professional standards authority
for Health and Social Care

Agenda

			Timing
1.	Welcome, introductions and declarations of interest		9:00-9:00
2.	Apologies		9:00-9:00
3.	Minutes of the meeting on 16 July 2025 (for approval)	(Paper 1)	9:00-9:00
4.	Actions and Matters Arising from the meeting on 16 July 2025		9:00-9:05
5.	Chair's report	(verbal)	9:05-9:10
6.	Executive report and project dashboard	(Paper 2)	9:10-9:25
7.	Finance report	(Paper 3)	9:25-9:30
8.	Committee updates • Scrutiny Committee	(verbal)	9:30-9:40
9.	Risk register	(Paper 4)	9:40-9:55
10.	Right Touch Regulation communications plan	(Paper 5)	9:55-10:00
11.	Overview of PSA horizon scanning	(Paper 6)	10:00-10:10
12.	Board annual workplan	(Paper 7)	10:10-10:10
13.	Any other business		10:10-10:15
14.	Agree actions		10:15-10:15
15.	Questions from the Public		10:15-10:15

The next Board meeting is scheduled for Wednesday 19 November and will be held at the PSA office.

Unapproved Public Board meeting minutes

16 July 2025

Present	**In Attendance**
Caroline Corby (CC - Chair)	Melanie Venables (MV)
Alan Clamp (AC - Chief Executive)	Jane Carey (JC)
Candace Imison (CI)	Amanda Partington-Todd (APT)
Juliet Oliver (JO)	Douglas Bilton (DB)
Nick Simkins (NS)	Dinah Godfree
Ali Jarvis (AJ)	Daisy Blench
Geraldine Campbell (GC)	Ryan Davidson
Eleanor Marks (EM)	Rachael Culverhouse-Wilson
	Akua Dwomoh-Bonsu
	Suzanne Dodds
	Siobhan Carson
	Melanie Hueser (Secretariat)
	Observers
	See below

1. Welcome and Declarations of Interest

1.1. The Chair opened the meeting and welcomed everyone to the Board meeting. Observers included members of staff and external observers: Anisah Chowdhury (GMC).

2. Apologies

2.1. Ruth Ajayi gave apologies.

3. Minutes of meeting held on 22 May 2025

3.1. The minutes of the last Board meeting held on 22 May 2025 were accepted as a true and correct record and approved.

4. Actions and matters arising from the meeting on 22 May 2025

4.1. All actions were complete, on the agenda or on track.

5. Chair's report

5.1. The Chair introduced the item, taking the report as read.

5.2. The Board requested an update on the Omambala KC reports. The NMC had not received the two expected reports and due to concerns about timelines, the work had been recommissioned. They were now expected in late September.

5.3. The Board agreed that it had been prudent not to further delay the publication of the 2023/24 Performance Review report.
5.4. The Chair also updated on correspondence with the NMC regarding its achievement of only 11 out of 18 Standards.
5.5. The Chair and Chief Executive met with Paulette Hamilton, Interim Chair of the Health and Social Care Committee, who showed interest in the report and the letter sent.

6. Executive report and project dashboard

6.1. The Chief Executive introduced the item, confirming that the key priorities remain valid: the Standards Review (with a recent workshop held), Right Touch Regulation (with an update paper on the agenda), Regulatory Reform and the performance of the NMC.
6.2. The NMC Independent Oversight Group met a few weeks ago and had another meeting scheduled for early August.
6.3. Strategic and business planning processes were noted as additional priorities, to be discussed further in the private session.
6.4. There had been an amendment to the risk register to reflect concerns about public confidence in regulation and the healthcare system. This new risk covers perceived regulatory failures, under- or over-regulation (such as in cosmetics), and the difference between public and oversight body perspectives. The updated risk register will be presented at the September Board meeting.
6.5. The Board raised recent deregulation messages from Government and whether it might affect the health sector or areas like cosmetics. It was confirmed that while government pressure to reduce regulatory burdens is often focused on financial services, there could be some impact on health regulators. However, there had been no recent cited examples of overregulation in healthcare (just complex regulation), and recent government reviews had actually increased responsibilities for some health regulators.
6.6. The importance of the Right Touch Regulation work focusing on growth and smarter regulation was emphasised, and it was suggested that the Board consider these themes in the Standards Review. Action: MV to bring an update to the September Board meeting on the communications plan for Right Touch Regulation.
6.7. The discussion also touched on balancing innovation (such as AI and new business models) with risk management, and the need for regulators to support professionals in adapting to new technologies while considering liability issues.
6.8. **Regulation and Accreditation:** Recent performance review reports were highlighted (General Osteopathic Council, Nursing and Midwifery Council, Health and Care Professions Council) and the development of the first Section 29 annual report, which will be shared with the Board for feedback before publication. This report is intended to inform the public, regulators, and registrants, with a focus on themes, trends, and opportunities for regulatory improvement.
6.9. The Care Professionals Register, administered by the National Association of Care Support Workers, had provisionally met Standard 1, marking a milestone for care professionals recognition and accreditation.
6.10. There was positive feedback on the reduction in statutory deadline decisions and increased panel meeting capacity, with plans to update the Scrutiny Committee on further streamlining efforts.
6.11. **Policy and Communications:** Several major reports (10-year health plan for England, Dash review, Leng review) had been published and would be integrated into strategic planning. Ongoing engagement in areas like cosmetics, mental health, and social care were highlighted. A recent report on antisemitism in healthcare had been published.
6.12. Engagement scores on social media platforms had decreased due to not using X, but there had been growth on Blue Sky and LinkedIn, which was starting to mitigate the drop.

6.13. **Intelligence and Insight:** The deadline for Research Conference proposals will be 1 August. A number of expressions of interest had been received from good contributors.
6.14. Additional sessions in the Sexual Misconduct series will be scheduled for September and October, after which work will start on developing guidance. The sessions were very well attended by a wide variety of stakeholders.
6.15. **Corporate Services:**
6.16. Recruitment updates included interviews for the maternity cover Lead Lawyer role and the new Policy Advisor, with the recruitment underway.
6.17. Internal audit activities included a completed policy audit, an upcoming cybersecurity audit, and planning for a workforce planning audit, with RSM involved in scoping.
6.18. The second EDI self-assessment was in progress, aiming for completion by the end of August.

7. Finance report

7.1. The Director of Corporate Services introduced the item. The Annual Report and Accounts were laid in all four parliaments. The Board thanked the team for their effort.
7.2. Preparation was underway for the Business Plan Review Committee and budgets for 2026-27.
7.3. The financial forecast did not include any areas for concern. Efforts were being made to ensure more realistic forecasting from budget holders, rather than overly cautious estimates.
7.4. There were minor overspends, mainly in staffing costs due to increased National Insurance and the new Standard Life pension scheme, which is more generous than the previous NEST scheme. All new starters are automatically enrolled. It was confirmed that going forward the pension scheme contributions will decrease as more staff were enrolled in the Standard Life scheme and fewer in the NHS pensions scheme.
7.5. Increased investment income, due to higher interest rates and more active management, was helping to offset costs.
7.6. The Board **noted** the report.

8. Committee updates

8.1. **Audit and Risk Committee update and annual report:** The annual report highlighted that there were no areas of significant concern for the Committee's work this year.
8.2. It was noted that the Audit and Risk Committee's report is scheduled in July to align with the Annual Report and Accounts cycle, while other Committee reports come to the March Board meeting.
8.3. The Board **noted** the update report.
8.4. **Scrutiny Committee:** It was confirmed that the annual report was on the workplan for the March Board meeting.
8.5. The Committee had been focusing on regular updates regarding Section 29, Performance Review, and Accredited Registers, and is considering moving towards more exceptional reporting on business-as-usual operational effectiveness.
8.6. The Scrutiny Committee has had substantial discussions on the Standards Review, which has been a major area of work.
8.7. The Committee reflected on its assurance function in light of the new strategic plan, aiming to ensure its work is future-focused rather than driven by legacy processes.

9. Plans for a Board meeting in Scotland

9.1. The Chief Executive introduced the item. Planning was continuing for the Board and stakeholder meetings in Edinburgh on 17 and 18 September 2025.

9.2. A request for a meeting with the Cabinet Secretary for Health and Social Care in Scotland had been sent, with flexibility on timing. The afternoon of the 17th will feature three small group meetings with Directors and Board members with senior stakeholders from the Scottish Government, NHS, and other relevant parties, aiming to choose topics that are priorities for these stakeholders. The small group meeting will be followed by a meeting for all Board and ELT members to discuss outcomes from these sessions.

9.3. Thematic focus areas for the sessions as currently planned: employer controls and the "second line of defence" (relevant to the Standards Review), defining "harm" (linked to the Right Touch Regulation draft), and governance/leadership with a general theme of prevention. All of this will align with the strategic plan.

9.4. A more detailed update on logistics, participants, and a finalised agenda will be provided in early to mid-August.

9.5. The format of the meetings is designed to be strategic and purposeful, leveraging the Board's convening power. It was confirmed a facilitator will be assigned for each group and that notes will be taken at the group sessions and that learning will be shared within the PSA and with stakeholders.

9.6. The Board requested that attendees receive a one-page scope brief for each session to keep discussions focused and facilitate self-management within groups.

9.7. The Board was **supportive** of the plans.

10. Board workplan 2024/25

10.1. The Board requested the work plan be presented by business year rather than calendar year; this change will be made from the September meeting onwards.

10.2. The Board **noted** the workplan.

11. 2026 Board and Committee dates

11.1. The Board **noted** the dates. Diary holds will be sent out soon.

12. Any other business

12.1. There was no other business discussed.

13. Questions from Members of the Public

13.1. There were no questions.

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

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

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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	March 2026		
22 May 2025	10.1	Schedule Board risk appetite discussion for November.	AC	November 2025		
16 July 2025	6.6	Bring an update to the September Board meeting on the communications plan for Right Touch Regulation.	MV	September 2025	On the agenda	

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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; (4) the PSA Strategic Plan 2026-29 and Business Plan 2026/27 consultation in autumn 2025; and (5) closely monitoring the performance of the NMC, including its response to the recommendations in the Independent Culture Review.

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 July 2025 and September 2025 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.

- Together with the Chair, meetings with the Chair and CEO of the HCPC and the President and CEO of the PSNI.
- Chairing the quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.
- Meeting the CEO of the Health Services Safety Investigations Body (HSSIB).
- Individual meetings with the CEOs of the GMC and Royal College of Veterinary Surgeons.
- Meetings with NHS England to discuss its new leadership and management framework; and with the Department for Business and Trade to discuss leadership in regulators as part of its work on developing a regulation profession.
- Observing a SWE board meeting.
- Chairing two meetings of the Independent Oversight Group of the NMC.
- Representing the PSA on a panel at the IAMRA (International Association of Medical Regulatory Authorities) International Conference on Medical Regulation in Dublin.

3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.

- The quarterly Information-Sharing meeting with the DHSC and representatives from the Devolved Administrations.
- Attending a meeting on Artificial General Intelligence at the Royal Society.

- Meeting the Nottingham Maternity Affected Families Group to hear about their experiences and the implications for professional healthcare regulation.
- Attending the Health and Social Care Regulators Forum.
- Observing council meetings at the PSNI, GPhC and GDC.
- Attending a meeting of the regulators' Chief Executives Steering Group.
- Delivering the keynote presentation on right-touch regulation at the Canadian Network of Agencies of Regulation in Calgary, Canada.

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 We have not published any performance review reports since the last Board meeting.

Audit methodology – surveying staff pilot

5.2 We have recently been reviewing our audit approach to ensure we can better identify risks at an early stage, enhance the performance review process and our oversight function overall. To achieve this, we plan to pilot an approach where we directly seek the views of staff employed by the regulator to highlight any concerns or areas of good practice relevant to our audit. We are eager to test whether incorporating this element will strengthen our function by including a demographic of stakeholders who may hold valuable insights and information. It will typically focus on a functional area of interest and may align with our audit focus. This approach is in line with our right touch regulatory approach, as it ensures we use our resources in a focussed and proportionate way to help us target our audits on the areas of potential risk or good practice. At the end of the pilot, we will seek feedback from those involved and evaluate whether we should incorporate it into our methodology permanently. Should the pilot be successful, we plan to use this tool with all regulators over time.

Audit activity

5.3 Details of the recent audit activity is as follows:

GDC

5.4 We recently completed an audit of the GDC's fitness to practice function to inform our 2024/25 performance review. The purpose of the audit was to review the initial case

GDC's early-stage decision making. We shared the findings of the report with the GDC in May 2025.

GOC

5.5 We are currently towards the end of an audit of the GOC's education function carried out to inform our 2024/25 performance review. The purpose of the audit was to gain a greater understanding of the GOC's education function, and particularly its quality assurance activities. We reviewed the GOC's quality assurance process documents and issued a feedback survey to all 19 organisations that provide qualifications approved by the GOC. We shared the report setting out the findings of the audit on 21 August 2025.

5.6 We are also currently towards the end of an audit of the GOC's fitness to practice function. The audit was focused on changes the GOC has made to its processes since our last audit in 2021/22, and the GOC's risk management in cases. We are currently preparing the findings and will be sharing those findings with the GOC in September 2025.

NMC

5.7 We have recently begun an audit of the NMC's fitness to practice function as part of the 2024/25 performance review.

5.8 We will also intend to audit it again in their 2025/26 performance review year in line with our risk-based oversight and the recommendation from the Independent Culture Review that we "revert to more detailed annual reviews of the NMC's performance against its standards, conducting a more in-depth review of randomly selected cases at each stage of the NMC's processes".[1]

5.9 The NMC will be the first regulator to have relevant staff surveyed as part of our enhanced audit approach pilot as set out at paragraph 5.2 above.

Independent Oversight Group of the NMC (IOG)

5.10 We continue to chair the IOG of the NMC, which has now met nine times. Since the last Board meeting, the IOG met on 6 August 2025. At that meeting, the NMC provided the group with an update on the newly commissioned independent investigations into FTP and whistleblowing. Last month, the NMC announced that Ijeoma Omambala KC would no longer be writing these reports due to personal reasons. The NMC took the decision to recommission the reports to avoid any further delays. The reports are expected to be published in mid-Autumn 2025.

5.11 The NMC also provided a substantive update on its FTP improvement plan. The NMC presented an overview of the FTP data and advised that the caseload is on a downward trajectory, falling from 6,511 in January 2025 to 6,186 in June 2025, which the NMC submitted is a positive sign given the repeatedly high number of referrals. However,

[1] Recommendation 10 of the Independent Culture Review – "To ask the Professional Standards Authority to revert to more detailed annual reviews of the NMC's performance against its standards, conducting a more in-depth review of randomly selected cases at each stage of the NMC's processes."

although the caseload fell in the first half of 2025, it rose in the second half of 2024, so is largely unchanged over the course of the year.

5.12 The next IOG meeting is scheduled for 15 September 2025, where the NMC will provide an update on their improvement for its Safeguarding processes. Further detail of the IOG can be found in the summary notes **here**.

5.13 As September 2025, will mark 1 year since the first IOG meeting, we intend to survey the IOG members to understand how assured the IOG members—individually and collectively—are about the NMC's progress on recommendations from the ICR to date.

Standards Review Project

5.14 The Standards Review Project is progressing on plan. Targeted engagement on draft standards with regulators/accredited registers and stakeholders is planned for October-November, subject to the draft Standards being approved at the private Board meeting in September.

5.15 We will soon be publishing our response to the Standards Review consultation feedback and evidence review to be considered alongside the proposed revised Standards.

6. Section 29

6.1. 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 is slightly lower than last year. The number of cases considered at statutory deadline meetings has significantly decreased, with the number of case meetings increasing. This has been due to the improvements made to our processes and ongoing pilot, allowing greater flexibility in holding case meetings. We are proportionately completing about the same number of DCRs on cases we review as we did last year (6% of cases in 2025 compared to 5.8% of cases in the same period in 2024). The number of appeals lodged has remained the same.

6.2. We have seen an increase in the number of learning points sent to regulators this year. We expect this has been due to the changes we've made to our learning points processes and greater consistency in identifying concerns. We have also made further changes to the way we record learning points, including recording data on the learning identified at case meetings where historically this data has not been reflected in our figures.

	1 April – 31 Jul 2025	1 April – 31 Jul 2024
Decisions received by the PSA	748	785
Initial reviews completed	491	429
Detailed Case Reviews (DCRs) completed	30	25

Statutory deadline decisions • Sufficient • Insufficient but no appeal • Appeal	 2 0 2[2]	 5 0 8
Case meetings held (including s40b case meetings): • Sufficient • Insufficient but no appeal • Appeal	 4 1 7	 2 2 2
Appeals lodged	10[3]	10
Learning points sent	75 on 54 cases[4]	41 on 41 cases

6.3. Two appeals have been lodged between 1 July and 31 August (GMC/Hughes, and HCPC/Volindan). Four appeals have been settled by agreement (NMC/Barker, NMC/Palmer, NMC/Gyalus, SWE/Nicholson). Settlements are being explored in several other cases and all other Section 29 litigation is progressing.

6.4. We are currently recruiting again for a Lead Lawyer (maternity leave) on a 12-month fixed term contract or secondment basis with interviews to take place in September.

6.5. The S29 case meeting pilot is on-going and several cases have been considered under this new way of working. Although the pilot has given us more flexibility to carry out and hold more case meetings, on occasions there has remained difficulties in getting enough volunteers to sit as Decision-Makers. To address this issue, we have taken a number of further steps including: (1) introduced the requirement for S29 lawyers to sit on case meetings, where possible, (2) amendments made to the DCR so that it requires less preparation time so as to support Decision-Makers with capacity, (3) updates to the Chair's checklist to further support Decision-Makers who have not yet chaired, and (4) further amendments to the S29 Case Meeting quorum list. Within the list, we have added 'or S29 Decision-Maker' to the following quorum options: 'Experienced member of executive leadership team/Board and one experienced Decision-Maker or S29 Decision-Maker', and to 'Experienced Lead S29 Decision-Maker (Head of Legal/Lead Lawyer) and one experienced Decision-Maker or S29 Decision-Maker'. We consider that a S29 Decision-Maker has the same level of experience as an experienced Decision-Maker, and will capture the change made of a lawyer sitting on a case meeting. We intend to also raise this issue with our Senior Management Team to consider a collective approach to panels at the PSA in the second half of the business year.

[2] One further case was lodged in the court in this period having been considered at a statutory deadline meeting in the previous financial year, hence the figures not equalling the number of appeals lodged.
[3] Including one case at which a decision was made at a statutory deadline meeting in 2024/25
[4] We are now counting the number of issues we feedback on each case

6.6. The Section 29 Annual Report is with our external editors to finalise and we thank the Board for their input and comments. We recently published the next Issue of our Learning Points Bulletin and this has been shared with the Board.

6.7. We are due to conclude our S29 case meeting and DCR pilots at the end of October, and we will bring an update to the Board following our evaluation of the pilots. We will be considering the final area within the scope of the section 29 review of 'How we measure success, focusing on influence and value for money' at our S29 team day in October.

7. Appointments

7.1 Since the last update to the Board, we have provided the Privy Council with advice about four regulator appointments processes. These included competitive processes run by the GDC to identify two lay candidates and the GOsC's process to identify two registrant candidates to recommend to the Privy Council for appointment. In the event, the GOsC was only able to identify one candidate to recommend and will rerun its process to find another candidate in due course. We also considered two reappointment processes run by the HCPC, which recommended four registrant members for reappointment, and the GDC which recommended two registrant members for reappointment. We were able to provide the Privy Council with our advice that it could have confidence in all four processes.

7.3 The PSA's appointments seminar for 2025 will take place on 22 October and we are in the process of developing the agenda in consultation with our regulator colleagues.

8. Accredited Registers

8.1. At the end of July 2025, five KPIs were achieved and only one missed.

KPI	Met / Not Met	Performance	Direction of Change since June Scrutiny Committee meeting
90% of full reassessments within three years	**Met**	**100% (28/28)**	↑
90% of annual checks within one year	**Met**	**100% (28/28)**	↔
95% of conditions are reviewed within two months of due date	**Met**	**96% (94/98)**	↑
100% of targeted reviews	**Met**	**100% (3/3)**	↔

completed within four months:			
90% of decisions on new Standard One applications made within four months	**Not Met**	**50% (2/4)**	
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	**Met**	**100% (1/1)**	

8.2. We have seen improvement or stability across all but one KPI. Our routine practice is only to report on unmet KPIs, however, the improvement to one KPI warrants some explanation.

8.3. We have seen a significant increase in performance related to the KPI to review conditions within two months of their due date. This KPI is met for the first time according to records dating back to November 2023. We anticipate being able to sustain this level of performance through the enhancements made to the tracking of conditions and as a result of the relatively low number of outstanding conditions compared to previous financial years.

8.4. As is typical, we have seen a significant fluctuation in performance for the KPI to process Standard One applications within four months. This is caused by one live complex application, within-KPI applications moving out of the rolling average, and one completed complex application that will be removed from the rolling average in September 2025. As indicated previously, the low number of applications means that single complex applications will make this KPI unachievable and we will therefore be proposing a change at the November meeting of the Scrutiny Committee.

Accreditation Decisions

8.5. We have completed the review of the Standard One application from the National Council of Integrative Psychotherapists (NCIP) and the provisional outcome is that the eligibility and public interest tests are met. The forecast date for publication is early October 2025.

8.6. The International Foundation for Therapeutic and Counselling Choice (IFTCC) application continues and the Share Your Experience consultation exercise has started. The forecast panel date is in September 2025.

8.7. We have received payment and commenced the full application process for The Association of Traditional and Chinese Medicine (ATCM). The forecast for is for completion in March 2026.

8.8. We have also received a new Standard One application for the Trauma Regulation Board, which intends to hold a register of specialist trauma informed practitioners. We anticipate the outcome of this assessment will be reached in December 2025.

8.9. We anticipate at least two further Standard One applications in the remainder of this financial year and the potential for one further full application.

Policy, Communications and Engagement

9. Policy and research

9.1. Since the July Board meeting, the Policy Team has been primarily engaged in drafting the revised Standards for regulators and Accredited Registers (see section above). We have also been preparing to publish our research into barriers to complaining to regulators on 4 September, and to present on this research at the CLEAR regulatory conference in Chicago later this month. We have also been planning for the engagement events to take place with the Board meeting in Edinburgh.

9.2. We have also been reviewing and commenting on drafts of the proposed legislation for the General Medical Council, which is intended to incorporate improvements to the blueprint that was used for Anaesthesia Associates and Physician Associates Order 2024. In November, we will provide the Board with an update on the strategic context for regulatory reform and implications for how the PSA's role may need to evolve in future to both support the opportunities arising from reform for a more preventative approach to regulation, and manage any new risks.

10. Communications and engagement

10.1. We will be attending NHS Confederation events in Northern Ireland (15-16 October) and Wales (6 November). The focus of our engagement and promotional activities at these events will include the findings of our research into the barriers to complaints, *Right-touch regulation* and our revised Standards.

10.2. Plans are progressing well for our symposium, *Turning insights from complaints into action: preventing harm in care*, to be held on 7 October and for our research conference on 18 November. The symposium will showcase examples of good practice from the regulators and other relevant public sector bodies such as Llais and the Patient Care Council NI. We will also hear from the new Parliamentary Health Service Ombudsman for England, Paula Sussex. The outputs will help inform the finalisation of our next strategic plan for 2026-29.

10.3. There have been various external policy changes, consultation reports and review findings announced by the Government and we have developed and published statements outlining our responses to these (they can be found on our website). These announcements covered licensing for non-surgical cosmetic procedures in Scotland and England, regulation of NHS managers and the recommendations of the Leng review on anaesthesia associates and physician associates (as formerly titled).

10.4. By the time of the Board meeting, we will have issued the latest edition of our parliamentary bulletin. The bulletin will feature our Barriers to Complaints research, our EDI good practice guidance for regulators, our correspondence with the Casey Commission on adult social care alongside the meeting of the public interest test for accreditation by the Care Professionals Register. We will also be highlighting how regulatory strategies can support health and care workforce planning.

Intelligence and Insight

10.5. Research conference: 60 proposals were received for presentations at the research conference on 18 November. Working with our research partners for the event a draft programme has been developed using 28 of these. After further engagement with speakers the programme will be published in mid-September, and registration will then open.

10.6. The draft of the new, third version of right-touch regulation is currently being designed prior to publication in time for the Symposium, as noted above, on 7 October. The communications plan is a separate item on the Board agenda.

10.7. Sexual misconduct webinars will continue into October, with a number of further presentations at the research conference. Insights from these discussions will be written up during the rest of Q3 2025/26.

Corporate Services

11. IT

11.1. The IT team has successfully replaced all out-of-warranty Windows 10 laptops with AI-ready Windows 11 devices and also upgraded our Azure virtual desktops, ahead of the October 2025 end-of-life deadline for Windows 10.

11.2. Since March 2025, almost all staff across every directorate have participated in a trial of Microsoft Copilot Pro to evaluate its impact on productivity. Licences were issued for a minimum six-week period, and feedback has been requested from all users. This feedback will inform the ELT decision on whether to adopt Copilot on a permanent basis and for what purposes.

12. Finance

12.1. The latest Finance Report is on the agenda.

13. People

13.1. Sarah Fox joined us in the role of Scrutiny Manager on 1 September.

13.2. We are currently in the process of recruiting a permanent Policy Advisor, with interviews scheduled to take place in early September. We are also recruiting for a number of fixed term contract roles due to maternity leave: the roles are Finance Administrator, Lead Lawyer and Accreditation Officer.

13.3. Work has started on developing the 2026-29 People Strategy. It has already been agreed that this will include a review of our values. We also expect it will involve consideration of how AI can be used to streamline processes and support our people.

13.4. The timetable for producing and agreeing the new strategy is as follows;

- By 22 Sept – external advice sought from our third-party HR provider on our initial draft, in relation to good practice and areas of priority
- 29 Sept – early draft shared with Senior Management Team (SMT) for discussion and comment
- 7 Oct – draft to be revised incorporating SMT comments and to be shared with the Staff Engagement Forum (SEF) for feedback

- 31 Oct – revised version to be shared with the SEF (by circulation as the next meeting is not until December) with final thoughts to be shared with HR by mid-November
- Mid November to early December – HR team to make any amendments
- Mid December – all-staff consultation
- January - final changes to be made
- January (SMT meeting) - present penultimate draft to SMT and seek feedback
- February - share with staff and seek feedback
- 16 March – final version to be approved by ELT
- 17 March – share with staff ahead of official launch on 1 April.

14. Governance

14.1. The Cyber Security audit has concluded, and the final report is pending. This will be reported to the ARC in October.

14.2. We are in the planning stage of the Workforce Planning internal audit.

14.3. The final internal audit of 2025/26 will be Business Principles which will take place in quarter four.

14.4. The Governance and Assurance Frameworks were recently reviewed and updated.

15. EDI

15.1. In July we completed our second self-assessment against Performance Review (EDI) Standard 3. It was recognised that a number of positive steps had been taken since our first EDI self-assessment last year, these included:

- Collection of EDI data on s29 and performance review panellists and our analysis of EDI data on staff and Board through the new integrated HR and payroll system.
- Routes to allow registrants, patients, service users and the public to speak up, such as our work with the Patients Association to contribute to the Standards Review consultation.
- EDI training with a programme of corporate EDI training, specific EDI training within teams such as unconscious bias training within the performance review team, and training that considers EDI issues such as the section 29 panel member training.

15.2. Areas for improvement and further consideration were identified, such as how we use our data and intelligence to understand more about the experiences of different groups, publishing our EDI data and how we use our influence, including policy tools, to further encourage support and enable regulators to embed EDI thinking in all decision making. These will be developed and included in the EDI action plan.

15.3. Based on our overall progress, ELT agreed that we met the EDI standard this year. A summary report will be published on the website and sent to the Regulators and Accredited Registers.

Culture Assessment

- The culture assessment was a recommendation from the RSM internal audit review of PSA's governance arrangements for EDI conducted in March 2023.

- Through a series of staff thematic focus group and 1:1 interviews, the EDI Manager has been building an understanding of the extent to which staff feel that EDI, our values and inclusive ways of working, are embedded in what we do. Staff engagement activities to inform the culture assessment have now finished.
- A summary report will be circulated to SMT for consideration later this month with key actions to be included in the EDI action plan.

KPIs up to 31 July 2025

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2025/26
Section 29 decisions	Number of cases received [compared with same period last year]	748 [785]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	16 [19]
	Appeals lodged [compared with same period last year]	10 [10][5]
	100% of relevant decisions considered within statutory deadline	99.7 [6] [100]
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	9/10[7] [90%]
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2025	97.5%[8] [152/156]
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	100% (28/28)
	90% of decisions about the annual check within one year of the previous assessment.	100% (28/28)
		96% (94/98)

[5] Including one case considered at a statutory deadline meeting during the previous financial year
[6] Two cases were sent to us by the regulator after our deadline for appeal had already passed.
[7] 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. We have now changed our approach and extended the review period. However, the KPI remains unmet.

[8] No new concerns missed the deadline since the previous report.

	95% of Conditions are reviewed within two months of when they were due. 100% of targeted reviews are completed within four months of the date initiated. 90% of decisions about new Standard 1 applications are made within four months of receipt. 90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.	100% (3/3) 50% (2/4)[9] 100% (1/1)
Finance	Budgeted income / expenditure variance less than 5%	6.9% (1,736/1,865)
IT	85% of helpdesk calls to be closed within 1 day System unavailability below 10 hours	100% (144/144) 0 hours
Information security	No incidents reported to the Information Commissioner's Office	0
Information requests (FOI / SAR / EIR)	All (100%) Subject Access Requests dealt with within statutory deadlines All (100%) Freedom of Information Act requests dealt with within statutory deadlines	5/5 [100%] 9/9 [100%]
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days	3/3 [100%] 3/3 [100%]

[9] As is typical, we have seen a significant fluctuation in performance for the KPI to process Standard One applications within four months. This is caused by one live complex application, within-KPI applications moving out of the rolling average, and one completed complex application that will be removed from the rolling average in September 2025.

Social media[10]	Total number of followers across our social media channels (compared with same period last year in brackets) Number of new followers across our social media channels (compared with same period last year in brackets) Number of engagements with our social media posts (compared with same period last year in brackets). *Engagements include likes, reactions, comments, replies and shares.* NB: All data in this section based on most recent reporting period.[11]	8212 [7272] 227 [207] 658 [640]
Website usage[12]	Data on website usage since last reporting period[11] with same period last year in brackets • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages	 96, 063 [107,722] 26,523 [31,659] 13,627 [18,482]

[10] On 19 March 2025, we took the decision to step back from actively posting on X (formerly Twitter). Since then, we have seen an expected reduction in engagement. We are focused now on building followers and engagement on our other channels, prioritising LinkedIn.

[11] In previous reports, website and social media KPIs were presented cumulatively from 1 April to the end of the month preceding the meeting. From this report onwards, metrics will instead cover only the period since the last report. This change ensures each report reflects performance for the most recent reporting period rather than building cumulatively from April. This helps to identify performance peaks and troughs more accurately. We will continue to provide YoY figures to show a comparison with the same period last year.

[12] 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	18/09/2025

Overall Project Portfolio RAG	GREEN

Overall Status Commentary
Standards review – Consultation and evidence review analysis is complete. The Board has considered recommendations and the timeline at its July Workshop session. Targeted engagement on draft Standards with stakeholders/regulators/ARs planned for October-November (subject to Board approval in September) **Safeguarding** – Analysis activities are complete, and a recommendation has been made to the Board as part of the July Workshop session on the Standards Review. Now that the recommendation has been delivered, the project will move towards closure.

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
Standards Review	Amanda Partington-Todd & Melanie Venables	01/05/24	31/03/26	31/07/26	£0	£22,080	G	• Revised project brief and timeline approved by Project Board and ELT following July Board Workshop where scope, direction (as indicated by consultation feedback) and timelines were agreed with new implementation date of July 2026. • Correspondence to ARs/Regulators sent 25/7 to advise of key updates and timelines to expect, including engagement period in the autumn • Targeted engagement on draft Standards with stakeholders/regulators/ARs planned for October-November (subject to Board approval in September)

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								• As of 13/8 Project Board meeting, project is on track to current timeline and milestones
Strengthening safeguarding	Amanda Partington-Todd & Melanie Venables	01/09/23	31/03/24	31/07/25	£0	£0	**G**	• Survey of regulators analysis completed and presented to regulators at the June 2025 Policy forum • Standards Review consultation analysis completed and presented to Board in July 2025 workshop • S.29 data analysis completed, and insights used to inform overall position presented to Board. • While uncertainty remains over the appetite for and timing changes to the law in England and Wales, the recommendation to Board has been designed to account for the uncertainty while still taking action to enhance public protection. • The work on this project has now concluded through the drafting of revised Standards; a "project closing" meeting will be undertaken as soon as possible to formally close the project.

Key Risks	Mitigations
Strengthening safeguarding - If we do not fully understand how the regulators interact with	• **Completed** - Internal learning workshops to help understand legal implications of potential changes.

others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.	• **Completed** - Review of regulators' current arrangements included in project plan. • **Completed** - Further consultation and engagement on any changes before implementation.
Standards Review - As of 13/8/25, no RED risks on the risk register. Key AMBER risks include: • Project overrunning due to requiring further additional actions such as further consultations • Capacity and resourcing of the Project Team to deliver the Project milestones on time whilst balancing other BAU priorities and well-being • Stakeholders not engaging with, supporting or understanding the proposed changes to the Standards necessary for successful implementation and influencing improvement • Quality and effectiveness of the Standards in its ability to drive improvement, align with PSA strategy and align with wider reform agenda	**Updated August 2025** • Joint sponsorship between Regulation and Accreditation and Policy and Communications, which also integrates resources for the Standards Review, Safeguarding and Refocusing Regulation projects. • Timeline for implementation extended from April to July 2026 to allow further time for stakeholder engagement in the autumn • Frequent Project Board and Project Team meetings now in place with support from a dedicated Project Manager to regularly discuss progress and resolve emerging questions and risks • BAU work priorities for AR/PR teams reviewed on a regular basis to determine work that can be de-prioritised or delayed where appropriate and safe to do so in order to ensure adequacy of time allocated to the Project Team and project delivery • Communications team have developed a Standards Review Communications Strategy which outlines the plan/timelines for ensuring stakeholders are informed, engaged and involved in the development of the Standards so that confidence in and support for the changes is fostered

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

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Finance report

18 September 2025

Executive summary as at 31st of July 2025

1.1. At this stage of the reporting period, Regulatory Activity is projected to finish the 2025/26 financial year with a small deficit of £24k, compared to a budgeted year-end position of break-even. The original budget anticipated that all regulatory expenditure would be met through regulatory fee income, with no refund to regulators for the 2025/26 financial year.

1.2. The main reasons for the difference are:

- £125k increase in investment income
- £65k increase in staffing costs
- £65k increase in S29 legal costs

1.3. The Accredited Registers programme is forecast to deliver a small surplus of £11k. While still positive, this is below the amount originally budgeted due to approved increased staffing costs.

Sectoral Summary – Regulatory Activity

Income and Expenditure breakdown

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Income				
Fee Income from regulators	4,869	5,461	5,461	0
Operating Income				
S29 cost recoveries	291	164	164	0
Investment interest	111	25	150	125
Conferences income	6	0	6	6
Total income	**5,277**	**5,650**	**5,781**	**131**
Staff costs	3,525	3,766	3,831	(65)
Recruitment costs	33	15	26	(11)
Training and Conferences	48	75	75	0
HR and payroll costs	56	24	25	(1)
Staff travel	6	10	10	0
Occupancy costs	334	324	332	(8)
Audit costs	73	70	73	(3)
IT costs	112	190	173	17
Board appointments	51	0	3	(3)
Board remuneration/expenses	131	149	150	(1)
Depreciation/Capital costs	51	50	60	(10)
Conferences	17	45	45	0
Commissioned Policy advice and research	74	75	75	0
Comms	48	45	31	14
Other policy costs	161	82	99	(17)
Direct S29 legal costs and case review	566	657	722	(65)
Other costs	115	73	75	(2)
Total admin costs	**1,876**	**1,884**	**1,974**	**(155)**
Surplus/(deficit)	**(124)**	**0**	**(24)**	**(24)**

- £125k **increase** in investment income due to **better** investment performance (improved rates and investment management).
- £65k **overspend** in staff costs due to variety of factors such as: increased NHS pension contributions, new Standard Life pension scheme with higher employer contributions, and costs reflecting cover for employees on maternity leave.
- £11k **overspend** in recruitment costs due to extension costs of staff recruited via agencies.
- Higher depreciation costs (compared to capital costs). NB fee budget does not include non-cash costs such as depreciation; however, does include capital costs.
- £17k **underspend** in IT costs due to efficiencies resulting from moving to cloud.
- £65 **overspend** in S29 legal costs due to higher case review costs due to staff turnover (outsourcing work) and a significantly higher than usual expenditure on one GMC S29 case.

Sectoral Summary - Accredited Registers

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Registers Income	702	771	771	0
Staff costs	434	447	476	(29)
Comms Costs	43	77	77	0
Overheads	174	197	197	0
Others	7	10	10	0
Surplus/(Deficit)	**44**	**40**	**11**	**(29)**

Staff costs

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Salaries	3,104	3,293	3,131	162
Social Security	348	412	404	8
Pension	561	508	601	(93)
Temp/Agency	92	0	**171	(171)
Total staff costs	***4,105**	**4,213**	**4,307**	**(94)**

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

**Secondment and legal associate costs

Capital

Capital Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	0	0	0	0
IT equipment	30	40	40	0
F&F	0	10	10	0
Total capital costs	**30**	**50**	**50***	**0**

*This is forecast capital expenditure, which is on track, depreciation expenditure (non-cash) is forecasted to be around £60k

Statement of Financial Position

Income and Expenditure	2024/2025 Actual Prior year comparator	2025/2026 Budget	2025/2026 Forecast	2025/2026 Budget vs Forecast
Intangible assets	67	67	67	0
Property, plant & equipment	66	66	66	0
Right of use asset – property lease	475	315	315	0
Total	**608**	**448**	**448**	**0**
Trade and other receivables	590	590	590	0
Cash and cash equivalents	8,660	8,698	8,645	(53)
Total assets	**9,858**	**9,736**	**9,683**	**(53)**
Trade and other payables	(6,960)	(6,958)	(6,958)	0
Lease liability	(191)	(191)	(191)	0
Provisions	(51)	(51)	(51)	0
Total	**(7,202)**	**(7,200)**	**(7,200)**	**0**
Lease liability	(350)	(190)	(190)	0
Net Assets	**2,306**	**2,346**	**2,293**	**(53)**
Reserves				
Unrestricted	884	924	895	(29)
Restricted	1,422	1,422	1,398	(24)
Total Reserves	**2,306**	**2,346**	**2,293**	**(53)**

Cashflow

Cash and investments as at 01/04/2025	8,660	8,660
Income	**Projected (Full year)**	**Actual (year to date)**
Fees Income	*5,461	***24
Accredited Registers	**771	****159
Interest	150	62
S29	164	*****147
Other	6	0
Total Income	**6,552**	**392**
Outgoings		
Payroll	4,213	1,365
Other costs	2,301	681
Total Outgoings	**6,514**	**2,046**
	31/03/2026	**31/07/2026**
Cash and investments	**8,698**	**7,006**

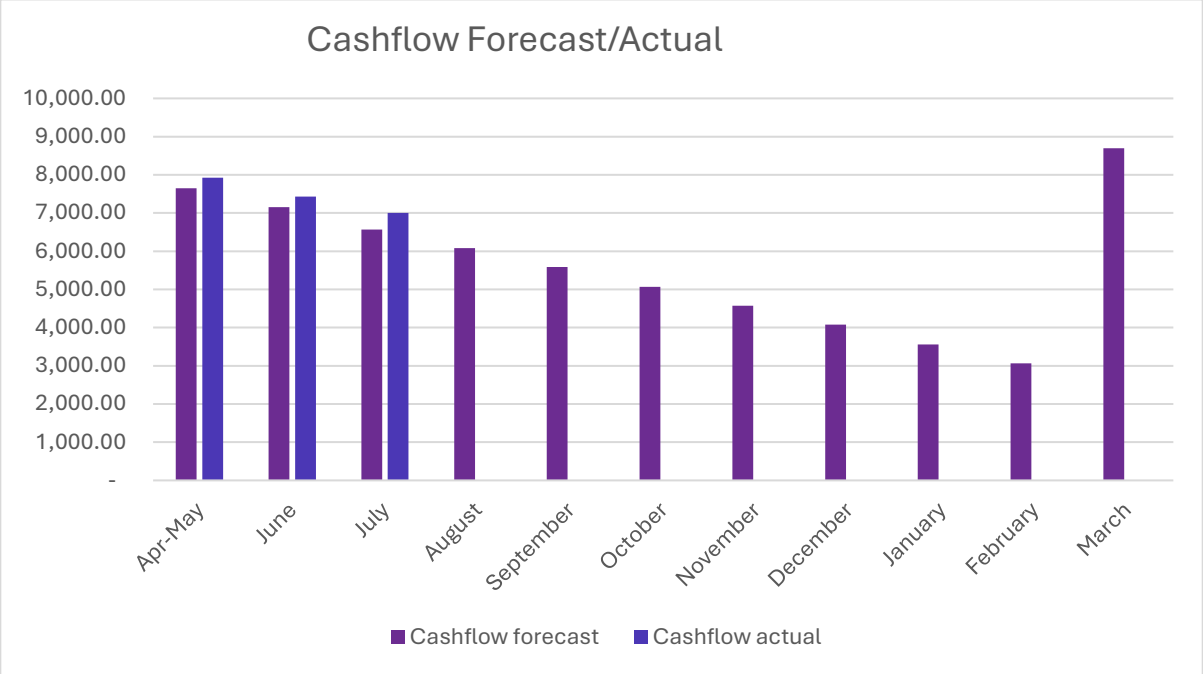
*Assumed same level of fee income as 25/26 received in March 2026

**Assumed the same level of income received in March with small number of regulators paying in 4 quarterly instalments

*** Late fee payment

**** Combination of late fee payment and quarterly payments

*****Including large proportion of income from last year



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Strategic Risk Register

Date: 18 September 2025

Title: Strategic Risk Register

Author: Alan Clamp

Responsible Director: Alan Clamp

Paper for Information

Open paper

How does this work contribute to all objectives: 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 September 2025 Strategic Risk Register at Annexe A.

2. Recommendations

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 one 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; and (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 autumn 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. This paper will be used for internal discussion within the Board. Any changes made will be shared with all staff.

10. External stakeholders

10.1. There are currently no external stakeholders.

11. Annexes list

Annexe A: Strategic Risk Register (as at September 2025)

Professional Standards Authority Strategic Risk Register: September 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 and confidence in regulation	• Monitoring by the PSA, including performance reviews. • 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)**	• Q1 2025/26 review of s29 cases (appeals and learning points) and performance review evidence in relation to sexual misconduct cases to assess whether there has been any significant change in FtP quality over the last two years. (Head of Legal, Head of PR; **July 2025**). No significant changes identified. • Further intervention to improve FtP being considered as part of strategic planning for 2026-29.	**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	• 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	**L : 3 I : 3 (9)**	• 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 leadership/governance (Head of Performance Review: **September 2025**). • From June 2025, we will be considering how best to obtain and implement regulator staff input into 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	• 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	**L : 3 I : 3 (9)**	• 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	• Monitoring by the PSA, including the (re)accreditation processes • Standard 1(b): public interest test. • Media and stakeholder monitoring	**L : 3 I : 3 (9)**	• Review of Standards in 2025/26 will allow consideration of whether the Standards could enable more effective assessment of AR performance including considering the introduction of a Standard on culture/leadership/governance (Head of Accreditation (HoA): **September 2025**).	**HoA**	**L : 2 I : 2 (4) Priority: ***	**L : 2 I : 3 (6)**
5. The reform of regulation is not continued for all regulators, is implemented poorly and/or reduces effective oversight of the regulators' work, reducing protection of the public	• 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). • Published guidance to support the effective implementation of reform.	**L : 3 I : 3 (9)**	• Regulatory Reform Review Group monitoring developments and engaging with DHSC/DA and regulators to shape future reform (ongoing; Director of Policy and Communications). • Contributing to decisions on reform for the GMC as part of Policy work (ongoing: Director of Policy and Communications)	**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	• 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)**	• Developing a Communications and Engagement Strategy 2026-29 (underpins the Strategic Plan 2026-29). (Head of Stakeholder Engagement and Communications; **November 2025**)	**Director of P&C**	**L : 2 I : 2 (4) Priority: ***	**L : 2 I : 3 (6)**
7. PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens.	• Strategic and business planning to focus on: statutory oversight functions; driving improvements in regulation and registration; and enablers and barriers relating to the impact of professional regulation. • Horizon scanning and media monitoring to keep abreast of emerging issues. • Communications and Engagement Strategy and associated plans.	**L : 2 I : 3 (6)**	• Business planning to be kept under review in the light of external events which may change PSA priorities. • 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)**

	• Business plan for 2026/27 reflects themes in Strategic Plan 2026-29.					
8. A security breach leads to loss of sensitive information	• 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)**	• Q2 2025/26 internal audit on cyber security. • Schedule next Cyber Essentials assessment (**February 2026**, Head of IT**)**	**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. 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.	• 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)**	• 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 **September 2025**).	**Director of R&A**	**L : 2 I : 2 (4) Priority: ****	**L:2 I:4 (8)**
10. 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.	• NMC performance review report for 2023/24 plus escalations. • 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. • Reviewing social media/press/blogs for commentary about stakeholder experience and	**L:4 I:4 (16)**	• Responding to the further reviews (Head of Performance Review; **October 2025**). • 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 (**September 2025**). • Review of NMC oversight and PSA actions during the period October 2023 to October 2025 to identify learning points (Director of R & A; **January 2026**)	**Director of R&A**	**L:2 I:2 (4) Priority: *****	**L:3 I:4 (12)**

	feedback • Seeking stakeholder feedback through concerns route					
11. Public confidence in regulation and the healthcare system undermined as a result of perceived regulatory failures and/or over- or under-regulation.	• Standard One ('public interest test') for Accredited Registers allows for an assessment of the risks of unregulated roles, and for escalation to the Government where voluntary registration may not be sufficient (escalated sonographers August 2024, and clinical perfusion scientists July 2024). • The PSA has a Right-touch Assurance (RTA) tool which it can be commissioned by the Government to use to determine the inherent risk of a health or care related profession. • Regular engagement with DHSC and Devolved Administrations • Share Your Experience submissions, AR and regulator engagement and horizon scanning/media monitoring provide insight into service user experiences where regulation may not be proportionate to public protection • Better reporting of performance to identify required areas for improvement. • Right-touch regulation to include an explanation of the role (and limits) of regulation.	**L:3 I:3 (9)**	• Supporting the implementation of additional safeguards for non-surgical cosmetics (Ongoing – Director of Policy and Communications) • We are aware of increasing concerns about counselling and psychotherapy, audiology and some healthcare science roles, and are working with stakeholders to understand the current risks and to identify whether further actions are required. (ongoing - Head of Policy, Head of Accreditation) • We are urging the Government to introduce criteria for statutory regulation following its 2021 consultation, as part of regulatory reform (Head of Policy)	**Director of Policy and Communications**	**L:2 I:2 (4) Priority: ***	**L:2 I:3 (6)**

High Priority: Risk 10 **Medium Priority:** Risks 1 and 9 **Lower Priority:** Risks 2, 3, 4, 5, 6, 7, 8 and 11

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*** • 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*** • 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*** • 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*** • Minor disruption to internal business objectives • Minor reputation impact • Moderate financial loss	***Marginal*** Loss of 25-50% of benefits

Risk Matrix		IMPACT (I)				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD (L)	5 Almost Certain	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possible	3	6	9	12	15
	2 Unlikely	2	4	6	8	10
	1 Rare	1	2	3	4	5

1	***Rare*** May only occur in exceptional circumstances, highly unlikely.	***Very low*** < 20%	***Insignificant*** • Insignificant disruption to internal business • Little or no loss of front-line service • No reputation impact	***Negligible*** Loss of < 25% of benefits

professional standards authority
for Health and Social Care

Right-touch regulation communications plan

Date: 18 September 2025

Title: *Right_touch.regulation* communications plan

Author: Melanie Venables & Oyinkan Onile-Ere

Responsible Director: Melanie Venables

Paper for Information

Open paper

How does this work contribute to Strategic Aims 1 and 2: **Right-touch regulation is the approach that underpins our core functions. By promoting the new version of the methodology, we aim to enhance understanding of the value of the approach we have taken to date and show how it is shaping the changes in our 2026-29 Strategic Plan.**

1. Issue

1.1. *Right-touch regulation* (RTR) is a key corporate publication. The Board considered progress with the refreshed version at its meeting in July. Out of recognition that RTR is a key opportunity for the PSA to promote its role and expertise in regulation, the Board asked for an update on how the PSA will promote the new version. This paper sets out this plan, in the context of the PSA's wider strategic narratives.

2. Recommendations

2.1. The Board is asked to note the plans for promoting the refreshed version of RTR.

3. Background

3.1. The PSA published its original RTR framework in 2010, revised it in 2015, and is currently preparing to publish a refreshed version to reflect modern regulatory challenges, for publication in early October 2025. Since RTR's initial introduction, we have also issued discussion papers and case studies to illustrate RTR in practice, including its application to professional regulation, risk management, and public protection. These are currently hosted in a dedicated space of the PSA's

'Improving regulation' part of its website. RTR is used and referenced internationally. It also provides a framework for how we approach the PSA's commissioned work.

3.2. The principles of RTR are based on the Better Regulation Executive's (BRE) principles of good regulation, to which the PSA added a sixth, 'agility'. Having tested these principles against the current regulatory landscape and with stakeholders, we are confident that they remain relevant. However, our new version will draw out new areas of emphasis that we think are of increasing importance to how regulators navigate the complexities of today's world, such as collaboration.

3.3. The BRE is leading on the UK Government's Smarter regulation programme[1], which seeks to reduce burdens on businesses and promote innovation and growth. The changes being introduced by Smarter regulation will affect sectors in different ways, but there are 'three pillars' which apply to all:

- Reforming existing regulations to minimise regulatory burden and ensure our regulations are contemporary and forward looking. This includes reforms to both retained EU law (REUL) and wider domestic regulation.
- Making regulation a last resort, not a first choice. This includes making use of alternatives to regulation wherever beneficial.
- Ensuring a well-functioning regulatory landscape.

3.4. We have revised RTR in such a way as to show its alignment to smarter regulation principles. This will support the continued wider application of RTR to regulation beyond health and care professionals, to encompass products and services, and all sectors. It should also support change within our own sector, since these pillars will also be relevant to the reform of the legislation underpinning the professional regulators we oversee. We have kept the BRE informed during the development of RTR.

4. Analysis

The strategic value and alignment of RTR

4.1. RTR provides a clear overarching framework for PSA's own work, including the approach we take to overseeing the regulators and Accredited Registers (ARs), and for the regulatory approaches we encourage others to adopt.

4.2. The six principles of right-touch regulation (proportionate, consistent, targeted, transparent, accountable, and agile) are already well established in the PSA's current ways of working and will be incorporated into the policy framework to be developed by the end of the financial year. This framework will provide guidelines and ways of working for the Policy Team, reflecting the longstanding RTR approach to policy development based on evidence, risk of harm, focusing on the problem before the solution, and so on, as well as the new themes of collaboration and prevention. The new ways of working highlighted in RTR3, which include collaboration and fairness, align with the emerging themes for the PSA's 2026-29 Strategic Plan. RTR will therefore be an important reference point for communicating about strategic changes to the PSA's own oversight, such as to the Standards for the regulators and ARs; and for new areas of focus. RTR also underlines why the greater focus on prevention of harm, good practice and collaboration are key elements of the PSA's future direction and that of regulation more broadly.

4.3. Given its broad applicability, RTR is also an important way for the PSA to influence the wider regulatory landscape. While there is sufficient alignment with Smarter regulation to support

[1] Smarter regulation - GOV.UK

achieving this in the UK context, we believe the principles are relevant to other jurisdictions. It therefore has additional strategic value at an international level.

Our strategic communications priorities for RTR, and how we will achieve them

4.4. Given the above, we will use RTR to:

- Articulate the value of professional regulation in the context of wider UK regulatory reform and changing political priorities. This will help lay the groundwork for our 2026-29 Strategic Plan.
- Provide a clear overarching framework for communicating the rationale for changes we are making to our own oversight through our revised Standards for the regulators and ARs we oversee, and other change initiatives.
- Help guide our advice and messaging about reform of professional regulation.
- Articulate and position the PSA as an expert and thought leader in professional regulation with value to add to the debates around wider UK regulatory reform and internationally.

4.5. The sections below set out how we will achieve this. It is underpinned by the more detailed communications plan in use at an operational level.

Audience: key audiences and messaging

4.6. We have identified the groups below as the main audience for RTR. Some of them will more naturally have an interest in the publication; for others, it will be important to show the applicability and relevance of RTR to their lives and concerns.

4.7. We will promote RTR as a timely evolution of an overarching framework which continues to provide a clear and useful approach to tackling current and future regulatory challenges in the health and care sector and beyond.

4.8. To broaden and increase engagement with and use of RTR, we will continue to develop examples of how it can be applied through case studies, examples and other materials and activities. We will use our messaging to draw out aspects of the framework which will have resonance for the particular audience group - for example, in the current context the UK Government and politicians will be interested in how RTR supports innovation and growth.

4.9. We have previously received challenge about how PSA's own activities reflect a right-touch regulation approach. The messaging we develop around the launch and promotion of RTR should address this by drawing the link between RTR, our Strategic Plan and Standards Review. Additionally, our statements and consultation responses (including around regulatory reform) will reference RTR appropriately.

- Policy teams at healthcare regulators and Accredited Registers
- Policy officials in the Government
- System regulators and regulators in other sectors
- UK parliamentarians
- Institute of Regulation (IOR) members and through them, regulators of other sectors, markets and industries
- Academics
- Think-tanks

- International contacts/regulators including at the Council on Licensure, Enforcement and Regulation (CLEAR), Canadian Network of Agencies of Regulation (CNAR) and International Association of Medical Regulatory Authorities (IAMRA)
- Professional bodies/colleges
- Patient bodies

Strategy: Year-long sustained communications and engagement

4.10. RTR3 is an important, foundational framework for the PSA. As such, we will invest time and effort in explaining it, promoting it and encouraging others to engage with it. This dictates a longer-term approach to communications and engagement to support it. We are therefore developing a year-long comms plan for RTR3.

4.11. Our plan takes the form of a launch to our main stakeholders at our Regulatory Policy Symposium on 7 October, followed by a series of highpoints across the year (quarterly) when different engagement activity takes place. This approach will allow for variety in terms of ways to engage with RTR as each highpoint will involve a different type of activity - such as the release of accompanying web assets (e.g. case studies), holding of an event, posting of a video. Given the broad set of audiences for this publication, having a mix of activity will be beneficial.

4.12. The Symposium is a significant milestone in the PSA calendar and provides an excellent backdrop for RTR. Attending the Symposium will be a cross-section of our priority audience groups and given that the event is aimed at discussing how to tackle the knotty issues facing the health and social care sector, it is an ideal context for the publication. We intend to have printed copies of the publication available at the Symposium as takeaways and available at subsequent events such as our research conference. We will be producing Welsh versions also for use at appropriate events including at NHS Confederation in Wales on 6 November.

4.13. We will create a 'mini-hub' on our website for right-touch regulation materials and content. This is where we will upload all related materials as they are released. We will also retain and update existing explanatory materials and explanations of key points that are on the website.

4.14. We want to promote RTR both as theory and practice. In both cases, we will want to show its relevance, applicability and value. In addition to publishing the full report, we will share its key tenets in bite-size form by having a summary version as well as supporting materials focusing on particular aspects of the framework such as the principles, case studies showing how it could be applied in practice (including in sectors beyond health and care), and key diagrams. These materials will form part of releases to coincide with the highpoints planned. This will help to extend the timeframe for conversations around the release of RTR. It will be important to ensure that within this package of accompanying materials we consider our various audience groups and include items tailored to them.

4.15. As this is a product of ours but with the aim of encouraging others to use it, securing the endorsement of external parties will enhance its credibility and uptake. As part of the development process RTR has been externally reviewed by those whose opinions are respected in the sector, we will seek quotes from them to use as part of our promotional activity. Included within the series of highpoints (see below) are activities which include external parties commenting on and showcasing their use of RTR and how it contributes to effective decision-making.

Implementation of the communications plan

4.16. The activity we will undertake to promote RTR is summarised in the following table. The activities taking place between now and December are more firmed up than for 2026. The approach described above will shape the additional activities to be added to the plan in the coming weeks.

Date	Activity	Accompanying activities/materials
7 October 2025	Highpoint 1: Launch at symposium	Stand - printed copies Chair's address
15 October 2025	NICON, N. Ireland	Stand - printed copies
Mid-October 2025	PSA corporate newsletter	Social media Email distribution
21 October 2025	CEO keynote speech at the Canadian Network of Agencies for Regulation (CNAR)	Presentation slides
6 November 2025	NHS Confed, Wales	Stand - English & Welsh copies
18 November 2025	Research conference	CEO's address Stand with printed copies
November 2025	Lunchtime learning sessions	
December 2025	PSA newsletters	AR, parliamentary bulletin
4 December 2025	CEO's address at CLEAR international congress, New Zealand	Presentation Summary video – TBC Social media
From January 2026	Parliamentary receptions	All four parliaments (dates TBC bearing in mind elections in Scotland and Wales in May 2026)
February 2026	Highpoint 2: release of accompanying materials	Social media Website update Newsletter Summary video – TBC
	Blog (third party channel)	
May 2026	Highpoint 3: external webinar with discussants	Hosted by third party Social media Website update

September 2026	Highpoint 4: Right-touch Assurance completed on a profession/practice highlighting RTR3 CLEAR educational conference	Social media Website update Email distribution

5. Evaluation

5.1. To assess our effectiveness, we will look at the following indicators:

- Awareness levels of RTR (stakeholder survey)
- Advocacy: public mentions of RTR (using our monitoring tool), mentions in reports etc (those we are aware of)
- Engagement levels – use of RTR in analysis, decision-making etc (stakeholder survey), sentiments expressed at conferences/events (anecdotal), feedback from events (feedback forms)
- Speaking invitations, relevant correspondence (mentions)
- Number of downloads of the publication, page views (website stats)
- Uptake of printed copies (English and Welsh)

6. Finance and resource

6.1. We are using external designers and printers to produce the publication. We will be spending funds to translate the text into Welsh as well as purchasing promotional materials to support the launch (such as the video and banners to use on event stands). All of this is timed to happen in the earlier part of the comms plan so will be covered from within the approved 2025/26 comms operational budget allocation.

6.2. Some additional time will be required from staff and possibly some members of the Board in arranging and attending the parliamentary events.

7. Impact assessment

7.1. It is hoped that this activity will help us to articulate the value of professional regulation and PSA's role in the context of wider UK regulatory reform and secure understanding and stakeholder buy-in for the proposed changes to our approach as an oversight body.

8. EDI implications, including Welsh Language

8.1. We have considered accessibility in our planning and although we feel this publication merits procuring physical copies, we will also have a fully designed web version which will be accessible for those using assistive technology. Our video will contain subtitles and will work effectively without sound. We will be producing a Welsh language version of RTR.

9. Timescale

9.1. RTR will be launched on 7 October at our Symposium. Communications to support it will kick-off then and run actively for the year that follows, as set out in the table in Section 4.

10. Communications

10.1. The promotional plan is as above in Section 4.

11. Internal stakeholders

11.1. PSA staff have been kept updated on the development of the framework and will be invited to attend lunchtime learning sessions on RTR to be taken through the framework and newer areas. We will also be reemphasising the need to use and reference RTR in their decision-making and other activities. Being more explicit in our use of RTR for our own work is a way for us to promote its use and value in a sustainable way over a longer timeframe.

12. External stakeholders

12.1. External stakeholders were involved in the development of RTR during the 8-week window when we sought feedback and input to the discussion paper. We have also had the near-final version externally reviewed. The engagement with external stakeholder post-publication is as detailed above.

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Horizon scanning

Date: 18 September 2025

Title: Horizon scanning

Author: Douglas Bilton

Responsible Director: Douglas Bilton

Paper for Approval

Open paper

How does this work contribute to Strategic objectives?
Information secured through horizon scanning could potentially impact on the achievement of any of PSA's strategic objectives, positively or negatively.

1. Issue

1.1. To outline current activities that contribute to horizon scanning. To discuss a proposal to develop our capability in this respect, to identify external opportunities and challenges, and support fulfilment of statutory functions and strategic objectives.

2. Recommendations

2.1. A recommendation is made to the Board that the PSA establishes a quarterly horizon scanning meeting. This to be an open meeting for any Board members or staff members at which external intelligence can be discussed and analysed for its significance to PSA and the achievement of its statutory functions and strategic objectives; and any particular trends, external developments, datasets etc can be identified for further exploration and consideration.

2.2. This would usually be an informal discussion of any external matters of which we become aware, through routes including as below, where there would be benefit in giving further consideration to the implications for PSA. We could bring in external speakers or contributors according to issues of current interest or concern. The meetings would be supported by the AD(I&I), who would also take forward any work or actions between meetings.

3. Background

3.1. The PSA does not have a formal horizon scanning policy or strategy, and nor does it have a team or individuals whose role is dedicated to horizon scanning. Instead, different activities which contribute to horizon scanning form part of different roles and functions across the teams.

3.2. This was highlighted by auditors working on the stakeholder engagement internal audit that reported in April 2025. This resulted in a low priority management action that 'a formal strategy for horizon scanning will be documented, encompassing the work already being undertaken by the PSA and establishing any gaps where further work could be completed for monitoring potential threats or opportunities' (MA3).

3.3. We have limited capacity or resources to establish a formal horizon scanning function, however the recommendation in this paper is made in order to improve our capability in a relatively low impact way. This approach can be further refined as work progresses on a data strategy.

4. Analysis

4.1. There are currently numerous routes by which external intelligence is received by the PSA. This includes a range of different kinds of information with varying degrees of relevance to the fulfilment of our statutory functions and the achievement of strategic objectives. Some is that received via the formal routes by which we fulfil our functions, such as evidence towards the performance review from regulators. Other information includes 'softer' intelligence about a wider range of stakeholders and issues in our external policy environment which we receive for example through stakeholder engagement activities. Some is secured proactively through monitoring, other reactively such as concerns being raised with us by the public.

4.2. The routes include, but are not limited to:

- Ongoing engagement with regulators and ARs by the relevant teams, and key stakeholders
- Share your experience' function via PSA website and other direct public feedback and concerns
- Ongoing monitoring by Policy and Communications team of:
    - Social media
    - Regulators' and ARs' websites
    - News websites (includes BBC, Guardian, Telegraph, The Times, Nursing Times)
    - Randalls and Cision monitoring (search terms including PSA, regulators and ARs, Department of Health and Social Care, patient safety, regulatory reform, Welsh Language Commissioner)
- Engagement with Government officials including those in the devolved administrations through policy team leads/Board members
- PSA events such as the Symposium and research conference
- Attendance at events organised by other organisations
- Work done within specific projects on, for example, developing policy positions
- Formal consultation and other methods for seeking views (eg RTR discussion document)
- Other methods for gathering information and views and building evidence eg the sexual misconduct webinars
- Work commissioned by PSA to establish views or advance knowledge on specific issues for example through commissioned research
- Membership of/attendance at/updates from inter-regulatory groups including for example:
    - Chief Executives Steering Group & Chairs meeting
    - Functional groups, e.g. research; CPD; data and AI
- Accredited registers collaborative

- Staff members' and Board members' own professional networks including through e.g. LinkedIn.

5. Finance and resource

5.1. The proposal is intended as a relatively low-cost, low-impact and proportionate proposal to develop our capability in this respect.

6. Impact assessment

6.1. There are no particular considerations at this stage.

7. EDI implications, including Welsh Language

7.1. Although it is likely this will result in positive outcomes in due course, there are no specific implications that can be assessed at this stage.

8. Timescale

8.1. Quarterly meetings would be scheduled from Q3 of this financial year.

9. Communications

9.1. All Board members and staff would be invited to join the meetings and to propose discussion items.

10. Internal stakeholders

10.1. Board members and staff.

11. External stakeholders

11.1. As noted there would be the possibility of bringing in external speakers or contributors to provide expertise on specific issues, should we wish to.

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Board work programme 2025/26

Date	Work programme
July 2025	• Business Plan 2026/27 • 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	• Subset of Board (Business Plan Review Committee) to consider 2026/27 Regulated Activity and Accredited Registers budgets.
September 2025 Scotland	• Strategic Plan 2026-29, Business Plan 2026/27 and Fees Consultation approval • Risk Register review by the Board • Scrutiny Committee update report • Revised Standards for approval
November 2025	• Mid-year review of 2025/26 Business Plan • Risk appetite discussion in relation to the draft Strategic Plan 2026-29 • Regulatory reform
January 2026	• Staff Survey 2025 • Accredited Registers final 2026/27 budget approved (including sign off of any surplus generated being ringfenced for AR) • Scrutiny and Nominations Committee update reports
March 2026	• Annual report from Nominations, Scrutiny and Audit and Risk Committees including review of terms of reference • Devolved Administration Board member reports (Wales, Scotland and Northern Ireland)