

Public May Board meeting

Thursday, 22 May 2025, 9:00-10:00

Belfast, NI



Agenda

			Timing
1.	Welcome, introductions and declarations of interest		09:00-09:00
2.	Apologies		09:00-09:00
3.	Minutes of the meeting on 19 March 2025 (for approval)	(Paper 1)	09:00-09:00
4.	Actions and Matters Arising from the meeting on 19 March 2025		09:00-09:05
5.	Chair's report	(Paper 2)	09:05-09:10
6.	Executive report and project dashboard	(Paper 3)	09:10-09:30
7.	Finance report	(Paper 4)	09:30-09:35
8.	Risk register	(Paper 5)	09:35-09:45
9.	Committee updates <ul style="list-style-type: none">• Audit and Risk Committee	(Verbal)	09:45-09:50
10.	Board annual workplan	(Paper 6)	09:55-09:55
11.	Any other business		09:55-09:55
12.	Agree actions		09:55-09:55
	Questions from the Public		09:55-10:00

Board meeting
Minutes of the public meeting
19 March 2025



Unapproved Minutes of the Board meeting, 19 March 2025

Present

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

In Attendance

Melanie Venables (MV)
Jane Carey (JC)
Graham Mockler (GM)
Douglas Bilton (DB)
Dinah Godfree (DG)
Akua Dwomoh-Bonsu
Rachael Culverhouse-Wilson
Suzanne Dodds
Oyinkan Onile-Ere
Melanie Hueser (Secretariat)

Observers

See below

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair opened the meeting and welcomed everyone to the Board meeting, which was taking place at the Social Work England offices in Sheffield. Observers included members of staff and external observers: Carole Haynes (NMC) and Anisah Chowdhury (GMC).
- 1.2 This was ML's last meeting, and the Chair confirmed that Board members would say a few words at the end of the private session.

2. Apologies

- 2.1 There were no apologies.

3. Minutes of meeting held on 15 January 2025

- 3.1 The minutes of the last Board meeting held on 15 January 2025 were accepted as a true and correct record and approved.

4. Actions and Matters Arising from the meeting on 15 January 2025

- 4.1 All actions were complete or on track.

5. Chair's report

- 5.1 The Chair introduced the item, highlighting that the new Board member for Cymru/Wales would be announced very soon, and would be invited to the Welsh seminar which was due to take place on 25 March.
- 5.2 The Chair attended the Staff day on 11 March, where staff had discussed strategic planning. It had been a productive and enjoyable day with innovative ideas.

Action: MH to invite all Board members to attend the next Staff day.

Action: MH to schedule a Board and staff lunch after the July Board meeting.

- 5.3 The interim Director of Regulation and Accreditation will be announced soon, the sign-off had been somewhat slower than expected.

6. Executive report and project dashboard

- 6.1 The Chief Executive introduced the item. The Standards review consultation had started and will run for 12 weeks. The Right Touch Regulation consultation will run for eight weeks.
- 6.2 The NMC Independent Oversight Group had met the previous week. There had been some small improvements in Fitness to Practice numbers, but all attendees knew that there was a long way to go. Overall, the meeting had been positive and had welcomed the changes made to the senior management team. The culture plan had now also been published. The Omambala KC review was provisionally expected for the summer.
- 6.3 The meeting with the Legal Services Board had to be postponed as their Chair had stepped down.
- 6.4 **Section 29:** The number of appeals lodged was down over the previous year. The causes were being analysed now. The Board queried what the financial implications of this were and it was highlighted that as costs for cases accrue over time and may go across more than one accounting years, and any cost recovery would follow this, it was still too soon to say.
- 6.5 **Website project:** The project was due to be finalised very soon and remained on track. Work and testing will be ongoing.
- 6.6 A Regulatory data and Artificial Intelligence (AI) Group will be set up, with the first meeting planned for April. The Board will be updated at the next meeting. The Board welcomed the establishment of this group. The Board highlighted that adoption of AI was being discussed across multiple groups of stakeholders and engagement with all of them was essential.
- 6.7 The Board queried whether there were still plans to engage with social media influencers for the Accredited Registers Programme. It was confirmed that there were still plans to, but that additional evaluation of the risks was underway.

Action: MV to update the Board on influencer activity and social media plans more generally at the May 2025 Board meeting.

Action: JC to add Communications Strategy to the Board workplan for May 2025. This needs to be considered as part of the Strategic Plan 2026-29.

- 6.8 It was confirmed that there had been recent meetings with NHS England and that the latest announcement from the government to dissolve NHS England will be discussed and the PSA will keep a watching brief on developments.
- 6.9 Next steps for regulatory reform had not yet been announced but work was continuing to be ready when the announcement comes.
- 6.10 **Research conference:** The Board was in favour of a modest increase to the ticket price and was content for the Executive to make the final decision on this. It was emphasised that it would be important to continue funding places for stakeholders unable to attend otherwise.
- 6.11 The Board also agreed that choosing the best venue was key.
- 6.12 The response from the **General Teaching Council (Scotland)** on their draft report was expected soon.
- 6.13 **Sexual misconduct sessions:** It was confirmed that a report will pull together the discussions from the sessions and further conversations with stakeholders were already happening on how to continue work in this area.
- 6.14 **Corporate Services:** A pilot for the Microsoft's AI function, Copilot, was underway, and the benefits were already being reported by staff.
- 6.15 There had been a number of leavers and new starters. It was confirmed that much of this was due to fixed contracts coming to an end. The Board agreed that where possible employing people on permanent contracts was preferable, and the Executive confirmed that this was policy and that most of the fixed contracts were due to maternity cover or project work.
- 6.16 Work on the Annual Report and Accounts was starting, and audit timetables had been agreed.
- 6.17 The new pension scheme was being launched on 1 April and staff feedback was very positive. Willis Towers Watson will hold an information session for staff joining the scheme.

7. Finance report

- 7.1 The Director of Corporate Services introduced the item. The deficit was now predicted to be £101,000, which was an improvement. The exact numbers will soon be produced for the end of year accounts.
- 7.2 As appeal cases can stretch over two financial years, it was confirmed that S29 costs are unlikely to fully mirror the lower appeal numbers for the end of year accounting.
- 7.3 It was outlined that whether a fee discount was given depended on a number of factors, e.g. whether the money would be used instead for improvement projects that helped the PSA do its job. Discounts were considered at the Business Planning Review Committee which meets twice a year.
Action: AC to invite the new Board members to attend the next Business Planning Review Committee meeting.
- 7.4 The Board **noted** the report.

8. Committee annual reports

- 8.1 Audit and Risk: The Committee Chair highlighted that most of the Committee members were new to the Board. He also thanked JC and MH for the support of the Committee.
- 8.2 Deep dives will be reinstated for the upcoming Committee meetings.
- 8.3 **Scrutiny Committee:** The Committee Chair highlighted the changes to the Committee and that a new Chair was now coming in.
- 8.4 **Nominations Committee:** The Chair thanked JC and MH for the support of the Committee. It was expected that fewer meetings would be held over the next year as the Board recruitment was finished for now.
- 8.5 The Board **noted** the reports.

9. Committee updates

- 9.1 **Audit and Risk Committee:** The internal audit contract had been extended by two years. The Committee will review the whistleblowing policy soon.
- 9.2 **Scrutiny Committee:** The Board **noted** the report.

10. Escalation process

- 10.1 The Director of Regulation and Accreditation introduced the paper, which proposes a change to the escalation process, namely that the decision-making panel decides at the final Performance Review (PR) panel whether the performance of a regulator who had not met one or several standards should be escalated to the UK health departments and Ministers.
- 10.2 The Board **agreed** the new process and agreed that the team would start publishing letters soon and not wait for the next PR cycle.
- 10.3 The Board agreed that the description of the process and escalation criteria should be clarified to be more specific.

11. Reports from Devolved Administration member for Cymru/Wales

- 11.1 The Board member for Cymru/Wales introduced the item, highlighting the Welsh seminar series where the next session will be held on 25 March.
- 11.2 The Board was reminded to consider devolution when discussing social care, nurse associates and other current issues facing healthcare.
- 11.3 ML thanked the Policy team for their support over the last eight years.

12. May Board meeting in Northern Ireland

- 12.1 The Chief Executive introduced the item, which included a more detailed timetable for the May Board and stakeholder meetings in Belfast.
- 12.2 The Board will arrive in Belfast on 21 May, undertake stakeholder visits that day, meet for a feedback session in the evening and then meet for the Board

meetings on 22 May. Precise details on the stakeholder meetings and groups for the Board members will be shared in April.

- 12.3 The Chair and Chief Executive, and the Board member for Northern Ireland will meet the Health Minister.
- 12.4 The Board **noted** the plans.

13. Commissioned work

- 13.1 The Assistant Director of Intelligence and Insight introduced the item, which was an opportunity for the Board to discuss the approach to commissioned work and how best to refresh it in line with best practice for public bodies and to update the calculations for how long a project might last.
- 13.2 Generally, the PSA had always undertaken one of these pieces of work at a time and had not engaged in promoting this option to stakeholders. It was highlighted that they were also seen as opportunities for staff to engage with work they would not otherwise have an opportunity to be involved in.
- 13.3 The Board agreed generally with the approach not to actively seek commissions and agreed that with the publication of the report from the most recent one for the General Teaching Council (Scotland) and a refresh of the website pages on commissioning this work should continue.
- 13.4 The Board discussed whether the PSA should be involved with this work at all, considering it was not one of the core areas of work. Overall it was agreed that it should continue but that it would be useful to tighten acceptance criteria. It was also confirmed that rate cards were employed, that the PSA's rates were competitive and that a process for sign-off by the Executive Leadership Team was in place.
- 13.5 The Board was in favour of the updated approach and agreed that commissions should be continued in a managed way.

Action: DB to bring an item on commissioning to the May Board meeting.

14. Non-surgical cosmetics

- 14.1 DG introduced the item. Non-surgical cosmetics is an area with legislation that differed in the four countries and the approach across the UK was quite fragmented. In Scotland, for example, there were plans underway to strengthen legislation. In England, an update on the Department of Health and Social Care's previous consultation on new legislation is awaited. In Wales, legislation specific to non-surgical cosmetics had not been implemented and we are not aware of current work within Northern Ireland on the issue.
- 14.2 The paper set out the PSA's current position and all mitigating actions taken (e.g. through the Accredited Registers Programme).
- 14.3 The Board suggested that Right Touch Regulation would be the best lens through which to view the issue and posed this as a challenge to the executive.

Action: AC to include non-surgical cosmetics for the May strategy discussion.

15. Board workplan 2024/25

15.1 The Board **noted** the workplan. Communications strategy will be added

16. Any other business

16.1 There was no other business discussed.

17. Questions from Members of the Public

17.1 There were no questions.

17.2 The Chair thanked the observers for their interest in the PSA.

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

Board meeting

Minutes of the public meeting

19 March 2025



Action Log

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

Mtg. Date	Item No.	Action point	Owner	Date required	Action progress	Status
19 March 2025	5.2	Invite all Board members to attend the next Staff day.	MH	September 2025		
19 March 2025	5.2	Schedule a Board and staff lunch after the July Board meeting.	MH	July 2025	Complete	
19 March 2025	6.8	MV to update the Board on influencer activity and social media plans more generally at the May 2025 Board meeting	MV	May 2025	Update provided in Executive Report	
19 March 2025	6.8	JC to add Communications Strategy to the Board workplan for May 2025. This needs to be considered as part of the Strategic Plan 2026-29.	JC	May 2025	Comms strategy added to Work Plan.	
19 March 2025	7.3	Invite the new Board members to attend the next Business Planning Review Committee meeting.	AC	July 2025		
19 March 2025	13.5	Bring an item on commissioning to the May Board meeting.	DB	May 2025	On the agenda	
19 March 2025	14.5	Include non-surgical cosmetics for the May strategy discussion.	AC	May 2025		

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Chair's Report

- 1.1 I am delighted to welcome Eleanor Marks to the PSA Board. Eleanor is the new Board member for Wales/Cymru and was appointed from 1 May 2025. As well as joining the Board, Eleanor will be joining ARC.
- 1.2 As you will be aware, at our last Board meeting in Sheffield, the Board took a decision to publish all escalation letters sent to Ministers. Two letters have now been published – one for the PSNI and one for SWE.
- 1.3 With respect to SWE, on 8 April 2025 I received correspondence from Stephen Kinnock MP, Minister of State for Care. The letter noted our concerns but says that the Department for Education (DfE), as the sponsor department, is best placed to respond. On 15 April 2025, I received a letter from the Rt Hon Bridget Phillipson MP, Secretary of State for Education, also noting our concerns and helpfully setting out the support the DfE will offer to SWE. I have also had a discussion with Andrew McCulloch, Chair of SWE, covering both the timing and the content of the escalation letter. It is helpful that SWE has received an uplift in their financial settlement from the DfE as this is one of the limiting factors on SWE holding more FtP hearings.
- 1.4 I was very sorry to miss the PSA Board discussion on strategy on 10 April 2025. I was unable to attend due to a bereavement. I understand that the discussion was very positive and that Board members had a good opportunity to feed into our next three-year strategy.
- 1.5 Alan and I continue to have periodic catch-up with chairs and other stakeholders.
- 1.6 On 15 April 2025 we met with the chair and CEO of the HCPC. These meetings have been taking place quarterly, however, given the progress made by the HCPC, these meetings will now move to half-yearly.
- 1.7 On 24 April 2025, Alan and I met Professor Alice Sullivan. As you may know, the Sullivan Report was published a month or so ago. This report was commissioned by Government and is an independent review of data, statistics and research on sex and gender with a particular focus on health and criminal justice. In case it is of interest, here is a link to the report: <https://www.gov.uk/government/publications/independent-review-of-data-statistics-and-research-on-sex-and-gender/review-of-data-statistics-and-research-on-sex-and-gender-executive-summary>. We will need to think about any implications for the statutory regulators and the ARs that we oversee, particularly about how data on sex and gender is collected and published. We will also need to consider the recent Supreme Court ruling on sex and gender, and the forthcoming guidance from the Equalities and Human Rights Commission on this issue when it becomes available.

- 1.8 On 14 May 2025, I will be hosting the six-monthly chairs' meeting, which all of the chairs of the statutory regulators are invited to attend. I am delighted that Dame Carrie MacEwen, the chair of the GMC, has kindly agreed to speak to us about the challenges, opportunities and lessons to be learned from the GMC's journey to Physician Associate and Anaesthesia Associate regulation. The agenda also includes an update from chairs on key priorities and the PSA's current consultation on our Standards of Good Regulation. I will update the Board on this meeting when we meet on 22 May 2025.
- 1.9 You may have seen that the NMC has appointed a new chair, Ron Barclay-Smith. Alan and I will be meeting Ron on 30 May 2025.
- 1.10 This week I have been meeting with Board members as part of the appraisal cycle. I have been grateful for everyone's time. Key themes to emerge were as follows:
- Strong support for the leadership and staff.
 - Some concern about Graham's sabbatical, however, this is mitigated by the excellent appointment of Amanda.
 - Strong sense that PSA is in a good place, fulfilling its statutory functions well.
 - A view that the S29 review should now conclude as this has been going on for a long time.
 - Concern over FtP backlogs.
 - Concern about some of the statutory regulators, particularly the PSNI and the NMC.
 - Lots of interest in the review of our Standards of Good Regulation and a sense that this is an important piece of work.
 - A question about whether we spend enough time on sensitive issues. An example given was non-surgical cosmetic interventions where some Board members felt we had not done enough to push for the regulatory gap to be addressed. Another example given was maternity care, where real harm is caused disproportionately to women of colour.
 - Pleased that work on AI is now being taken forward in a more structured fashion.
 - Very positive that Alan has been asked to chair the NMC Oversight Board. View that this is indicative of a positive relationship with the Government.
 - A sense that the AR programme is in a good place and fulfils a useful role, but that increasing awareness is important.
 - Feeling that we have a strong board and that new board members are excellent additions.
 - Support for Board workshops as this allows more time to think through the issues. Picking up the points above, maternity care and non-surgical cosmetic interventions could be future topics.
 - Desire for me as chair to ensure that at the end of each Board meeting we reflect on what went well and what could be improved. I will take this forward.
- 1.11 It is always interesting to reflect on issues that were not raised, as well as those that were. EDI, sustainability and regulatory reform were not raised, nor was the balance of home/office working. This may reflect new board member

priorities, the progress made in some areas and the realities of likely progress, for example with respect to regulatory reform.

- 1.12 Finally, I would like to thank Geraldine for all the work that she has put in to making the trip to Belfast a success.

Caroline Corby
1 May 2025

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Executive report

1. Summary

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

2. Recommendations

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

3. CEO stakeholder engagement

- 3.1 Between the March 2025 and May 2025 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
- Chairing a meeting of the NMC Independent Oversight Group.
 - Together with the Chair, a meeting with the Chair and CEO of the HCPC.
 - Individual meetings with the CEOs of the NMC, PSNI and GPhC.
 - A presentation on right-touch regulation to the Council of the Nursing and Midwifery Board of Ireland.
 - Attending a meeting of the regulators' Chief Executives Steering Group.
 - Chairing the quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.
 - A meeting with Philip Pirie (advocate for suicide prevention) and David Holdsworth (CEO at the Charity Commission) to discuss the role of charities in suicide prevention.
 - A meeting, together with the Chair, with Alice Sullivan from UCL to discuss her recent report on sex and gender in healthcare.
- 3.2 Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.
- Together with the Chair, a meeting with the Chair and CEO of the GMC.
 - Attending meetings of the regulators' Chief Executives Steering Group and the Health and Social Care Regulators Forum.

- Meeting the Chief Investigator from Health Services Safety Investigations Body.
- Attending the Council meetings of the GMC, GCC, NMC and GOsC.
- Attending the quarterly Information-Sharing meeting with the DHSC and officials from the Devolved Administrations.

4. Summary of risks

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

Regulation and Accreditation

5. Performance review Reporting

- 5.1 On 28 March 2025, we published a Monitoring Report for Social Work England (SWE). SWE met 17 out of 18 Standards, it did not meet Standard 15 for the third consecutive year due to ongoing concerns about the time it takes to process fitness to practise cases. We have escalated our concerns about Social Work England to the relevant Secretaries of State. The report can be found [here](#).

- 5.2 On 28 March 2025, we also published a Periodic Review Report for the Pharmaceutical Society of Northern Ireland (PSNI). The PSNI met 11 out of 18 Standards as we identified weaknesses in multiple regulatory functions during 2023/24. Due to the wide-ranging failures, we have written to the Minister of Health for Northern Ireland and the Chair of the Northern Ireland Assembly Committee for Health to make them aware of our concerns. The report can be found [here](#).

NMC

- 5.3 Our 2023/24 periodic review of the Nursing and Midwifery Council (NMC) was originally due to be published in September 2024. In autumn 2023 the NMC commissioned three independent reviews to look into issues raised in whistleblowing disclosures.
- 5.4 We initially decided to await the outcomes of all three reviews and take them into account for our 2023/24 performance review.
- 5.5 Whilst the first of the three independent reviews has been [published](#), we have not yet seen the outcome of the other two reviews. These are both being led by Ijeoma Omambala KC: one into the NMC's handling of the fitness to practise cases raised through the whistleblower's concerns, and the other into the NMC's handling of whistleblowing disclosures.
- 5.6 Due to the changing timeline for the publication of the independent reviews, we will be publishing our report by 30 June 2025 without waiting any longer for the

evidence from the Omambala reviews. We have used the evidence we have already gathered to make decisions and will be clear within our report where we expect evidence from the ongoing independent investigations may be relevant.

- 5.7 We remain clear that the Omambala reviews are important and are likely to be relevant to our view of the NMC's performance. We will consider them in detail when they are available, including deciding how we can most appropriately report on what they tell us.

Standards Review

- 5.8 On 13 February 2025, we launched a three-month consultation on our Standards of Good Regulation and Standards for Accredited Registers. At the time of writing this paper the consultation has been open for 10 weeks. 111 complete responses have been made. 394 further responses have been started, and we have sent reminders to encourage completion of responses using the contact details provided by respondents. We will also post reminders on our other communications channels one week before the deadline to further boost completion rates.
- 5.9 The current position remains that we are likely to hit our forecast of c.200 complete responses, which is significantly more than previous consultations on the standards.
- 5.10 The next phase of the Standards Review project will be undertaken as a joint sponsorship between the Regulation and Accreditation and Policy and Communications Directorates with Amanda Partington-Todd and Melanie Venables as co-sponsors of the project.

Section 29

- 5.11 The table below sets out the key statistics so far for this financial year, compared to the same period in the previous financial year. The number of decisions received from regulators decreased only slightly (and was similar to 2022/23 of 2335). We lodged 21 appeals in 2024/25, 9 less appeals than the 30 appeals lodged in 2023/24 (and more similar in number to 2022/23 of 18 appeals). Although the decisions appealed are only 0.95% of decisions received, this is down from 1.3% in 2023/24. We have seen a slight increase in the number of learning points sent to regulators of 11 further points sent, which is a similar increase we saw between 2022/23 and 2023/24 of an increase of 15 (140 to 155). We expect that this is likely to be due to the direct legal support and oversight provided by the Lead Lawyer from October 2023.

	1 April 2024 – 31 March 2025	1 April 2023 – 31 March 2024
Decisions received by the PSA	2230	2385
Initial reviews completed	1216	1512
Detailed Case Reviews (DCRs) completed	70	85
Statutory deadline decisions <ul style="list-style-type: none"> No appeal Appeal 	9 13 ¹	11 21 ²
Case meetings held (including s40b case meetings): <ul style="list-style-type: none"> Sufficient Insufficient but no appeal Appeal 	6 6 ³ 10 ⁴	5 0 13 ⁵
Appeals lodged	21	30
Learning points sent	166	155

5.12 We consider a reason for the lower appeal numbers are reflective of the lower numbers of decisions we are reviewing at each stage of our process. Between 1 April 2023 and 31 March 2024, we appealed 35% of DCRs we completed, and 1.98% of cases an initial review was completed on.⁶ Between 1 April 2024 and 31 March 2025, we appealed 30% of DCRs we completed and 1.72% of cases we an initial review was complete on.⁷ Therefore, we consider that current appeal numbers are not significantly different to 2023/2024 as a percentage of

¹ One of which was confirmed at a s29 case meeting

² 4 of which were confirmed at s29 case meetings

³ One was a decision not to join as a party to a GMC appeal and in four cases learning points were sent.

⁴ One of which was a decision to confirm a statutory deadline referral, and one of which was a decision to join as a party to a GMC appeal

⁵ 4 of which were decisions to confirm statutory deadline referrals, and one of which was a decision to join as a party to a GMC appeal

⁶ 30 appeals / 85 DCRs completed = 35%. 30/1512 IRs completed = 1.98%

⁷ 21 appeals / 70 DCRs completed = 30%. 21/1216 IRs completed = 1.72%

DCRs carried out (cases we had identified through an initial review as being potentially insufficient). We have no concerns with the number of appeals we have brought in 2023/24 or 2024/25. Although we said to the Board in May 2024 that we intended to review the appealed cases in 2023/24 for themes, given the actual and slight difference of cases appealed from those a DCR is carried out on in 23/24 of 35% and 24/25 of 30%, we no longer consider this necessary.






- 5.13 Three appeals have been lodged since the previous Board meeting (NMC/Roopun, NMC/Driza, and HCPC/Johnny). Two appeal hearings have taken place (GMC & PSA v Gilbert, NMC/Shah), with us being successful in one appeal (Gilbert) and we are currently waiting for judgment on the other (Shah). We managed to come to a settlement by agreement in one appeal shortly before the hearing (NMC/Nowak) and two appeals have been settled by agreement (GMC/Grewal, NMC/Barker). Settlements are being explored in several other cases and all other Section 29 litigation is progressing.
- 5.14 We carried out 2-3 days of recruitment for an additional 12 month fixed term S29 administrator, with an offer being made and accepted. One new lawyer started on 14 April 2025 with the second lawyer starting on 1 July 2025.
- 5.15 We have introduced changes by way of a new pilot scheme for section 29 case meetings which will run from April to October 2025. The pilot will be evaluated following its conclusion and any permanent changes approved by the Scrutiny Committee before implementation in/around January 2026. Regular updates will be provided to the Scrutiny Committee as to the progress of the pilot.

Appointments

- 5.16 Since the last update to the Board, we have not provided the Privy Council with any advice about regulator appointments processes. We are currently considering a notice of recommendation from the GCC concerning its process to find two candidates (one lay and one registrant) to recommend for appointment to its Council. We expect to provide the Privy Council with our advice shortly. We are also aware that the GDC's process to identify a new Chair of Council is now entering its final selection phase.

Accredited Registers

5.17 At the end of March 2025, our performance against KPIs is as follows:

KPI	Met / Not Met	Performance	Direction of change since March Board
90% of full reassessments within three years	Met	97% (28 out of 29)	
90% of annual checks within one year	Met	97% (28 out of 29)	
95% of conditions are reviewed within two months of due date:	Not Met	78% (82 out of 105)	
100% of targeted reviews completed within four months:	Met	100% (3 out of 3)	
90% of decisions on new Standard One applications made within four months	Not met	66% (4 out of 6)	
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	No active full applications since KPI introduced	N/A	Introduced in April 2024 – not reported previously

5.18 We have seen a slight rolling back on progress to improve performance against the KPI for reviewing conditions within two months of their due date. This is owed to two Accredited Registers submitting their conditions responses late and the responses falling short of the conditions and therefore requiring consideration by an Accreditation Panel. This adds 6 conditions to the number of out-of-KPI conditions. However, we still forecast that the KPI will be met by the middle of 2025 when the majority of the 23 out-of-KPI conditions are removed from the rolling average. All but two of those conditions arose from late submission by the Accredited Register, and the remaining two resulted from an administrative error that has now been fully resolved.

5.19 Performance against the KPI to complete Standard One assessments within four months of receipt has improved owing to the submission of revised

documentation in one application and a new application. The KPI is forecast to be met by the middle of 2025 when the two out-of-KPI applications are removed from the rolling average.

Accreditation Decisions

- 5.20 A new Standard One application has been received for the National Council of Integrative Psychotherapists (NCIP) and is forecast for a decision to be published in September 2025.
- 5.21 By the time the Board meets, the Standard One application for the National Association of Care and Support Workers (NACAS) is anticipated to have been made and preparations for publication underway.
- 5.22 The Standard One application for the International Foundation for Therapeutic and Counselling Choice (IFTCC) has now resumed following the submission of new evidence and we anticipate a decision will be published in September 2025.

Policy, Communications and Engagement

Priorities for 2025/26

- 5.23 We have reviewed our work plans for the year ahead to check whether our priorities since the Board approved the overall 2025/26 business plan need to change to take account of changes in the external operating environment. We are not planning any material changes, but the UK Government's renewed commitment to taking forward legislative reform of professional regulation provides welcome clarity⁸. We will now move forward with recruiting to the additional role that was agreed by the Board to support this work, and other activities to support. This will begin with publishing our guidance to support regulators in using their new powers, in June.
- 5.24 It is important that the reform of professional regulation supports that of the wider health system. As well as contributing to the draft legislation for our regulators and the PSA, we will continue to promote the need for effective regulatory strategies to be embedded within workforce plans. A collective effort is required to achieve this, and we will need to take a sensitive and flexible approach that recognises the wider pressures on the health service at this time.
- 5.25 Other areas of work it is becoming increasingly important for us to take an active role in include promoting collaboration and best practice in use of artificial intelligence (AI) by the regulators and assessing whether mitigations for risks arising from unregulated roles remains sufficient. We are aware of increasing concerns about counselling and psychotherapy, and some healthcare science roles, and are working with stakeholders to understand the current risks and to identify whether further actions are required.

Policy and research

- 5.26 We have now received the final report of our research exploring the barriers and enablers to making a complaint about a health or care professional. The findings and recommendations will be considered in the first instance as part of

⁸ PSA public statement: [The PSA welcomes the Government commitment to reform healthcare regulators | PSA](#)

the evidence to inform the Standards Review (see above). We plan to publish the research, alongside a position paper, in September.

- 5.27 We are nearing the final stages of our evidence-gathering for the *Refocusing regulation project*, in support of a more preventative, upstream approach to professional regulation. This will initially feed into the review of our own Standards, with the potential for further work in phase two, guided by the findings of this first phase, and our business and strategic planning for the next financial year and beyond.
- 5.28 We have submitted and [published](#) our evidence for [the Independent review of physician associates and anaesthesia associates](#), led by Professor Gillian Leng CBE. The paper provides some background on how scopes of practice feature in current models of professional regulation in the UK and elsewhere and encourages a *Right-touch regulation* approach to decisions about whether professional regulators should have a role in defining and enforcing scopes of practice.
- 5.29 On 23 April, we held the first meeting of our new Regulatory Data and AI Group. Membership includes the regulators and will be extended to representatives of the Accredited Registers Collaborative. We set the Group up to provide a forum for exploring the risks, opportunities, barriers and enablers that use of AI may present in tackling long standing regulatory challenges. At this first meeting, the Terms of Reference and future work programme was discussed. Professor Sir David Spiegelhalter also gave a guest opening presentation, sharing his insights on algorithms for risk-based identification and potential harm in healthcare. The next steps for the Group are to identify the regulatory issues that are priorities to explore in collaboration.

Communications

- 5.30 The website project was agreed at closed at the final project board meeting on 30 April. Ongoing management of the website has moved into business-as-usual arrangements. We will also undertake a Post Implementation Review.
- 5.31 At the conclusion of the last financial year, we evaluated the Accredited Registers (AR) Quality Mark advertising campaign we ran. Phase 1 (July – September 2024) was targeted at practitioners to encourage greater display of the Quality Mark. The campaign involved distribution of a practitioner toolkit as well as organic and paid social media promotion. Meta (Facebook/Instagram) significantly outperformed initial estimates. While expected to generate 256,000 impressions and 1,280 clicks, it delivered 2.5 million impressions and 9,244 clicks through to find out more and get the Quality Mark for displaying. Phase 2 (Feb – Mar 2025) targeted consumers, aiming to increase their awareness and recognition of the Quality Mark. Our Meta ads generated 450,000 impressions and resulted in 37% of those seeing the ads clicking on them. We trialled Google adverts for the first time and our search and display ads jointly resulted in 20,583 click-throughs to our campaign page from where they were linked to Check a Practitioner. This campaign phase also led to a 10% increase in visits to practitioner pages (compared to the month before) on the PSA website, indicating enhanced consumer engagement with Quality Mark-related content.
- 5.32 Planning continues for the next phase of the AR Quality Mark campaign, using influencers to target consumers. The Executive Leadership Team (ELT) has discussed the benefits and risks of the influencer campaign, and how these will

be mitigated. ELT will provide additional assurance during the agency procurement arrangements ahead of appointing a supplier since this is a new area of work for the PSA.

- 5.33 Over the past period, our external channels have been used to share updates on new timing for the NMC performance review, highlight our ongoing concerns around non-surgical cosmetic licensing and promote our AR campaign messages. We have also put out calls for feedback on our Standards Review consultation and Right-touch Regulation discussion paper and highlighted new NHS guidance on staying safe from suicide to which we contributed.
- 5.34 We have begun to develop our Communications and Engagement Strategy 2026-29. Our approach to social media, which was highlighted as an area of interest at the last Board meeting, will be incorporated into this.

Engagement

- 5.35 The internal audit on stakeholder engagement was completed in April and identified eight recommended actions. One of these was to provide an annual progress report to the Board on stakeholder engagement. This will be incorporated into the Board workplan going forward.
- 5.36 By the time of the meeting, we will have issued a public update summarising the stakeholder survey we conducted, the feedback received and our high-level response.

Intelligence and Insight

Right-touch regulation

- 5.37 At the time of writing we have received 28 responses to the discussion document published in March (deadline 2 May), with several more expected where a short deadline extension has been agreed. Any emerging themes on first analysis will be reported to the Board at the meeting.

General Teaching Council for Scotland

- 5.38 Our commissioned report on the General Teaching Council (Scotland)'s Fitness to Teach (conduct) process has been completed and we are now discussing publication arrangements and scheduling. The report will be published on both organisations' websites.

Research conference

- 5.39 We have reserved Coin St conference centre for the research conference on 18 November. Provisionally, the proposal is to use the themes of our refocussing regulation project to shape this event (see paragraph 5.26). We have requested comments from the Cross Regulatory Research Group and the AR Collaborative on this proposed theme.

Sexual misconduct

- 5.40 We have written to the Royal College of Surgeons in response to the publication of the report 'Turning the Tide: Progress and actions to support targets of sexual misconduct in surgery' by the Working Party on Sexual Misconduct in

Surgery. The report contains a recommendation that the 'Professional Standards Authority (PSA) should conduct a review of how professional regulators manage sexual misconduct cases'. We have requested a meeting to discuss this recommendation.

- 5.41 The Board will be updated on progress to schedule more discussions in our own programme of work on this issue at the meeting.

Corporate Services

IT

- 5.42 The IT team has replaced the majority of out-of-warranty Windows 10 laptops with AI-ready Windows 11 laptops in preparation for Windows 10 reaching its end of life in October 2025.
- 5.43 Since March 2025, staff have been testing Microsoft Copilot Pro to evaluate its impact on productivity and efficiency. A limited number of licenses have been distributed to groups in all directorates, allowing each staff member to trial the software for up to six weeks and provide feedback before the license is passed on to another user. The decision to purchase and roll out licenses to all staff will be made after trial is completed in Qtr. 2 of 2025/26.

Finance

- 5.44 The Finance Report is on the agenda.
- 5.45 The draft 24/25 Annual Report and Accounts were reviewed by Audit and Risk Committee at their meeting on 9 May, and the NAO statutory audit is now underway.

People

- 5.46 Rhys McCarthy and Abdul-Rahman Lawal have started in the permanent Scrutiny Officer roles (1 April and 28 April respectively)
- 5.47 Shamma Masud started in one of the vacant Lawyer posts on 14 April 2025 and Eloise Le Santo is due to start in the second role on 1 July 2025
- 5.48 Graham Mockler started his sabbatical on 3 April 2025 and Amanda Partington-Todd began her secondment to cover the role of Director of Regulation and Accreditation on 14 April 2025.
- 5.49 Michael Humphreys left his role as Scrutiny Manager on 25 April 2025 and recruitment for this post is ongoing.
- 5.50 We have held the interviews for a one-year fixed term Administrator to support the s29 team and have selected a successful candidate subject to pre-employment checks.
- 5.51 Marcus Longley left his Board role on 20 April 2025 and Eleanor Marks succeeded him in the role of Welsh, Non-Executive Director on 1 May 2025.

Governance

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

EDI

- 5.53 We have become members of the Employers Network for Equality and Inclusion (ENEI) as part of our commitment to continue developing an inclusive working culture at PSA. ENEI are also well underway delivering a programme of EDI training for staff.

KPIs up to 31 March 2025

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2024/25
Section 29 decisions	Number of cases received [compared with same period last year]	2230 [2385]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	43 [45]
	Appeals lodged [compared with same period last year]	21 [30]
	100% of relevant decisions considered within statutory deadline	99.6% ⁹
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	80% 8/10 ¹⁰
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2024 ¹¹	98.5% (342/347)
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	97% (28 out of 29) 97% (28 out of 29)

⁹ 5 cases were sent to us outside of our statutory deadline, and 3 cases were appealed by the GMC making the statutory deadline irrelevant.

¹⁰ The HCPC's KPI was missed by 2 months as further information came to light after the Panel had made its final decision. The decision was taken that the further information needed to be put before the Panel for consideration, which led to late publication of the report.

The NMC's KPI was missed as the decision was taken to await the outcomes of the three independent reviews into the regulator's culture, handling of FtP cases and the whistleblowing concerns so that information can be incorporated into the report.

¹¹ A concern was missed this month by 29 days due to not being transferred from another mailbox.

	<p>90% of decisions about the annual check within one year of the previous assessment.</p> <p>95% of Conditions are reviewed within two months of when they were due.</p> <p>100% of targeted reviews are completed within four months of the date initiated.</p> <p>90% of decisions about new Standard 1 applications are made within four months of receipt.</p> <p>90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.</p>	<p>78% (82 out of 105)¹²</p> <p>100% (3 out of 3)</p> <p>66% (4 out of 6)¹³</p> <p>N/A – no full applications received</p>
Finance	Budgeted income / expenditure variance less than 5%	3.83% [4,993/5,192]
IT	<p>85% of helpdesk calls to be closed within 1 day</p> <p>System unavailability below 10 hours</p>	<p>100% [329/329]</p> <p>0 hours</p>
Information security	No incidents reported to the Information Commissioner's Office	0
Information requests (FOI / SAR / EIR)	<p>All (100%) Subject Access Requests dealt with within statutory deadlines</p> <p>All (100%) Freedom of Information Act requests dealt with within statutory deadlines</p>	<p>1 [100%]</p> <p>6 [100%]</p>
Complaints	100% of complaints acknowledged in five days	2 [100%]

¹² Two Accredited Registers submitted conditions late which required consideration by a Panel because they are not met, which added to the number of conditions out of KPI from the previous financial year.

¹³ Two complex applications from the previous financial year are affecting the KPI. All current Standard One applications are within KPI.

	Response to all complaints to be completed within 28 days	2 [100%]
Social media	Total number of followers across our social media channels (compared with same period last year in brackets)	7,861 [6,868]
	Number of new followers across our social media channels (compared with same period last year in brackets)	1,161 [1,066]
	Number of engagements with our social media posts (compared with same period last year in brackets). <i>Engagements include likes, reactions, comments, replies and shares.</i>	3,459 [4,568]
Website usage	Year-to-date data on website usage from April 2024 to date with same period last year in brackets ¹⁴	
	• Total page views across the website	700,215 (623,572)
	• Check a Practitioner landing page and practitioner specific pages	200,495 (191,281)
	• Accredited Registers home page and related Accredited Registers pages	92,839 (86,989)

¹⁴ On 8 January 2025, we launched a new website at the same domain name but with a different webpage structure. The figures provided include those for our previous website up to this date, and those for our new website thereafter.

Annexe A: Project Status Dashboard

Status Date	22/05/2025
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Overall Project Portfolio RAG	Amber
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Overall Status Commentary
<p>Website redevelopment – Project closed on 30 April. Monitoring has moved to business as usual. We will undertake a Post Implementation Review.</p> <p>Standards review – Consultation launched on 13 February and will close on 8 May 2025. Board decisions planned for July and November 2025 on revised standards and implementation plans.</p> <p>Safeguarding – Evidence collection is now well underway to support Board decisions aligned to the Standards Review project. Analysis and next steps will be discussed with the regulators at the May Policy Forum.</p>

Project Portfolio Status Summary

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
Website redevelopment	Melanie Venables	01/09/23	31/03/24	08/01/25	£143,200 (website plus project manager)	£140,734.50 (final total project cost)	Closed	<ul style="list-style-type: none"> Site live, first accessibility test done, first update went smoothly, support retainership in place Project closed and moved to BAU arrangements. Benefits review to be conducted in 6-9 months.
Standards Review	Amanda Partington-Todd & Melanie Venables	01/05/24	31/03/26	31/03/26	£0	£22,080	A	<ul style="list-style-type: none"> Project Initiation Document approved by the Executive Leadership Team. Internal engagement complete. Pre-consultation engagement with external stakeholders completed mid-September. Service-user focus groups completed by Patients Association. Funding was not allocated for the project at initiation, but the £22k

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>spent on this workstream has been funded within existing budgets.</p> <ul style="list-style-type: none"> • Consultation document approved by the Board in January 2025 • Consultation launched on 13 February and will close on 8 May 2025. • Board decisions planned for July and November 2025. Board workshop being added to the calendar • 9/5/25—The next phase of the project post-consultation will be undertaken as a co-sponsorship between R&A and P&C
Strengthening safeguarding	Melanie Venables, Amanda Partington-Todd	01/09/23	31/03/24	31/07/25	£0	£0	G	<ul style="list-style-type: none"> • Evidence collection is now well underway to support Board decisions aligned to the Standards Review project. • Analysis will be presented to the regulators at the May Policy Forum. • While uncertainty remains over the appetite for and timing changes to the law in England and Wales, the project has been designed to account for the uncertainty, including preparing options for the Board to manage uncertainty while still taking action to enhance public protection.

Key Risks	Mitigations
<p>Strengthening safeguarding - If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.</p>	<ul style="list-style-type: none"> • Internal learning workshops to help understand legal implications of potential changes. • Review of regulators' current arrangements included in project plan. • Further consultation and engagement on any changes before implementation.
<p>Standards Review - Project overrunning due to requiring further additional actions such as further consultations</p> <p>Resources need to be redirected to performance review BAU</p> <p>An increase in AR assessments (e.g. new Standard One applications) may limit the time available for the project</p> <p>New ways of working by reviewing the Standards jointly may cause confusion when it comes to decision making</p>	<ul style="list-style-type: none"> • Engagement with stakeholders ahead of and during consultation to gather wide insights. Project timeframes allow for period between publication and implementation date • Consider areas to be deprioritised / timeframe changed across PR and other projects. • Schedule assessments to avoid busy phases of project where possible. • Regular project team meetings to discuss and resolve emerging issues.

Status Key:  On plan / budget  On / late to plan and / or within 10% of budget but with manageable risk  Late to plan and / or > 10% budget variance. Requiring re-plan or scope change

1. Executive Summary

- 1.1 The 2024/25 end of year position in Regulatory activity is a deficit of £124k. This is a reduction of the budgeted/expected deficit of £290k that was due to the fee discount applied to regulators for 2024/25.
- 1.2 The main drivers for the deficit reduction in Regulatory Activity were:
- £172k increase in S29 recoveries. These were counteracted by the higher recovery in S29 costs resulting in overall £25k deficit
 - £103k increase in investment income. This was due to an earlier and improved investment plan that generated a much higher interest return than originally predicted
 - £90k surplus in staff costs that was due to higher vacancy rate and staff recharges associated with the General Teaching Council for Scotland (GTCS) Commission
 - Significant savings in Board appointment costs
- 1.3 The Accredited Registers position at the end of the financial year was a surplus of £44k. This was lower than the original budgeted figure and was due to an approved additional post in the team that was not included on the original budget. The increased staff costs also increased overheads recharge thus reducing overall surplus.
- 1.4 The GTCS project generated a net surplus of £33k. This is slightly lower than originally predicted which is due to use of higher number of internal staff hours to complete the project.

2. Sectoral summary - Regulatory Activity

2.1 Income and expenditure breakdown.

Table 1

Income and expenditure	2024/25 Actual	2024/25 Budget	Actual/ Budget variance	2025/26 Budget
	£'000	£'000	£'000	£'000
Income				
Fee Income from regulators	4,869	4,869	0	5,461
Operating Income				
S29 cost recoveries	291	119	172	164
Investment interest	111	8	103	25
Conferences income	6	0	6	0
Total Income	5,277	4,996	281	5,650
Staff costs	3,525	3,615	90	3,766
Recruitment costs	33	15	(18)	15
Training and Conferences	48	73	25	75
HR and payroll costs	56	14	(42)	24
Staff travel	6	10	4	10
Occupancy costs	334	324	(10)	324
Audit costs	73	68	(5)	70
IT costs	112	136	24	140
Board appointments	51	100	49	0
Board remuneration/expenses	131	145	14	149
Depreciation/Capital costs	51	50	(1)	50
Conferences	17	45	28	45
Commissioned Policy advice and research	74	75	1	75
Comms	48	45	(3)	20
Other policy costs	161	109	(52)	134
Direct S29 legal costs and case review	566	369	(197)	657
Other costs	115	93	(22)	96
Total admin costs	1,876	1,671	(205)	1,884
Surplus/(deficit)	(124)	(290)	166	0

- 2.2 £18k overspend in recruitment costs are due to a larger proportion of staff being recruited from specialist recruitment agencies.
- 2.3 £25k underspend in training and conference is due to less than predicted amount of training undertaken by staff
- 2.4 £42k overspend in HR and payroll costs are due to the delayed (from 2023/24) implementation of the new HR and payroll and payroll IT system and additional Legal HR costs.
- 2.5 £24k underspend in IT costs due to move to the cloud
- 2.6 £49k underspend in Board appointments due to much lower recruitment agency costs
- 2.7 £28k underspend in conferences costs due to lower costs of venues
- 2.8 £52k overspend in other policy costs is largely due to website development costs (project delayed from 2023/24) – already committed from Reserves. £47k of the project manager and content upload assistant's costs relating to the same project are included in the staff line. Detailed costs for the project are as follows:
- | | |
|--|----------|
| Total forecast expenditure for the project (incl. staff costs) | £140,734 |
| Total spend 2023/24 | £16,640 |
| Total expenditure for 2024/25 | £124,094 |
- 2.9 £197k overspend in direct legal costs is due to increased number of Section 29 appeals and higher legal costs. This was counteracted by the much higher S29 recovery income resulting in an overall deficit of £25k.

3. Sectoral summary – Accredited Registers

Table 2

Income and expenditure	2024/25 Actual	2024/25 Budget	Actual/ Budget variance	2025/26 Budget
	£'000	£'000	£'000	£'000
Registers income	702	691	11	771
Staff costs	434	407	(27)	447
Comms costs	43	43	0	77
Overheads	174*	149	(25)	197
Other	7	10	3	10
Surplus/(deficit)	44	82	(38)	40

*£87k from these are classified as staff costs in statutory accounts and have been included into total staff costs

4. Sectoral summary – Advice to other organisations

Table 2

Income and expenditure	2024/25 Actual	2024/25 Budget	Actual /Budget variance
	£'000	£'000	£'000
GTCS income	92	0	92
GTCS expenditure	59	0	59
Surplus/(deficit)	33	0	33

5. Staff costs

Table 4

Income and expenditure	2024/25 Actual	2024/25 Budget	Actual /Budget variance	2025/26 Budget
	£'000	£'000	£'000	£'000
Salaries	3,104	3,115	11	3,293
Social security	348	366	18	412
Pension	561	541	(20)	508
Temp Agency	92	0	(92)	0
Total staff costs	4,105*	4,022	(83)	4,213

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

6. Capital

Table 5

Capital Expenditure	2024/25 Actual	2024/25 Budget	Actual/ Budget variance	2025/26 Budget
	£'000	£'000	£'000	£'000
Intangible assets	0	0	0	0
IT Equipment	30	40	10	40
F&F	0	10	10	10
Total Capital costs	30	50	20	50

7. Statement of Financial Position

Table 6

	2024/25 Actual	2024/25 Budget	Actual /Budget variance	2025/26 Budget
	£'000	£'000	£'000	£'000
Intangible assets	67	92	(25)	67
Property, plant & equipment	66	68	(2)	66
Right of use asset – property lease	475	475	0	315
Total	608	635	(27)	448
Trade and other receivables	590	554	36	590
Cash and cash equivalents	8,660	7,699	961	8,700
Total assets	9,858	8,888	970	9,738
Trade and other payables	(6,958)	(6,225)	(733)	(6,958)
Lease liability	(191)	(202)	11	(191)
Provisions	(51)	(23)	(28)	(51)
Total	(7,200)	(6,450)	(750)	(7,200)
Lease liability	(350)	(291)	(59)	(190)
Net assets	2,308	2,147	161	2,348
Reserves				
Unrestricted	884	889	(5)	924
Restricted	1,424	1,258	166	1,424
Total reserves	2,308	2,147	161	2,348

* Required reserves (according to the policy) for 2024/25 are £1.4m (0.93m restricted and 0.46m unrestricted)

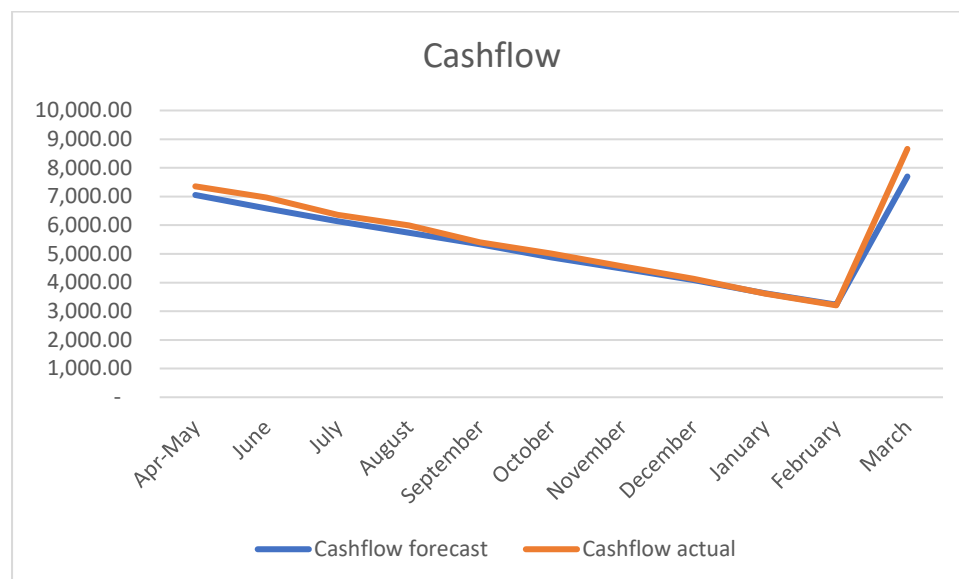
8. Cashflow

Table 7

Cash and investments as at 01/04/2024	£'000 £ 7,907	£'000 £7,907
Income	Projected (Full year)	Actual (Year to date)
Fees income	4,869	5,437
Accredited registers	691	925*
Interest	8	111
Section 29	119	217
Other		28
Total Income	5,687	6,718
Outgoings		
Payroll	(4,022)	(4,052)
Administration costs	(1,873)	(1,913)
Total Outgoings	(5,895)	(5,965)
	31/3/2025	31/03/2025
Cash and investments	7,699	8,660

* 24/25 fees paid late

The required reserves for 2024/25 are £1.4m (£0.93m restricted and £0.46m unrestricted)



Date: 22 May 2025

Title: Strategic Risk Register

Author: Alan Clamp

Responsible Director: Alan Clamp

Paper for information

Open paper

How does this work contribute to strategic objectives: all objectives as the paper relates to risks of not achieving the objectives



1. Issue

- 1.1 In line with the PSA Risk Management Policy, the organisation's main risks are reviewed: monthly by the Senior Management Team; at each meeting by the Audit and Risk Committee (ARC); twice each year by the full Board.
- 1.2 This paper has the April 2025 Strategic Risk Register at Annexe A.

2. Recommendation

- 2.1 The Board is asked to discuss the PSA Strategic Risk Register and to identify if any changes are required.

3. Background

- 3.1 The Risk Management Policy is reviewed annually by the Audit and Risk Committee. In addition, the Board formally reviews the PSA Strategic Risk Register twice each year. Risks are also escalated to the Board as necessary.
- 3.2 Operational risk registers are managed within the directorates. Major projects also have their own risk registers.

4. Analysis

- 4.1 There is only red residual risk, which relates to the Independent Culture Report on the NMC published on 9 July 2024. The implications of this for the largest

regulator are significant and the PSA has put in place: (a) enhanced monitoring of the NMC; (b) an independent oversight group to assess progress against implementing the recommendations in the report. Two further independent reports on the work of the NMC are due to be published in summer 2025.

- 4.2 Other high priority risks are: (a) fitness to practise backlogs compromising regulatory effectiveness; (b) inconsistent approaches to accessing criminal record checks by regulators and Accredited Registers.

5. Finance and Resource

- 5.1 The work is funded from existing resources for 2025/26.

6. EDI implications, including Welsh language

- 6.1 No Equality Impact Assessments are required, but this may change as a result of discussions on the Risk Register.

7. Timescale

- 7.1 Any amendments will be made immediately to the Strategic Risk Register, and this will be monitored by ARC and the Senior Management Team.

8. Communications

- 8.1 This paper will be used for internal discussion within the Board. Any changes made will be shared with all staff.

9. Internal Stakeholders

- 9.1 All Board members and staff.

10. External Stakeholders

- 10.1 There are currently no external stakeholders.

11. Annexes List

Annexe A: Strategic Risk Register (as of April 2025)

Risk Description	Existing Controls	Inherent Score	Further Actions	Risk owner	Target	Residual Score
1. Fitness to practise backlogs compromise regulatory effectiveness (such as inappropriate closure of cases or compromises on quality) and so have an impact on registrants and also reduce public protection	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews. Audits of regulators' fitness to practice cases will include consideration of whether cases were closed inappropriately or whether there are quality concerns Escalation process to highlight poor performance to the Secretary of State and HSC Committee Section 29 process can identify concerns about FTP processes and registrants Information from our Concerns function discussed with the PR/s29 team and quarterly at SMT Engagement with registrant and patient bodies as part of the performance review process Monitoring of regulator Council meetings to ensure continued focus on dealing with any backlogs 	L : 3 I : 4 (12)	<ul style="list-style-type: none"> Q3 review of s29 cases (appeals and learning points) and performance review evidence to assess whether there has been any significant change in FtP quality over the last two years. (Subsequently moved to Q1 2025/26) (Head of Legal, Head of PR; June 2025). 	Director of R&A	L : 1 I : 4 (4) Priority: **	L : 2 I : 4 (8)
2. Risks to the public arising out of any poor practice by the regulators are not identified by the PSA	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews and associated stakeholder feedback Section 29 process can identify concerns about registrants and processes Monitoring of concerns raised about regulator performance Media and stakeholder monitoring Stakeholder engagement to gather information on organisations' and individuals' experiences with the regulators New expectations for regulators to meet the EDI Standard of Good Regulation 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Review of Standards in 2025/26 will allow consideration of whether the Standards could enable more effective assessment of regulators' performance including considering the introduction of a Standard on culture/leadership/governance (Head of Performance Review; February-May 2025, analysis to July Board). From June 2025, we will be introducing a staff survey to our audit methodology. The purpose of the survey is to ask regulator staff directly whether there are issues that they wish to make us aware of, or particular cases for us to review. We will use any information provided through these surveys to partially inform our audit sample (Head of PR, June 2025). 	Head of PR	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
3. Panel fitness to practise decisions which are insufficient to protect the public are not appealed by the PSA	<ul style="list-style-type: none"> Section 29 process considers all but the least risky cases Quality assurance checks on s29 cases Clear processes, regular training and updates for staff Ability to outsource work if required Monitoring case numbers for any increase in numbers as regulators address their backlogs 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Review of s29 process to be fully completed by end of September 2025. (Director of Regulation and Accreditation; September 2025). 	Director of R&A	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

Risk Description	Existing Controls	Inherent Score	Further Actions	Action owner and due date	Target	Residual Score
4. Risks to the public arising out of poor practice by the accredited registers (including controversial therapies) are not identified by the PSA	<ul style="list-style-type: none"> Monitoring by the PSA, including the (re)accreditation processes; oversight by the Scrutiny Committee Training for the AR team, moderators and panellists Standard 1(b): public interest test. Media and stakeholder monitoring Issues around cosmetic practices and NHS decisions on complementary therapies being monitored closely. Standard 1(b) and 9 assessments to be completed for all registers by the end of August 2024 (Head of Accreditation) Lessons learned session with Scrutiny Committee to support improvement in Standards, guidance and processes took place in February 2025 Analysis undertaken for February 2025 Scrutiny Committee meeting on Standard 9 assessment outcomes 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Learning from recent Standard One decisions learning session with Scrutiny Committee to be implemented as part of revised Standards implementation. (HoA, March 2026 for implementation) 	HoA	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
5. The reform of regulation is not continued, is implemented poorly and/or reduces effective oversight of the regulators' work, reducing protection of the public	<ul style="list-style-type: none"> The PSA has a clear view on the risks associated with reform and prioritises those that pose greatest risk to the public. Distribution of regular parliamentary bulletins to encourage understanding of PSA's work and support stance on regulatory reform (support reform; legislation that protects the public; advice and guidance on implementation). Developed guidance to support the effective implementation of reform. The UK Government has confirmed its renewed commitment to taking forward reform. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Publication of the guidance we have developed to support effective use of new powers by the regulators (Head of Policy, June 2025) Recruitment of additional policy resource to support our reform work, agreed as part of 2025/26 business planning (Head of Policy, August 2025) Refresh our position on maximising the benefits of reform (Director of P&C, Jul 2025) Consider operational implications through the Standards Review (Head of PR, Nov 2025) 	Director of P&C	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
6. Opportunities to improve regulation and registration are missed because the PSA does not engage sufficiently with key stakeholders or does not address current concerns, due to an ineffective approach and/or limited capacity from key stakeholders to engage due to other priorities and wider system pressures	<ul style="list-style-type: none"> Horizon scanning and media monitoring to keep abreast of emerging issues Policy and research workplan agreed by the executive and the Board Stakeholder engagement strategy and associated plans Stakeholder Relationship Management system in place. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Use the analysis of findings of the stakeholder perceptions survey launched in September 2024 to inform stakeholder engagement plans for 2025/26 and the Communications and Engagement Strategy 2026-29 (underpins the Strategic Plan 2026-29). (Head of Stakeholder Engagement and Communications) Develop a mechanism for reporting on communications and engagement activity (Head of Stakeholder Engagement and Communications) Enhance guidance and functionality of the SRM by July 2025 (Head of Stakeholder Engagement and Communications) 	Director of P&C	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

			<ul style="list-style-type: none"> Document a formal strategy for horizon scanning by Sep 2025 (Assistant Director of Intelligence and Insight) 			
7. PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens.	<ul style="list-style-type: none"> Strategic and business planning to focus on: statutory functions; making regulation better and fairer; and safer care for all. Horizon scanning and media monitoring to keep abreast of emerging issues. Communications and Engagement Strategy and associated plans. Business plan for 2025/26 reflects themes in Strategic Plan 2023-26. 	L : 2 I : 3 (6)	<ul style="list-style-type: none"> Business planning to be kept under review in the light of external events which may change PSA priorities, such as the NMC Independent Culture Review and the possible regulation of NHS managers. Strategic Plan 2026-29 being developed in 2025 (Chief Executive) Standards Review and publication of Right-Touch Regulation in 2025. 	CEO	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
8. A security breach leads to loss of sensitive information	<ul style="list-style-type: none"> Cyber security controls in place and tested and reviewed regularly Annual information security training for all staff and the Board Regular attack simulation emails sent to staff to increase cyber awareness Annual Pen testing Email alerts of sensitive data being included in emails sent by staff. Emails with a high volume of sensitive data are automatically blocked. Weekly monitoring of Data Loss prevention audit logs by the IT team. Access to portable USB storage devices disabled on all PSA managed laptops. Cyber Essentials Plus achieved March 2025 	L : 2 I : 4 (8)	<ul style="list-style-type: none"> Schedule next Cyber Essentials assessment 	Director of CS	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

Risk Description	Existing Controls	Inherent Score	Further Actions	Action owner and due date	Target	Residual Score
9. PSA lacks the expertise and/or culture to identify problems in its own organisation and/or in those of the regulators or registers with respect to equality, diversity or inclusion, leading to discrimination.	<ul style="list-style-type: none"> Current HR controls and training; including individual objectives for all staff. EDI Standard in the Standards of Good Regulation with revised expectations from 2024. Impact assessments and EDI Standard in respect of Accredited Registers. EIA for all key policies. EDI self-assessment and action plan 2024 EDI built into the strategic plan 2023-26 as a priority and there are clear actions for 2025/26 in 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> EDI Action Plan in place, being monitored every second month at SMT and reporting to Board (EDI Manager). New EDI self-assessment and action plan 2025 planned for March – May 2025 and publication in July 2025 (Director of Corporate Services). 	Director of CS	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

	the business plan.					
10. Inconsistent approaches to accessing criminal record checks by the statutory regulators and Accredited Registers (AR) could lead to an individual who poses a risk to the safety of patients and service users being able to register.	<ul style="list-style-type: none"> Published position on the need to close any safeguarding gaps. Escalation of this risk with DHSC and other stakeholders. We are engaging with the Home Office and Ministry of Justice, and national agencies, on developing mechanisms for all self-employed registrants to access enhanced checks (England and Wales) 	L:3 I: 4 (12)	<ul style="list-style-type: none"> Safeguarding project, which has now been aligned to the Standards Review project, in which we are consulting on the principle of changing our expectations in our Standards around criminal convictions checks. We are also collecting data to support our analysis of the extent of risks arising from failure to disclose convictions. (HoA July 2025). 	Director of R&A	L : 2 I : 2 (4) Priority: **	L:2 I:4 (8)
11. The findings of the independent review of the NMC's culture has raised the risk that there are issues affecting the regulators' performance that we were unaware of, and consequently unaddressed public protection risks. There is the risk that the Omambala KC reviews may uncover the same.	<ul style="list-style-type: none"> We continue to closely monitor the NMC's performance through our 2023/24 performance review. We reviewed with the Board our plan to wait until the findings of the Omambala KC reports are available, before we make a final decision on the NMC's performance. We subsequently discovered that we are unlikely to receive the reports before summer, and so no longer consider this approach to be reasonable. We are therefore reviewing our approach accordingly. Engagement with all regulators in 2024, including seeking information about the arrangements they have in place to support staff who speak up, and to act on concerns. We have analysed the findings of the report in detail to see if there are any learnings for us. As a result, we are considering the evidence we gather and how we could potentially identify relevant issues at an earlier stage. We have established an oversight and support group that will receive regular updates on the NMC's progress, scrutinise the impact of measures introduced by the NMC to improve its culture and performance, and provide insight and advice on further actions required. The group includes Chief Nursing Officers from the four UK nations, representatives from Unions, policy officials from the DHSC and Devolved Administrations, patient representatives and relevant experts. 	L:4 I:4 (16)	<ul style="list-style-type: none"> Omambala KC reviews remain important and will be taken into account once published. However, we could not delay our report any longer to await these outcomes. We will publish the NMC report in June and follow up on the Omambala reviews once available, the date of which is not yet known (Head of Performance Review; June 2025 and tbc). Reviewing our Standards. As part of this, we will look at whether we should consider internal culture, leadership and governance as part of how we assess how well a regulator is delivering on its statutory responsibilities (February 2025-September 2025). Further work to consider interventions and support provided to regulators, following Board review in March, to be completed for June Scrutiny Committee and July Board. (Head of Performance Review; July 2025) 	Director of R&A	L:2 I:2 (4) Priority: ***	L:3 I:4 (12)

	<ul style="list-style-type: none"> • Reviewing social media/press/blogs for commentary about stakeholder experience and feedback • Seeking stakeholder feedback through concerns route 					
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High Priority: Risks 1, 10 and 11

Medium Priority: Risks 2, 3, 4, 5, 6, 7, 8 and 9

Low Priority: N/A

Score	Likelihood (L)	Definition	Impact (I)	Descriptor
5	Almost Certain Is highly likely to occur at some time in normal circumstances.	Very High > 80%	Catastrophic <ul style="list-style-type: none"> • Critical long-term disruption to business objectives • Critical reputation impact • Intervention by Central Govt. • Huge financial impact 	Catastrophic All potential benefits lost
4	Likely Likely to occur at some time in normal circumstances.	High 0-80%	Major <ul style="list-style-type: none"> • Major disruption to business objectives • High reputation impact – national press and TV coverage • Minor regulatory enforcement • Major financial impact 	Critical Loss of 80-100% of benefits
3	Possible Likely to occur in some circumstances or at some time.	Medium 40-60%	Moderate <ul style="list-style-type: none"> • Noticeable disruption to business and objectives • Extensive reputation impact due to press coverage • External criticism likely • High financial impact 	Significant Loss of 50-80% of benefits
2	Unlikely Is unlikely to occur in normal circumstances, but could occur at some time.	Low 20-40%	Minor <ul style="list-style-type: none"> • Minor disruption to internal business objectives • Minor reputation impact • Moderate financial loss 	Marginal Loss of 25-50% of benefits

Risk Matrix		I M P A C T (I)				
		1 Insignific ant	2 Minor	3 Moderate	4 Major	5 Catastro phic
L I K E L I H O O D (L)	5 Almos t Certai n	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possib le	3	6	9	12	15
	2 Unlikel y	2	4	6	8	10
	1 Rare	1	2	3	4	5

1	<p><i>Rare</i></p> <p>May only occur in exceptional circumstances, highly unlikely.</p>	<p><i>Very low</i></p> <p>< 20%</p>	<p><i>Insignificant</i></p> <ul style="list-style-type: none"> • Insignificant disruption to internal business • Little or no loss of front-line service • No reputation impact 	<p><i>Negligible</i></p> <p>Loss of < 25% of benefits</p>
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Board work programme 2025

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