

Public Board Meeting

14 January 2025, PSA office
10:30-11:45



Agenda

| | | Timing |
|-----|---|-----------------|
| 1. | Welcome, introductions and declarations of interest | 10:30- 10:32 |
| 2. | Apologies | 10:32- 10:32 |
| 3. | Minutes of the meeting on 19 November 2025 (for approval) (Paper 1) | 10:32- 10:35 |
| 4. | Actions and Matters Arising from the meeting on 19 November 2025 | 10:35- 10:40 |
| 5. | Chair's report (Paper 2) | 10:40- 10:45 |
| 6. | Executive report and project dashboard (Paper 3) | 10:45- 11:10 |
| 7. | Finance report (Paper 4) | 11:10- 11:15 |
| 8. | Committee Reports: Scrutiny (verbal) | 11:15- 11:25 |
| 9. | Board annual workplan (Paper 5) | 11:25- 11:30 |
| 10. | Any other business | 11:30- 11:35 |
| 11. | Agree actions | 11:35- 11:40 |
| 12. | Questions from the Public | 11:40- 11:45 |

The next Board meeting is scheduled for Wednesday 18 March and will be held at the PSA office.

Unapproved Public Board meeting minutes

19 November 2025

Present

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

In Attendance

Jane Carey (JC)
Amanda Partington-Todd (APT)
Melanie Venables (MV)
Douglas Bilton (DB)
Dinah Godfree
Daisy Blench
Osama Ammar
Marija Hume
Oyinkan Onile-Ere
Salma Rahman
Dan Scott
Rachael Culverhouse-Wilson
Akua Dwomoh-Bonsu
Suzanne Dodds
Ryan Davidson
Patrick Murphy
Lewis Stubbs

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), Aileen Croash (HCPC), Silvia Dominici (NMC) and Carol Haynes (NMC).

2. Apologies

2.1. There were no apologies.

3. Minutes of meeting held on 18 September 2025

3.1. The minutes of the last Board meeting held on 18 September 2025 were accepted as a true and correct record and approved.

4. Actions and matters arising from the meeting on 18 September 2025

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

5. Chair's report

- 5.1. The Chair introduced the item, reporting on a meeting with Helen Phillips, the new GDC Chair, and Tom Whiting, CEO. The meeting was productive. There was a focus on the GDC's agenda to reduce fear among registrants about regulation. The Chair found this approach interesting and aligned with the Board's own agenda to refocus regulation towards advice and guidance rather than needing sanctions.
- 5.2. The Chair convened a biannual meeting of all statutory regulators' chairs, held online for the first time. Feedback on the online format was sought, with plans to alternate between online and in-person meetings. The session was considered useful. There is a growing interest among chairs in discussing AI, specifically what questions Boards should be asking and how to ensure the right people are involved.
- 5.3. The Chair praised the recent research conference as a triumph, noting high turnout, excellent venue, and strong feedback. The event was seen as valuable by attendees, and the Chair commended the team for their efforts.
- 5.4. A point was raised about missing sections in the July minutes, which had been included in the Chairs report and was retrospectively approved. An additional check will be implemented to ensure accuracy in future minutes.

Action: MH to update July minutes with the missing actions and CC to sign updated minutes.

- 5.5. The Chair mentioned a discussion about the appraisal cycle, with some issues to be followed up and feedback to be provided at the next meeting.
- 5.6. A question was raised about when feedback would be received from the GMC regarding issues reported in the Sunday Times. The Chair indicated this would be covered in the private session as it relates to the unpublished performance review.

6. Executive report and project dashboard

- 6.1. The Chief Executive introduced the item, providing an update on key priorities, including the Standards review, Reform, Strategic plan, Business plan, Fees consultation, and the NMC Independent Oversight Group.
- 6.2. Engagement activities for the Standards review were ongoing in October and November, with a Board meeting scheduled in late February to present final draft standards for approval.
- 6.3. A detailed discussion on Reform was planned for the private agenda.
- 6.4. The Fees consultation was ending soon, with proposals to be submitted to the Privy Council by mid-December. Written feedback from regulators was expected, but no significant issues had been identified so far. Any changes would likely be minor and may not affect the budget.
- 6.5. The NMC Independent Oversight group met in early November, with the next meeting scheduled for January. A summary was included in the papers.
- 6.6. The Board asked about the maturity model used to monitor the NMC Culture Transformation Plan. It was explained that it was a standard tool with levels to track progress, and the use of a standard model was seen as advantageous.
- 6.7. Positive feedback had been received on Right Touch Regulation from conferences, social media, and academic articles. DB was commended for coordinating the effort, and the communications plan for next phases was referenced.

Action: DB to develop a publication on how the PSA uses Right Touch Regulation.

- 6.8. The Appointments seminar had been very successful, and the team was commended for the effort.

- 6.9. An increase in cases progressing to initial review at DCR stage was reported, mainly because fewer cases met criteria for administrative closure. The volume of cases reaching further stages remained stable, indicating appropriate filtering. Improvements from the Section 29 pilot included faster, more agile decision-making and better resource use. A session with the Scrutiny Committee was planned for December to discuss benefits and proposals for permanent changes.
- 6.10. Accredited Registers Programme performance against KPIs was maintained or improved, with no new accreditation decisions. Consideration was being given to using unrestricted reserves to develop a single search tool, with a separate paper to be discussed later.
- 6.11. Positive feedback from Standards Review workshops, with regulators and Accredited Registers feeling informed and engaged. The timeline for Board approval of final standards was delayed to February to allow for the NMC lessons learned exercise.
- 6.12. Momentum and urgency around AI among regulators was noted, with plans for a joint paper and engagement with MHRA leads. Work was underway to develop a data and intelligence strategy to better identify and act on concerns, including risk of harm. Areas of concern relating to under-regulation included non-surgical cosmetics, audiology, and sonography, with evidence to be presented to relevant commissions.
Action: MV to share slides from Dr Helen Smith and enquire whether she would give a presentation to the Board.
- 6.13. There was a query regarding a post-implementation review of the website, which was planned for 12 months after launch, with accessibility testing to be included. It was explained that web stats were being monitored, but direct comparisons were difficult due to changes in site structure.
Action: OOE and MV to bring a post-implementation website report to the Board meeting in March 2026.

7. Finance report

- 7.1. The Director of Corporate Services introduced the item. The Finance report was noted as straightforward, with no significant issues or concerns raised.
- 7.2. The Board indicated general satisfaction with the financial position as presented.

8. Committee updates

- 8.1. **Audit and Risk Committee:** The Board **noted** the report.
- 8.2. **Reserves policy:** The Board was asked to approve the Reserves policy. There were no objections or concerns raised, and the Board **approved** the policy.

9. Draft 2026-29 Communications and Engagement Strategy

- 9.1. The Director of Policy and Communications introduced the strategy, emphasising its role in supporting the 2026-29 strategic plan through communications and engagement work. The strategy aims to expand awareness, impact, and influence, with a focus on prevention and amplifying oversight functions.
- 9.2. The strategy is anchored in using oversight functions more effectively, especially with upcoming changes like new standards and their implementation.
- 9.3. The strategy is structured around the three main strategic aims:
 - Oversight and Standards: Embedding new standards, raising awareness (especially with parliamentarians), and leveraging Right Touch Regulation.
 - Enhancing Oversight: Convening, promoting good practice, and focusing on thought leadership areas (e.g., AI, non-surgical cosmetics).
 - Enablers and Barriers: Launching a framework to identify over/under-regulation, articulating areas of concern, and setting out processes for decision-making.

- 9.4. The strategy will be underpinned by detailed plans for each area.
- 9.5. The Board raised concerns about resource pinch points and suggested a Gantt chart to identify when demands might peak. They also asked how success would be measured, emphasising the need for stakeholder perception metrics.
- 9.6. The Board questioned the cost implications, asking for clarity on current and future team size and budget, and requested that future business plans specify resource needs.
- 9.7. The importance of integrating communications across all teams was emphasised and aligning the strategy with statutory and discretionary priorities.
- 9.8. The need for prioritisation and flexibility to respond to emerging issues was emphasised.
- 9.9. The need to address Equality, Diversity and Inclusion (EDI) was highlighted and the team was asked to consider engagement with social care regulators.
- 9.10. The Board agreed that developing concrete partnerships would be useful, such as with patient safety commissioners, to share resources and demonstrate new ways of working.
- 9.11. The Board commended the patient focus in the strategy but asked how the team would prioritise which patient, carer, or public groups to engage, given limited resources.
- 9.12. It was clarified that prioritisation would be based on understanding which groups are most affected by different regulators and planning accordingly, with PR colleagues and assessment teams involved.
- 9.13. The need for more explicit communications work on non-surgical cosmetic interventions was acknowledged, confirming that it is a significant part of current comms work, including targeted social media campaigns.
- 9.14. The Board **approved** the strategy in terms of direction of travel, with the understanding that no additional resources were being committed at this stage. Any future resource requests would be brought as business cases during business planning.

10. Accredited Registers Programme reserves

- 10.1. The Head of Accreditation presented a proposal to use unrestricted reserves from the Accredited Registers Programme to invest in developing a single search tool for the public. The Board was asked to approve a £20,000 allocation for this purpose.
- 10.2. The proposal was described as clear and strong.
- 10.3. The Board queried whether the scoping exercise for the search tool could consider incorporating disclosure/barring/safeguarding information, even if only by including relevant links, and it was confirmed that the design would keep options open for future growth and adaptation.
- 10.4. The Board **approved** the £20,000 investment from AR reserves for the search tool, with no objections raised.
- 10.5. The Board agreed to revisit the reserves policy and investment proposal as needed, with the understanding that the platform should be adaptable for future enhancements.

11. PSA communications on hate crime, hate speech and discrimination

- 11.1. The Director of Policy and Communications introduced the item, explaining that the PSA published a statement on hate speech, hate crime, and discrimination at the end of September, prompted by current geopolitical events and polarised views. The statement aimed to clarify expectations for regulators and Accredited Registers, especially regarding the distinction between free speech and hate speech, and the professional responsibilities of registrants.
- 11.2. The statement also reminded regulators to consider the context in which professionals work and to support registrants and staff affected by these issues. The PSA's EDI working group provides an ongoing forum for related concerns.

- 11.3. The Board asked whether the issue had been discussed with the chairs of other regulators and what actions they were taking. It was explained that while it had come up in previous meetings (e.g., regarding the Meade case about gender-critical beliefs at Social Work England), it was not discussed at the most recent chairs' meeting.
- 11.4. The Board emphasised the importance of regulators providing clear guidance to their communities about boundaries and acceptable behaviour and ensuring transparency and consistency.
- 11.5. The Board supported the PSA's leadership on the issue but cautioned against the weaponisation of regulation, referencing the police experience with non-crime hate incidents and the need for clarity about the PSA's role. The importance of balance, transparency, and not overstepping legal boundaries was emphasised.
- 11.6. The statement had been well received by regulators, who are aware of the challenges and the need to communicate clear messages to registrants. The responses from regulators were thoughtful, but thresholds for action remain a grey area.
- 11.7. The statement had also been sent to the Accredited Registers, who provided positive feedback but raised questions about legal definitions and cross-border complexities, especially for organisations operating across the four nations.

12. Board effectiveness review

- 12.1. The Director of Corporate Services introduced the board effectiveness review proposal, explaining it is conducted every three years by an external provider, typically an internal audit firm. The process involves inviting bids, with the aim to start work immediately after Christmas and deliver a final report to the Board in March. The previous review was positive, but the same consultants cannot be used as they are no longer on the supplier framework.
- 12.2. The review will observe Committee and Board meetings early next year as part of its assessment.
Action: JC to involve interested Board members in the Board effectiveness review process.
- 12.3. The Board raised a point about clarifying the scope of 'Board engagement', suggesting it should specify whether it refers to engagement with internal stakeholders, external stakeholders, or among Board members. It was agreed to be all three.
- 12.4. The Board agreed that the scope should be clarified before bids are being invited.
- 12.5. No objections or concerns were raised about the process or timing, and the Board **noted** the plan for the review.

13. Board workplan 2025/26

- 13.1. The Director of Corporate Services introduced the item.
- 13.2. There was discussion about the pattern of holding meetings outside London, referencing the previous meeting in Sheffield as an example of a non-London, England-based meeting.
- 13.3. The possibility of holding a meeting in Manchester was raised, with the GMC offering to host and provide opportunities to observe doctor tribunals. Manchester was described as an interesting health community.
- 13.4. It was noted that the Welsh government expressed concerns about holding the Board meeting there in July due to uncertainty around the shape of the government and the possibility of being in recess, suggesting September as a better alternative. The Board agreed to revisit the schedule and determine the best timing and location for future meetings, emphasizing the need to get dates in diaries.
Action: AC and CC to review timing of the Board meeting planned for Wales.
- 13.5. The Board **noted** the workplan.

14. Any other business

14.1. There was no other business discussed.

15. Questions from Members of the Public

15.1. There were no questions.

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

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

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 | | |
| 18 September 2025 | 7.3 | Meet with the Finance team to discuss Section 29 forecasting and decide whether a Board discussion on the issue should be scheduled for the meeting in January 2026. | NS | January 2026 | | |
| 19 November 2025 | 5.4 | Update July minutes with the missing actions and CC to sign updated minutes. | MH | | Complete | |
| 19 November 2025 | 6.7 | Develop a publication on how the PSA uses Right Touch Regulation. | DB | March 2026 | | |
| 19 November 2025 | 6.12 | Share slides from Dr Helen Smith and enquire whether she would give a presentation to the Board. | MV | November 2025 | In progress. Slides circulated and presentation being arranged. | |
| 19 November 2025 | 6.14 | Bring a post-implementation website report to the Board meeting in March 2026. | OOE/MV | March 2026 | On track. | |
| 19 November 2025 | 12.2 | Involve interested Board members in the Board effectiveness review process. | JC | November 2025 | Complete | |

19 November 2025 13.4 Review timing of the Board meeting planned for Wales. AC/CC Complete - This will be in September or November 2026.

Chair's report

- 1.1. Our Board last met on 19 November 2025 in London. This will be a shorter report than usual given that it has been a holiday period.
- 1.2. On 8 December 2025, I attended a Parliamentary roundtable on the retention of NHS staff from ethnic minority and migrant backgrounds hosted by Sarah Owen MP.
- 1.3. The discussion was very well attended and mainly focussed on the initial findings of a report by Professor Ibrahim Abubakar and Prof Katherine Woolf both from University College London. These initial findings point to a significant gap between the healthcare worker resource required for the NHS in the coming years and the people available. The initial report highlighted that this gap is being exacerbated by health workers from ethnic and migrant backgrounds disproportionately leaving the NHS. The final report will focus on possible solutions.
- 1.4. On 16 December 2025, I observed a Section 29 case for a registrant with the HCPC. The case related to allegations of a sexual nature. The panel decided not to refer the case to the High Court although there were learning points.
- 1.5. It was very helpful that Eleanor suggested that it would be better for the PSA to put back the Board trip to Cardiff from July 2026 given this date's proximity to the Welsh elections. We are therefore moving some Board locations around in the second half of 2026. We will update you as soon as possible.
- 1.6. Finally, in line with feedback from the recent Board appraisals, we have organised a half-day in-person Board strategy session for 24 April 2026. Hopefully this date is in your diary. The session will focus on the outcome of the upcoming governance review and artificial intelligence in regulation. It will also give us more time to bottom out the complex issue of how we should respond to reform and particularly to case examiner decisions. As you will have seen, in its response to our recent consultation on fees, the NMC raised that our headcount has increased over the last five years. I think that this is a legitimate challenge and I have therefore also asked that this be reviewed as part of the strategy session.
- 1.7. I look forward to seeing you in London on 14 January 2026. I hope that everyone had a restful break over the holiday period.

Caroline Corby

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) promoting and supporting legislative reform for the regulators; (3) finalising the PSA Strategic Plan 2026-29 and Business Plan 2026/27 for publication at the end of Q4 2025/26; and (4) closely monitoring the performance of the NMC, including its response to the recommendations in the Independent Culture Report.

2. Recommendations

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

3. CEO stakeholder engagement

3.1. Between the November 2025 and January 2026 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.

- A Strategic Plan and Standards Review Engagement Workshop.
- A meeting with CORU, the multi-profession healthcare regulator in Ireland.
- A quarterly update meeting with the DHSC.
- A meeting of the regulators' Chief Executives Steering Group.
- A meeting with the Patient Safety Commissioner for England.
- Meetings with the CEOs of the NMC and GOsC.
- Delivering the keynote presentation on right-touch regulation at the CLEAR International Congress in Wellington, New Zealand. Linked meetings with the Medical Council, Nursing Council, Pharmacy Council and Dental Council of New Zealand; and with the International Veterinary Regulators Network.

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

- Attending a meeting of the Health and Social Care Regulators Forum.
- Together with the Chair and the Board member for Scotland, meeting the Minister for Public Health and Women's Health in Scotland.
- Attending the Annual Patient Safety Forum at the Royal College of Physicians.

4. Summary of risks

4.1. We have assessed the top three known risks facing the PSA 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

General Medical Council (GMC)

5.1 On 15 December 2025, we published the Monitoring Report for the GMC. The GMC met 18 out of the 18 Standards. We recognise that there was significant external attention and scrutiny on the GMC this year on matters related to the implementation of the AA/PA legislation, tackling racism and antisemitism and responding to risk of doctors being registered and licensed in the UK where they may have been subject to sanctions by overseas regulators. We have worked closely with our Communications team to produce an accompanying web statement to outline how we have addressed these and other issues to ensure public confidence in our oversight and scrutiny of the GMC.

General Dental Council (GDC)

5.2 On 19 December 2025, we published the Periodic Review Report for the GDC. The GDC met 16 out of the 18 Standards. Whilst the GDC generally performed well against outcomes 1 and 4 of Standard 3 (Equality, Diversity and Inclusion), we determined that we did not have sufficient assurance that the GDC is meeting outcomes 2 and 3. Under our new approach, in order to meet Standard 3, we would need to be assured that a regulator has met all four of the outcomes, therefore Standard 3 was not met.

5.3 The GDC did not meet Standard 15 as it is taking too long to progress fitness to practise cases. In line with our escalation process - we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

Nursing and Midwifery Council (NMC)

Publication of 2024-2025 Periodic Review Report

5.4 We are expecting to publish the NMC's report by the end of May 2026 which will be outside of our reporting KPI. The contributing factors to the delay included:

- Initial delay to the 24/25 PR process and milestones as a consequence of the 23/24 review year being extended and report publication postponed until June 2025.
- We carried out a more in-depth case file audit this year which included doing a first stage “initial review” of a higher volume of cases to inform our selection of the audit sample for a more detailed review. This was a substantial task in itself which added

time to the audit process, but was a successful approach which ensured the audit sample was appropriately targeted to risk.

- Additionally, we encountered technical access issues to the NMC's systems which also caused delays.

We are committed to ensuring the report is published by the end of May 2026. We must note that for the same reason the 23/24 report publication timelines impacted the 24/25 review period milestones, we anticipate a potential impact on the 25/26 review publication. However, we are exploring ways in which to mitigate and minimise this impact where possible and hope to be able to deliver the report within the KPI.

Independent Oversight Group of the NMC (IOG)

5.5 We continue to chair the IOG of the NMC, which has now met ten times. The IOG met on 12 January 2026 where the NMC provided a substantive update on fitness to practice.

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. Due to a higher number of cases not meeting the threshold to administratively close, our workloads have increased at all stages.
- 6.2. We have seen a small increase in the number of final fitness to practise panel decisions received in comparison to the same period last year. We are also completing a higher number of initial reviews in comparison to last year, with an increase of 174 cases, representing approximately a 22% increase. This is because fewer decisions have met the criteria to be administratively closed. This is a slightly higher percentage increase to the figures we gave to the Board in November, when we were completing 18% more initial reviews in the same period¹.
- 6.3. We carried out DCRs on 6% of initial reviews completed in 25/26, which is consistent with the same period last year in 24/25, where we also carried out DCRs on 6% of initial reviews completed. However, due to the increase and higher number of initial reviews being completed, 6% of initial reviews represents 16 more DCRs being completed this month than the same period last year, which is an increase of 33% in work. These figures are consistent with the figures given to the Board in November.
- 6.4. We have held about the same number of decision-making meetings² this year, 33 meetings, in comparison to the same period last year, 32 meetings. We have held 11 more case meeting in comparison to the same period last year, which is a 65% increase.³
- 6.5. The low statutory deadline decision meetings remains a positive testament to the improvements made and work the team do in holding more case meetings. Logistically, and due to capacity and resource, we are currently only able to hold three case meetings per week, and we therefore have had to hold statutory deadline decisions where further meetings have had to be held before the case deadline.

¹ This was 1 April – 30 September 2025 period.

² Case meetings and statutory deadline decisions

³ Statutory deadline decisions take very little time and resource to manage.

6.6. As a percentage, we are appealing slightly fewer cases this year in comparison to the same period last year: we have appealed 32% of DCRs in 25/26 in comparison to 35% of DCRs in 24/25. However, due to the overall increase in cases we are reviewing, this represents four more appeals, which is a 24% increase in work.

| | 1 April – 30 Nov 2025 | 1 April – 30 Nov 2024 |
|---|-------------------------------|-----------------------|
| Decisions received by the PSA | 1504 | 1478 |
| Initial reviews completed | 966 | 792 |
| Detailed Case Reviews (DCRs) completed | 65 | 49 |
| Statutory deadline decisions | 6 | 16 |
| Case meetings held (including s40b case meetings) | 27 | 16 |
| Appeals lodged | 21 | 17 |
| Learning points sent | 152 on 117 cases ⁴ | 99 ⁵ |

6.7. Seven appeals have been lodged between 1 October and 30 November (NMC/ Ngwenya, NMC/Sibanda, GMC/Gilbert (Review hearing), NMC/Hughes, NMC/Williams, NMC/Kerr and NMC/Dunglison). Three appeals have been settled by agreement (HCPC/ Saunar, NMC/Deuchars, NMC/Roopun). We were successful in two appeals following a hearing in the High Court (NMC/Graham, HCPC/Johny). Settlements are being explored in several other cases and all other Section 29 litigation is progressing.

6.8. We have now concluded our Section 29 process review and have reported back to the Scrutiny Committee in December as to the key process improvement changes we are seeking to adopt permanently. A significant number of changes have been made to the Section 29 process at all stages across five key areas:

- Decision-making stages and case meetings (including a change to the “quorate” requirements to case meetings to be more flexible and driven by expertise needed rather than number of panel members)
- Proportionality improvements at each stage of the process
- How we measure success of the Section 29 process
- Sharing learning with regulators
- Quality assurance

6.9. The key benefits realised of implementing these improvements include:

⁴ We are now counting the number of issues we feedback on each case

⁵ We have only been recording the number of individual points from this year

- Improved efficiency, timeliness and flexibility of the process
- Improved quality and consistency of decisions; team upskilling
- More proportionate processes which are less burdensome and resource-intensive, leading to less reliance on out-sourcing
- Improved achievement of EDI success measures
- Improved sharing of learning/insights internally and externally to influence regulator improvement and regulatory priorities.

6.10. Success measures of the Section 29 team have been developed which reframes success with a focus on impact and outcomes instead of workload volumes alone. With key success indicators including:

- Ensuring efficient, timely and robust section 29 processes and decisions
- Continuing to bring appropriate appeals of fitness to practise decisions where they are insufficient for public protection and public confidence in the profession. This keeps the public and patients safe from harm and increases the confidence that the public has in regulated professions
- Improving the quality and consistency of fitness to practice decisions through feedback, advice, learning, case law and convening others.
- Creating a shared understanding of common challenges, errors, themes and good practice through the data and insights we gather and our reporting of them.
- Influencing and advising government and regulator policy and legislation (i.e. regulatory reform and regulator policy/guidance) using our expertise and intelligence gained from our section 29 work.

6.11. Following the Scrutiny Committee's support for the improved process changes, we propose to adopt these permanently from January and will update the regulators, update our relevant external and internal manuals, and complete an Equality Impact Assessment. Further details have been provided to the Scrutiny Committee who will be giving a separate update to the Board at this meeting.

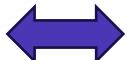
7. Appointments

7.1. Since the last update to the Board, we have provided the Privy Council with advice about two appointments processes. These were the GOC's process to find a single lay candidate to recommend for appointment and the GDC's reappointment recommendation of a lay council member. We were able to advise the Privy Council it could have confidence in both processes.

7.2. We also considered the GDC's advance notice of its process to find a registrant candidate to recommend for appointment. We were satisfied with the GDC's plans and expect this process to conclude next summer.

8. Accredited Registers

8.1. At the end of November 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 | 97% (115/119) |  |
| 100% of targeted reviews completed within four months: | Met | 100% (3/3) |  |
| 90% of decisions on new Standard One applications made within four months | Not Met | 66% (2/3) |  |
| 90% of decisions on full accreditation (standards 2-9) made in eight months of receipt | Met | 100% (1/1) |  |

8.2. Across all KPIs, we have maintained performance as anticipated. Over this period, the Accreditation Team has been affected two changes in staffing (one instance of maternity leave and one resignation). Both posts have been filled as planned, but early start of maternity leave has constrained the team's resources. As a result, we anticipate a slight reduction in KPI performance in the next reporting period, but this is still likely to mean that all KPIs remain met.

8.3. The KPI for Standard One applications remains unmet, owing to the effect of one complex application in a small number of applications. As reported before, at the start of next financial year we will be introducing a new KPI that better reflects team performance.

Accreditation Decisions

8.4. We have made no new Accreditation Decisions in this period.

- 8.5. The live application for the International Foundation for Therapeutic and Counselling Choice (IFTCC) is with the applicant and we anticipate a response from them at the end of February 2026 prior to a recommendation being made to an Accreditation Panel.
- 8.6. The live application with the Trauma Regulation Board (TRB) has been paused and will likely restart owing to some changes being made to the application by the applicant.
- 8.7. We have completed “site visit” activities (which are conducted online) the Association of Traditional Chinese Medicine (ATCM) and anticipate an Accreditation Panel decision in March 2026.
- 8.8. We have received a new application from Domestic Violence and Abuse Child and Adult Team – Professional Association of Independent Experts (DVACT-PAI) for assessment against Standard One. We anticipate a decision on this application to be made in March 2026.

9. Standards Review Project—progress update

- 9.1. The targeted engagement window on the draft revised combined Standards ran between 9 October and 4 December 2025. This included a number of mechanisms for organisations and individuals to give feedback, including:
 - A survey
 - Virtual workshops for regulators and Accredited Registers over multiple dates in October and November
 - Individual meetings with groups representing the voices and views of patients, people with lived experience, registrants and the public
 - Testing with members of the public for clarity and accessibility
- 9.2. The feedback received during this engagement window was largely positive and supportive of the revised Standards (both structure and content). There were also a number of positive comments from regulators and ARs about how the PSA has involved them in this work so far and provided opportunities for them to ask questions and share feedback.
- 9.3. Further to testing with members of the public, we have decided to commission an additional Easy Read version. This will help achieve our goal of accessibility and make sure we can be inclusive of those with learning disabilities.
- 9.4. The next step for the project will be to collate and analyse the feedback received during the engagement period and propose final changes to the Standards and the associated evidence framework/core expectations as a result. This work is still on track to present the final Standards for Board approval in February 2026.

Policy, Communications and Engagement

10. Policy

Regulatory reform

- 10.1. The DHSC has confirmed that the consultation on the draft GMC Order will now start in February 2026, rather than December 2025. This change allows them time to consider any recommendations from Lord Mann’s review of antisemitism and wider racism in the

NHS and across professional regulation (which we have submitted evidence to -see below), which may have implications for reform.

- 10.2. In the meantime, we continue to work with the DHSC on matters related to our oversight of reformed regulators.
- 10.3. The PSA's Regulatory Reform Programme Board has met twice. Its purpose is to ensure effective coordination across reform-related workstreams. These include providing feedback on draft legislation for reformed regulators, and PSA operational readiness. It also includes monitoring preparations for HCPC to implement a barring scheme for senior managers and leaders in England, and legislative changes associated with non-surgical cosmetics.
- 10.4. The Programme Board is chaired by the Director of Corporate Services and co-sponsored by the Directors of Policy and Communications, and Regulation and Accreditation. We will provide regular updates from the Programme Board through this report.

Safeguarding checks

- 10.5. At the time of writing, a proposed update to the Rehabilitation of Offenders Act 1974⁶ (The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025) is making its way through parliamentary process. It is due to receive Royal Assent on 21 January 2026.
- 10.6. The effects of these changes will include removing employment status as a barrier to enable self-employed practitioners to obtain an enhanced with adults, and or/children's barred list DBS check.
- 10.7. We are working with the Home Office, Ministry of Justice, DHSC and the DBS to understand the effects of this change in full. However, our current understanding is that the intention is for this route to be used for those not already eligible for a check by a body such as a regulator or AR.
- 10.8. Our revised Standards include a strengthened focus on professional suitability checks more broadly. We will need to consider implications for how we assess the regulators and ARs against our new Standards. The Safeguarding Project Board will meet in early January to discuss.

Other activity

- 10.9. The PSA was approached to provide evidence to Lord Mann's review of antisemitism and wider racism in the health service, which is expected to report in early 2026. We subsequently met with Lord Mann and submitted our evidence in early December.
- 10.10. We have also submitted evidence to the Independent Review of Social Work Regulation, with further engagement now scheduled early in the new year with the review team.
- 10.11. We submitted evidence to the Health Social Care and Sport Committee in Scottish Parliament, to inform their scrutiny of the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Bill, which aims to ensure that the highest risk non-surgical procedures are only provided in appropriately regulated settings. It is intended that further legislation would create a licensing scheme for medium and low risk procedures.

⁶ [The Rehabilitation of Offenders Act 1974 \(Exceptions\) \(Amendment\) \(England and Wales\) Order 2025](#)

- 10.12. In early December, we gave oral evidence to the Commission for the Future of Counselling and Psychotherapy, established by the Partnership of Counselling and Psychotherapy Bodies (PCPB). The Director of Policy and Communications gave evidence to the session examining whether regulation of the sector should be strengthened. We expressed our confidence in the AR programme to manage the risks of counselling and psychotherapy for those who are on the registers and proposed that strengthening the programme would be a quicker and more agile way to strengthen safeguards than statutory regulation.
- 10.13. Since then, on 17 December, a proposal to legislate for making abuse by counsellors and psychotherapists a criminal activity has been put forward⁷. We will closely monitor its progress, which could complement the assurance provided by the AR programme by protecting people seeing unregistered therapists. We will also be meeting with the DHSC in January to discuss ways to further boost the assurance provided by the AR programme.
- 10.14. On 12 December, the Director of Policy and Communications presented a joint proposal with the Chair of the Chief Executives Steering Group for the regulators we oversee to coordinate on regulating for use of Artificial Intelligence (AI). The proposal was accepted, and the PSA will take this forward through its existing PSA Regulatory Data and AI Group.
- 10.15. We in discussions with Dr Helen Smith and Professor Jonathan Ives about how this might build on their existing research in this area, which was presented at our Research Conference in November. We have also met with the Chair and Deputy Chair of the MHRA-led National Commission for AI Regulation in Healthcare, which has been tasked with developing the overarching framework, to make sure we are aligned. We hope a coordinated approach will promote public confidence in how professional regulators are working together on this issue, and allow for considerations about ethics and liability across the wide range of regulated and unregulated roles that come under our oversight to be considered at this critical stage in the development of the framework.

11. Communications and engagement

- 11.1. The latest edition of our parliamentary bulletin was issued in early December. It set out our response to the call for evidence on the NHS England 10 Year Plan, recent activities related to our monitoring of the regulators and featured the new version of *Right-touch regulation*.
- 11.2. Over the past period, our external channels have been used to promote publication of *Right-touch regulation* and share highlights from the research conference. We published on our website a statement welcoming the focus on regulation in the findings of the Kingdon review of children's hearing services. We also provided an update on the risk of health and care professionals banned from practising abroad working in the UK. Our website featured a guest blog by authors from law firm Capsticks on what the duty on employers to prevent sexual harassment in the workplace means for regulators.
- 11.3. We have commissioned Ipsos Mori to undertake polling research to explore public understanding of trademark use in healthcare settings, and how trademarks help service users make decisions when accessing services. We will also test public recall and recognition of the Accredited Registers Quality Mark. The research will provide benchmark data on a range of metrics which can be re-tested at intervals, and will help to

⁷ [Crime and Policing Bill - Hansard - UK Parliament](#)

inform future communications and engagement activity, including digital marketing campaigns for the Accredited Registers programme. The research is expected to take place in January/February with results available shortly afterwards.

Intelligence and Insight

Sexual misconduct

- 11.4. We have now concluded the series of webinars on sexual misconduct in health and care. The Assistant Director (Intelligence & Insight) and Head of Legal will be working together during Q4 to produce a document reflecting on these discussions, to include (i) potential for improvement to fitness to practise processes (ii) issues and trends arising from S29 review in recent years and (iii) insights for prevention and potential regulatory contributions. In doing so, the recent publication of the final synopsis of the NIHR-funded Witness to Harm project will be taken into account.

- 11.5. On 15 December a group of PSA staff from all teams received training from Consent Collective on understanding the psychology of sexual misconduct. This was from the perspective both of victim and perpetrator, and with a focus on how this should inform best investigative practice in cases involving such allegations and preventative initiatives.

Research conference

- 11.6. We have published on our website all of the conference presentations for which we have relevant permission, and a brief summary of the themes of the day. All speakers were asked in advance if they would be interested in writing a future blog for us about their work and we will be following up the offers we received in 2026.

Right-touch regulation

- 11.7. We have continued to receive positive feedback about the new edition of Right-touch regulation and will be working on and publishing further products in Q4.

Horizon scanning

- 11.8. The first horizon scanning meeting took place on 11 December. Issues discussed included risks to expectant mothers from unregulated practitioners of sonography; antisemitism, racism and discrimination; social care reform/Casey commission and modern slavery. A detailed note with actions will be circulated to the Board in January. Future meetings will focus more on future issues and building a systematic and wide-ranging approach to assessing future developments and risks.

Commissions

11.9. ELT has agreed a new guidance document to advise potential clients for commissioned work and this is being published on our website. It builds on Board discussions in 2025.

Corporate Services

12. IT

12.1. We have started work on our new Business Continuity Plan. Business Impact Assessments are being carried out across all teams to identify the most critical processes and set recovery goals. This will be followed by workshops and all findings will be used to shape the full plan.

12.2. Following recommendations from the recent Cyber Security internal audit, the IT Policy has been revised to bring us in line with best practice and legal requirements.

13. Finance

13.1. The latest Finance Report is on the agenda.

13.2. The consultation on the fees for 2026/27 closed on 24th November. We collated all the responses which the Board reviewed and approved by email. All of the information has now been sent to the Privy Council for sign off.

14. People

14.1. Tereena Burman and Helena Gackowska have recently joined as our new Accreditation Officers, starting with us on 24 and 25 November respectively.

14.2. We have started planning for the Associate Board Member recruitment and will share draft papers with the Nominations Committee in January.

14.3. Work continues on drafting the 2026-29 People Strategy, which was bought to the Staff Engagement Forum (SEF) on 10 December. Feedback received is currently being incorporated into the strategy, along with any other final changes. We intend to present the penultimate draft at Senior Management Team's (SMT) meeting in January.

- December/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.

15. Governance

15.1. The Workforce Planning internal audit has concluded and the report will be shared with the Audit and Risk Committee at its meeting in February.

15.2. We issued an Invitation to tender to suppliers to carry out a light touch Board Effectiveness Review in Quarter 4. The successful supplier has been appointed and work will begin in early January. They will observe the January Board meeting, and the February ARC and Scrutiny Committee meetings. The final report will be presented to the March Board meeting.

16. EDI

- 16.1. All staff have now been offered the opportunity to access online EDI learning and development resources via Onvero (formerly the Employers Network for Equality and Inclusion). The online resources are focussed on supporting and developing inclusive workplaces and cover a broad range of EDI issues that go beyond ‘protected characteristics’, such as intersectionality and modern-day slavery. The resources are intended to support staff to stay ‘live’ to current EDI issues.
- 16.2. In October the EDI Working Group appointed Melanie Hueser and Sarah Fox as its new co-Chairs. Melanie and Sarah will co-Chair the Working Group for at least twelve months and the Working Group is currently reviewing its terms of reference and developing priorities for 2026/27. The Working Group plan to provide a further update to the Board in Quarter 1 of 2026/27.

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] | 1504 [1478] |
| | Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year] | 33 [32] |
| | Appeals lodged [compared with same period last year] | 21[17] |
| | 100% of relevant decisions considered within statutory deadline | 99.9 % ⁸ [99.6%] |
| Performance Reviews | 100% of 2024 performance reviews published within three months of end of review period | 90% (9/10) ⁹ |
| Public concerns about Regulatory bodies | 100% of concerns acknowledged within five working days since 1 April 2025 | 98% (351/358) |
| 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) 97% (115/119) |

⁸ Three cases were sent to us by the regulator after our deadline for appeal had already passed.

⁹ 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.

| | | |
|---|--|--|
| | <p>95% of Conditions are reviewed within two months of when they were due.</p> <p>100% of targeted reviews are completed within four months of the date initiated.</p> <p>90% of decisions about new Standard 1 applications are made within four months of receipt.</p> <p>90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.</p> | <p>100% (4/4)</p> <p>66% (2/3)</p> <p>100% (1/1)</p> |
| Finance | Budgeted income / expenditure variance less than 5% | 3.91% [3,517/3,660] |
| IT | <p>85% of helpdesk calls to be closed within 1 day</p> <p>System unavailability below 10 hours</p> | <p>100% (258/258)</p> <p>0 hours</p> |
| Information security | No incidents reported to the Information Commissioner's Office | 0 |
| Information requests (FOI / SAR / EIR) | <p>All (100%) Subject Access Requests dealt with within statutory deadlines</p> <p>All (100%) Freedom of Information Act requests dealt with within statutory deadlines</p> | <p>7/7 [100%]</p> <p>15/16 [92.8%]¹⁰</p> |
| Complaints | <p>100% of complaints acknowledged in five days</p> <p>Response to all complaints to be completed within 28 days</p> | <p>6/6 [100%]</p> <p>6/6 [100%]</p> |

¹⁰ One FOI was initially missed due to it going to junk mail. We responded as soon as we were made aware of this. The response was sent 15 days late.

| | | |
|--|--|---|
| Social media¹¹ (1 October – 30 November) | <p>Total number of followers across our social media channels (compared with same period last year in brackets)</p> <p>Number of new followers across our social media channels (compared with same period last year in brackets)</p> <p>Number of engagements with our social media posts (compared with same period last year in brackets). <i>Engagements include likes, reactions, comments, replies and shares.</i></p> <p>NB: All data in this section based on most recent reporting period.¹²</p> | 8873 [7579] 322 [86] 1051 [844] |
| Website usage¹³ | <p>Data on website usage since last reporting period with same period last year in brackets</p> <ul style="list-style-type: none"> • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages <p>NB: All data in this section based on most recent reporting period.¹²</p> | 90, 213 [129,756] 27, 138 [33, 390] 11, 933 [20, 722] |

¹¹ 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.

¹² 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 (a 2-month period ending in the date identified in KPI title). 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.

¹³ 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 | 14/01/2026 | Overall Status Commentary |
| Overall Project Portfolio RAG | GREEN | <p>Standards review – Targeted engagement on draft Standards and requirements/evidence frameworks with stakeholders/regulators/ARs concluded in early December with positive feedback on the Standards themselves and the engagement opportunities provided throughout the process. Analysis of feedback is now underway with a view to finalising any changes ahead of the February Board meeting.</p> <p>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 had been planned to move towards closure. However, at the time of writing, a proposed update to the Rehabilitation of Offenders Act 1974 (The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025) is making its way through parliamentary process. The main report provides more detail.</p> |

Project Portfolio Status Summary

| Project / Programme | Owner / Lead | Start Date | Baseline 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 | <ul style="list-style-type: none"> Board approval of draft Standards for engagement in September Targeted engagement on draft Standards and requirements/evidence frameworks with stakeholders/regulators/ARs completed 4 December. As of 18/12/25 Project Board meeting, project is on track to current overall timeline and milestones. However, we have moved back final approval of the |

| Project / Programme | Owner / Lead | Start Date | Baseline End Date | Current End Date | Planned Budget | Current Expend. | Project RAG | Project Status Commentary |
|----------------------------|---|------------|-------------------|------------------|----------------|-----------------|-------------|--|
| | | | | | | | | Standards from January to February 2026 as agreed at last Board meeting. |
| Strengthening safeguarding | Amanda Partington-Todd & Melanie Venables | 01/09/23 | 31/03/24 | 31/07/25 | £0 | £0 | G | <ul style="list-style-type: none"> 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. At the time of writing, a proposed update to the Rehabilitation of Offenders Act 1974 (The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025) is making its way through parliamentary process. The main report provides more |

| Project / Programme | Owner / Lead | Start Date | Baseline End Date | Current End Date | Planned Budget | Current Expend. | Project RAG | Project Status Commentary |
|---------------------|--------------|------------|-------------------|------------------|----------------|-----------------|-------------|--|
| | | | | | | | Green | detail. Will reconvene a meeting with Safeguarding Project members in January to discuss implications and actions. |

| Key Risks | Mitigations |
|---|---|
| Strengthening safeguarding - If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce. | <p>• Completed - Internal learning workshops to help understand legal implications of potential changes.</p> <p>• Completed - Review of regulators' current arrangements included in project plan.</p> <p>• Completed - Further consultation and engagement on any changes before implementation.</p> <p>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.</p> <p>Update December 2025: At the time of writing, a proposed update to the Rehabilitation of Offenders Act 1974 (The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025) is making its way through parliamentary process. The main report provides more detail. Will reconvene a meeting with Safeguarding Project members in January to discuss implications and actions.</p> |
| Standards Review - As of 18/12/25 Project Board meeting, there are no RED risks on the risk register and all risks are being actively mitigated to ensure risks are removed or held at a tolerable level | <p>Updated December 2025</p> <p>Project on track to deliver amended combined Standards for Board approval in February 2026</p> <p>Key achievements/progress:</p> <ul style="list-style-type: none"> • July/August--Engagement on draft Standards undertaken with internal teams |

| | |
|--|--|
| | <ul style="list-style-type: none"> • September--ELT approved the draft Standards to progress for further engagement. Board also approved the consultation report and evidence review report for publication • September—Detailed requirements/evidence framework drafted by the AR and PR Teams. Approved by ELT for engagement. • Early October—consultation and evidence review reports published. Draft revised Standards and supporting requirements/evidence frameworks circulated to key stakeholders (including ARs and regulators) to begin targeted engagement period • October—EIA updated • 9 October - 8 December—Targeted engagement window (regulators, ARs, patient/public advocacy groups). This included running interactive virtual workshops and inviting feedback via survey. Positive feedback and support received during the engagement period as well as appreciation for the PSA's approach to engagement on this work. <p>Up next:</p> <ul style="list-style-type: none"> • Now – mid-January: Analysis of feedback received during engagement period and amendments to be made to Standards and evidence frameworks/core requirements for regulators and accredited registers • January 2026: Progress update to PSA Board • February 2026: Board asked to approve final revised combined Standards |
|--|--|

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

Finance report

1. Executive summary as at 30th of November 2025

- 1.1. At this stage of the reporting period, Regulatory Activity is projected to end the 2025/26 financial year with a deficit of £71k, compared with a budgeted year-end position of break-even. The original budget assumed that all regulatory expenditure would be fully funded through regulatory fee income, with no refund payable to regulators in 2025/26.
- 1.2. The forecast reflects a £65k underspend relating to the planned research project, which is now expected to take place in 2026/27. **Subject to Board approval**, this underspend is expected to be carried forward into reserves to fund the project in the next financial year.
- 1.3. This underspend is more than offset by increased S29 legal costs, arising from one significant ongoing case previously reported, a higher number of appeals, and one unsuccessful case where costs are required to be returned to the registrant. More generally, legal costs remain inherently difficult to predict exactly and may fluctuate over the remainder of the financial year depending on the number of cases progressing to hearings, the extent to which cases settle outside of hearings, and whether scheduled hearings take place within the current year. Hearings typically incur higher costs than cases resolved without a hearing. Legal costs may also increase in the event of unsuccessful cases.
- 1.4. The main drivers of the overall deficit, which have remained broadly unchanged, are:
 - An overspend in staff costs due to a number of factors, including higher pension contribution rates and additional temporary resource within S29. This has been partially offset by significantly higher investment income than originally forecast.
 - Higher recruitment costs.
 - Higher building service charge and business rates costs.
 - Increased S29 legal costs.
- 1.5. The Accredited Registers programme is forecast to deliver a surplus of £49k. This reflects an underspend in communications expenditure, partially offset by higher staff costs.
- 1.6. In addition, some expenditure relating to the planned influencer campaign is now expected to take place in 2026/27. **Subject to Board approval**, this amount would be carried forward into reserves to fund the campaign in the next financial year, which would result in a higher surplus in 2025/26 than currently forecast.

2. Sectoral Summary – Regulatory Activity

2.1. 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 | 173 | 9 |
| Investment interest | 111 | 25 | 160 | 135 |
| Conferences income | 6 | 0 | 7 | 7 |
| Total income | 5,277 | 5,650 | 5,801 | 151 |
| Staff costs | 3,525 | 3,766 | 3,854 | (88) |
| Recruitment costs | 33 | 15 | 30 | (15) |
| Training and Conferences | 48 | 75 | 83 | (8) |
| HR and payroll costs | 56 | 24 | 25 | (1) |
| Staff travel | 6 | 10 | 10 | 0 |
| Occupancy costs | 334 | 324 | 351 | (27) |
| Audit costs | 73 | 70 | 73 | (3) |
| IT costs | 112 | 190 | 170 | 20 |
| Board appointments | 51 | 0 | 3 | (3) |
| Board remuneration/expenses | 131 | 149 | 165 | (16) |
| Depreciation/Capital costs | 51 | 50 | 56 | (6) |
| Conferences | 17 | 45 | 35 | 10 |
| Commissioned Policy advice and research | 74 | 75 | 12 | 63 |
| Comms | 48 | 45 | 32 | 13 |
| Other policy costs | 161 | 82 | 94 | (12) |
| Direct S29 legal costs and case review | 566 | 657 | 813 | (156) |
| Other costs | 115 | 73 | 66 | 7 |
| Total admin costs | 1,876 | 1,884 | 2,018 | (134) |
| Surplus/(deficit) | (124) | 0 | (71) | (71) |

2.2. £135k difference in investment income due to better investment performance (improved rates and investment management).

2.3. £88k overspend in staff costs due to variety of factors including new pension scheme with higher employer contributions and additional temporary resource in S29.

2.4. £15k overspend in recruitment costs due to extension costs of staff recruited via agencies.

2.5. £8k overspend in training and conferences due to higher costs of travelling to external conferences

2.6. The £27k variance in occupancy costs arises from higher rates over the three year period than originally reflected in MoU, as well as increased service charge costs recharges.

2.7. £16k overspend in Board costs are due to work associated with the upcoming Board effectiveness review.

2.8. £20k underspend in IT costs due to efficiency costs resulted from moving to the cloud.

2.9. £63k underspend in commissioned policy advice and research is relating to the planned research project which is now expected to take place in 2026/27. The amount is expected to be carried forward into reserves to fund the project in the next financial year.

2.10. Underspend in other comms costs is nearly fully counteracted by overspend in other policy costs.

2.11. £156k overspend in S29 legal costs due to one significant ongoing case previously reported, considerably higher number of appeals compared to the budget and one unsuccessful case that resulted in returning the costs to the registrant.

3. 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 | 759 | (12)* |
| Staff costs | 434 | 447 | 469 | (22) |
| Comms Costs | 43 | 77 | 47 | 30 |
| Overheads | 174 | 197 | 187 | 10 |
| Others | 7 | 10 | 7 | 3 |
| Surplus/(Deficit) | 44 | 40 | 49 | 9 |

*reduced by the UKAHPP income due to withdrawal from the programme

4. Total 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 | 3,104 | 189 |
| Social Security | 348 | 412 | 393 | 19 |
| Pension | 561 | 508 | 591 | (83) |
| Temp/Agency/Secondments | 92 | 0 | **235 | (235) |
| Total staff costs | *4,105 | 4,213 | 4,323 | (110) |

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

**2 Secondments and legal associate costs

5. 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 £56k

6. 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 | 8,636 | (62) |
| Total assets | 9,858 | 9,736 | 9,674 | (62) |
| 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 | 2,284 | (62) |
| Reserves | | | | |
| Unrestricted | 884 | 924 | 933 | 9 |
| Restricted | 1,422 | 1,422 | 1,351 | (71) |
| Total Reserves | 2,306 | 2,346 | 2,284 | (62) |

7. 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 | ****289 |
| Interest | 150 | 108 |
| S29 | 164 | *****164 |
| Other | 6 | 7 |
| Total Income | 6,552 | 592 |
| Outgoings | | |
| Payroll | 4,213 | 2,736 |
| Other costs | 2,301 | 1,478 |
| Total Outgoings | 6,514 | 4,214 |
| | 31/03/2026 | 30/11/2025 |
| Cash and investments | 8,698 | 5,038 |

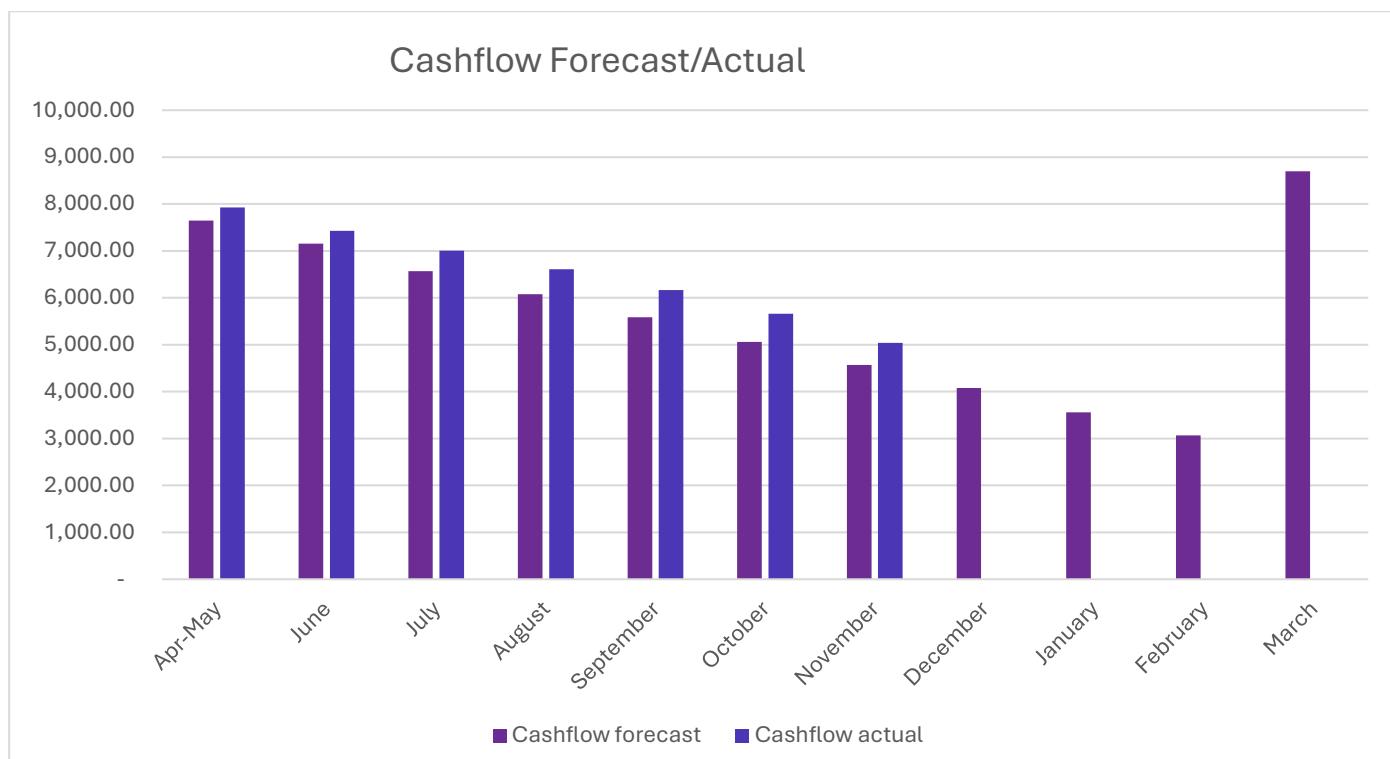
* Assumed same level of fee income as 25/26 received in March 2026

** 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



Board work programme 2026

| Date | Work programme |
|-------------------------|---|
| January 2026 | <ul style="list-style-type: none"> • Staff Survey 2025 • Scrutiny Committee update report • (Revised Standards for approval for publication – February 2026) |
| March 2026 | <ul style="list-style-type: none"> • Annual report from Nominations, Scrutiny and Audit and Risk Committees including review of terms of reference • Devolved Administration Board member reports (Wales, Scotland and Northern Ireland) • Risk Register Review by the Board • Optional item - If AR 26/27 forecast agreed in Bus Plan is not as anticipated and gives a lower income level rather than higher, revisit the business plan and return to Board in March. |
| May 2026 | <ul style="list-style-type: none"> • Annual People Report • Business Planning for 2027/28 • Delegate authority to ARC to approve the Annual Report and Accounts • ARC, Scrutiny and Nominations Committee update reports • Corporate Complaints annual report |
| July 2026 | <ul style="list-style-type: none"> • AR and Reg Activity Business Plans 2027/28 • ARC, Scrutiny and Nominations Committee update reports • S29 Annual Report • Annual review of Governance and Assurance Frameworks |
| July/August 2026 | <ul style="list-style-type: none"> • Subset of Board (Business Plan Review Committee) to consider 2027/28 Regulated Activity and Accredited Registers business plans and budgets. |
| September 2026 | <ul style="list-style-type: none"> • Business Plan 2027/28 and Fees Consultation approval • Risk Register review by the Board • Scrutiny Committee update report |
| November 2026 | <ul style="list-style-type: none"> • Mid-year review of 2026/27 Business Plan |