

Agenda

		Timing
1. Welcome, introductions and declarations of interest		10:30- 10:30
2. Apologies		10:30- 10:30
3. Minutes of the meeting on 18 March 2026 (for approval)	(Paper 1)	10:30- 10:30
4. Actions and Matters Arising from the meeting on 18 March 2026		10:30- 10:35
5. Chair's report	(Paper 2)	10:35- 10:40
6. Executive report and project dashboard	(Paper 3)	10:40- 11:05
7. Finance report	(Paper 4)	11:05- 11:15
8. Committee Reports		11:15- 11:25
• Audit and Risk Committee	(verbal)	
9. Approval of decisions made at the April Board workshop	(Paper 5)	11:25- 11:35
10. Board annual workplan	(Paper 6)	11:35- 11:35
11. Any other business		11:35- 11:35
12. Agree actions		11:35- 11:40
13. Questions from the Public		11:40- 11:45

The next Board meeting is scheduled for Wednesday 15 July and will be held in Manchester.

Unapproved Public Board meeting minutes

18 March 2026

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)
Ruth Ajayi (RA)
Eleanor Marks

In Attendance

Jane Carey (JC)
Amanda Partington-Todd (APT)
Melanie Venables (MV)
Douglas Bilton (DB)
Daisy Blench
Osama Ammar
Marija Hume
Oyinkan Onile-Ere
Rachael Culverhouse-Wilson
Suzanne Dodds

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), Silvia Dominici (NMC), Aleksandr Smirnovs (HCPC) and Janet Collins (GPhC).
- 1.2. This was the last Board meeting for Ruth Ajayi, Associate Board member. The Chair thanked her for her contribution to the Board during her two years with the PSA.
- 1.3. This was the last Board meeting for Amanda Partington-Todd, Interim Director of Regulation and Accreditation. The Chair thanked her for all the work she had done for the PSA.

2. Apologies

- 2.1. There were no apologies.

3. Minutes of meeting held on 14 January 2026

- 3.1. The minutes of the meeting held on 14 January 2026 were approved as an accurate record.

4. Actions and matters arising from the meeting on 14 January 2026

- 4.1. The Board reviewed the action log.
- 4.2. The website report was confirmed as delayed due to website accessibility issues.
- 4.3. It was agreed that the action should be rescheduled to May 2026, by which time the accessibility issues are expected to be resolved.

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- 4.4. The action relating to the deeper review of the Fitness to Practise system (Action 6.17) was confirmed as moved, due to agenda pressures, and is now expected to be considered by the Scrutiny Committee later in the year.

5. Chair's report

- 5.1. The Chair introduced the item, confirming there were no updates to add since the report had been circulated.
- 5.2. The Board **noted** the report and raised no questions.

6. Executive report and project dashboard

- 6.1. The Chief Executive introduced the item. The Board took the Executive report largely as read, with executives highlighting selected issues and Board members asking questions on specific points.
- 6.2. A continued increase in Section 29 workload was reported, driven by higher volumes of decisions coming through from regulators and greater case complexity, meaning fewer cases can be closed administratively at early stages.
- 6.3. Although initial volumes are rising, the proportion of cases progressing from initial review to detailed case review, and from there to case meetings, was said to be proportionally lower, reflecting earlier resolution where possible.
- 6.4. An increase in appeals was noted, including appeals relating to dishonesty, discrimination and sexual misconduct.
- 6.5. It was flagged that Article 10 and discrimination-related cases are beginning to emerge, linked to wider societal and media issues, and are expected to increase over the next 6–12 months.
- 6.6. The Board asked whether the increased workload was manageable and whether it would impact the budget. It was explained that significant process improvements and delegation have already been implemented, capacity pressures are being closely monitored by ELT and outsourcing is used flexibly to manage peaks or particularly complex cases, with cost implications kept under review.
- 6.7. Longer-term resourcing needs may be considered if trends persist.
- 6.8. It was highlighted ongoing and planned work to share learning across the system, including twice-yearly Learning Points Bulletins, targeted engagement with regulators and planning for a Section 29 conference in May, with a particular focus on sexual misconduct.
- 6.9. Board members stressed the importance of ensuring this learning contributes to system-wide improvement, not just individual case correction.
- 6.10. Progress with the social media influencer campaign was reported (launch planned for May).
- 6.11. The AI workshop report will be completed by the end of March and published soon after.
Action: MV to prepare and circulate a short AI briefing for the Board, drawing on the AI workshop report and focusing on implications for healthcare professionals and regulation.
- 6.12. The Board discussed an independent accessibility audit of the PSA website, which identified issues affecting users of assistive technologies. Remedial work is underway by the developers and expected to complete by end April at no additional cost to PSA.
- 6.13. Falling website traffic was discussed and attributed primarily to wider shifts in information access via AI tools, rather than accessibility barriers.

7. Finance report

- 7.1. The Director of Corporate Services introduced the item. The Board was advised that the forecast position had changed significantly since the previous report.
- 7.2. The PSA is now forecasting an end-of-year surplus of over £200k, compared with an earlier forecast deficit.

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- 7.3. The change is largely driven by a one-off favourable accounting adjustment of £136k, relating to Section 29 legal costs.
 - 7.4. This adjustment arose following a detailed, case-by-case review of historic accruals, which identified costs that will no longer be incurred because cases had closed earlier than expected, or original cost estimates exceeded final requirements.
 - 7.5. It was emphasised that this is an accounting adjustment, not a sudden change in activity. The approach has been scrutinised internally and will be reviewed by the NAO as part of the year-end audit.
 - 7.6. Board members expressed concern about the scale and timing of the adjustment, particularly given ongoing increases in Section 29 workload and the financial exposure associated with appeals, including the rare but costly possibility of losing a case.
 - 7.7. Questions were raised about whether such adjustments should have been identified earlier, and whether the organisation had been operating under an unduly “deficit mindset” during the year.
 - 7.8. It was explained that month 9 is the first point at which full financial statements are prepared for interim audit, which triggered the detailed review. Going forward, more regular reconciliation of Section 29 accruals will be undertaken to avoid large single adjustments.
Action: NS/JC to discuss S29 cost adjustment outside of the Board meeting.
 - 7.9. A variance of £86k on pension costs was explained by strong uptake of the Group Personal Pension Scheme, with many staff contributing at higher matched rates.
 - 7.10. The Board noted that planned capital expenditure (c. £50k), including IT refresh, is expected to be fully spent by year end.

8. Committee updates

- 8.1. **Scrutiny Committee:** The Scrutiny Committee Chair gave the update. The Committee spent significant time discussing the internal NMC lessons learned review. An action plan to address recommendations in the review will be developed by the executive.
- 8.2. The Committee highlighted several areas of planned focus for its June meeting, including implementation of the new Standards, assessing operational readiness ahead of go-live, and the intended outcomes of the Standards and how impact will be evaluated over time.
- 8.3. The Committee also discussed developing a clearer picture of how S29 data analysis can support learning and improvement across the system.
- 8.4. The Committee’s considered its terms of reference and identified that these will need updating in 2026 to reflect the Committee’s evolution.
- 8.5. **Audit and Risk Committee:** The Chair of the Audit and Risk Committee reported that it had been a busy year, with a substantial volume of work considered.
- 8.6. The Committee received strong assurance from both internal and external audit, with no significant areas of concern identified.
- 8.7. Ongoing work on risk oversight was highlighted as a core and continuing focus of the Committee.
- 8.8. The Committee considered the internal audit review of workforce planning, which was reported as providing a positive outcome. The External Audit Plan for the year was reviewed and discussed.
- 8.9. It was noted that the Committee had again challenged the auditors on fees.
- 8.10. The Committee brought forward the Whistleblowing policy, the Anti-fraud and bribery policy and the treasury management policy for Board approval. All were described as largely unchanged from the previous year and subject to annual approval a small update had been made to reflect a change in how surplus funds are invested.
- 8.11. It was agreed that the wording in the Treasury Management Policy would be amended to use more general wording (e.g. “competitive rate”) rather than specific interest rates.

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- 8.12. The Committee recommended **approval of all three policies**, subject to the agreed minor amendment to the Treasury Management Policy. **Action:** JC/MH to update Treasury Management Policy wording

9. Committee annual effectiveness reports

- 9.1. **Nominations Committee:** The Board received the Nominations Committee annual report and confirmed that it was satisfied the Committee had operated effectively during the year.
- 9.2. **Scrutiny Committee:** The Board received the Scrutiny Committee annual report confirmed that it was content that the Scrutiny Committee was operating effectively.
- 9.3. **Audit and Risk Committee:** The Board received the Audit and Risk Committee annual report and confirmed that it was satisfied the Committee had operated effectively during the year.

10. DA Board member reports

- 10.1. **Scotland:** The Board noted the Scotland Board Member's report, which reflected on learning to date in the role and highlighted opportunities to clarify and strengthen the strategic contribution of devolved administration Board Members, particularly in the context of the PSA governance review.
- 10.2. **Wales:** The Board noted the Wales Board Member's report, which provided a high-level overview of the Welsh context, including forthcoming elections, engagement with the Welsh Government, and continued support from the PSA team.
- 10.3. **Northern Ireland:** The Board noted the Northern Ireland Board Member's report, which highlighted Northern Ireland-specific developments and identified increasing PSA visibility and engagement as a key priority.

11. Risk register

- 11.1. The Chief Executive introduced the item, noting that the Board reviews the Risk register twice a year, the Audit and Risk Committee reviews it at every meeting and SMT reviews it monthly.
- 11.2. The Board considered the Risk register and discussed feedback from the governance review, agreeing that a more sophisticated and dynamic approach was required. Particular concern was raised about fitness to practise backlogs, the scale of mitigating actions, and the need to reflect ongoing learning, horizon scanning and system-wide improvement activity. A revised Risk register will be brought back to the Board in July.
- Action:** AC to update the risk register and bring the new version to the July Board meeting, after it has been to the June ARC meeting.

12. Standards for regulators and Accredited Registers

- 12.1. The Board officially **approved** the new Standards for publication.

13. Next steps for Right Touch Regulation

- 13.1. The Assistant Director of Intelligence and Insight introduced the item.
- 13.2. The Board **noted** the update on next steps for Right-Touch Regulation, welcoming the continued promotion of the approach, development of practical case studies, and strong international interest. Periodic updates will be provided as the work progresses.

14. Board workplan 2025/26

- 14.1. The Director of Corporate Services introduced the item.
- 14.2. The Board **noted** the workplan.

15. Board and Committee dates for 2027

- 15.1. The Board agreed that 17 March should be avoided as it is a public holiday in Northern Ireland. The March 2027 Board meeting will take place on Tuesday 16 March 2027.
- 15.2. All other Board and Committee dates were approved.

16. Any other business

- 16.1. There was no other business discussed.

17. Questions from Members of the Public

- 17.1. There were no questions.
- 17.2. The Chair thanked the observers for their interest in the PSA.

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

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 November 2025	6.14	Bring a post-implementation website report to the Board meeting in March 2026.	OOE/MV	March 2026	Delayed to July 2026 due to the need to address accessibility issues as set out in the Executive Report	Overdue
14 January 2026	6.17	Schedule deeper review of the Fitness to Practise system for the Scrutiny Committee and report back to the Board.	JO/GM	November 2026	Previously identified for June, however moved to the Scrutiny Committee meeting in November 2026 to allow full exploration of the issue	On track
14 January 2026	7.13	Schedule budget carry forward approval for the Board after the end of year position has been confirmed.	JC	July 2026		On track
18 March 2026	6.11	Prepare and circulate a short AI briefing for the Board, drawing on the AI workshop report and focusing on implications for healthcare professionals and regulation	MV	April 2026	Completed	Complete

18 March 2026	7.8	Discuss S29 cost adjustment outside of the Board meeting.	NS/JC	May 2026	Completed	
18 March 2026	8.12	Update Wording of Treasury Management Policy	JC	March 2026	Completed	
18 March 2026	11.2	Update the risk register and bring the new version to the July Board meeting, after it has been to the June ARC meeting.	AC	June 2026		

Chair's report

- 1.1 Our Board last met on 18 March 2026 in London.
- 1.2 As you may remember, in March 2026 I wrote to both Bridget Philipson MP, the Secretary of State for Education, and Wes Streeting MP, the Secretary of State for Health and Social Care, regarding the performance of Social Work England and particularly their continuing failure to meet Standard 15 (FtP timeliness) as well as their failure to meet Standard 13 (CPD) in 2025. On 20 April 2026, Josh MacAlister OBE, Minister for Children and Families, replied to say that an independent review of social work regulation was launched in November 2025 and that this review will assess the effectiveness and efficiency of Social Work England's core regulatory functions and that that this review will be notified of our concerns.
- 1.3 In March 2026, I also wrote to Mike Nesbitt MLA, the Minister of Health in Northern Ireland, regarding our monitoring review of the Pharmaceutical Society of Northern Ireland (PSNI). The PSNI met 14 of our standards, an improvement on the 11 standards met in the previous year. The Minister has asked for the PSA to meet with officials to discuss the findings of the performance review, and this meeting is currently being arranged.
- 1.4 On 28 May 2026, subject to any last-minute delays, we will be publishing our performance review of the NMC. The Board will be updated on the likely outcome during our private session.
- 1.5 Many of you attended the PSA staff day on 23 March 2026. It was a well organised day with lots of policy updates and also opportunities for getting to know each other better.
- 1.6 On 27 March 2026, we had the annual Welsh Seminar, ably chaired by Eleanor. This event is always well-supported with high quality speakers from the Welsh government and the Welsh healthcare sector.
- 1.7 On 9 April 2026, I observed the NMC provisional panel considering which standards had, and had not, been met. It is always good to see the care taken to ensure that outcomes are fair and well supported by evidence.
- 1.8 On 17 April 2026, Candace, Juliet and I interviewed five candidates for the Associate Board Member role. The five selected candidates were from a very strong field of over 240 applicants. We are currently following up references, and I hope to give the Board an update on the successful candidate when we meet on 20 May 2026.
- 1.9 As we are approaching the financial year end, Melanie will shortly be in touch to arrange appraisal meetings. These will be scheduled in May. I have also circulated Alan's 2026/27 objectives for comment.
- 1.10 Finally, I would like to put on record my thanks for all that Ruth has done for the PSA and its Board.

Caroline Corby
5 May 2026

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) preparing to implement our new standards from 1 July 2026; (2) promoting and supporting legislative reform for the regulators, including responding to the consultation on the GMC Order; and (3) closely monitoring the performance of the NMC, including its response to the recommendations in the Independent Culture Report.

2. Recommendations

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

3. CEO stakeholder engagement

- 3.1. Between the March 2026 and May 2026 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
- Attending the Annual Conference of the Institute of Regulation.
 - Meetings with the team overseeing the review of social work regulation.
 - A meeting of the regulator Chief Executives Steering Group.
 - Briefing the NI Health Committee on the performance of the PSNI.
 - Meeting the CEOs of the GMC and GPhC.
 - Chairing a quarterly information-sharing meeting of the PSA, DHSC and officials from the Devolved Administrations.
 - Meeting the CEO of the Legal Services Board to discuss oversight regulation.
 - Chairing a meeting of the NMC Independent Oversight Group.
- 3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.
- Together with the PSA Chair, meeting the Chairs and CEOs of the GMC and HCPC.
 - Observing a Council Meeting at the PSNI.
 - Attending a quarterly information-sharing meeting of the PSA, DHSC and officials from the Devolved Administrations.
 - Presenting the keynote talk at a Westminster Health Forum event on the healthcare workforce.
 - Chairing a meeting of the NMC Independent Oversight Group.

Summary of risks

- 3.3. We have assessed the top three known risks facing the PSA as: (1) the backlogs of fitness to practise cases in some regulators – this situation is not improving and we are considering what more we can do to address the issue; (2) underperformance of the NMC and PSNI – we are reviewing options for interventions in line with our new Strategic Aim 2; and (3) the perception of under-regulation in some sectors, which may undermine public confidence – being taken forward by commissioned work under Strategic Aim 3.

Regulation and Accreditation

4. Performance Review

Reporting

Pharmaceutical Council for Northern Ireland (PSNI)

- 4.1. On 18 March 2026, we published our report covering the period of 1 January – 31 December 2025. The PSNI met 14 of 18 standards, an improvement from 11 the previous year. In line with our escalation policy, we wrote to the Minister of Health for Northern Ireland and the Chair of the Northern Ireland Assembly Committee for Health to make them aware of our concerns.

Social Work England

- 4.2. On 20 March 2026, we published our report covering 1 January – 31 December 2025. Social Work England met 16 out of 18 Standards. Social Work England did not meet Standard 13 as we do not think the processes in place are sufficient for it to satisfy itself that social workers continue to be fit to practise. Social Work England did not meet Standard 15 because of the continued delays in fitness to practise case progression. In line with our escalation policy, we have provided an update letter regarding our concerns to the Secretary of State for Education and Secretary of State for Health and Social Care.

Nursing and Midwifery Council – Independent Oversight Group

- 4.3. We continue to Chair the Independent Oversight Group (IOG) which was set up following the publication of the Independent Culture Review (ICR) of the NMC in 2024.
- 4.4. The IOG last met on 6 May 2026, where the NMC provided an update on its progress against the recommendations from the ICR.

5. Section 29

- 5.1. The table below sets out the key statistics for this financial year, compared to the previous financial year.

	1 April 2025 – 31 March 2026	1 April 2024– 31 March 2025
Decisions received by the PSA	2213	2230
Initial reviews completed	1404	1216

Detailed Case Reviews (DCRs) completed	93	70
Statutory deadline decisions	7	22
Case meetings held (including S40B case meetings)	46 ¹	22 ²
Appeals lodged	35	21
Learning points sent	253 on 184 cases	155 on 142 cases

- 5.2. We have seen a small decrease in the number of final fitness to practise panel decisions received in comparison to last year.
- 5.3. We did, however complete a higher number of initial reviews in comparison to last year, with an increase of 188 cases, representing approximately a 16% increase. This is because fewer decisions met our criteria to be closed without a review.
- 5.4. We carried out DCRs on 6.6% of initial reviews completed in 2025/26, which is a slight increase on the same period last year in 2024/25, where we carried out DCRs on 5.8% of initial reviews completed. This equates to an additional completion of 23 DCRs compared to the previous year.
- 5.5. We have held more decision-making meetings this year, 53 meetings (for 52 cases), in comparison to 44 meetings last year (for 43 cases). We held case meetings 56% of cases that we undertook a DCR for in 2025/26 in comparison to 62% of cases in 2024/25. We have held considerably fewer statutory deadline meetings in comparison to last year: 13% of decision-making meetings as compared to 50% in 2024/25.³ This demonstrates the positive impact of our S29 review process improvements in cases being handled more efficiently and effectively through our processes, and to be able to logistically handle a higher proportion of case meetings.
- 5.6. As a percentage, we have appealed more cases this year in comparison to the same period last year: we appealed 2.5% of cases we undertook an initial review on compared to 1.7% in 2024/25. The increase of 14 appeals represents a 67% increase in appeal work from 2024/25.
- 5.7. Seven appeals have been lodged between 1 February and 30 March (NMC/Appleton (2), GMC/Abu-Sitta, NMC/Kavanagh, NMC/Sluszniak, NMC/ Zivurawa, NMC/Udo, HCPC/Slocombe). We were successful in two appeals following a hearing in the High Court (NMC/Ntow, NMC/ Budzichowska) and we are waiting for others to be handed down. We have withdrawn our appeal in Gilbert (2) (review hearing) and we were

¹ Including one meeting to confirm a statutory deadline appeal

² Including one meeting to confirm a statutory deadline referral

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

unsuccessful in our appeals of PSNI/McClearn and GDC/Lord. Settlements are being explored in several other cases and all other Section 29 litigation is progressing.


- 5.8. NMC cases: Five of the seven appeals lodged between 1 February and 31 March 2026 relate to the NMC’s Lapse with Impairment guidance. We have brought seven appeals in total since 1 January 2025 in relation to these issues. We are in correspondence with the NMC about our concerns with this guidance, as previously highlighted to the Board, including having written to and met with senior NMC staff on multiple occasions since 2025. The Head of Legal and Lead Lawyer are currently liaising regularly with the NMC’s Head of Policy, and reviewing their proposed updated guidance, which we expect will be published shortly. The NMC has also confirmed that they are giving further training to panels on this.
- 5.9. GMC cases: We carried out 24 DCRs (26% of all DCRs) in relation to GMC cases between 1 April 2025 and 31 March 2026 (2024/25: 14 DCRs, 20%). In 2025/26, we joined two GMC appeals under Section 40B and appealed two cases under Section 29. The GMC brought 14 appeals themselves under Section 40A. As a comparison to previous financial years, the GMC lodged four appeals in total in 2024/25, two in 2023/24, zero in 2022/23 and one in 2021/22. This significant recent increase in GMC appeals we consider is likely to be a result of the new MPTS guidance which came into force at the end of 2025 and tribunals’ interpretation of the sanctions banding in particular. It is likely that we will continue to see an increase in GMC appeals over the short to medium term until such time as the outcome of the more recent GMC appeals are known and fed back to the MPTS. This in turn will continue to have an impact on the section 29 team’s capacity as we see increasing concerns with a higher proportion of GMC cases, and as per our policy, we carry out a DCR of every case which the GMC appeal.
- 5.10. We have successfully recruited for the Head of Legal’s maternity leave cover.
- 5.11. The Section 29 Conference will be taking place on 21 May 2026, focusing on sexual misconduct and vulnerable witness.






6. Appointments

- 6.1. Since the last update to the Board, we have provided the Privy Council with advice about two completed appointments processes. These were both for the General Pharmaceutical Council and concerned large numbers of council members.
- 6.2. The first process was for the reappointment of seven members and the second a competitive process resulting in the recommendation of six council members with staggered start dates. We were able to advise the Privy Council it could have confidence in both processes used by the GPhC.

7. Accredited Registers

- 7.1. At the end of March 2026, five KPIs were achieved and only one missed.

KPI	Met / Not Met	Performance	Direction of Change since March Board meeting
90% of full reassessments within three years	Met	93% (26/28)	

90% of annual checks within one year	Met	96% (27/28)	
95% of conditions are reviewed within two months of due date	Met	100% (65/65)	
100% of targeted reviews completed within four months:	Met	100% (4/4)	
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)	

- 7.2. We have seen a slight reduction in performance against two KPIs but continue to meet these KPIs. The three instances that caused the reduction in performance were due to a combination of the changes in the team, increased assessment burden caused by significant Share Your Experience submissions from one corresponding organisation, and a reasonable delay to submission of documents from one Accredited Register making significant changes to its complaints processes that required their Board's approval.
- 7.3. Across all other KPIs we have either maintained or improved performance. The consistency of the team's performance over the last 18 months means that the KPI on conditions being reviewed within two months of submission has reached 100% for the first time since recording began.
- 7.4. The KPI for Standard One applications remains unmet, owing to the effect of one complex application in a small number of applications. This KPI will be amended from 1 July when the new pre-application period is introduced. This will reduce the probability that applications that are not ready for assessment (for reasons such as not having a published register, which means we cannot conduct some of our random register checks or checks of registrant advertising) will affect our performance or disproportionately consume our resources.

Accreditation Decisions

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- 7.5. The application for the International Foundation for Therapeutic and Counselling Choice (IFTCC) has received an outcome that Standard One is provisionally not met. The applicant has lodged an appeal.
 - 7.6. The live application with the Trauma Regulation Board (TRB) remains paused, but for a new different reason than previously reported. The applicant is currently making decisions about changes to roles that are critical for managing the application.
 - 7.7. The application for the Association of Traditional Chinese Medicine (ATCM) was considered by an Accreditation Panel March 2026, which has adjourned to permit the applicant to provide further evidence against some Standards. We anticipate a panel will be reconvened within three months.
 - 7.8. The application from Domestic Violence Action – Partner Abuse Interventions (DVACT-PAI) has been determined to meet Standard One provisionally. We anticipate publication of the report in June 2026.

8. Standards Review Project – progress update

- 8.1. On 19 March 2026, we published our new and combined Standards for regulators and Accredited Registers on our website. We supported this with a multi-channel communications approach including direct mailings to stakeholders; a press release to selected media outlets; a blog on our website; social media activity to amplify reach and drive traffic to the published materials; internal communications to ensure consistent messaging across teams.
- 8.2. We also worked with stakeholder organisations to share the information with their audiences via their own channels. This included a range of organisations including regulators, Accredited Registers and [patient safety organisations](#).
- 8.3. We are now working towards implementation for both the Accredited Registers and regulators.

Policy, Communications and Engagement

9. Policy

Regulating for AI use by health and care professionals

- 9.1. In February 2026, the PSA commissioned a participatory workshop to consider professional ethical guidance and regulation for the use of artificial intelligence (AI) in health and social care settings. The workshop was delivered in collaboration with Dr Helen Smith and Professor Jonathan Ives from the University of Bristol, and brought together professional regulators and Accredited Registers, alongside people with lived experience, patients, service users and members of the public. Through deliberative group discussions, and with the aid of a series of real-world scenarios, participants explored various themes including AI safety, bias, transparency and accountability.

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- 9.2. Following the workshop, we have published a report⁴ setting out the evidence and insights from the deliberative discussions. The report captures key themes and highlights areas for further research and discussion.
 - 9.3. The report has been provided as an input to the MHRA-led National Commission into the Regulation of AI in Healthcare. We are working with the Commission to deliver a set of workshops with regulators, ARs, professional bodies and independent legal experts to explore professional liability in greater depth. There was a focus on AI in health and care within our communications during the month of April and as part of this we published a blog on this topic, authored by our outgoing Associate Board Member Ruth Ajayi.

Welsh Seminar

- 9.4. On 27 March 2026, we held a joint regulatory seminar with the Welsh Government on how professional regulation can support a preventative approach to health and care in Wales. The seminar received over 100 registrations from across the Welsh health and care system, including Welsh Government officials, regulators, health bodies and patient and workforce organisations. Discussions focused on how regulation can help anticipate and reduce risks, support workforce development, and enable earlier intervention, with particular emphasis on standards, governance, data and addressing inequalities.
- 9.5. Participants were engaged with discussions throughout and provided positive feedback on the topics that were raised, particularly around AI and EDI initiatives.

Legislative reform

- 9.6. We are in the process of developing our response to the GMC Order consultation which was published on 24 March and is open until 23 June. In order to seek stakeholder views to shape our own response to the consultation we have distributed a stakeholder briefing and will be engaging with regulators, registrant representative bodies and patient and service user organisations.
- 9.7. We are still awaiting the report of the Lord Mann Review which has informed a number of proposals within the consultation particularly those relating to the PSA's own powers. As a result, the PSA's final position on a number of these proposals is provisional until we can see the evidence provided by the Review.
- 9.8. The Legislative Reform Programme Board continues to provide internal oversight of all PSA work relating to the reform and project briefs and equality impact assessments for the different workstreams have now been approved by the Executive Leadership Team.

Independent review of social work regulation

- 9.9. Following provision of written evidence before Christmas, the PSA has continued to engage with the team led by Dame Annie Hudson running the independent review of social work regulation which is examining Social Work England's performance and functions since it was established.
- 9.10. The review is a statutory requirement under the Children and Social Work Act 2017 to evaluate how effectively Social Work England is discharging its statutory functions and

⁴ <https://www.professionalstandards.org.uk/publications/artificial-intelligence-how-guide-and-regulate-health-and-social-care-professionals>

delivering against the objectives set out in the Act. The final report is due to be published shortly.

10. Communications and engagement

Accredited Registers Seminar

- 10.1. On 21 April 2026, we held our annual Accredited Registers seminar in Birmingham. The event was well attended by members of current Accredited Registers.
- 10.2. The agenda included a morning session on the recently published Standards with group sessions and discussions on future implementation. There was also a productive discussion on the promotion of the Accredited Registers programme and the Quality Mark campaign; the feedback from Accredited Registers on this was encouraging and supportive. In the afternoon session, we were joined by Dr Anna van der Gaag, Visiting Professor of Ethics and Regulation at the University of Surrey, for a discussion on complaints handling.
- 10.3. The feedback from the day has been positive, with Accredited Registers keen to work collaboratively with us in the coming months on the Quality Mark campaign.

Ministerial Statement (Accredited Registers)

- 10.4. On 5 May 2026, we published a statement from the UK's Minister of State for Health, Karin Smyth, expressing her support for the Accredited Registers programme. The statement was published on our website and shared with key media outlets.
- 10.5. In her statement, the Minister called on employers and commissioners to make use of the assurance provided by Accredited Registers and encouraged the public to look for the PSA's Quality Mark when choosing health and care services.

Strategic Plan 2026-29 promotion

- 10.6. Since the last Board meeting, we have distributed and promoted our new Strategic Plan to a broad range of our stakeholders highlighting our strategic aims and emphasising the focus on driving preventative regulation. In addition to the mailing, inclusion in our newsletter and a website statement, we also produced a video by our CEO outlining key points from the plan.

Website accessibility

- 10.7. The remedial work is well underway to address the accessibility issues identified through the recent website audit. The fixes have been completed by our developers and we are working on getting them deployed to the live site in the coming weeks, following which we will look to arrange another review to check their effectiveness.

11. Intelligence and Insight

Right-touch regulation

- 11.1. The Assistant Director (Intelligence and Insight) attended the annual meeting of the US Federation of State Medical Boards 30 April – 2 May in person in Baltimore. On 2 May he gave a plenary presentation on right-touch regulation, focussing on the central ideas of balance and the three lines of defence. The presentation was well-received and

stimulated questions including on practical applications, effective communication with registrants, and the application of right-touch regulation to fitness to practise proceedings.

- 11.2. The AD I&I will next present on this subject to the Canadian Discipline Administrators Conference on 22 May – an annual gathering of discipline administrators from the law societies of Canada. He will lead a session for the RQIA Development Programme for Senior Leaders on 3 June.

Sexual misconduct

- 11.3. An update on progress with publication of resources will be given at the meeting.

Corporate Services

12. IT

- 12.1. Priorities have included maintaining cyber security controls and business continuity planning. A limited pilot of Microsoft Copilot continues to be overseen by IT.

13. Finance

- 13.1. The latest Finance Report is on the agenda.

14. People

- 14.1. Recruitment for the Associate Board Member concluded in April. A successful candidate has been identified, subject to paperwork and pre-employment checks.
- 14.2. Recruitment for the Head of Legal role (maternity cover) has concluded and a successful candidate appointed. Rebecca Senior-Carroll will be starting the role in August 2026.
- 14.3. Leanda White left the PSA on 10 April 2026. We are currently in the process of recruiting for a new Legal Administrator and interviews are scheduled to take place week commencing 18 May.
- 14.4. We are also currently in the process of recruiting for two Scrutiny Officers. One is a fixed term contract to cover Maternity leave, and one is a permanent contract for a departing member of the team (Rhys McCarthy).
- 14.5. The 2026-29 People Strategy officially launched on 1 April 2026.

15. Governance

- 15.1. The Board Effectiveness Review concluded in Quarter 4 of last financial year. The final report was presented at the March Board meeting and an action plan has now been created.

16. EDI

- 16.1. We have completed the inclusive work culture self-assessment and benchmarking tool from Onvero called TIDE - Talent Inclusion and Diversity Evaluation and are liaising with Onvero about ways in which we can improve our submission before benchmarking takes place.

16.2. EDI actions to support our ongoing equality objectives are being developed for 2026-2028. These include actions from our EDI self-assessment published in October 2025 and the EDI Culture Assessment approved by ELT in January 2026.

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2025/26
Section 29 and S40B decisions	Number of cases received [compared with same period last year]	2213 [2230]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	52 [43]
	Appeals lodged [compared with same period last year]	35 [21]
	100% of relevant decisions considered within statutory deadline	99.9% ⁵ [99.6%]
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	90% [9/10] ⁶
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2026	100% (36/36)
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	93% (26/28)
	90% of decisions about the annual check within one year of the previous assessment.	96% (27/28)
	95% of Conditions are reviewed within two months of when they were due.	100% (65/65)

⁶ The NMC KPI has not been met. In order to meet our KPI this report would need to have been published by the end of March 2026. We expect the date of publication to be approximately two months after the end of the KPI. The report was delayed in part due to the late publication of the previous year's report. We are, however, committed to publishing within the KPI next year.

	100% of targeted reviews are completed within four months of the date initiated.	100% (4/4)
	90% of decisions about new Standard 1 applications are made within four months of receipt.	66% (2/3)
	90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.	100% (1/1)
Finance	Budgeted income / expenditure variance less than 5%	5.74% [5,177/5,493] ¹¹
IT	85% of helpdesk calls to be closed within 1 day	371/371 [100%]
	System unavailability below 10 hours	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	13/13 [100%]
	All (100%) Freedom of Information Act requests dealt with within statutory deadlines	35/36 [92.8%] ⁷
Complaints	100% of complaints acknowledged in five days	9/9 [100%]
	Response to all complaints to be completed within 28 days	9/9 [100%]
Social media⁸ (1 February – 31 March)	Total number of followers across our social media channels (compared with same period last year in brackets)	9,151 (7, 858)

⁷ 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.

	<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.⁹</p>	<p>149 (246)</p> <p>429 (981)</p>
<p>Website usage¹⁰ (1 February – 31 March)</p>	<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.</p>	<p>83, 855 (134, 958)</p> <p>23, 603 (36, 499)</p> <p>11, 431 (19, 239)</p>

⁹ In previous reports, website and social media KPIs were presented cumulatively from 1 April to the end of the month preceding the meeting. From September 2025, metrics instead cover only the period since the last report (a two-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 year-on-year figures to show a comparison with the same period last year.

¹⁰ 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.

¹¹ Some projects were put on hold until 2026/27. There was also an accounting adjustment of £136k to write off accruals that are not going to be billed.

Annexe A: Project Status Dashboard

Status Date	20/05/2026
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Overall Project Portfolio RAG	GREEN
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Overall Status Commentary
<p>Standards review – On 19 March 2026, we published our new and combined Standards for regulators and Accredited Registers on our website, supported this with a multi-channel communications approach. We are moving to project closure, but the Scrutiny Committee will continue to oversee operational readiness.</p> <p>Safeguarding – The new Standards include clearer emphasis on assurance of professional suitability, including criminal records checks. Following discussion at the Chief Executives Steering Group in March, the Safeguarding Project Board will be making a final recommendation for how we incorporate new legislative considerations within our assessment against the Standards, in May.</p>

Project Portfolio Status Summary

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
Standards Review	Graham Mockler & 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 2025. As of 18 December 2025, Project Board meeting, project is on track to current overall timeline and milestones. However, we have moved back final approval of the Standards from January to February

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>2026 as agreed at last Board meeting.</p> <ul style="list-style-type: none"> • February 2026 – Board reviewed and discussed and gave feedback on post-engagement revisions to the draft Standards. On agenda for March Board Meeting to agree publication. Operational readiness plans for AR/Regulators presented to Scrutiny Committee in February. Project on track for implementation in July 2026. • May 2026 – On 19 March 2026, we published our new and combined Standards for regulators and Accredited Registers on our website, supported this with a multi-channel communications approach. We are moving to project closure, but the Scrutiny Committee will continue to oversee operational readiness.
Strengthening safeguarding	Graham Mockler & Melanie Venables	01/09/23	31/03/24	31/07/26	£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. • Assessing and monitoring impact of the Rehabilitation of Offenders Act 1974 (The Rehabilitation of Offenders

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p><u>Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2025</u> on PSA and Standards. Developing options concerning self-employed practitioners in conjunction with DHSC for discussion at the Chief Executives Steering Group in March 2025.</p> <ul style="list-style-type: none"> • Dependencies and impact on Standards reviewed and included in final revisions to the Standards to ensure they are sufficiently broad to flex to further development of these changes. Given this workstream’s interdependency on the Standards work, agreed to delay project closure to align with Standards Review Project closure • Following discussion at the Chief Executives Steering Group in March, the Safeguarding Project Board will be making a final recommendation for how we incorporate new legislative considerations within our assessment against the Standards, in May.

Key Risks	Mitigations
<p>Strengthening safeguarding: If we do not fully understand how the regulators interact with others in the system about criminal</p>	<ul style="list-style-type: none"> • Completed – Internal learning workshops to help understand legal implications of potential changes.

<p>records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.</p>	<ul style="list-style-type: none"> • Completed – Review of regulators' current arrangements included in project plan. • Completed – Further consultation and engagement on any changes before implementation. <p>The work on this project has now concluded through the drafting of revised Standards; a project closing meeting will be undertaken to formally close the project.</p> <p>Update May 2026: Following discussion at the Chief Executives Steering Group in March, the Safeguarding Project Board will be making a final recommendation for how we incorporate new legislative considerations within our assessment against the Standards, in May.</p>
<p>Standards Review: As of 5 May 2026 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>	<p>New Standards published in March 2026; current focus is on operational readiness.</p> <p>Key achievements/progress:</p> <ul style="list-style-type: none"> • July-August 2025 – Engagement on draft Standards undertaken with internal teams • September 2025 – ELT approved the draft Standards to progress for further engagement. Board also approved the consultation report and evidence review report for publication • September 2025 – Detailed requirements/evidence framework drafted by the AR and PR Teams. Approved by ELT for engagement. • Early October 2025 – 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 2025 – EIA updated • 9 October 2025-8 December 2026 – 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.

	<ul style="list-style-type: none"> • 8 December 2025–mid-January 2026 – Analysis of feedback received during engagement period and amendments made to Standards and evidence frameworks/core requirements for regulators and accredited registers • January 2026 – Progress update given to PSA Board • February 2026 – Board workshop to review post-engagement revisions and decisions ahead of Board approval to publish the revised Standards • March 2026 – Publication of new Standards (subject to Board approval) <p>Up next:</p> <ul style="list-style-type: none"> • March-June 2026 – Implementing operational readiness plans and actions as outlined to Scrutiny Committee in February 2026 • May 2026 – Project Board to consider and agree evaluation criteria and impact measures of the new Standards • April-May 2026 – Further engagement with ARs and regulators in preparation for implementation • July 2026 – Implementation and project closure
<p>Regulatory reform programme</p> <p>Risks associated with regulatory reform projects are monitored internally through the Legislative Reform Programme Board. Risks with a ‘red’ status are set out below.</p>	
<p>GMC Order: Lack of equivalence of assurance for appeal of panel decisions and mechanism for revision of case examiner decisions within the new FtP model</p>	<ul style="list-style-type: none"> • Engagement with DHSC to highlight concerns about the lack of equivalence and the potential impact on PSA jurisdiction and public confidence/protection • Will respond to consultation on draft legislation to highlight unresolved concerns about parity of assurance and risk to public protection/confidence • Potential for the PSA to consider levers to promote consistency and a robust approach to public protection within revision power if legislation is not amended as we would like.
<p>GMC Order: Lord Mann's Review of antisemitism and wider racism impacts on scope and/or timeframe of reform, which</p>	<ul style="list-style-type: none"> • Regular engagement with DHSC and GMC to understand expected publication dates • Monitoring of external landscape so we make sure we have the relevant info and assess stakeholder responses in a timely way

<p>could in turn impact on the PSA's role, requiring agility.</p>	<ul style="list-style-type: none"> • Impacts of changes in scope and/or timeframes to be considered through the Programme Board if necessary
<p>GMC Order: Lack of engagement from regulators and/or not receiving relevant decisions and/or appropriate disclosure from regulators. Issues with setting up relevant processes.</p>	<ul style="list-style-type: none"> • Direct and early engagement and communication with regulators and to resolve issues. • Seeking legal advice to assist with resolving legal issues and establishing MOU. • Discussion with relevant teams to assure ourselves that the regulators have established their own processes

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 31st of March 2026

Regulatory Activity

- 1.1. Regulatory Activity closed the 2025/26 financial year with a surplus of £293k, 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 year-end position reflects the previously reported forecast position, with the following key drivers for the surplus:
 - S29 legal costs were lower than budget, despite increased S29 activity. These costs reflect the timing of cases rather than overall activity and as reported in March, the forecast was adjusted as a result of the release of £136k accruals relating to prior-year cases that are no longer expected to be billed.
 - £65k underspend relating to the planned research project, which will now take place in 2026/27.
 - Higher than originally forecast income from investment interest.

Accredited Registers

- 1.3. The Accredited Registers programme closed the year with a surplus of £98k. This reflects an underspend in communications expenditure, partly relating to a planned influencer campaign which is now expected to take place in 2026/27.

Commissions

- 1.4. A £10k deficit resulting from commissions relates to the rapid DHSC commission carried out in March 2026. The income from this commission could not be recognised as the performance obligations had not been met as at 31 March 2026. DHSC were invoiced in May 2026.

Recommendations

- 1) The Board is asked to note the year end finance position.
- 2) As part of their final report on the Board Effectiveness Review, MKS recommended that we ask the Board if there was anything about the format of the Finance Report that could be improved. We would appreciate any feedback on this.

2. Sectoral Summary – Regulatory Activity

2.1. Income and Expenditure breakdown

Income and Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Income				
Fee Income from regulators	5,461	5,461	0	5,603
Operating Income				
S29 cost recoveries	125	164	(39)	221
Investment interest	139	25	114	100
Conferences income	8	0	8	0
Total income	5,733	5,650	83	5,924
Staff costs	3,796	3,766	30	4,106
Recruitment costs	27	15	(12)	15
Training and Conferences	73	75	2	77
HR and payroll costs	22	24	2	24
Staff travel	7	10	3	10
Occupancy costs	356	324	(32)	334
Audit costs	67	70	3	80
IT costs	159	190	31	223
Board appointments	3	0	(3)	0
Board remuneration/expenses	140	149	9	154
Depreciation/Capital costs	54	50	(4)	50
Conferences	30	45	15	52
Commissioned Policy advice and research	7	75	68	90
Comms	19	45	26	16
Other policy costs	79	82	3	125
Direct S29 legal costs and case review	506	657	151	607
Other costs	95	73	(22)	132
Total admin costs	1,644	1,884	210	1,986
Surplus/(deficit)	293	0	293	(168)

- 2.2. £114k difference in investment income due to better investment performance (improved rates and investment management).
- 2.3. £30k 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. 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.
- 2.6. £31k underspend in IT costs due to efficiency costs resulted from moving to the cloud.
- 2.7. £68k underspend in commissioned policy advice and research is mostly relating to the planned research project which is now expected to take place in 2026/27.
- 2.8. £151k underspend in S29 legal costs due S29 accrual write off as well as timing of the S29 activity.

3. Sectoral Summary – Accredited Registers

Income and Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Registers Income	773	771	2	798
Staff costs	466	447	(19)	494
Comms Costs	13	77	64	80
Overheads	193	197	4	206
Other costs	3	10	7	11
Surplus/(Deficit)	98	40	58	7

4. Sectoral Summary – Commissions to Government

Income and Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Income	0	0	0	0
Staff costs	10	0	(10)	0
Other Costs	0	0	0	0
Surplus/(Deficit)	10	0	(10)	0

- 4.1. In March 2026 PSA carried out a rapid commission for DHSC. Expenditure relating to this commission (staff costs only) was recognised in the 2025/26 accounts. No income was recognised in 2025/26 in respect of this commission as the performance obligation has not been satisfied as at 31 March 2026. The associated income was recognised in the early part of 2026/27 financial year as per IFRS 15.

5. Total staff costs

Income and Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Salaries	3,163	3,293	130	3,446
Social Security	407	412	5	481
Pension	597	508	(89)	673
Temp/Agency/Secondments	211**	0	(211)	0
Total staff costs	4,378*	4,213	(165)	4,600

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

**Two Secondments and legal associate costs

6. Capital

Capital Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Intangible assets	0	0	0	0
IT equipment	16	40	24	40
F&F	1	10	9	10
Total capital costs	17	50	33	50

7. Statement of Financial Position

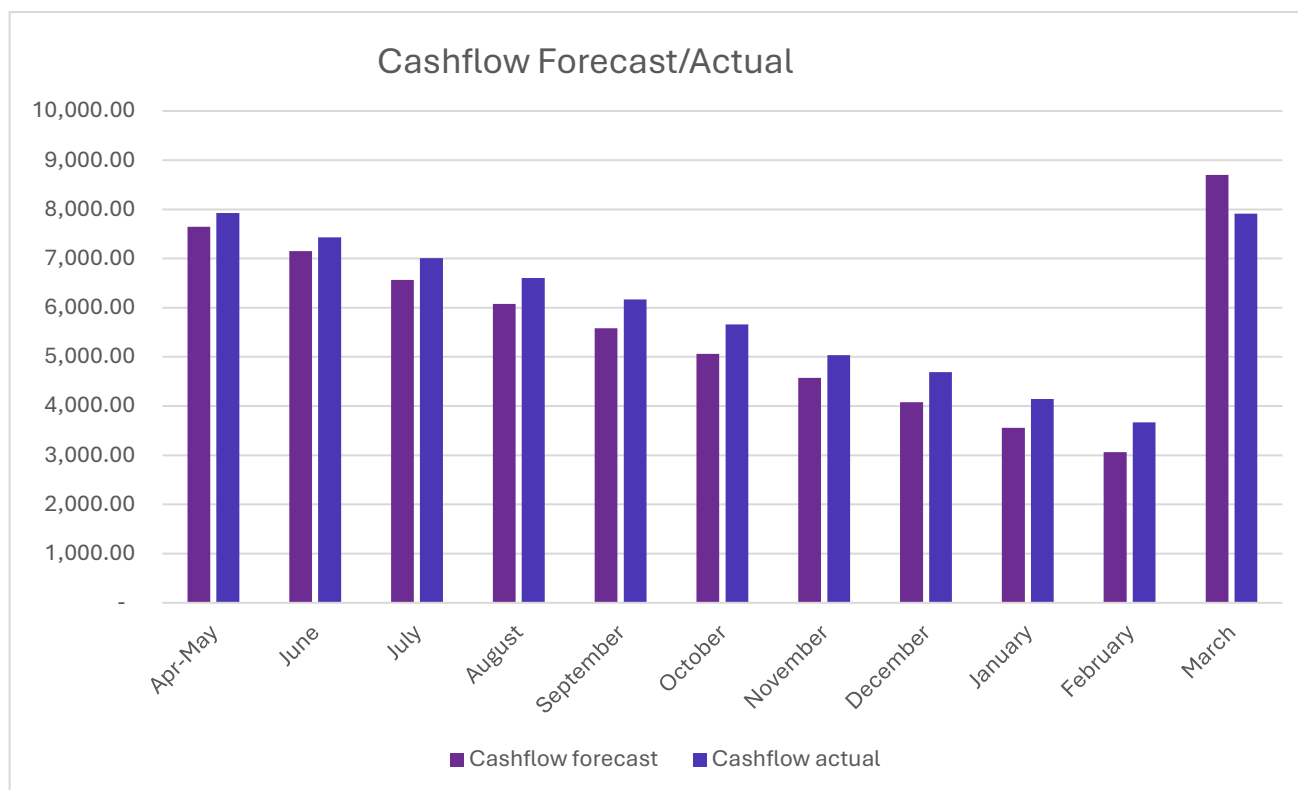
Income and Expenditure	2025/2026 Actual	2025/2026 Budget	2025/2026 Actual vs Budget	2026/2027 Budget
Intangible assets	42	67	(25)	42
Property, plant & equipment	47	66	(19)	47
Right of use asset – property lease	320	315	5	160
Total	409	448	(39)	249
Trade and other receivables	1,724	590	1,134	1,724
Cash and cash equivalents	7,910	8,698	(788)	7,742
Total assets	10,043	9,736	307	9,715
Trade and other payables	(6,842)	(6,958)	116	(6,842)
Lease liability	(197)	(191)	(6)	(197)
Provisions	(102)	(51)	(51)	(132)
Total	(7,141)	(7,200)	59	(7,171)
Lease liability	(215)	(190)	(25)	(18)
Net Assets	2,687	2,346	341	2,526
Reserves				
Unrestricted	972	924	48	979
Restricted	1,715	1,422	293	1,547
Total Reserves	2,687	2,346	341	2,526

8. 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	4,197*
Accredited Registers	771	885
Interest	150	139
S29	164	232**
Other	6	9
Total Income	6,552	5,462
Outgoings		
Payroll	4,213	4,134
Other costs	2,301	2,078
Total Outgoings	6,514	6,212
	31/03/2026	31/03/2026
Cash and investments	8,698	7,910

*Five regulators have not paid fee invoices as at 31 March 2026 (amounting to £1.4m)

**Partly for the recovery relating to previous year



Approval of decisions made at the April 2026 Board workshop

Date: 20 May 2026

Title: Approval of decisions made at the April 2026 Board workshop

Author: Alan Clamp

Responsible Director: Alan Clamp

Paper for Approval

Open paper

How does this work contribute to PSA Strategic Aims: it relates to deliver of all three Strategic Aims and to mitigation of all risks in the Strategic Risk Register

1. Issue

- 1.1. Following the Board evaluation review in March 2026 and the publication of the PSA Strategic Plan 2026-29 in early April 2026, the Board met for an additional workshop on 24 April 2026.
- 1.2. The purpose of the workshop was to: (a) agree the action plan arising from the Board evaluation review; and (b) agree the key business plan priorities for each of the three Strategic Aims for 2026/27.
- 1.3. This paper summarises the decisions recommended at the workshop for ratification by the Board at its meeting on 20 May 2026.

2. Recommendations

- 2.1. The Board is asked to approve the action plan arising from the Board evaluation review and the key priorities for the PSA in 2026/27 as set out below.

3. Background

- 3.1. The Board commissions an external review of its performance once every three years, with self-assessments of performance in the intervening years. The external review was completed in March 2026. The report was positive about many aspects of the work of the PSA Board. It made a number of recommendations to further improve the work of the Board. These recommendations were used to produce an action plan for 2026/27, which was discussed at the April Board workshop on 24 April 2026.
- 3.2. Following the commencement of the PSA Strategic Plan 2026-29 at the beginning of April 2026, the Board workshop discussed the proposed operation priorities for 2026/27 for each Strategic Aim. Staff resources to deliver the PSA Business Plan 2026/27 were also discussed.

4. Analysis

- 4.1. **Board evaluation review.** Six priority recommendations were made by the external reviewer to further improve the work of the PSA Board. An additional fifteen recommendations were highlighted in the report that the PSA may wish to consider.
- 4.2. The Board discussed and agreed the actions relating to the six priority actions, highlighting that the work on horizon-scanning needed to: cover the role of the Board; make clear the purpose of the activity; and focus on risk management, primarily the risks that might prevent the PSA from achieving its Strategic Aims.
- 4.3. The Board also discussed and agreed actions relating to the additional recommendations, except the action relating to having separate Board objectives (in addition to organisational objectives and personal objectives set out in appraisal documents) as it was felt that this was not needed.
- 4.4. It was noted that some of the identified actions arising from the external review had already been completed.
- 4.5. **Business Plan 2026/27 priorities.** The Board was positive about the process used to develop the priorities and the clarity of the information provided. The Board reinforced the importance of directorates and teams within the PSA of working collaboratively to deliver our work.
- 4.6. The priorities for Strategic Aim 1 were approved, with an additional priority of a 'deep dive' into fitness to practise backlogs in 2026/27 to ensure these were seen universally as unacceptable and to seek alternative ways to resolve the issues.
- 4.7. Priorities were agreed under Strategic Aim 2, with discussions focused on the best use of 'interventions' to promote improvement. Ideas relating to events for regulator council members to learn more about the work of the PSA were supported by the Board. It was recognised that the Mann Review might generate additional work for the PSA under Strategic Aim 2.
- 4.8. Strategic Aim 3 was viewed as much clearer in terms of actions and it was recognised that commissioned work will deliver many of the priorities under this Aim.
- 4.9. The Board supported the idea of a broader range of key performance indicators being developed as part of the Business Plan consultation exercise for September 2026 and used for monitoring performance in Q3-Q4 2026/27.
- 4.10. The Board endorsed the view that there was no need for further permanent staff in 2026/27. Process improvements, including the judicious use of AI, may help with organisational capacity. Capability is also being supported via the recent skills audit and the new People Strategy 2026-29

5. Finance and resource

- 5.1. The Business Plan 2026/27 will be delivered in line with the approved budget.

6. EDI implications, including Welsh Language

- 6.1. EDI leadership is a priority under Strategic Aim 2, underpinned by the EDI Action Plan. Key corporate documents are translated into Welsh for publication. Compliance with Welsh Language Standards is a priority for the PSA.

7. Timescale

- 7.1. This work relates to the 2026/27 business year.

8. Communications

- 8.1. A Communications and Stakeholder Engagement Strategy supports the deliver of the PSA Strategic Plan 2026-29.

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)
February 2026	<ul style="list-style-type: none"> • Standards approval
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 Business Plan is not as anticipated and gives a lower income level rather than higher, revisit the business plan and return to Board in March.
April 2026 Strategy Session	<ul style="list-style-type: none"> • Board effectiveness review outcome • Strategic and Business Planning – key work priorities for Strategic aims 1,2,3 in 2026/27 • Staff resources (capacity/capability) to deliver the strategic and business plans.
May 2026	<ul style="list-style-type: none"> • Delegate authority to ARC to approve the Annual Report and Accounts • Committee update reports
July 2026 (Manchester)	<ul style="list-style-type: none"> • Annual People Report • Business Planning 2027/28 • Committee update reports • Risk Register review by the Board • 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 • Scrutiny Committee update report • Board member appointments/renewals
November 2026 (Wales/Cymru)	<ul style="list-style-type: none"> • Mid-year review of 2026/27 Business Plan