)	(552)
At 31 March 2023	9	104	113
Depreciation			
At 1 April 2022	146	429	575
Charge in period	8	29	37
Disposals	(150)	(402)	(552)
At 31 March 2023	4	56	60
Net book value			
At 31 March 2023	5	48	53
At 31 March 2022	8	41	49

10.71 All assets above are wholly owned by the PSA without any related financial liabilities.

10. Trade and other receivables

10.72 Amounts falling due within one year:

	31 March 2024	31 March 2023
	£'000	£'000
Trade and other receivables	303	346
Prepayments	71	57
Total trade and other receivables	374	403

10.73 There are no trade receivables and other current assets falling due after more than one year.

11. Investments

	31 March 2024	31 March 2023
	£'000	£'000
Balance at 1 April 2023	750	750
Net change in deposits	0	0
Balance at 31 March 2024	750	750

10.74 Investments are short-term deposits that are entered into with financial institutions with a maturity date of over three months and no longer than nine months. The deposits comply with PSA's reserves policy. As at 31 March 2024 and 31 March 2023 one short-term deposit (3 month) has matured with interest of £3k in 2023/24 and will be reinvested in 2024/25. 9 Month deposit of £750k has matured in 2023/24 with interest of £3k and has been re-invested during the year and will mature in 2024/25 with £30k interest.

12. Cash and cash equivalents

	2023/24	2022/23
	£'000	£'000
Balance at 1 April	6,758	6,810
Net changes in cash and cash equivalent balances	399	(52)
Balance at 31 March	7,157	6,758
Government Banking Service	49	49
Commercial banks and cash in hand	7,108	6,709
Balance at 31 March	7,157	6,758

13. Trade and other payables

10.75 Amounts falling due within one year:

	31 March 2024	31 March 2023
	£'000	£'000
Trade and other payables	19	41
Taxation and social security	181	92
Accruals and deferred income	5,781**	5,553*
Total trade and other payables	5,981	5,686

* Opening value of contract liabilities with customers, £5,310k recognised as income in the current year.

** Closing values of contract liabilities and accruals.

10.76 There were no trade payables and other current liabilities falling due after more than one year.

14. Provisions

	Provisions
	£'000
Balance at 31 March 2023	13
Arising during the period	10
Provision used	0
Balance at 31 March 2024	23

10.77 The HMRC provision as at 31 March 2024 represents PSA's tax liability on interest received from bank investments.

15. Lease liabilities

	Lease liabilities
	£'000
Balance at 31 March 2023	802
Less principal payment of the lease	(113)
Finance interest	28
Balance at 31 March 2024	717

10.78 Lease liability represents PSA's liability in respect of the property at New Bridge Street.

16. Additional general reserves note

	Unrestricted Element All work (Regulatory and standards setting / Accredited Registers / Commissions from Government(s) / Advice to other organisations)	Restricted Element (Regulatory and standards setting work)	Total
	£'000	£'000	£'000
Balance as at 31 March 2023	721	1,681	2,402
Changes in reserves in the year ended 31 March 2024			
Regulatory and Standards setting work		(133)	(133)
Accredited Registers	86		86
Balance as at 31 March 2024	807	1,548	2,355

*This includes both cash and non-cash elements.

17. Contingent assets and liabilities

Assets

10.79 Two High Court cases were concluded and costs were ordered in PSA's favour. Agreement concerning costs has not been reached as at 31 March 2024 (one case as at 31 March 2023).

Liabilities

10.80 20 High Court cases under PSA's s Section 29 powers were undecided as at 31 March 2024. There was, therefore, uncertainty, as at that date, as to the result of the cases and related financial consequences, pending a final judgment (16 as at 31 March 2023).

10.81 Judgment by the High Court may permit recovery of these Authority costs or, alternatively, issue a charge to the Authority of the costs of the regulator and its registrant. The Authority considers it is possible but not probable that such obligation will arise.

18. Capital commitments

10.82 PSA had no capital commitments as at the statement of financial position dates.

19. Commitments under leases

Leases

10.83 The PSA's finance lease represents the lease in respect of property at 16-18 New Bridge Street that will end on the 14 March 2033 with a break clause on 14 March 2028.

Right of use asset	Buildings
	£'000
Cost or valuation	
At 1 April 2023	802
Additions	0
At 31 March 2024	802
Depreciation	
At 1 April 2023	7
Charged in year	160
At 31 March 2024	167
Carrying amount at March 2024	635

10.84 We mitigate the liquidity risk inherent in maturity analysis by maintaining a reasonable level of reserves.

Lease liabilities – maturity analysis	31 March 2024
	£'000
Buildings	
Not later than one year	211
Later than one year but not later than 5 years	571
Less interest element	(65)
Present value of obligations	717

20. Related parties

10.85 The PSA is accountable to the UK Parliament.

10.86 The PSA was funded and sponsored by the Department of Health and Social Care to 31 July 2015 and is part of DHSC consolidated accounts. The

- Department also provided funding to support the Accredited Registers scheme and to pay for advice commissioned from the Authority. The Department of Health and Social Care is regarded as a related party.
- 10.87 During the year to 31 March 2024, we received no subvention in respect of the Accredited Registers programme (none in 2022/23) or other funding (none in 2021/22) from Department of Health and Social Care.
- 10.88 During the year to 31 March 2024, we received no funding from any Devolved Administrations (none in 2022/23).
- 10.89 The HCPC belongs to the Department of Health and Social Care group and is regarded as a related party. During the year to 31 March 2024 PSA received £0.87m in respect of 2024/25 fee income (2022/23 £0.81 million in respect of 2023/24 fee income) from HCPC. In the year to 31 March 2024 PSA received £0.024m income in respect of three High Court cases under PSA's Section 29 power (none in 2022/23).
- 10.90 The NMC belongs to the Department of Health and Social Care group and is regarded as a related party. During the year to 31 March 2024, PSA received £2.119m in respect of 2024/25 fee income from NMC (2022/23 £2.026m in respect of 2023/24 fee income). In addition to this Authority has received £0.059m from NMC in respect of seven High Court cases under the Authority's Section 29 power (2022/23: £0.038m).
- 10.91 PSA maintains a register of interests for the Chair and Board members, which is available on the website. The register is updated on a periodic basis by the Executive Assistant to reflect any change in Board members' interests. During the period ending 31 March 2024 no Board member undertook any related party transactions with the PSA (other than the standard remuneration detailed above in the Remuneration and Staff Report).
- 10.92 The senior management team is also asked to disclose any related party transactions. During 2023/24, there were no related party transactions to disclose (other than the standard remuneration detailed above in the Remuneration and Staff Report).

21. Losses and special payments

- 10.93 Losses and special payments were individually and in total well below the reporting threshold of £300k.

22. Events after the reporting period

- 10.94 These accounts were authorised for issue on the date they were certified by the Comptroller and Auditor General.

23. Financial Instruments

- 10.95 Within the scope of IFRS 9 Financial Instruments, PSA holds trade receivable and payables (notes 9 and 12), short-term investments (note 10) and cash and cash equivalents (note 11).

Financial risk management

- 10.96 Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.
- 10.97 Given the way PSA is financed, and that it has limited powers to borrow or invest surplus funds, and that its financial assets and liabilities are generated by day to day operational activities and are simple in nature, the PSA's exposure to financial risks is very low.
- 10.98 Receivables and payables that are due to mature or become payable within 12 months from the statement of financial position date have been omitted from all disclosures.

Currency risk

- 10.99 PSA is a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling-based. The PSA has no overseas operations. Therefore, the PSA has low exposure to currency rate fluctuations.

Interest rate risk

- 10.100 PSA had no borrowing and all fees from the regulators were received in 2023/24 so exposure to this risk was very low. As of 31 March 2024, PSA had a non-interest-bearing cash balance of £5,116k and £2,719k in a bank deposit generating a small amount of interest. The amounts stated also include £750k investment.

Credit risk

- 10.101 Because the majority of PSA's income comes from statutory fees payable by regulators the credit risk that PSA is exposed to is low.

Liquidity risk

- 10.102 PSA relies primarily on fee income with statutory fees payable at the commencement of financial year therefore, PSA has low exposure to liquidity risk. However, the timing of the receipt of statutory fees could potentially result in short-term cash flow issues. The PSA is mitigating this risk by maintaining a reasonable level of reserves.

